Post Graduate Resident Training Curriculum template
Copyright Statements

Date

Contact Information
Saudi Commission for Health Specialties
Riyadh
Saudi Arabia
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Contributors

Scientific Committee Members:

Advisory Committee Members:
Forward

<<Forward written by the Chairperson of the Specialty. The forward should include

- Reasons for adopting the CanMEDS frameworks
- Process for the development of curriculum
- Purpose of the curriculum
- Statement of endorsement of the curriculum
- Support to be provided for the implementation
- Further refinements and continuous quality improvement process
Context of Practice

<<Lead Authors: Scientific Committee>>

<<This section should provide detailed information on the historical context, nature, current practice environment of the speciality, current challenges, and future direction of the speciality.

Suggested information that would be useful to include:

- Historical background
- Nature and scope of the practice
- Number of the hospitals
- Number of training hospitals
- Number of the specialists: private, public; local versus overseas graduates
- Profile of practice
- Current challenges
- Options of career paths
- Future directions
- Any other information deemed important by the scientific committee
Differences between Proposed and Existing Curricula

<<Lead authors: Zubair Amin and Sami Al-Ayad>>

<<This section provides a succinct overview of differences between existing curriculum and proposed curriculum along with key characteristics of the proposed curricular frameworks>>

Philosophical orientations

- Competency-based
- Graded responsibility for the physicians
- Better supervisory frameworks
- Clearer demarcations what should be achieved at each stage of training
- Core curriculum with elective and selective options
- Independent learning within a formal structure

Expanded range of competencies

- Balanced representation of knowledge, skills, and professionalism
- Incorporation of new knowledge, skills

Evidence based approach

- Demographic data (e.g., disease prevalence)
- Practice data (e.g., procedure performed)
- Patient profile (e.g., outpatient versus inpatient)
- Catered towards future needs

Holistic Assessment

- Higher emphasis of continuous assessment
- Balanced assessment methods
- Portfolio and log-book to support learning and individualized assessment
- In-built formative assessment
Definitions Used in the Document

Assumed Knowledge

Attitude and behaviour

Competency

Core (skills, knowledge, and professional behaviour): A specific knowledge or skill or professional behaviour that is specific to the given specialty

Knowledge

Mastery

Portfolio

Skills

Universal: A knowledge, skills, or professional behaviour that is not specific to the given specialty but universal for the practice of clinical medicine
Outcomes and Competencies
Outcomes

<<Lead authors: Scientific Committee>>

Rationale

Include the core attributes and characteristics that define the speciality. Kindly see Appendix A for example.

Overall Goal

Include a brief statement describing the overall goal of the program. Kindly see Appendix A for example.

Learning Outcomes

- Learning outcomes should be at mid-level; i.e., neither too broad nor too specific. An example of mid-level learning outcome is “Demonstrate competency in taking a focused paediatric history and performing a complete and appropriate physical examination.”

- You might want to categorize the learning outcomes in broad content area. For example in paediatrics some of the content areas are: Growth; Nutrition, Development; Adolescent health issues; Prevention and Health Maintenance.

- Annotate the learning outcomes with K, S, A (K=Knowledge, S=Skills, and A=Attitude). For example “Demonstrate competency in taking a focused paediatric history and performing a complete and appropriate physical examination. (S)” You might have more than one annotation for each learning outcomes.

- Kindly see Appendix A for example.
Role #1 Medical Expert
✓
✓
✓

Role #2 Communicator
✓
✓

Role #3 Collaborator
✓
✓

Role #4 Health Advocate
✓
✓

Role #5 Managerial skill
✓
✓

Role #6 Scholar
✓
✓

Role #7 Professional
✓
✓
Continuum of Learning

This is a short section that shows expected learning that should take place in each key stage of progression within the speciality. State how the role changes between RY1 and RY2-3 and Consultant Levels. Below is an example. Further example can be found in Appendix B.

<table>
<thead>
<tr>
<th>RY 1 (Junior Level)</th>
<th>RY 2-3 (Senior Level)</th>
<th>Consultant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain fundamental knowledge related to core clinical</td>
<td>Apply knowledge to provide appropriate clinical care related to</td>
<td>Acquire advanced and up-to-date knowledge related to core clinical problems</td>
</tr>
<tr>
<td>problems of the specialty</td>
<td>core clinical problems of the specialty</td>
<td>of the speciality</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop clinical skills such as physical examination</td>
<td>Analyse and interpret the findings from clinical skills to</td>
<td>Compare and evaluate challenging, contradictory findings and develop</td>
</tr>
<tr>
<td>and practical procedures related to the core presenting</td>
<td>develop appropriate differential diagnoses and management</td>
<td>expanded differential diagnoses and management plan</td>
</tr>
<tr>
<td>problems and procedures of the speciality</td>
<td>plan for the patient</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Top Conditions in the Specialities

<<Lead Authors: Scientific Committee>>

Note:

1. This section provides evidence based approach to curriculum content. This allows curriculum committee and trainees to focus on what is common and important.

2. The underlying principle curriculum should prioritize teaching, learning and assessment based on the top conditions.

3. Scientific Committee must ensure that common conditions listed in the tables are well-represented and assessed.

4. Depending on the speciality; similar table might be needed for:
   a) Top ten causes of visit to Accident and Emergency
   b) Top ten procedures performed
   c) Top ten surgeries performed
   d) Common Complications

5. If no such data are available, use data that are available from the WHO’s global burden of diseases or similar reputable organizations.

6. There will be an Open List. The open list of conditions/presenting problems give flexibility to the scientific committee to include conditions/presenting problems that are not in the top ten causes of morbidity, mortality but nevertheless deemed to be important. Examples conditions that might be included in the open list include HIV or AIDS, alcoholism,
Top Ten Causes of Mortality in Saudi Arabia. In some specialties it is the overall mortality pattern that is important. However, for others, it might be diseases that are important. The number shown here are fictional.

<table>
<thead>
<tr>
<th>Disease; Conditions</th>
<th>Relative Frequency</th>
<th>Cumulative Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Condition A</td>
<td>18%</td>
<td>18%</td>
</tr>
<tr>
<td>2. Condition B</td>
<td>13%</td>
<td>31%</td>
</tr>
<tr>
<td>3. Condition C</td>
<td>10%</td>
<td>41%</td>
</tr>
<tr>
<td>Disease; Conditions</td>
<td>Relative Frequency</td>
<td>Cumulative Frequency</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>1. Lung</td>
<td>18%</td>
<td>18%</td>
</tr>
<tr>
<td>2. Colorectal</td>
<td>13%</td>
<td>31%</td>
</tr>
<tr>
<td>3. Prostrate</td>
<td>10%</td>
<td>41%</td>
</tr>
</tbody>
</table>
Top Ten Causes of Out-Patient Consultations Related to the Specialties in Saudi Arabia

<table>
<thead>
<tr>
<th>Disease; Conditions</th>
<th>Relative Frequency</th>
<th>Cumulative Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Condition A</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td>2. Condition B</td>
<td>12%</td>
<td>34%</td>
</tr>
<tr>
<td>3. Condition C</td>
<td>10%</td>
<td>44%</td>
</tr>
</tbody>
</table>
Top Ten Causes of In-patient Admissions Related to the Specialties in Saudi Arabia

<table>
<thead>
<tr>
<th>Disease; Conditions</th>
<th>Relative Frequency</th>
<th>Cumulative Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Condition A</td>
<td>18%</td>
<td>18%</td>
</tr>
<tr>
<td>2. Condition B</td>
<td>13%</td>
<td>31%</td>
</tr>
<tr>
<td>3. Condition C</td>
<td>10%</td>
<td>41%</td>
</tr>
</tbody>
</table>
### Top Ten Procedures/Surgeries Performed by the Speciality

<table>
<thead>
<tr>
<th>Name of Procedures/ Surgeries</th>
<th>Approximate Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Procedure A</td>
<td></td>
</tr>
<tr>
<td>2. Procedure B</td>
<td></td>
</tr>
<tr>
<td>3. Procedure C</td>
<td></td>
</tr>
</tbody>
</table>
**Generic Problems/Issues**

Generic Problems and Issues will address ‘health’ and ‘preventive’ aspects of the speciality that are not generally covered under presenting problem based model.

Generic Problems/Issues that are relevant might include:

a) Health supervision  
b) Health maintenance  
c) Prevention  
d) Nutrition  
e) Therapeutics  
f) Investigations  
g) Mental health  
h) Behaviour  
i) Perioperative care
Core Clinical Problem List and Representative Diseases

<<Lear authors: Scientific Committee>>

Core Clinical Problem (CCP) might include:

a) Symptoms (such as chest pain)
b) Signs (such as enlarged liver)
c) Laboratory/investigation results: (such as elevated potassium level)
d) Referrals (such as referral from GP for anaemia)

Each disease categorized into core specialty level should fall into any of the following four categories:

- Common (C)
- Treatable (T)
- Life, limb, vision threatening (L)
- Preventable (P)

Each core clinical problem should include generally 3-5 diseases (in exceptional cases more can be included) categorized into:

- Core Speciality Level, and
- Mastery Level

**Core Speciality Level:** These are high priority topics that the trainees are expected to attain competency in comprehensive management of these conditions during Year 1 and 2 of their training.

**Mastery Level:** These are topics that are good to know for Year 1 and 2 level trainees. They are expected to attain competency in managing these conditions during Year 3 and 4 of their training.

Below is an example in Paediatrics:

<table>
<thead>
<tr>
<th>Core Clinical Problems</th>
<th>Core Speciality Level</th>
<th>Mastery Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever without a focus</td>
<td>Occult bacteraemia (L, T)</td>
<td>Juvenile Rheumatoid Arthritis (JRA)</td>
</tr>
<tr>
<td></td>
<td>Septicaemia (L, T)</td>
<td>Malignancy</td>
</tr>
<tr>
<td></td>
<td>Meningitis (L, T)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Urinary tract infection (T)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Viral illness (C)</td>
<td></td>
</tr>
</tbody>
</table>
## Expected Level of Competency for Core Specialty Level Problems

<table>
<thead>
<tr>
<th>Competency Level</th>
<th>RY 1/2</th>
<th>RY 3/4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take a focused history</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Triage and prioritize the patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Render immediate/emergency management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generate the most likely diagnosis and focused differential diagnoses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe the patho-physiological/clinic-anatomical basis of the condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rationalize, order, and interpret appropriate investigations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognize secondary complications/adverse events/severity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counsel patients/families/care-givers regarding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manage complex psychosocial/financial/behavioural aspects of the condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teach students, fellow colleagues, and other health care professionals regarding the condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competency Level</td>
<td>RY 1/2</td>
<td>RY 3/4</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Take a focused history</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Triage and prioritize the patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Render immediate/emergency management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generate the most likely diagnosis and focused differential diagnoses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe the patho-physiological/clinic-anatomical basis of the condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rationalize, order, and interpret appropriate investigations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognize secondary complications/adverse events/severity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counsel patients/families/care-givers regarding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manage complex psychosocial/financial/behavioural aspects of the condition</td>
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<td></td>
</tr>
<tr>
<td>Teach students, fellow colleagues, and other health care professionals regarding the condition</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Core Clinical Problems (Detailed Mapping)

Here are different ways the mapping can be achieved. We could adopt any of the following strategies:

a) Determine the approach at Saudi Commission Level and standardize the outcomes for all specialities
b) Allow speciality to choose their preferred approach
c) Allow specialty to develop their own template

Initial target will be to develop mapping should be developed for all core level problems.

In the following pages, there are three different examples provided. Each has its advantages and disadvantages.
Example 3: Core Clinical Problem: Breast Lump/Screening

Based on CanMED Frameworks

**Rationale:** In Saudi Arabia, breast cancer is the most common cancer among adult females. Breast screening is routinely advocated as a strategy for early detection. With advanced and aggressive screening strategies many patients (20-25%) are detected in early carcinoma-in-situ stage, where long term survival can be expected, without the need for systemic therapy.

**Core Specialty Level Conditions:** Fibro-cystic changes; Fibroadenoma; Carcinoma in situ; Breast cancer

**Mastery Level Conditions:** Congenital conditions of breast; complications of breast-surgeries

**Assumed Knowledge; Competencies**

<table>
<thead>
<tr>
<th>Population Sciences</th>
<th>Behavioural Sciences</th>
<th>Basic Sciences</th>
<th>Clinical Sciences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidemiology of breast cancer in Saudi Arabia</td>
<td>Impact of cancer on the patient and family</td>
<td>Clinical and surgical anatomy of breast</td>
<td>Pathological features of core speciality level conditions</td>
</tr>
<tr>
<td>Risk factors of breast cancer and at risk population</td>
<td>Bereavement and grief reactions</td>
<td>Histological features of normal breast</td>
<td>Imaging modalities such as ultrasound and mammogram</td>
</tr>
<tr>
<td>Principles of screening</td>
<td></td>
<td>Hormone receptors and their actions</td>
<td>Fine needle and core needle biopsy</td>
</tr>
<tr>
<td>Difference between screening tests and diagnostics tests</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


### Competencies

<table>
<thead>
<tr>
<th>Medical Experts</th>
<th>Communicators</th>
<th>Collaborators</th>
<th>Manager</th>
<th>Health Advocate</th>
<th>Scholar</th>
<th>Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performs the standardized breast examination, ensuring the patient’s comfort and proper draping (A)</td>
<td>Counsels women with risk factors for the development of breast cancer on the utility of screening (A)</td>
<td>Liaises effectively with surgical, oncology, nursing and social work services (M)</td>
<td>Puts patient in touch with community support group (M)</td>
<td>Recognizes the major risk factors of breast cancer in Saudi Arabia (A)</td>
<td>Selects women who are at high risk of breast cancer based on age and/or presence of other pre-existing risk factors for mammography and possible genetic screening (C)</td>
<td>Critically appraise research findings to answer a patient problem using PICO model (Patient, intervention, comparator, and outcomes) (C)</td>
</tr>
<tr>
<td>Obtains an efficient, focused history in relation to lump (e.g., duration, discharge, change in size, family history of breast cancer, menarche, first pregnancy, menopause) (C)</td>
<td>Communicates with patient about the diagnosis and prognosis with due empathy and effectiveness (C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Requests investigations according to local protocol (C)</td>
</tr>
<tr>
<td>Obtains focused history in relation to impact of the lump on patient mental health (M)</td>
<td>Counsels and educate patients on the role of breast self-examination, mammography, ultrasound, fine needle aspiration and core needle biopsy (C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Complies with professional responsibility with regards to disease notification to cancer registry (C)</td>
</tr>
<tr>
<td>Performs a complete physical examination of the lump (e.g., number, consistency, movable/immovable,</td>
<td>Recognizes how patient and family behave as the time of newly diagnosed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Size, borders, skin changes, pain</td>
<td>Cancer (C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and the draining lymph nodes (axillae and supra-clavicular) (C)</td>
<td>Explores and responds to patient’s needs, expectations, and concerns and ideas of breast lump and cancer (C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generates differential diagnosis of the breast lump (C)</td>
<td>Differentiates between benign and malignant breast lump based on the history and physical examination (C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Differentiates between benign and malignant breast lump based on the history and physical examination (C)</td>
<td>Initiates appropriate investigations guided by differential diagnosis (C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiates appropriate investigations guided by differential diagnosis (C)</td>
<td>Interprets critical clinical, laboratory, imaging, and biopsy findings to characterize the type of lump and refines diagnosis and staging (C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interprets critical clinical, laboratory, imaging, and biopsy findings to characterize the type of lump and refines diagnosis and staging (C)</td>
<td>Outlines the medical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
and surgical management of patients with suspected breast cancer (C)

Obtains informed consent for the investigation (AK)

Perform needle biopsy of the breast lump (C)

Perform surgical removal of uncomplicated breast lump (M)

**Key:** A- Assumed; C- core speciality level; M – Mastery level
Procedures List

Procedures list should be divided into three categories

1. Category I: Assumed competent (i.e. previously learned). Category I procedures might include venepuncture, simple suturing, arterial blood sampling etc.

2. Category II: Core Procedures. These are the procedures to be learned and certified to be competent during the posting. Expected completion for Category II procedures should be during RY 1 and 2.

3. Category III: Mastery level procedures. Trainees are expected to be competent at the end of RY 3 and 4.

For Category II and III procedures following must be specified:

1. Number of procedures observed/participated, performed under supervision, certified by the supervisor to be competent.

2. The trainee also needs to declare that he/she is competent to perform the procedure independently.

3. Each trainee needs to maintain a logbook documenting the procedures observed, performed under supervision, and performed independently.

4. It would be prudent to determine the minimum number of procedures to be performed before certified being competent and the minimum number needed to maintain competency.

5. Trainees need to declare that he/she is competent in Category I procedures. If for any reason, a trainee is not competent in any given Category I procedures he/she should be provided supervised training.
### Table: List of Category I (Assumed) Procedures

<table>
<thead>
<tr>
<th>List of Category I (Assumed) Procedures</th>
<th>Declaration by the Trainee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venepuncture</td>
<td></td>
</tr>
<tr>
<td>Capillary blood sampling</td>
<td></td>
</tr>
<tr>
<td>Arterial blood sampling</td>
<td></td>
</tr>
<tr>
<td>Simple suturing</td>
<td></td>
</tr>
<tr>
<td>BCLS</td>
<td></td>
</tr>
<tr>
<td>List of Category II (Core) Procedures</td>
<td>Certified Competent by Supervisor</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Arterial line insertion</td>
<td></td>
</tr>
<tr>
<td>Accessing central vascular port</td>
<td></td>
</tr>
<tr>
<td>Lumber puncture</td>
<td></td>
</tr>
<tr>
<td>Oral airway insertion</td>
<td></td>
</tr>
</tbody>
</table>
List of Category III Procedures

<table>
<thead>
<tr>
<th>List of Category III (Mastery) Procedures</th>
<th>Certified Competent by Supervisor</th>
<th>Declaration by the Trainee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone marrow aspiration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nasal airway insertion</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
List of Behavioural/Communication Skills

This could be categorized into two

a) Category I: Assumed or Universal
b) Category II: Core specialty

Category I includes previously learned behavioural and communication skills and skills that are universal in nature (e.g., breaking bad news; consent taking for blood transfusion).

Category II includes specialty specific behavioural and communication skills (e.g., informed consent for a given procedure).

<table>
<thead>
<tr>
<th>List of Category I Behaviour/Communication Skills</th>
<th>Declaration by the Trainee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(Example one; please change as necessary)</strong></td>
<td></td>
</tr>
<tr>
<td>Conduct an open interview</td>
<td></td>
</tr>
<tr>
<td>Obtain informed consent for blood transfusion</td>
<td></td>
</tr>
</tbody>
</table>
List of Category II Behavioural and Communication Skills

<table>
<thead>
<tr>
<th>List of Category II Behavioural and Communication Skills</th>
<th>Certified Competent by Supervisor</th>
<th>Declaration by the Trainee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example one; please change as necessary</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>
Teaching and Learning
General Principles

1. Teaching and learning will be structured and programmatic with more responsibility for self-directed learning.

2. Every week at least **4-6 hours of formal training time** should be reserved. A formal teaching time is an activity that is planned in advance with assigned tutor, time slots, and venue. Formal teaching time excludes bedside teaching, clinic postings etc.

3. Core Education Programme (CEP) would include following three formal teaching and learning activities:
   1. Universal topics: 20-30%
   2. Core speciality topics: 40-50%
   3. Trainee selected topic: 20-30%

4. At least 3 hours per week should be allocated to CEP.

5. CEP will be supplemented by other practice based learning (PBL) such as:
   1. Morning report or case presentations
   2. Morbidity and mortality reviews
   3. Journal clubs
   4. Systematic reviews etc.
   5. Hospital grand rounds and other CMEs

6. Every two weeks at least 1 hour should be assigned to meeting with mentors, review of portfolio, mini-CEX, etc.
Universal Topics

(Lead: Sami al-Ayed and Zubair Amin)

1. Universal topics might be developed at the Saudi Commission Level for all specialties.

2. Priority will be given to topics that are
   - High value,
   - Interdisciplinary and integrated
   - Require expertise that might be beyond the availability of the local clinical training sites

3. Universal topics should be developed centrally by the Saudi Commission and available as e-learning module. Please see Appendix C for current version.

4. Learning outcomes of the core topics should be determined centrally

5. The format of presentation universal topics may be more didactic

6. Each universal topic will have a self-assessment at the end of the module.
Core Speciality Topics

<<Lead: Scientific Committee>>

1. Core speciality topics will be determined by the speciality (i.e., in the curricular document)

2. Core specialty topics must ensure that important clinical problems of the specialities are well taught

3. Unlike Universal Topics, the format of core specialty topics should be interactive, case based discussion with pre-learning materials

4. Core specialty topics should include workshops and simulation to develop skills in core procedures

5. Learning outcomes of each core topic will be developed by the respective specialities and specified in the curriculum

6. Each trainee site will develop the core topic based on the learning outcomes

7. There should be active involvement of the trainee in the development and delivery of the topics under faculty supervision; the involvement might be in the form of:

   - Delivery
   - Content development
   - Research etc.
Examples of Core Speciality Topics: Case Discussions; Interactive Lectures

<table>
<thead>
<tr>
<th>Topics</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approach to patient with urinary retention</td>
<td></td>
</tr>
<tr>
<td>Approach to patient with haematuria</td>
<td></td>
</tr>
</tbody>
</table>
### Examples of Core Speciality Topics: Workshops/Simulation

<table>
<thead>
<tr>
<th>Topics</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECG interpretation and response</td>
<td></td>
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<tr>
<td>Chest tube insertion and removal</td>
<td></td>
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<tr>
<td>Wound care</td>
<td></td>
</tr>
<tr>
<td>Surgical drains</td>
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</tbody>
</table>
Trainee Selected Topics

1. Trainees from each speciality will be given choice to develop a list of topics on their own.

2. They can choose any topics relevant to their needs

3. All these topics must be planned and cannot be random

4. All the topics need to be approved by the local education committee

5. Delivery will be local

6. Institution might work with trainees to determine the topics as well.
Example of Weekly Schedules of Formal Educational Activities:

<table>
<thead>
<tr>
<th></th>
<th>Sat</th>
<th>Sun</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
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</thead>
<tbody>
<tr>
<td>8 am - 9 am</td>
<td>Morning Report/Case</td>
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<tr>
<td></td>
<td>Presentation</td>
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<tr>
<td>11 am -12 pm</td>
<td>Core Topic: Acute Pain</td>
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<td>Meeting with</td>
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<td></td>
<td>Management</td>
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<td>Mentor/Mini-CEX etc.</td>
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<tr>
<td>1-3 pm</td>
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<td>Workshop: Chest Tube</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Insertion</td>
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</tbody>
</table>
Learning Outcomes for Formal Teaching and Training Activities

<<Lead authors: Scientific Committee>>

- Learning outcomes for all specialty-specific topics should be specified by the Scientific Committee
- As a guide, up to 5-7 learning outcomes for each topic should be specified
- The learning outcome may be classified according to CanMED competency frameworks

Example: Blood Transfusion

Background:

Learning Outcomes:

- Review the different components of blood products available for transfusion
- Recognize the indications and contraindication of blood product transfusion
- Discuss the benefits, risks, and alternative to transfusion
- Undertake consent for specific blood product transfusion
- Perform steps necessary for safe transfusion
- Develop understanding of special precautions and procedures necessary during massive transfusions
- Recognize transfusion associated reactions

Mode of Delivery:

Further Resources

Self-Assessment

Developed by:
Schedule of Rotations and Requirements

This section should highlight:

1. Core rotations necessary
2. Electives
3. Selective options
4. Suggested requirements for each year
Assessment
**Purpose:** The purposes of the assessment during the training are to:

- Support learning
- Develop professional growth
- Monitor progression
- Competency judgement and certification
- Evaluate the quality of the training programme

**General Principles:**

- Judgement should be based on holistic profiling of a trainee rather than individual traits or instruments
- Assessment should be continuous in nature
- Trainee and faculty must meet together to review portfolio and logbook once every two months and at the of a given rotation
- Assessment should be strongly linked to the curriculum and the content

Instruments suggested here are chosen for with the purpose and above principles in mind. The competency certification and specialty exit examination are not under the purview of the curriculum proposal.
Proposed Tools for Assessment

Following tools will form the ‘backbone’ of assessment. They can be supplemented by other tools.

Cognition:

- MCQs and Extended Matching Item (example to be provided)
- Patient Scenario based Modified Essay Question (example to be provided)

Clinical Skills/Patient Management

- Portfolio and logbook
- Mini-CEX
- DOPS
- Case-Based Discussion

Professionalism

- 360 degree feedback from peers, supervisors, allied health staff, co-workers
Portfolio

- Portfolio will be an integral component of training.
- Each trainee will be required to maintain a logbook.
- Educational supervisor should in charge of monitoring and reviewing the portfolio and provide continuous feedback to the trainee.
- Portfolio should include the followings:
  - Curriculum vita
  - Professional development plan
  - Records of educational training events
  - Reports from the educational supervisors
  - Logbook
  - Case write-ups (selected)
  - Reflection
  - Others: patient feedback, clinical audits etc.
Logbook

Logbook will be a part of the portfolio. The purposes of the logbook are to:

1. Monitor trainees’ performance on a continual basis
2. Document and record the cases seen and managed by the trainees
3. Maintain a record of procedures and technical intervention performed
4. Enable trainee and supervisor to determine the learning gaps
5. Provide a basis of feedback to the trainee
Suggested Format (EPITOMISE)


<table>
<thead>
<tr>
<th>E</th>
<th>Enquiry</th>
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<tbody>
<tr>
<td>P</td>
<td>Physical Examination</td>
</tr>
<tr>
<td>I</td>
<td>Investigation and Interpretation of Results</td>
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<td>T</td>
<td>Technical Procedures</td>
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<tr>
<td>O</td>
<td>Options for Diagnoses and Clinical Judgment</td>
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<td>M</td>
<td>Management Options</td>
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<tr>
<td>I</td>
<td>Information Handling</td>
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<tr>
<td>S</td>
<td>Scientific Basis</td>
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<tr>
<td>E</td>
<td>Education of the Patients</td>
</tr>
</tbody>
</table>
**Example of Completed Logbook Using EPITOMISE Framework**

**Core Clinical Problem:** Breast lump

**Core Condition:** Fibrocystic changes, fibroadenoma, carcinoma-in-situ, breast cancer

<table>
<thead>
<tr>
<th></th>
<th>Fibrocystic Changes</th>
<th>Fibroadenoma</th>
<th>Carcinoma-in-situ</th>
<th>Breast cancer</th>
<th>Other Conditions</th>
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</thead>
<tbody>
<tr>
<td>Patient Medical Record</td>
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<tr>
<td>Date</td>
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<tr>
<td>E – Enquiry</td>
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<td>P – Physical Examination</td>
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<td>I – Investigation</td>
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<tr>
<td>T – Technical Procedures*</td>
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<tr>
<td>O – Options in Diagnosis</td>
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<td>M – Management</td>
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<td>I – Information Handling</td>
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<td>S – Sciences</td>
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<tr>
<td>E – Education of Patient</td>
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</tbody>
</table>

* Technical Procedures: Observed, Assisted, Performed

**Learning Gaps (if any):**

**Supervisor Signature**
Mini-CEX and DOPS

- Customised mini-CEX for most important conditions of the specialty
- Customised DOPS for most frequently performed procedures of the speciality
- Mini-CEX and DOPS will be an open and joint exercise between trainee and supervisor
- Should have a very high emphasis on formative development
- At least 15 minutes should be dedicated to feedback
Trainee Support

- Each trainee must have an assigned supervisor
- A clinical supervisor must not have more than 3 trainees in any given point of time
- Assigned supervisor must follow the trainee for at least one year
Policies and Procedures

Include a list of policies and procedures applicable to the speciality.