

SPECIALITY TRAINING PROGRAM FOR RHEUMATOLOGY

Title of the residency study program	State code
Rheumatology	733A30086

Academic awarding institution	Language
Lithuanian University of Health Sciences, Medical Academy, Rheumatology Clinics, A. Mickevičiaus g. 9, LT-44307 Kaunas, Lithuania	Lithuanian

Kind of studies	Cycle of studies	Level of qualification according to Lithuanian Qualification Structure (LKS)
University studies	Non-degree studies	7 th level

Mode of the studies, program length	Volume of the program in ECTS credits	Total amount of student work	Formal teaching and practice hours	Independent self-direct learning hours
Full-time studies, 4 years	264	7040	6160	880

Area of studies	Main field of the study program	Parallel study program (if available)
Biomedical sciences	Medicine	-

Professional qualification awarded
Rheumatologist

Study program director	Director's contact information
<u>Professor dr. Asta Barauskaite</u>	Eiveniu 2, Kaunas Tel.: 326 234 email: asta.barauskaite@kaunoklinikos.lt

Institution of accreditation	Accredited until
Centre for Quality Assessment in Higher Education	Year 2014

Aim of the residency study program
The main goal of the rheumatology residency program is to prepare a doctor specialist, universally educated, honest, initiative, self-sufficient but responsible ethically, who would also be creative, interested in science innovations, upholding democracy, able to solve problems and work in a team, having professional rheumatology qualifications and able to apply acquired knowledge, skills and abilities in practical job, and seek further studies in a qualifying doctorate studies.

Program profile		
Disciplines/subject areas	Orientation of the program	Distinctive features of the residency study program
Program consists of obligatory and optional cycles including theory, practice and self-sustaining job. Obligatory cycles are concentrated towards acquiring rheumatologic knowledge, deepening skills needed to be successful in internal disease treatment, diagnosis, rehabilitation and surgical treatment solutions. For para-clinical diagnose methods – radiology, immune diagnose – specially formulated independent obligatory cycles. Optional cycles are oriented towards specialization in a certain part of diagnosis study (i.e ultrasound, capillaroscopy, arthroscopy).	Applied orientation program, concentrated towards practical activity and developing abilities for scientific research work, providing rheumatologist's professional qualification.	This unique rheumatology residency program is based on theoretical studies, as well as practical and scientific job integration. Practical skills obtained and theory courses realised will help of University professors – residency base specialists. For the rheumatology residency study cycles the main residency base – LUHS Hospital Public Institution “Kaunas Clinics” is accredited for various rheumatic diseases' diagnosis and treatment concentration in one place: rheumatology, orthopedy, trauma, radiology, rehabilitation, laboratory diagnosis, all other internal disease profile clinics, emergency and intensive care departments. There is an opportunity provided to accomplish part of the residency (up to one

		<p>year) in accredited clinics abroad (for separate residency cycles studies).</p> <p>Program is prepared taking into account:</p> <ol style="list-style-type: none"> 1. LR legislation, 2. LUHS valid documents; 3. European Parliament legislation 2005/36/EB, EFNS/EBN recommendation for doctor of rheumatology preparation: UEMS rheumatology specialist core curriculum (2003) as well as the European Union of Medical Specialists expectations for doctor of rheumatology accreditation European Union of Medical Specialists. Chapter 6, Charter on Training of Medical Specialists in the EU. Requirements for the speciality Rheumatology. UEMS 2006. Could be accessed through the following link: (http://www.uems.net/Rheumatology).
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Admission requirements	Recognition of previous learning
<p>Master degree in medicine and medical doctor professional qualification are obligatory. Admission by the way of general competition. Competitive score structure of is given in the conditions for entrance to the LUHS residency programs. The main components of competitive score is the average assessment of all subjects, studied during integral studies, final exam assessment, clinical medicine practice assessment, student's scientific activities assessment (appointed by Student Science Association (SMD)), motivational interview assessment. Motivational interview takes place according to the schedule set in advance. Motivation Committee is composed of a staff of academic rheumatologists and residents representatives. Scientific activities in the field of rheumatology as well as qualities of humankind and ethical behaviour are being evaluated. Competition is public and takes place separately to every residential study program in two stages (main and additional). Second or additional stage can be organised if after the main admission free places are still available.</p>	<p>Results of previous studies are accepted individually, taking into account the developed competencies and goals of program that correspond to „Rheumatology“ residency study program, with the guidance of procedures set by LUHS Senate.</p>

Access to further education
<p>Opportunity to pursue a third cycle - doctoral degree (5-10% of candidates are chosen from the pool of professionals who have obtained doctor of rheumatology qualifications).</p>

Access to professional activities (employability)
<p>Doctor with rheumatology speciality can practice a practical job in the governmental as well as in private health care institutions, which have licences to provide rheumatologic profile services. According to the licence obtained in Lithuania or abroad, can seek a scientific degree in doctoral studies, conduct a pedagogical job. Rheumatologist licence is issued by the State Health Care Accreditation Agency under the Ministry of Health of the Republic of Lithuania, after submitting diploma of completed medical studies program, internship certificate and certificate of completed residency. The license and professional knowledge is recognized by European Union countries.</p>

Learning and teaching approaches	Methods of assessment (of learning achievements)
<p>Various teaching and studying methods are applied: lectures, seminars, consultations, group discussions together with doctors-residents, case studies, every-day activity logbook writing. Residents are introduced to the patients in rheumatology department, participate in the morning meetings/conferences with staff doctors, watch educational movies, prepare personal assessments about themselves and the plan for future improvements.</p>	<p>Be present in the classes, participate and vocalize individual input in seminars and group discussions, which is recorded in the journal and evaluated. It is required by each residency student to complete at least 75% of all theoretical projects/case studies/themes. The presentations to be completed in presence of past year residents and/or on the individual basis.</p> <p>Knowledge assessments in writing and in word are conducted at the end of each cycle. Writing tests include open and closed ended questions/problems/cases. Scored in 1-10 point system, 1 being the lowest and 10 being the highest score possible.</p>
<p>The skills are acquired while: evaluating and working with patients and their individual conditions, emergency room, intensive care unit, rheumatology department, in other stationary departments, ambulatory, participating in daily department's activities, management visits and patient assessments, consulting patients with the supervision of the rheumatologist on duty, while on the shift in rheumatology and internal disease departments. Skills are acquired based on the residency requirements with the direct supervision of member of management and/or licensed doctor.</p>	<p>Constant clinical work, diagnostic procedures' analysis and/or interpretation evaluation on the weekly basis based on daily task log approved by residency manager's stamp.</p> <p>Individual clinical event analysis and presentation on weekly rotations evaluation based on daily/weekly task log approved by residency manager's stamp.</p> <p>Residency department staff (doctors and other personnel) assessments (in written or oral form) in regards to resident's activities working independently at the end of every cycle. These assessments are used as supplemental evaluation for daily task logs.</p> <p>Practical knowledge acquired during each cycle are scored in 1-10 point system, 1 being the lowest and 10 being the highest score possible. All the scores are recorded in resident's grade history.</p> <p>Scientific medical literacy research and case study overview with proper data and references preparation and presentation in the daily morning doctor meetings/conferences by preapproved time and date. Presentations are logged in the task logs and approved by the resident's manager semi-annually.</p> <p>Residents may suggest a theme for clinical research paper or it may be done by the resident's manager. Preliminary theme, object and research methods are discussed and approved during the clinic's meetings. The research paper conclusion must be presented during the meeting of rheumatology clinic no later than one month before the final exam.</p> <p>Residency study program is ended by taking practical and theoretical exams. Practical exam is conducted with the presence of patient in the clinic. Theoretical exam is conducted in writing by answering 10 questions and then talking about those specific answers to the panel.</p>

General competencies (knowledge, abilities, values and attitudes)		Outcomes (results) of residency study program	
1.	Professional attributes	1.1	Be honest and honourable with patients, follow medicine ethics norms and requirements for good medicine practice, be critical toward others and himself/herself, be able to feel compassion for the patient, be creative and initiative.
2.	Professional activity	2.1	Have ability to evaluate the boundaries of his/her competencies in rheumatology, to act independently, if there is a need, seek for a help, solve problems and take decisions, communicate and work in a team with specialists from other fields, be able to organise work and to plan time properly.
3.	Doctor as an expert	3.1	Be able to choose and to apply the most optimal methods of rheumatology therapy, constantly seek perfection in overall work conduct and treatment application while continuing lifelong learning, be able to apply theoretical knowledge in practice, to pass own knowledge and abilities to colleges that have less practice, abilities to plan and to do scientific research.

Subject-specific competences (knowledge, abilities, values and attitudes)		Aims (results) of residency study program	
1.	Neurological patient consultation	1.1	To make an assessment of overall somatic patient's condition, assess the influences of existing rheumatologic symptoms, interpret research results, evaluate patient's physical condition and anaesthesia risk, appoint premedication, explain to the patient anaesthesia method and possible complications.
		1.2	To be able to explain to the patient, and/or his relatives, a goal and a meaning for the actions taken to the patient, to discuss further actions, to reassure and to motivate patient and/or his relatives, to understand legal aspects regarding informing patient and/or his relatives.
2.	Patient's diagnostics and formation of treatment plan	2.1	To recognise conditions that have impact on anaesthesia or/and require intensive treatment, to make a plan for necessary diagnostic tests, be able to interpret test results, to perform primary (complaints, anamnesis, total examination) and secondary (interpreting tests' results and planning, performing and interpreting complementary tests' results) differential diagnostics on patients symptoms reasons; to make a relevant treatment plan and/or anaesthesia method for an individual patient, to discuss it with a patient and/or his relatives, be able to evaluate possible pharmaceutical mutual interactions and possible side effects as well as evaluate affectivity of prescribed treatment; to inform properly and objectively about possible complications, about treatment and anaesthesia alternatives.
		2.2	To have the ability to communicate with patient and his/her relatives in case of critical condition; to gain confidence and written agreement from the informed person, communicate in writing (filling up medical documents), willingly communicate with, if any, aggressive patients.
3.	Medical emergencies and resuscitation	3.1	Be able to recognise conditions that need emergency medical treatment, provide first aid, provide intensive care according to the valid recommendations, provide aid in case of trauma, have abilities to treat conditions that require emergency assistance.
4.	Executing procedures, evaluation and interpretation of results	4.1	Be able to perform joint and periarticular tests, analyze joint liquid results, perform joint and periarticular ultrasound, assess muscular injuries and functional samples, capillaroscopy and needle skin biopsy.
		4.2	To be able to evaluate x-ray, radiology, radioizotopy, bone density system, immunological, biochemical, microbiological, pathological tests' results.
5.	Participation in health preservation, promoting and encouraging a healthy lifestyle	5.1	Be able to assess risk for patient's health and apply proper and rational remedies to lower the risk, apply infection control precautions, asses professional activities risk for his/her own health and take precautions to avoid this risk.
		5.2	To participate in health programs on the level of population and of an individual.