Department of Family Medicine

Residents' Manual

Updated on March 2022

I have attended the department orientation and read the family medicine residency training manual and agreed to abide by it.

I am aware that I will be evaluated on a regular basis and my evaluations will be shared by a number of concerned faculty and the chief resident.

Please note that changes to the rotations may be introduced after the start of the academic year if deemed necessary.

Resident Name:_____

Resident Signature: _____

Date: _____

Preface ----- *5*

I. Introduction ----- *6*

Vision ----- **6**

Mission ----- **6**

Structural framework ----- **6**

Principles of Family Practice ----- **7**

Family Medicine Practice Center (FMPC), University Health Services (UHS) AND Satellite Clinics (SC) ----- **7**

II. Residency training ----- *8*

III. Selection of new residents ----- *8*

IV. Suggested training program ----- *9*

Residency Training Program ----- *9*

Four years of training to meet the Arab Board Requirements ----- *9*

Three years of training to meet the ACGME International Requirements ----- *10*

V. Ambulatory family practice ----- *10*

VI. Family Medicine In-patient Team ----- *11*

VII. On call activities ----- *12*

VIII. Teaching activities ----- *12*

IX. Library ----- *14*

X. Evaluation ----- *14*

Rotations ----- *14*

Clinic sessions ----- *14*

Research project ----- *15*

Reflective learning ----- *15*

Quality improvement ----- *16*

Examinations ----- *16*

XI. Policies and procedures ----- *17*

Disciplinary action ----- **17**

Due process and appeal ----- **17**

Resignation ----- **18**

Away time, absence and vacations ----- **18**

Moonlighting ----- **18**

XII. Personal professional advisor ---------- 18

Objectives----------19

Techniques to Attain Objectives----------19

XIII. Program Improvement ---------- 19

XIV. Resident of the Year ---------- 19

XV. List of Topics to be covered in Teaching Activities (Updated July 2021) --------- 20

XVI. Topics covered during the Introduction to Family Medicine Month ---------- 25

XVII. Workshop Topics (Updated May 13, 2011) ---------- 26

XVIII. Core procedures ---------- 27

Preface

This manual is the by-product of several steps and inputs from faculty, residents, and an external reviewer.

The two main objectives of this manual are to:

a. outline the duties, responsibilities, and rights of residents specializing in Family Medicine at the American University of Beirut Medical Center (AUBMC).

b. provide an idea to medical students and other interested persons about the Family Medicine Program at the AUBMC.

On behalf of the Department of Family Medicine I would like to acknowledge the input of all those who made this document possible.

Bassem Saab, M.D
Program Director

I. Introduction

Vision

Provision of high-quality primary health care.

Mission

The mission of the department of Family Medicine at the American University of Beirut-Medical Center (AUBMC) is to promote and achieve excellent community-oriented primary health care at the local, national and regional levels through education, research, and services.

The Department serves as the leader at AUBMC in primary care education and research. It provides exemplary, comprehensive and continuous primary health care utilizing the biopsychosocial model. The Department also serves AUB community and citizens.

Structural framework

The family practice residency program (FPRP) is a three-year training program. Residents who plan to sit for the Arab board can have a four year program. Training occurs in the family medicine practice center (FMPC), and satellite clinics (SC) that include Tahaddi, Badaro Hospital military services, and Karagheusian. Affiliated hospitals include Makased General Hospital (BGH) and Beirut Governmental University Hospital (BGUH).

Residency support is provided by the AUBMC. The FMPC is the headquarters for the residency.

The training complies with the requirements of the ACGMEI and the Arab Board of Medical Specialities for family medicine. It also satisfies the structure recommended by the American Academy of Family Medicine. Both block and longitudinal formats are utilized. Principles of continuity of care, psychosocial aspects of disease, and health prevention and promotion are emphasized all through the four years of training.

Principles of Family Practice

The FPRP is built upon the principles of the specialty. At the end of the training program, the trainee will be expected to:

1. Diagnose and manage common medical problems, both acute and chronic.
2. Apply the methods of disease prevention and health promotion.
3. Understand the fundamental relationship among the individual patient, his/her family, and community. The trainee should be able to apply this understanding in promoting the patient's compliance with treatment, disease prevention, and health promotion interventions.
4. Play the role of the patient's advocate; particularly when the latter is referred to secondary or tertiary care centers.
5. Provide continuous care for the patient's physical, emotional and social problems.
6. Function efficiently as the medical leader of the health center's primary care team.
7. Coordinate patient's management at all levels of health care.

Family Medicine Practice Center (FMPC), University Health Services (UHS) AND Satellite Clinics (SC)

The FMPC is contiguous to the American University of Beirut Medical Center. The SC are in an urban area that serve middle and under-privileged communities. These settings, collectively, offer the following ambulatory services:

1. Comprehensive, and continuous medical care of high quality for all age groups.
2. Emergency care.
3. Health maintenance and promotion.
4. Health education.
5. Minor surgery.
6. In-hospital care including delivery of uncomplicated pregnancies.

The FMPC and SC function as training centers for the residents in family medicine, medical students, as well as visiting students, residents, and family physicians from other institutions worldwide.

II. Residency training

The Department of Family Medicine offers a three-year training program. Residents who like to sit for the Arab Board will have an extra year. Family practice is a comprehensive specialty. Post-graduates in Internal Medicine, Pediatrics, Obstetrics and Gynecology or rotating internship may apply, but an internship in family practice is preferred.

Residents who plan to have a fourth year can concentrate on some disciplines. *Areas of strength include:* occupational medicine, geriatrics, adolescent and sports medicine. The rotations in this year will have 2 clinical sessions a week dedicated to the area of strength. Teaching activities like Core Content, Grand Round, Journal Club will be dedicated to the area selected. A PGY-4 resident may also be involved in a research or /and quality improvement project in the field selected.

III. Selection of new residents

The Department of Family Medicine undertakes the below process to select new residents:

1. Pass the USMLE 2 or the IFOM. For more information you can contact: med@aub.edu.lb
2. Score more than 500 in the English Entrance Exam or pass the TOEFL: (paper based test: 573, computer based test: 230, or internet based test: 88).
3. Perform well in the interviews; each candidate will be interviewed by 3 committees each consisting of 2-3 members
4. None AUBMC candidates who did not have an elective in the DFM will be asked to interview a standardized patient, write a history pertaining to the interview, and present the case to a faculty member who video monitored the interview. The faculty will evaluate the candidate's:
    a) Communication skills
    b) Writing skills
    c) Presentation skills

For more information please visit the Graduate Medical Education website http://staff.aub.edu.lb/~webgme/

IV. Suggested training program

Residency Training Program
Four years of training to meet the Arab Board Requirements

	PGY1	PGY2	PGY3	PGY4+
1	Introduction to Family Medicine	FM* Inpatient	FM Inpatient - Resident in Charge	FM Inpatient - Resident in Charge
2	ED* Adult	FM Inpatient	Cardiology	Radiology
3	ED Adult	Mental Health	Rheumatology	Mental Health
4	ED Pediatrics	Community Medicine	Endocrinology	Occupational & Environmental Medicine (OEM)
5	CCU	OPD Peds- Badaro	Infectious Diseases	Occupational & Environmental Medicine (OEM)
6	Internal Medicine Ward - AUBMC**	Dermatology	Neurology	FM Clinics
7	Internal Medicine Ward – MGH+	ENT / Ophthalmology	Pulmonary	Geriatric Primary Care
8	Family Medicine	General Surgery Clinics	Gastroenterology	FM Clinics
9	Nursery/ Ped Specialty clinic	General Surgery Clinics	Hematology-Oncology / Nephrology	FM Clinics
10	Pediatrics Ward - MGH	Sports Medicine	OBGYN OPD	FM Clinics
11	Delivery Suite - AUBMC	Orthopedics	FM Clinics	FM Clinics
12	Delivery Suite – MGH**/RHUH++	Elective	Elective	Elective
13	Vacation	Vacation	Vacation	Vacation

*ED: Emergency Department
** AUBMC: American University of Beirut Medical Center;
+ MGH: Makassed General Hospital;
++ RHUH: Rafic Hariri University Hospital
OPD: Outpatient Department
FM: Family Medicine
Each block is 4 weeks, unless specified otherwise.
All residents should complete the BLS, ACLS and PALS by the end of the first year
During the highlighted blocks, residents are given one clinic more than determined per level
Number of weekly clinics per training year is at least 1 for PGY1, 2 for PGY2, 3 for PGY3 and 5 for PGY4. PGY4 will have one precepting and one shadowing session
During Family Medicine rotations, residents are given 5-6 clinics.
Adolescent Medicine rotation could be taken as an elective during the training.
PGY-4 will have duties like other residents till the end of April.

Three years of training to meet the ACGME International Requirements

	PGY1	PGY2	PGY3
1	Introduction to Family Medicine	FM* Inpatient	FM Inpatient - Resident in Charge
2	ED* Adult	FM Inpatient	Cardiology
3	ED Adult	Mental Health	Rheumatology
4	ED Pediatrics	Community Medicine	Endocrinology
5	CCU	OPD Peds- Badaro	Infectious Diseases
6	Internal Medicine Ward - AUBMC**	Dermatology	Neurology
7	Internal Medicine Ward – MGH+	ENT / Ophthalmology	Pulmonary
8	Family Medicine	General Surgery Clinics	Gastroenterology
9	Nursery/ Ped Specialty clinic	General Surgery Clinics	Hematology-Oncology / Nephrology
10	Pediatrics Ward - MGH	Sports Medicine	OBGYN OPD
11	Delivery Suite - AUBMC	Orthopedics	FM Clinics
12	Delivery Suite – MGH**/RHUH++	Elective	Elective
13	Vacation	Vacation	Vacation

*ED: Emergency Department
** AUBMC: American University of Beirut Medical Center;
+ MGH: (**participating site # 2**)Makassed General Hospital;
++ RHUH: (**participating site # 3**)Rafic Hariri University Hospital
OPD: Outpatient Department
FM: Family Medicine
Each block is 4 weeks, unless specified otherwise.
During the highlighted blocks, residents are given one clinic more than determined per level
All residents should complete the BLS, ACLS and PALS by the end of the first year
Number of weekly clinics per training year is at least 1 for PGY1, 2 for PGY2, and 3 for PGY3
During Family Medicine rotations, residents are given 5-6 clinics.

Ambulatory training is longitudinal. Clinic Sessions at FMPC start in the first year of training. At least one, two, and three sessions per week are allocated for post graduate year (PGY) 1 & 2, PGY 3, and PGY 4, respectively. PGY2 residents have 1 clinic at FMPC and one clinic at Badaro/Tahaddi. PGY3 residents have one clinic at each of FMPC, Badaro and Tahaddi. PGY4 have 6 clinics per week at the different clinic sites. The load of patients for the different levels is 150, 600, 900, 1100 for PGYI, PGYII, PGYIII, PGYIV respectivley. Residents should check monthly their patients'load to ensure that they will attain their required load by end of the year. Twenty five percent of the load should be pediatrics (age less or equal than 13 years) and 25 % of the population should be above the age of 65 years.All residents act as resident in charge of the inpatient team/ FMPC for 2-3 months during their PGY3/PGY4.

Number of appointments in each clinical session for residents at different levels:

Time	PGY I (1 session/week)	PGY II (2 sessions/week)	PGY III (3 sessions/week)	PGY IV (5-6 sessions/week)
A.M. From 8:30 till 11:30	3 New Cases*	4 New Cases*	5 New Cases*	6 New Cases*
P.M. From 1:30 till 4:00	2 New Cases*	3 New Cases*	4 New Cases*	5 New Cases*

*New cases to be given early in the session if possible. The Resident will take 2 follow up cases in lieu of 1 new case.

VI. Family Medicine In-patient Team

Each FM resident has to rotate as "Resident in charge" of the FM inpatient team, for 2-3 blocks during the postgraduate years 3 & 4. The FM team consists of inpatients representing adult medicine, pediatrics, geriatrics, and OB-GYN cases. The senior resident will be assisted by a PGY 2 resident who'll act as an intern, and a Med4 student.

Each week, a Faculty Member will be on call on the FM team. Daily morning rounds should be conducted. The resident in charge should be on call from 7 AM till 5 PM, after which another FM resident (PGY2, 3 or 4) will continue the night duty until next morning. A back up resident is always available.

VII. On call activities

PGY 2, 3 & 4 residents have to be on call on the FM team depending on the rotation they are passing through.
PGY 1 residents take night duties in the departments they are rotating in.
During the first three blocks of the academic year, PGY 2 residents will take duties till 10 pm with a senior resident who will continue the oncall duty till the following day.
PGY 2 resident rotating in the Inpatient rotation in Block 2 and 3, can take a maximum of 2 oncall duties on Fridays only.

VIII. Teaching activities

The department carries several teaching activities:
Interns' orientation: A series of workshops and presentations are given over one month as part of the Introduction to Family Medicine rotation to PGY 1 residents.
Core content & Grand Round:
PGY 4 will have 2 core content and 1 grand round; PGY 3: 1 core content and 1 grand round; PGY 2: 1 core content.
Topics should be selected from the core content list perpared by the Program Evaluation Committee that is updated on a yearly basis.. This activity occurs once a week all year round(Wednesdays from mid of July till mid of June).
Resident is asked to:

- Have one moderator
- Finalize preparing her/his topic 2 weeks before presentation date
- Moderators are expected to follow up weekly starting a month before the presentation date

Workshops: Presented by attendings and guest speakers (once a month) (workshop list)
J*ournal Club:* Residents at the PGY 2, 3, and 4 levels should critically appraise at least 1, 2, 3 original articles, respectivly(Fridays from mid of July till mid of June).
The objectives of the Journal Club are:
1. Present new info which promots medical knowlege
2. Analayse presented info
3. Develop critical thinking

There are several family medicine journal's that publish original papers and have a good impact factor. For this activity you are encouraged to select articles from:

- Annals of Family Medicine,
- British Journal of General Practice,
- Journal of the American Board of Family, Medicine, Family Practice,
- Postgraduate Medicine Journal,
- Scandenavian Journal of Primary Care

Morning Report: Residents and students present their in-hospital cases to the group. This activity occurs all through the year once per month. Cost effective management and morbidity mortality issues are discussed.
Board Review: Once weekly.
From our Files: An attending presents a patient from his/her practice every two weeks.
Movie Review: once every 2 months.
Activities at AUBMC: Residents are advised to attend the Internal Medicine Grand Round and the Mortality Morbidity activity.
Block Rotations' Activities: During a block rotation residents should comply with the requirements of the respective division or department.
Middle East Medical Assembly.
Annual Scientific Meeting for the Lebanese Society of Family Medicine.

PGY 2, 3, and 4 should attend at least 80% of the teaching activities appearing in the teaching activities schedule. A log book for attendance will be reviewed periodically. Missing more than 20% of any activity will subject the resident to get a warning.

Failing correction within 2 months of warning will result in probation. The probation will result in:

- Delay in graduation for 3 months.
- Requiring that the resident reads an article for each missed topic and sit for an exam and pass it with a grade more or equal to 60%.
- Adding the probation letter in the personal file of the resident.

Residents who can not attend for a valid reason have to notify the program coordinator prior to the activity. As for the workshops and zooming into health professionalis, the attendance should be 100%.

Residents need to attend 80% of all Balint sessions throughout their residency to be recognized by a certificate from "The Council of American Balint Society".

Residents need to consult the advisor while preparing for the journal club and core content.

IX. Library

Before the end of the academic year (in May), the Program Evaluation Commitee prepares a list of needed educational material. Residents and faculty are encouraged to submit details of software programs, books, journals and audiovisual material of value in promoting teaching.

Residents have free access to the electronic resources at Saab Medical Library. Available Journals include: American Family Physician, British Journal of General Practice, Annals of Family Medicine, The Journal of Family Practice and many others pertinent to family practice.

X. Evaluation

There is an on-going evaluation of knowledge, skills and attitude. Each resident is assigned an advisor. The program director solicits feedback from advisors and the Clinical Competency Committee. A formative assessment is given **o**nce a year in December, and a **s**ummative assessment once a year in May.

Rotations

Each resident is expected to have an evaluation of his/her performance in the rotations completed outside the department. House staff evaluation of residents must have at least an overall rating of good.

Clinical experience and activities are documented in a Log Book. The Log Book is discussed at regular intervals with the advisor

Clinic sessions

In the clinic, a preceptor supervises the work of junior residents and that of senior residents if needed.

Each session is followed by a check out round (COR).

The preceptor documents his/her feedback on cases discussed with the resident(the mini clinical evaluation exercise-mini CEX form).

Three randomly selected charts per resident are audited every three months (chart audit evaluation form).

At least Five interviews of different complexity should be monitored over the residency program. When the interview is videotaped, the resident should make sure that the patient has given his/her written consent before each recording. The interviews will be evaluated and graded (interviewing skills evaluation form).

At least Eight feedbacks from patients on the communication skills of the resident will be collected over the training years (form of resident evaluation by patient).

Research project

All residents need to take the CITI internet based course before embarking on their research project. Two residents can work together on the same research project. All residents shall plan a research project in consultation with their advisor and the research committee. The residents should start working on this project by the beginning of their PGY 2 and get the approval from the IRB before the end of the PGY 2. The project should be completed during PGY 3 and before March 31. The final presentations will be during the month of April. The project will be evaluated by key faculty members according to specific form. During the second week of May, the residents should submit a soft copy of the work to the research committee. Passing grade is 60%.

Resident research award is granted to the resident who receives the highest grade on the overall project.
The research committee will meet and vote on the resident who will represent the department in the FRRP (Fellow and Resident Research Program) based on innovation, strong methodolgy and interesting topic.

Reflective learning

PGY-3 and PGY-4 residents need to discuss on regular basis a significant encounter with a patient. A report is done and should include the following points:1.Describe the context of the incident. 2.Describe the actual incident in detail. 3.Explain why the incident was critical or significant 4.Explain the concerns at the time. 5.Describe the thinking process and feeling as it was taking place, and afterwards. 6.Mention anything particularly demanding about the situation. 7.Explain how the incident will impact the learning process. 8.Explain how the incident will impact the future role as a health professional.

The report will be graded by the advisor and will appear in the formative and summative evaluations. All residents (except PGY 4) are expected to submit three reflective pieces throughout the year.

Quality improvement

Each PGY2 needs to complete a quality improvement project during the second year. This activity will help faculty to evaluate residents in system-based practice. This can be a collaborative activity between two residents.

Examinations

In-Training Examination: PGY1/2/3 residents will sit for the American Board of Family Medicine yearly In-Training Examination. The passing grade is a Z score of -1 or more for the resident level. Those who do not pass it will be asked to repeat the exam within 30 days of the result. If they get below 90% (% of right questions on same exam), they will be put on academic probation.

The resident will undergo a remediation program lasting 3 months addressing the weak domains as depicted by the ITE.
1. The resident will have weekly study sessions with his/her advisor.
2. The resident will sit for an MCQ exam (prepared by the CCC) at the end of each month. The MCQ will contain 5 questions per domain. To pass, the resident need to score 60% or more.

OSCE (Objective Structured Clinical Examination): Conducted once yearly to PGY 1, 2 & 3 residents (end of March- beginning of April). The passing score is equal or more than -1 SD for level.

Exit Interview: This is conduced in May to all PGY 4. Graduating residents will be asked questions pertaining to their future practice and to reflect on their experience in the department

The Certifying Examination:The Certificate Score is a composite of 3 grades.

1. Last In-Training Examination 30%
2. Last OSCE 40%
3. Research Project 20%
4. Quality improvement project 10%

The passing grade is 60% and it represents the cumulative marks scored on the 4 above activities. Passing the examination is a requirement for issuing a certificate of specialty which includes the sentence: “and the candidate has successfully passed the Certifying Examination and is hereby recognized as specialist in Family Medicine”. If a resident fails the Certifying Examination but has satisfactory completed the training program, he/she will graduate with a certificate indicating the period of residency only. A resident who has a final score of 50-59% will be offered a re-sit structured oral examination within 3 months period.

XI. Policies and procedures

Disciplinary action

A resident is put on academic probation if s/he receives a poor evaluation on 2 consecutive rotations. Failing in the in-training exam twice is also a reason for academic probation.Failure to handle oneself in a professional manner, substance abuse, felony conviction, or involvement in unethical or illegal activities will result in a disciplinary action.

The residents on academic probation will be notified in writing by the Program Director. A plan will be designed so as to resolve the problem(s) that has/have lead to the probation.

The probationary period is not more than six months (average three months). The GME office will be informed about the probation. Failure to improve during the probation period will result in extension of the residency by the duration of probation. Any extension of the residency beyond four years may be without pay for the extended period.

Due process and appeal

If the resident disagrees with the reason of disciplinary action; he/she should submit a written rebuttal to the Chairman within fifteen working days of receiving the written notification of probation, dismissal, or other disciplinary action. The Chairman and the faculty will meet within 15 working days in the presence of the resident and her/his advisor. After listening to the resident’s case, the faculty in the department will vote by majority to uphold or retract the disciplinary action. The resident is notified in writing of the faculty’s decision within three days after the meeting.

If the faculty upholds the adverse action, the resident may appeal for a second time to the GME within fifteen working days. The GME office's decision will be final and concludes the appeal process.

Resignation

Residents who decide to quit the program should inform the program director at least three months prior to resignation. Failure to do so may result in mention of their abrupt resignation in any recommendation letter. The program will have the right to determine if the resignation is with or without prejudice.

Away time, absence and vacations

All residents (except PGY 4) should sit for the in-training exam and the OSCE even if they are on leave.

Rotations outside AUB have to be cleared with the program director. No resident will be away from the department for more than two consecutive blocks or for more than three blocks per year. This is to avoid lengthy interruption of medical care. Residents need to fill an elective request three months before starting an elective outside AUBMC and a vacation request at least a month before the leave. Elective is to be taken as a complete block. Residents having an elective in Lebanon are required to take oncall duty.

Note: No more than 2 residents at the same level can be away in the same period. This rule may change depending the number of residents in each level.

Policy on the "Effects of Leaves of Absence on Satisfying Criteria for Residency Program Completion" available as Appendix I.

Moonlighting

PGY IV residents are allowed to moonlight but only after reviewing the moonlighting policy, available on the GME website and signing additional, interdepartmental moonlighting agreement (**Appendix II)**.

XII. Personal professional advisor

Objectives

1. To provide a regular and scheduled one-to-one interaction which involves both monitoring and support of professional development.
2. To include the habit of seeking counsel in an atmosphere of trust and confidence.
3. To develop a two way channel regarding the program so it may be flexible to new ideas and constructive change.

Techniques to Attain Objectives

1. Each resident is assigned a faculty member as an advisor.
2. The resident meets with the advisor at least once every three month.
3. Format and content of these meetings are varied and flexible (Advisor form).
4. The advisor solicits from the resident(s) suggestions for changes or improvement in the training program.
5. The advisor submits follow up reports on his/her advisee to the program director at least 3 times a year, during the first weeks of October, January and April.

XIII. Program Improvement

Suggestions to improve the quality of the FPRP are encouraged in several ways. Residents are encouraged to: (i) fill an "End of Rotation Evaluation"; (ii) raise any point during the monthly meeting with the program director; (iii) give biannual feedback on faculty members involved in their training (iv) fill a program evaluation form.

XIV. Resident of the Year

Resident of the year award is granted to the resident who receives the highest grade on the evaluation filled by the core faculty, PEC and CCC members.

XV. List of Topics to be covered in Teaching Activities (Updated July 2021)

Residents are expected to have a section on diagnostic radiology when applicable.

Health maintenance / counseling / General

1. Premarital counseling
2. The pre-employment exam
3. The well baby visit
4. Advice to the traveler (workshop)
5. Smoking cessation
6. Nutrition made easy
7. Exercise prescription
8. The life cycle (or life adjustment periods)
9. Cultural competence
10. Ethics in primary care

Geriatric

1. Falls in the elderly
2. Approach to dementia
3. Pressure ulcers
4. Parkinson disease

Mental health

1. Depression & mood disorders
2. Somatoform disorders
3. Personality disorders
4. Substance abuse
5. Sleep problems
6. Autism
7. Approach to psychosexual dysfunction
8. Tips on effective cognitive behavioral therapy
9. Eating disorders
10. Attention deficit and disruptive behavior disorders
11. Tic disorders
12. Approach to common psychotic disorders
13. Sexual and gender identity disorders

Rheumatology

1. Approach to mono and polyarthralgias
2. Rheumatoid arthritis
3. Spondylarthropathies
4. Polymyalgia rheumatica
5. Fibromyalgia
6. SLE / antiphospholipid syndrome
7. Juvenile arthritis
8. Crystal arthropathies

Musculoskeletal disorders / sports medicine

1. Ankle sprain
2. Knee problems
3. Hip pain
4. Physiotherapy for common musculoskeletal conditions
5. Exercise advice in specific musculoskeletal conditions
6. Approach to common fractures
7. Common nerve entrapment syndromes

Occupational medicine

1. Common organ-related occupational illnesses

Dermatology

1. Burns and scalds (or cutaneous injuries)
2. Hair loss
3. Common skin lesion 1 (infectious)
4. Common skin lesion 1 (non infectious)
5. Psoriasis: The different presentations
6. Skin cancer (or Benign and malignant skin growths)
7. Common animal and insect bites
8. Common nail disorders
9. Vesiculo-bullous skin diseases *(impetigo, herpes simplex, herpes zoster, pemphigus, pemphygoid, erythema multiforme, dyshidrosis pompholyx, dermatitis herpetiformis, epidermolysis bullosa)*
10. Pigment disorders (generalized and localized)
11. Common oral and tongue lesions

Pediatrics

1. Common issues in new born care
2. Headches in children
3. Child with a limp
4. Enuresis
5. Failure to thrive
6. Approach to neonatal hyperbilirubinemia
7. Nutrition principles in neonates & infants
8. Approach to learning disabilities in children

Cardiovascular system

1. Congestive heart failure
2. Ischemic heart disease
3. Myocardial infarction: treatment and rehabilitation
4. Arrhytmia: the common and dangerous
5. Vascular problems of the lower extremities
6. Thrombophlebitis
7. Valvular heart disease
8. Cardiomyopathies (dilated, restrictive, hypertrophic, postpartum)

Neurology

1. Cerebro-vascular accidents
2. Patient with delirium
3. Loss of consciousness
4. Tremors: differential, approach and management
5. Peripheral and cranial neuropathies
6. Epilepsy
7. Multiple sclerosis

Gastroenterology

1. Dyspepsia, GERD & PUD
2. Irritable bowel syndrome
3. Common oral problems / Oral Health
4. Hepatitis
5. Intestinal parasites
6. Diarrhea (intro)
7. Constipation
8. Ano-rectal problems
9. Abdominal pain (intro)
10. Dysphagia: differential and management

11. Jaundice: differential and management
12. Inflammatory bowel disease
13. Diverticulosis/Diverticulitis
14. Gallbladder stone disease and complications including(pancreatitis, ascending cholengitis)

ENT

1. Decreased hearing
2. Infections of the external and middle ear
3. Lump in the neck

Ophtalmology

1. Ocular complications of systemic diseases
2. Common infectious eye conditions
3. Common inflammatory eye conditions
4. Common retinal problems
5. Common motor alterations of the eye (strabismus / amblyopia)
6. Cataract & glaucoma
7. Approach to eye trauma *(blunt, foreign body, chemical, high intensity light, UV light, corneal abrasion, contact lenses complications)*

Endocrinology

1. Thyroid problems
2. Obesity
3. Short stature
4. Osteoporosis
5. Hirsutism
6. Polycystic ovarian syndrome

Pulmonary

1. Chronic cough: differential and management
2. Pneumonia

Ob-Gyn

1. Contraceptive guidance
2. Breast lump
3. Premenstrual syndrome & dysmenorrhea
4. Infertility
5. Approach to amenorrhea (primary/secondary)
6. Approach to irregular menses
7. Physiologic changes in pregnancy
8. Perinatal care/pre and postnatal care
9. The PAP smear: findings and management
10. Diagnosis of pediatrics GYN problems
11. Sexual assault
12. Menopause and geriatric gynecology

Emergency Medicine

1. Approach to the poly-trauma patient
2. Neurological emergencies *(status epilepticus, spinal cord compression, stroke, altered consciousness)*
3. Approach to psychiatric emergencies *(acute psychosis, suicidal patient)*
4. Approach to obstetrics and Gynecological emergencies *(ruptured ectopic pregnancy, miscarriage, eclampsia, vaginal hemorrhage)*
5. Unique resuscitation and stabilization strategies for specific conditions *(drowning, electrocution, hypo/hyperthermia)*

Urology /nephrology

1. Urinary tract infections
2. Nephrolithiasis
3. Benign prostatic hypertrophy
4. Problems within the scrotal sac
5. Approach to urinary incontinence
6. Approach to acute & chronic renal failure
7. STDs

Hematology

1. Anemia: differential/Management
2. Bleeding disorders
3. Multiple myeloma

XVI. Topics covered during the Introduction to Family Medicine Month

1. Soft tissue contusions
2. The battered woman
3. Family Assessment
4. HT
5. Headache
6. Preoperative clearance
7. URTI
8. Communication skills: The basics
9. Dealing with terminal patient: Lessons from 'Wit'
10. I wish I had better news
11. Breast feeding
12. Communication Skills to Contain Sickleaves
13. dealing w pharmaceutical detailing
14. The patient centered approach
15. Principles of Family Medicine
16. Burn out syndrome
17. Mental health in primary care
18. Asthma
19. Introduction to Evidence based medicine
20. Osteo arthritis
21. Metabolic syndrome
22. Fever
23. Dizziness
24. Clinical Reasoning
25. Ear ache
26. Postoperative follow up
27. Constructing and searching for a clinical question
28. Adolescent Health
29. Vomiting
30. Back & Shoulder pain
31. Office-Based Counseling
32. Compliance
33. Diarrhea
34. Diabetes Mellitus typeII
35. Basics in Sexual health Care
36. Writing Reflective Piece
37. Red eye
38. Hyperlipidemia
39. Chest pain
40. Neck pain

41. Health promotion & maintenance
42. The life cycle
43. Abdominal pain

XVII. Workshop Topics **(Updated May 13, 2011)**

1. Minor surgery
2. Injections:Shoulder and knee
3. Nutrition made easy
4. Pulmonary function tests reading
5. EKG reading
6. Audiograms & tympanograms reading
7. Casting common non displaced fractures of upper and lower extremities
8. Effective lectures & presentations
9. Doc-drug representatives relationship
10. Preoperative clearance
11. Travel medicine
12. Ethics in primary care
13. Tips on effective cognitive behavioral therapy
14. Basics of acupuncture
15. Commonly used medications in dermatology
16. Approach to common complaints & conditions in dermatology
17. Essentials of biostatistics & epidemiology
18. Common complaints in ambulatory Gynecology
19. Currriculum development
20. Preparing MCQs
21. The OSCE: Why and How
22. POCUS

XVIII. Core procedures

Below is the list of core procedures that the resident needs to perform 3X without assistance by end of his/her PGY 3 level

1. Ingrown Toenail Surgery/Excision
2. IUD Insertion
3. Removal of Cerumen
4. Throat Culture
5. Venipuncture
6. Pap smear test
7. Skin biopsy
8. Sebaceous Cyst Removal
9. I&D Abscess, Skin
10. Skin Tag Removal
11. Simple repair of Laceration
12. Pare skin callus
13. Peripheral intravenous line for adult
14. Peripheral intravenous line for child under 10
15. Placement of transurethral catheter

Residents need to log all procedures on MyEvaluation. You need to fill the information shown in **Appendix III**.
Make sure you take a written informed consent from the patient before each procedure. The physician who supervises you should acknowledge that you have performed the procedure.

Appendix I:

Department of Family Medicine
Policy on the "Effects of Leaves of Absence on Satisfying Criteria for Residency Program Completion"

I. PURPOSE

To comply with the ACGME-I requirement on providing residents with a written policy concerning the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency.

II. SCOPE

This policy applies to all the residents participating in the Family Medicine Residency Program.

III. RESPONSIBILITY

It is the responsibility of all residents in the Department of Family Medicine to comply with this policy.

IV. POLICY

All residents should sit for the in-training exam (during the last week of October) and the OSCE (3rd Friday of April), this applies for the residents who are on all kinds of leaves.

1) **Vacation Leave:** Residents are allowed to have four weeks vacation in each academic year.

2) **Compassionate Leave:** A resident is eligible to receive time off with pay in the event of the death of a family member to attend funeral and to make the necessity arrangements as per the Lebanese law. This off should not be more than three days, with two additional days to be granted if travel is required. (Three days in case of death of parent, sibling, spouse or child; two days in case of death of grandparent or parent in law)

Effect of Leave: This leave doesn't require extension in the residents' training.

3) **Marriage Leave:** Residents are eligible for a one-time three days leave with pay for marriage. Residents must provide a copy of the marriage certificate to the program coordinator for records.

Effect of Leave: This leave doesn't require extension in the residents' training.

4) **Maternity Leave:** Female residents will be entitled to ten weeks with full pay directly following delivery.

Effect of Leave:

An extension of eleven weeks of training is needed to satisfy the criteria for completion of the training program.

5) **Paternity Leave:** Residents are eligible to receive up to one week of paid leave at the birth of a child.

Effect of Leave: This leave doesn't require extension in the residents' training.

6) **Unpaid Leave:** The resident may be granted a minimum of one month and maximum of two months leave without pay at the discretion of the program director.

Effect of Leave:
An extension of the missing month(s) of training is needed to satisfy the criteria for completion of the training program.

7) **Professional Leave:** Residents may receive up to five days of paid leave during their residency training to present or to attend, a professional or scientific workshop outside the country

Effect of Leave: This leave doesn't require extension in the residents' training.

8) **Sick Leave:** Residents are entitled of ten days of paid sick and health maintenance leave during each academic year. Residents must provide a sick leave to the program coordinator for records. If a sick leave is not given by an attending who works at University Health Services, then this will not be considered a sick leave; it will be either removed from the resident's vacation or he/she has to make up for it.

Effect of Leave: This leave doesn't require extension in the residents' training unless it is more than 10 days.

December 11, 2017

Appendix II
Moonlighting Form

To be filled by the resident

Description of duties:

Days/week:
Hours (per day/week):
Duration of contract:

Supervisor name:
Contact details for the supervisor

Name of the director of the institution:
Contact details for the director of the institution:

Cover for medico legal issues: □Provided by hiring institution □Not provided by hiring institution
Attach agreement

Program director section

□ Approved □Declined

Reasons:

BS/May 28, 2021

Appendix III

Procedure form