



Oman Medical Specialty Board

A close-up, shallow depth-of-field photograph of a silver stethoscope resting on a white surface. The chest piece is in sharp focus in the foreground, while the tubing and ear pieces are blurred in the background.

**Family
&
Community
Medicine**

**Booklet
of
Information**

OMAN MEDICAL SPECIALTY BOARD

FAMILY & COMMUNITY MEDICINE RESIDENCY TRAINING PROGRAM

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FAMILY & COMMUNITY MEDICINE RESIDENCY TRAINING PROGRAM

INTRODUCTION

Family and Community Medicine is a very broad-based specialty. The specialty considers an individual as a unit of the community. It takes care of individuals from infancy to the end of life. The family physician plays an important role in promoting health of individuals and communities besides taking care of sickness and disease. Over a period, it has become a major specialty.

In Oman, the need to develop the specialty (Family Medicine) has been well recognized since 1994. The OMSB Family and Community Medicine Residency Training Program is committed to develop it to its maximum potential and has designed this program taking into consideration local and international developments.

MISSION

- To graduate caring, competent and collaborative family physicians who are well oriented to the problems and needs of the community in Oman

VISION

- Our program will achieve excellence in training future family physicians with the skills, values and attitudes to practice high quality Family Medicine

GENERAL OBJECTIVES

At the end of the program, the graduate will be able to do the following:

1. To form good relationships with patients, families and the community and meet their needs and fulfill their expectations.
2. To diagnose and manage medical conditions commonly encountered in primary care.
3. To provide effective comprehensive and continuing care for individuals, families and community.
4. To deal in a balanced way with physical, psychological and social problems of patients.
5. To use available community resources, secondary and/or tertiary health care systems effectively and efficiently.
6. To provide and organize primary and preventive care for individuals, families and designated population groups.
7. To teach and learn effectively from colleagues, patients, families and community.
8. To apply the principles and practice of health service planning, organization, administration and evaluation.
9. To conceptualize, plan, implement and evaluate research programs in the area of family and community medicine.

SPECIALTY ADMISSION REQUIREMENTS

1. Resident must be a holder of Bachelors Degree in Medicine & Surgery or equivalent from a University recognized by the OMSB.
2. Resident must have completed a year of internship.
3. Resident must be of good conduct and medically fit for the specialty.
4. Resident must provide three letters of recommendation from three consultants with whom he/she has worked confirming his/her ability and capability of training.
5. Resident must submit a letter of approval from his/her sponsor confirming permission to join the OMSB Specialty Training Program on full time basis for the entire period of training.
6. Resident must pass the interview.

STRUCTURE OF THE PROGRAM

DURATION OF THE PROGRAM

The Family & Community Medicine is a 4-year program.

CORE STRUCTURE OF FOUR YEARS ROTATION

	1	2	3	4	5	6	7	8	9	10	11	12	13
R1, R2, R3	Introductory Month 1 block	Internal Medicine 6 blocks						Obstetrics & Gynecology 4 blocks				Research 1 block	VACATION
	Child Health 4 blocks				Family Medicine 3 blocks			Elective 3 blocks		Community Medicine (I & II) 2 blocks		VACATION	
	Emergency Medicine 2 blocks		Psychiatry 2 blocks		Dermatology 2 blocks		ENT 2 blocks	Surgery 2 blocks		Ophthalmology 1 block	Orthopedics 1 block	VACATION	
R4	Family Medicine 12 blocks											VACATION	

OUTLINE OF MAJOR AND MINOR ROTATIONS

MAJOR ROTATIONS	
Family Medicine	15 blocks
Internal Medicine	6 blocks
Child Health	4 blocks
Obstetrics & Gynecology	4 blocks
MINOR ROTATIONS	
Elective	3 blocks
Community Medicine	2 blocks
Psychiatry	2 blocks
Emergency Medicine	2 blocks
ENT (Otolaryngology)	2 blocks
Dermatology	2 blocks
Surgery	2 blocks
Ophthalmology	1 block
Orthopedics	1 block
Research	1 block

* Please note that these rotations do not necessarily follow the sequence shown in the table.

PARTICIPATING TEACHING CENTERS

HOSPITALS

Sultan Qaboos University Hospital
Royal Hospital
Khoula Hospital
Al Nahda Hospital
Ibn Sina Hospital

HEALTH CENTERS

Wadi Al Kabir Health Center	Ruwi Health Center
Al Ansab Health Center	Al Azaiba Health Center
Al Mawaleh Health Center	Al Ghubra Health Center
Maabela Health Center	Muttrah Health Center
Al Seeb Health Center	South Maabela Health Center
Wattaya Health Center	Al Khoudh Health Center
Al Shadi Health Center	Muscat Health Center
Widam Medical Center	Al Khuwair Health Center

INTRODUCTORY MONTH

Duration: 1 block

Objectives:

At the end of rotation, the resident will be able to:

1. Recognize the basic family practice theories, principles and skills
2. Identify and understand national programs related to Primary Health Care
3. Understand family and community dynamics

Process of Training:

The residents will participate in the preparation of the topics and discussing it with tutors.

Learning situation:

- Presentation
- Small group discussion
- Self-directed learning
- Clinical practice

FAMILY MEDICINE

Duration: 15 blocks

Introduction:

Family Medicine provides initial, continuing comprehensive and coordinated care for individuals, families and communities. It integrates current biomedical, psychological and social understanding of health in caring for patient using a holistic approach with a great attention to prevention. The family physician is required to understand the principles of Family Medicine, acquire clinical knowledge and skills that will help him/her to practice as an effective family physician in an ideal setting. He/she also needs to develop a person-centered approach oriented to the individual, his/her family and their community. This requires a unique consultation process which establishes a relationship through effective communication process.

Aims:

1. To develop and consolidate the skills and knowledge acquired by trainees during their undergraduate and hospital-based with Family Medicine based postgraduate experience.
2. To help trainees improve their knowledge, skills, and attitudes to become efficient family physician.
3. To help the trainees to make the transition from hospital-based medicine to community-based family medicine.
4. To help the trainees to become effective lifelong evidence-based learners and effective team members.

Objectives:

By the end of this rotation, the resident should be able to:

1. Conduct a consultation with patients in a primary health care setting, establishes a patient's reason for consulting, the nature of his problem, how it affects lifestyle and family, and to explore the management options available.
2. Competently perform a focused physical examination in a primary health care setting.
3. Establish good relationships with patients, families and the community and as far as possible meet their needs and fulfill their expectations.
4. Provide effective, comprehensive, and continuing care for individuals, families and the community being served.
5. Demonstrate clinical competence in respect to diagnosis and management of acute and chronic problems commonly seen in primary care, using a holistic approach in recognizing the physical, the psychological and the social domains of problems.
6. Organize and provide preventive care for individuals, families and a designated population group.
7. Understand and effectively use therapeutics appropriate in a primary care setting and describe actions, interactions and side effects of the commonly used drugs.
8. Record and analyze details of morbidity encountered in a primary health care setting.
9. Work as an effective team member in a primary health care setting.
10. Demonstrate skills of self-directed learning, critical thinking and evidence-based practice.
11. Define primary health care, describe its features, and recognize how these features differ from those seen in other countries across the world.
12. Understand how health centers are organized and managed.
13. Understand principles of management and quality improvement.
14. Demonstrate values, attitudes and professional ethics appropriate for a family physician.
15. Demonstrate a broad grasp of the Family Medicine/PHC literature.
16. Recognize the concept of uncertainty in a primary care setting and be able to deal with patients presenting with undifferentiated illnesses at an early stage of their development.
17. Demonstrate leadership, team management and supervision skills.
18. Show appropriate attitudes towards the specialty, the profession and the other health care professionals.

Domains of Training:

Training in Family Medicine will concentrate on the following domains:

- Communication skills and doctor-patient relationship
- Applied clinical practice
- Organizational and management skills
- Professional growth, attitudes and ethics.
- Epidemiology and health of the population.
- Improvement of health care performance

Communication Skills and Doctor-Patient Relationship:

In every doctor-patient encounter (consultation), there is an opportunity to learn communication skills and apply principles of doctor-patient relationship. Good communication skills will enable the family physicians to develop a relationship with their patients and help them to understand their illness, their experience with the illness, their responses and reactions to the illness. These skills will be primarily learned during Family Medicine rotations.

This will include the following:

1. Understanding of the consultation process pertinent to family medicine and models of consultation and the appropriate use of each model.
2. Practicing patient-centered approach.
3. Understanding and appropriate use of communication skills (both verbal and non-verbal).
4. Opportunistic health promotion during the consultation.
5. Ability to build effective, sensitive and culturally appropriate relationship with patients, and their families.

Applied Clinical Practice:

Much of the work of the family physician will include clinical decision-making. This requires that the family physician should learn to be an effective clinician.

This should include the following:

1. The skills of interviewing and information gathering
2. The skills of physical examination
3. Understanding the pathophysiology of common diseases, the skills of diagnostic process and clinical decision-making
4. Critical use of investigation, their interpretation and their relevance to the patients' problem
5. Competency in management of common problems (including undifferentiated illness and emergency care)
6. Safe and cost-effective prescribing in concordance with rational prescribing
7. Appropriate use of other expertise and resources available at a primary care level including timely referral and follow-up.

Training Health Centers are encouraged to help the residents to develop and maintain essential procedural skills that are appropriate for the care of patients at the primary care level (e.g. aural toilet, intra-articular injections, and minor surgery).

Organization and Management:

The family physicians, wherever he/she practices, will need to learn and apply principles of management and organizational skills.

These will include the following:

1. Principles of management
2. Principles of quality management
3. Principles and application of audit
4. Use of personal, organizational and time management skills in practice
5. Team work and team leadership
6. Proper documentation and medico-legal aspects.

Learning these will enable the future family physician to work effectively and efficiently in a Health center/family practice setting.

The Learning Process will include:

1. Problem solving and case-based discussions
2. Preparing and conducting a practical audit
3. Case studies
4. Exposure to different health centers with different organizational and management styles
5. Exposure to practice examples of the use of information technology in patient and practice management

Professional Development, Attitudes and Ethics:

The future family physician is required to be a life-long learner to improve his/her professional performance and he/she also need to acquire the appropriate professional attitudes and pay a great attention to professional ethics.

Professional Development:

It is a process of life-long learning which enables the professionals to expand and fulfill their professional potentials. In a primary care setting it has to be selective purposeful, patient-centered and educationally effective.

This means that the trainee should be:

- Aware of the learning styles in general and his style of particular
- Able to assess his/her learning needs
- Able to work-up a plan for professional learning
- Able to achieve his/her learning needs and evaluate his/her learning process

Continuing Professional Developmental has to be:

- Patient–centered
- Evidence–Based
- Based on actual learning needs

It can take several approaches such as:

- Lectures/seminars
- Peer Review
- Audit
- Active Learning
- Role-play
- Video-recording and feedback

Professional Attitudes:

These will include learning about:

- Being aware of own capability and values
- Justifying and clarifying personal behaviors
- Being aware of the mutual interaction of work and private life
- Respecting religious and appropriate social and cultural values

Professional Ethics:

These should include learning about:

- Patient's rights
- The duty of care
- Ethical issues related to doctor-patient relationship
- Ethics of professional relationship
- Analysis of ethical dilemma
- National code of conduct and code of ethics
- Research ethics

Care for a Defined Population:

As a future family physician the trainee should see himself/herself as a resource for a defined population for whom he/she provides health care.

This means that he/she should learn the following:

1. The dynamics of the population he/she serve.
2. The epidemiology of the health related problems in the community.
3. How to assess and evaluate the health needs of the population.
4. How to prioritize health care activities and programs.
5. How to plan, implement and evaluate the preventive services provided for the population. This will include: immunization, maternal and child health and health education.

Learning Situations and Process of Training:

- **The Consultation:**

Every encounter with patients is a learning experience. The trainee should utilize these opportunities to improve his understanding of patients, their, clinical problems, diagnostic skills, and management abilities.

- **Teaching Activities:**

This 45-60 minutes session per day is devoted to the discussion of cases seen by the trainee. It can be conducted at the beginning of the session for the previous day cases or at the end of the morning session. Discussion may include random cases or problematic cases (cases that are brought by trainees for discussion).

- **Case Presentation:**

The trainer will ask the trainees to present cases for the group.

- **Tutorial and Seminars:**

In these sessions the trainee will be actively involved to present, discuss, and give feedback. It can include review of clinical topics, discussion of cases, problem-based sessions and evidence-based medicine practical sessions.

- **Logbook:**

The residents are required to keep a logbook where he/or she will record all procedures and activities. The activities must be dated and categorized to the rotation of the training and whether it was performed or observed by the resident. Participation and attendance in seminars and CME activities are also included. Each activity registered in the logbook must be countersigned by the Trainer.

CLINICAL DAY RELEASE:

Residents in the Family Medicine Program should attend a regular Family Medicine clinic once a week at a primary health care center.

Objectives:

1. To provide continuity of care with a selected group of patients/families.
2. To help trainee acquire skills important for family physicians e.g. problem solving, team work, consultation skills, negotiation skills, presentation skills.

Guidelines:

The residents should be released from their commitments in the hospital rotations for the day.

ACADEMIC DAY RELEASE FOR R2 AND R3 RESIDENTS

1. Release day is assigned once per month from 8:00 am to 4:00 pm.
2. The residents should be released from their assigned rotations for the whole day as per the schedule.
3. The release day schedule includes seminars, case presentations, formal lectures, journal clubs, time for self-directed learning and research.
4. The content of the presentations cover issues related to family medicine, e.g. auditing, preventive medicine, infectious and non-infectious chronic diseases, and hot topics, etc.
5. The topic should be presented by the residents or guest speaker from other specialty according to the presentation topics.
6. The feedback of the presentations is to be done by the facilitators.

COMMUNITY MEDICINE

Duration: 2 blocks

PART ONE:

Field visits:	2 weeks
Series of lectures and seminars:	1 week
Visits to allied centers:	1 week

PART TWO:

Lectures and seminars:	2 weeks
Occupational Health:	1 week
Auditing	1 week

Objectives for Field Visits:

At the end, the resident will:

1. Identify the role of the family and the community in relation to health and disease.
2. Identify the role of social factors in health.
3. Recognize the importance of establishing good relationships within the community.
4. Recognize prevalence of common diseases.
5. Use the available resources rationally.

Objectives for Community Medicine Seminars:

At the end, the resident will:

1. Recognize the importance of community health.
2. Identify the common public health problems, their prevalence, trends, and measures for their prevention and control.
3. Gain practical knowledge of health statistics (national, regional, and global).
4. Identify the social factors in health and disease with a special emphasis on lifestyle factors.
5. Define the role of the family physician, abilities and challenges in community work.
6. Recognize the importance of prevention and health promotion.

Objectives of the visits to various MOH departments and international health related agencies:

At the end, the resident will:

1. Gain knowledge of national health programs, their targets and future plans.
2. Recognize role of community and the primary health care setups
3. Acknowledge and utilize the services provided by these departments.
4. Describe the role, achievements and future plans of the health-related UN bodies working as a catalyst for health globally and in Oman.

Process of Training:

The residents will spend the whole period on the series of lectures and practical skills.

Learning situation:

- Lectures
- Practical exercises
- Presentations by residents
- Field visits

Allied Health Institutions to be visited and briefed on:

1. Environmental Health and Malaria Control Department (MOH)
2. Health Education Department (MOH)
3. Non-communicable Disease Department (MOH)
4. Communicable Diseases Department (MOH)
5. Primary health care Department (MOH)
6. Community based initiative (MOH)
7. Nutrition Department (MOH)
8. Petroleum Development of Oman (PDO)

RESEARCH

Duration: 1 block + longitudinal component (throughout the residency program)

Objectives:

At the end of the course the residents should be able to:

1. Identify specific problems to solve.
2. Define the objectives of the project.
3. Critically appraise the medical literature.
4. Describe the methodology.
5. Collect, and analyze the data.
6. Write the findings including a scientific discussion.
7. Utilize these findings.

INTERNAL MEDICINE

Duration: 6 Blocks

Objectives:

At the end of the rotation, the resident should acquire knowledge, skills, and demonstrate competence in:

1. Taking care of hospitalized patients in terms of recording a proper history, performing a comprehensive physical examination and be capable in making accurate diagnosis, investigations, and appropriate management of the common medical conditions encountered in Internal Medicine.
2. Recognizing the condition, initiate appropriate diagnostic and therapeutic measures for the other less common conditions.
3. Identifying the medical problems which need referral and arranging a proper referral to the most appropriate department.
4. Identifying hazards of drug treatment, drug interactions, and new advances in therapeutics relevant to Internal Medicine.
5. Applying the patient-centered model in caring for hospitalized patients and incorporate lifestyle issues, palliative care, ethical decision-making, and family counseling.

Process of Training:

The residents must work on a full time basis as a member of the internal medicine team, participate in the services and educational activities.

Residents should rotate in all major medical subspecialties (cardiology, pulmonary, neurology, etc.)

Opportunities to work in outpatient clinics should be provided with multidisciplinary approach to caring for illness, showing the role of nurses, social workers and physiotherapist is important.

Learning situation:

- In-patient Internal Medicine wards
- Out-patient clinics of Internal Medicine
- CME activities
- CCU
- Procedure Rooms (Endoscopy, echo, etc.)

CHILD HEALTH

Duration: 4 Blocks

General Objectives:

By the end of the Child Health rotation, the residents should be able to:

1. Establish rapport with the patients and their families, and obtain a comprehensive history.
2. Perform a complete physical examination.
3. Formulate a problem list, differential diagnosis and plan of management, taking into consideration the available resources.
4. Assess growth and development, use growth charts, and detect the deviant cases.
5. Interpret common laboratory results, and read simple x-rays (i.e. chest, abdomen, etc).
6. Gain pharmacological knowledge of common medications used.
7. Demonstrate how to provide care to the newborns and the infants.
8. Recognize cases that need referral to the hospital or to the specialist.
9. Identify, assess and manage children with disabilities.
10. Define available resources within the community and learn how to utilize them.

Process of Training:

The resident must work on a full time basis as a member of the Child Health team; participate fully in all of the educational activities.

Learning situation:

- Out-patient clinics
- Emergency Room
- In-patient wards
- Neonatology Department
- CME activities

OBSTETRICS & GYNECOLOGY Duration: 4 blocks

Objectives:

At the end of rotation, the resident will be able to:

1. Recognize national health structures, policy and guidelines of obstetric and gynecology cases.
2. Provide excellent antenatal and postnatal care including promotive, preventive and rehabilitative aspects.
3. Identify high risk patients, apply proper interventions and arrange appropriate referrals.
4. Manage common obstetric and gynecology conditions.
5. Identify and provide interim management of life threatening problems during pregnancy.
6. Manage normal delivery.
7. Understand the management of complicated labor.
8. Perform screening, counseling and health education in the issues related to mother and fetus aspects.
9. Order proper and necessary investigations.
10. Identify and apply proper interventions for cases that need specialist consultation.
11. Perform technical procedures commonly practiced in primary care (see skill list below).

Process of Training:

The resident must work on a full time basis as a member of the Obstetrics and Gynecology team; participate fully in both the service and educational activities.

Learning situation:

- In-patient wards
- Delivery room
- Out-patient clinics
- Operation Theater
- Emergency Room
- CME activities

EMERGENCY MEDICINE

Duration: 2 blocks

Objectives:

At the end of this rotation, the resident should be able to:

1. Make an initial assessment, begin treatment of any emergency condition of all age groups and make an appropriate referral when needed.
2. Learn and practice basic minor orthopedic and surgical procedures.
3. Communicate effectively and compassionately with patient and families.

Process of Training:

During the rotation the resident will work as full time in the emergency unit. Residents should participate in the service and educational activities of the department.

Learning situations:

- Clinical setting

PSYCHIATRY

Duration: 2 blocks

Objectives:

At the end of rotation, the residents should be able to:

1. Take a good psychiatry history.
2. Recognize and manage patients with psychiatric illness in primary health care.
3. Identify psychiatric conditions which need referral.
4. Manage emergency cases in psychiatry.
5. Identify contributing factors that affect the etiology and management of the illness.
6. Identify the role of other professionals involved in the care of patients with mental disorders such as psychologist and social workers.

Process of Training:

The residents must work on a full time basis as a member of the psychiatry team; participate fully in both the services and educational activities.

Learning Situation:

- OPD Clinic
- In-patients
- Emergency room

E. N. T. (OTOLARYNGOLOGY)

Duration: 2 Blocks

Objectives:

At the end of the rotation, the resident should be able to:

1. Recognize, assess and manage common ENT conditions dealt with in primary health care.
2. Recognize, assess and provide interim management of ENT emergencies.
3. Suspect and early recognize ENT tumors and perform appropriate and timely referrals.
4. Identify the ENT conditions which should be referred to secondary care.
5. Identify psychosocial factors affecting ENT conditions.

Process of Training:

- In-patient wards
- Out-patient clinics
- Operation Theater
- Emergency Room
- CME activities

DERMATOLOGY

Duration: 2 Blocks

Objectives:

At the end of the rotation, the resident should be able to:

1. Attain the practical knowledge needed for the diagnosis and treatment of common skin conditions in all age groups.
2. Diagnose, assess and manage acute and chronic dermatological conditions.
3. Recognize the skin manifestations of systemic diseases.
4. Identify the dermatological conditions which should be referred to secondary care.
5. Recognize serious conditions and perform appropriate and timely referrals.
6. Identify psychosocial and economic factors affecting skin conditions.

Process of Training:

During the rotation, the resident will work as full time in the Dermatology department. They are expected to participate in the services and educational activities of the department during the rotation.

Learning Situation:

- Out-patient clinics
- In-patient wards
- CME activates

OPHTHALMOLOGY

Duration: 1 Block

Objectives:

At the end of this rotation, the resident should be able to:

1. Diagnose and treat common eye conditions
2. Recognize, assess, manage and appropriately refer serious ophthalmologic cases.
3. Perform common ophthalmologic procedures which can be done at primary care practice.
4. Describe the social, economical, and cultural factors affecting ophthalmology problems.
5. Give appropriate advice on preventive and rehabilitative aspects of eye conditions.

Process of Training:

The residents must work on a full time basis as a member of Ophthalmology team and participate fully in both the services and educational activities.

Learning Situation:

- OPD Clinic
- In-patients wards
- Emergency room
- Operating theatre
- CME activities

ORTHOPEDICS

Duration: 1 Block

Objectives:

At the end of this rotation the resident will be able to:

1. Identify and manage common fractures.
2. Perform initial assessment of musculoskeletal injuries.
3. Apply casts and slabs for different conditions independently.
4. Manage patients with chronic joint disorders.
5. Perform specific orthopedic physical and radiological examinations and procedures.
6. Recognize the role of physiotherapy in the management of musculoskeletal problems.
7. Make physical activity prescriptions.

Process of Training:

The residents must work on a full time basis as a member of the Orthopedic Department.

Learning Situation:

- Out-patient clinics
- In-patient wards
- Emergency Room
- Operation Theater
- CME activities

GENERAL SURGERY

Duration: 2 blocks

Objectives:

At the end of Surgery rotation, the residents should be able to:

1. Recognize and manage common surgical problems and emergencies which may need referral to the surgeon.
2. Perform with competency minor surgical procedures, e.g. Incision of abscesses, suturing, dressing, removal of foreign bodies and circumcision.
3. Understand how patients are managed pre-and post-operatively, e.g. Explaining to patients about surgery and taking consent.

Process of Training:

The residents must work on a full time basis as a member of the surgical team; participate in the services and educational activities.

Learning Situation:

- Out-patient clinics
- In-patient wards
- Minor surgery
- Operation Theater
- CME activities

ELECTIVE

Duration: 3 blocks

Contents:

Specifics cannot be determined for each elective rotation. However, the following guidelines should be observed:

1. The discipline should be relevant to Family Medicine
2. The elective could be in one of the clinical or non-clinical rotations related to Family Medicine.
3. A maximum of two blocks could be used in the same specialty.
4. Approval of the Residency Progress Subcommittee (RPS) of the elective is mandatory.

Learning Situations:

Should be appropriate to the chosen elective rotation and should be approved by the RPS.

Examples:

- Sports Medicine
- Rheumatology
- Diabetes
- Child Health Psychiatry
- Palliative Care
- Radiology

EVALUATION AND PROMOTION

1. The Resident will be evaluated by his/her consultant monthly using the approved evaluation form. These forms shall be sent to the Program Director. Reports about residents should be submitted to the Family & Community Medicine Scientific Committee every two months and then sent to the trainee department files.
2. The Program Director should prepare a report every six months and at the end of the academic year using the specific evaluation form showing the progress of the Residents. This represents a summary of the trainee's performance of the two durations and the Resident has to sign it. The evaluation is then submitted to the Family & Community Medicine Scientific Committee for approval and the final report is submitted to the OMSB and the Resident's Sponsor.
3. The Family & Community Medicine Scientific Committee shall conduct annual examinations (American Board of Family Medicine In-Training Examination) for the evaluation of the Residents. The results of these examinations shall be part of the residents' evaluation process for the annual promotion purposes.
4. The Resident's promotion from one level to the next (e.g., from a first year to a second year of residency) is based on the average of the periodical assessment reports (three of four at least) which represents 50%, and the final examination of the year for training program which represents 50%. However, a resident must have a general average of no less than 60% and the average of the two parts of the assessment is no less than 60% of each part separately.
5. Completion of training shall be based on: a) the ability and performance of the resident in the previous years as assessed by his/her periodical evaluation reports. b) The result of the final training year examination. The Family & Community Medicine Scientific Committee shall submit recommendation for completion of training to be approved by the Executive Board.

LEVEL	EXAMINATION		EVALUATION		
R1	American In-Training Exam		Every Block Evaluation	6-Month Evaluation	End-of-Year Evaluation
R2	American In-Training Exam	OMSB Part 1			
R3	American In-Training Exam				
R4	MRCGP (INT) Exam				

EXAMINATIONS OUTLINE

	EXAMINATION	PERIOD	STRUCTURE
1	American Board Family Practice In-Training Exam	Year-End (Annual) exam {R1, R2, R3}	Written (240 MCQs)
2	OMSB – Part I	May of 2 nd year	Written and OSCE
3	MRCGP (INT)	Every year in March	There are 3 modules to be passed independently – Written, Oral and OSCE

1. American Board of Family Medicine In-Training Examination

The exam consists of 240 one-best-answer multiple-choice questions. A few items will have associated images. Normally, the amount of testing time for the In-Training Examination is six (6) hours.

The online examination will be held in December/January every year.

2. OMSB – Part I

This exam consists of multiple choice questions (MCQ), short answer questions, and OSCE. This is usually taken in May of 2nd year of the Residency Training Program.

3. MRCGP (INT) Examination

This criterion referenced examination consists of three modules normally taken towards the end of the 4th year of a Family Medicine Residency Program

Module 1 Written papers

Module 2 Objective Structured Clinical Examination (OSCE)

Module 3 Oral Examination

Passmark:

The examination is modular with the three sections listed above as independent modules. The passmark in each module is set by standard setting methods. To gain the qualification a candidate must pass all 3 modules.

Resits:

A resit is necessary only in a failed module. All modules must be passed within a period of 3 years from sitting the first module; otherwise the candidate must re-take the entire examination. If a candidate fails 2 or more modules we recommend that a further period of training occurs before resitting the examination.

Content of the Examination

The discipline of general practice has few fixed boundaries, being defined as much by what patients elect to present to us as by our own views on the GP's job description. General practice is also constantly evolving, reflecting advances in clinical practice, shifts in social expectation and changes in the political, administrative and fiscal framework.

This defines the curriculum for the Membership examination. It sets out to test all those areas of professional knowledge, skill and values which reflect the consensus view of what comprises good practice in the British National Health Service today but within the context of the health service and setting in which the candidate is working.

In devising the modules which make up the examination, the Panel of Examiners is guided by the following *blueprint* which describes in general terms the **domains of competence** required of a contemporary general practitioner:

- A Factual knowledge
- B Evolving knowledge: uncertainty, 'hot topics', qualitative research
- C The evidence base of practice: knowledge of literature, quantitative research
- D Critical appraisal skills: interpretation of literature, principles of statistics
- E Application of knowledge: justification, prioritising, audit
- F Problem-solving: general applications
- G Problem-solving: case-specific, clinical management
- H Personal care: matching principles to individual patients
- I Written communication
- J Verbal communication: the consultation process
- K The practice context: 'team' issues, practice management, business skills
- L Regulatory framework of practice
- M The wider context: medico-political, legal and societal issues
- N Ethnic and trans-cultural issues
- O Values and attitudes: ethics, integrity, consistency, *caritas*
- P Self-awareness: insight, reflective learning, 'the doctor as person'
- Q Commitment to maintaining standards: personal and professional growth, continuing medical education.

Within each module a variety of **contexts** will be examined in order to test an appropriate range and depth. Candidates may find it helpful to consider the various roles the doctor may adopt in the course of ordinary practice, for example:

• Clinician	• Family physician
• Patient's advocate	• Gatekeeper
• Resource allocator	• Handler of information
• Team member	• Team leader
• Partner	• Colleague
• Employer	• Manager
• Business-person	• Learner
• Teacher	• Reflective practitioner
• Researcher	• Agent and Shaper of policy
• Member of a Profession	• Person and Individual

EXIT QUALIFICATION

Passed the MRCGP (Int) Examination and OMSB Part II (OMSB Part II examination is under development).



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