

American University of Beirut Medical Center

Department of Family Medicine

Training Objectives

Updated March 2019

I have read the family medicine residency curriculum. I am aware that I will be evaluated on 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 and objectives may be introduced after the start of the academic year if deemed necessary.

Resident Signature: _____

Resident Name: _____

Date: _____

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Introduction

This document is to guide residents in the Department of Family Medicine at the American University of Beirut on what they need to acquire during their block rotations and longitudinal training. The core competencies were adapted from the milestone projects of various disciplines and published by ACGME. We only included specific objectives for the disciplines that can be acquired longitudinally (Dermatology, ENT, ophthalmology, diagnostic radiology, nutrition). The general and specific objectives were written by the Program Evaluation Committee (PEC) and circulated to all concerned to examine the content and advice about feasibility. Feedback of residents and coordinators of the various disciplines were considered. Please note that some objectives may appear in more than one rotation/place. If you have any comment regarding the objectives write a comment to the coordinator of the specific rotation and copy the program director. A list of the coordinators is available with the administrative assistant.

Regarding procedures some items are followed by the term non-core. This means that this activity is not a must; however, residents are encouraged to master these procedures when possible.

Goal

This document aims at fulfilling the mission of the department to graduate family physicians able to provide high standard medical care. During their training, residents are expected to acquire knowledge, skills and attitudes that guide them in their future practice. The curriculum aims to promote the principles of continuous, comprehensive, coordinated care in the context of family and community.

General Objectives

At the end of the Residency Program the graduated resident should:

1. Communicate effectively with patients and family members, including situations related to end of life issues, difficult patients, and angry patients.
2. Take a complete history focusing on the bio-psychosocial background of the condition
3. Demonstrate ability to carry a proper physical exam.
4. Demonstrate competency in identifying and managing common problems presented by his/her patient whether seen in the office, patient's home or hospital.
5. Provide continuing and comprehensive care to all individuals with emphasis on the family unit, irrespective of the age, sex, or diseased organ system.
6. Apply the principles of effective counseling and education to the patient/family member/ key figure.
7. Demonstrate ability to act as the patient's and family's advocate in all health related matters.
8. Demonstrate ability to integrate behavioral, emotional, and social factors in promoting health and managing diseases.
9. Demonstrate ability to:
 - a) Communicate effectively with other medical specialists.
 - b) Collaborate with other health professionals.
 - c) Identify and make use of community resources as an integral part of the health care system.
10. Demonstrate ability to implement the "Patient-Centered" model of medical care.
11. Carry a family assessment.
12. Pursue continuing education and practice evidence-based medicine.
13. State the characteristics of the health care systems in the country.
14. Recognize, and deal with issues of medico-legal matter.
15. Appraise critically the medical literature.

16. Demonstrate ability to build a therapeutic doctor-patient relationship.
17. Perform certain diagnostic and therapeutic procedures relevant to primary care.
18. Interpret laboratory and radiological results commonly ordered at the primary care level.
19. List the composition, effects, side effects, indications and dosage of commonly used drugs.
20. Demonstrate ability to use information technology pertaining to medical issues (electronic health record, information retrieval).
21. Assess one's quality of care using practice analysis skills.
22. Demonstrate a strong sense of responsibility for the total, ongoing care of the individual and family during health, illness and rehabilitation.
23. Maintain composure at times of stress and respond quickly with logic and effectiveness.
24. Set boundaries for definite, shared, and supportive care in practice.
25. Recognize his/her limitations.

Curriculum Objectives

Family medicine

At graduation residents should be competent in the below areas:

I- Patient care

- Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health in different settings (clinic, home, hospital, school, working site).
- Demonstrate productivity and efficiency necessary to meet the expectations of independent clinical practice including:
 - ability to collect a complete initial data base;
 - ability to carry a proper physical examination;
 - ability to define and expand the differential diagnoses list;
 - identification of the most likely diagnoses and the establishing of a plan for diagnostic and treatment modalities;
 - ability to educate the patient and family about the diagnoses, evaluation and treatment of the disease, to obtain informed consent, and perform appropriate procedures;
 - ability to practice in a team and with a systems-based approach;
 - ability to present data to other members of the team and consultants;
 - cost-conscious ordering of diagnostic tests and therapeutics;
 - formulate short and long term goals;
- Provide preventive healthcare, promotion of independent living, and maximizing function and quality of life in the elder patient
- Demonstrate cultural competence in caring for patients from varied ethnic and cultural backgrounds
- Provide longitudinal health care to families, including assisting them in coping with serious illness and loss, and in promoting family mechanisms to maintain wellness of its members
- Assess and meet the healthcare needs of declining elders, episodic, illness related care delivery of healthcare in the home, FMC
- Manage the common problems of prenatal and postnatal care
- Manage common gynecological problems
- Give proper advice, explanation, and emotional support during the care of surgical patients and their families and recognizing surgical conditions that are preferably managed on an elective basis;
- Diagnose and manage a wide variety of common general surgical problems typically cared for by family physicians;
- Provide supervision to others in a learning environment.

II- Medical Knowledge

- Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.
- Demonstrate knowledge of:
 - health assessment, health maintenance, preventive care, acute and chronic illness and injury, rehabilitation, behavioral counseling, health education, and human sexuality;
 - family structure and dynamics, genetic counseling, family development, family planning, child rearing and education, aging, end of life issues, epidemiology of illness in families, the role of family in illness care, family counseling and education, nutrition, and safety;
 - the biological and psychosocial impacts on a woman and her family of pregnancy, delivery, and care of the newborn; and,
 - the varieties of surgical treatments and the potential risks associated with them.

III- Practice-based learning and improvement

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on continuous self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:

- identify strengths, deficiencies, and limits in one's knowledge and expertise;
- set learning and improvement goals;
- systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
- incorporate formative evaluation feedback into daily practice;
- locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
- use information technology to optimize learning; and
- participate in the education of patients, families, students, residents and other health professionals.

IV- Interpersonal and communication skills

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

- communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;

- communicate effectively with physicians, other health professionals, and health related agencies;
- work effectively as a member or leader of a health care team or other professional group; and
- maintain comprehensive, timely, and legible medical records, if applicable.

V- Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

- compassion, integrity, and respect for others;
- responsiveness to patient needs that supersedes self-interest;
- respect for patient privacy and autonomy;
- accountability to patients, society and the profession; and
- sensitivity and responsiveness to a diverse patient population, including but not limited to, diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

VI- Systems-based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

- work effectively in various health care delivery settings and systems relevant to their clinical specialty;
- coordinate patient care within the health care system relevant to their clinical specialty;
- incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
- advocate for quality patient care and optimal patient care systems;
- work in inter-professional teams

Internal medicine

At the end of the training residents need to demonstrate competency in the below areas:

I- Patient care

- Acquires accurate histories from patients in an efficient, prioritized, and hypothesis-driven fashion
- Performs accurate physical exams that are targeted to the patient's complaints
- Synthesizes data to generate a prioritized differential diagnosis and problem list
- Effectively uses history and physical examination skills to minimize the need for further diagnostic testing
- Appropriately modifies care plans based on patient's clinical course, additional data, and patient preferences

- Recognizes disease presentations that deviate from common patterns and require complex decision- making
- Manages complex acute and chronic diseases
- Seeks additional guidance and/or consultation as appropriate
- Appropriately manages situations requiring urgent or emergent care
- Possesses technical skill and has successfully performed all core procedures required
- Appropriately weighs recommendations from consultants in order to effectively manage patient care

II- Medical knowledge

- Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care
- Interprets common diagnostic tests accurately
- Understands the concepts of pre-test probability and test performance characteristics

III- System based practice

- Understands the roles and responsibilities of and effectively partners with, all members of the team
- Actively engages in team meetings and collaborative decision-making
- Identifies systemic causes of medical error and navigates them to provide safe patient care
- Advocates for safe patient care and optimal patient care systems
- Activates formal system resources to investigate and mitigate real or potential medical error
- Reflects upon and learns from own critical incidents that may lead to medical error
- Incorporates cost-awareness principles into standard clinical judgments and decision-making, including screening tests
- Appropriately utilizes available resources to coordinate care and ensures safe and effective patient care within and across delivery systems
- Proactively communicates with past and future care givers to ensure continuity of care

IV- Practice based learning and improvement

- Regularly self-reflects upon one's practice or performance and consistently acts upon those reflections to improve practice
- Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement
- Actively engages in quality improvement initiatives
- Demonstrates the ability to apply common principles and techniques of quality improvement to improve care for a panel of patients
- Solicits feedback from all members of the inter-professional team and patients
- Welcomes unsolicited feedback

- Consistently incorporates feedback
- Routinely “slows down” to reconsider an approach to a problem, ask for help, or seek new information
- Utilizes information technology
- Independently appraises clinical research reports based on accepted criteria

V- Professionalism

- Demonstrates empathy, compassion and respect to patients and caregivers in all situations
- Anticipates, advocates for, and proactively works to meet the needs of patients and caregivers
- Positively acknowledges input of members of the inter-professional team and incorporates that input into plan of care as appropriate
- Demonstrates integrity, honesty, and accountability to patients, society and the profession
- Actively manages challenging ethical dilemmas and conflicts of interest
- Identifies and responds

VI- Interpersonal communication skills

- Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations
- Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds
- Incorporates patient-specific preferences into plan of care
- Consistently and actively engages in collaborative communication with all members of the team
- Verbal, non-verbal and written communication consistently acts to facilitate collaboration with the team to enhance patient care
- Health records are organized, accurate, comprehensive, and effectively communicate clinical reasoning

Specific objectives

1. Acquire the following skills:
 - a) Perform and interpret diagnostic procedures commonly used in primary care:
 - i. EKG tracing
 - ii. Lumbar puncture (Non-Core)
 - iii. Tuberculin skin test
 - iv. Peritoneal tap (Non-Core)
 - v. Pleural tap (Non-Core)
 - vi. Joint aspiration

- vii. Naso-gastric tube insertion
 - viii. venipuncture
 - b) Interpret commonly requested laboratory tests.
 - c) Interpret certain specialized laboratory tests:
 - i. ABG's
 - ii. Pulmonary function tests
 - iii. Pituitary hormones (GH, prolactin, FSH, LH)
 - iv. Adrenal hormones
 - v. Sex hormones
 - d) Interpret certain X-Ray findings:
 - i. CXR: pneumonias, cardiomegaly, pulmonary edema, pneumothorax, pleural effusion, pulmonary nodule
 - ii. KUB: Air under diaphragm, bowel obstruction, kidney stones
 - e) Interpret certain non invasive cardiac tests:
 - i. Twenty-four-hour ambulatory ECG
 - ii. Twenty-four-hour ambulatory blood pressure
2. Perform the following life saving procedures and interventions:
- a) CPR
 - b) Cardioversion
 - c) Intubation
 - d) Relieving life threatening pneumothorax
3. Demonstrate ability to cost effectively diagnose and manage the following common symptoms and signs:
- a) As related to the cardiovascular system:
 - Chest pain
 - High blood pressure (including hypertensive urgency and emergency)
 - Syncope
 - Lower limbs edema
 - Irregular rhythm
 - Palpitations
 - Dyspnea
 - Heart murmurs
 - b) As related to the Respiratory System:
 - Dyspnea
 - Cough (acute and chronic)
 - Hemoptysis
 - Wheezing

- Lung nodule
- c) As related to the digestive system:
- Heartburn
 - Abdominal pain
 - Nausea/ Vomiting
 - Dysphagia
 - Diarrhea (acute and chronic)
 - Constipation (acute and chronic)
 - Melena
 - Hematemesis
 - Hematochezia
 - Abdominal distention
 - Ascites
 - Jaundice
- d) As related to the genitourinary system:
- Abnormal urine tests
 - Dysuria
 - Frequency, urgency
 - Penile discharge
 - Scrotal pain, masses and swelling
 - Genital lesions
 - Abnormal vaginal discharge
 - Dyspareunia
 - Flank pain
- e) As related to the musculoskeletal system:
- Neck pain
 - Shoulder pain
 - Back pain
 - Hip pain
 - Knee pain
 - Foot pain
 - Arthralgia(s)
 - Arthritis: monoarticular, polyarticular
- f) As related to the nervous system:
- Headache
 - Dizziness and vertigo
 - Tremor
 - Seizures
 - Memory loss

- Syncope
 - Coma
 - Sensory or motor deficits
- g) As related to the endocrine system:
- Thyroid nodule
 - Enlarged thyroid
 - Hirsutism
 - Polyuria, polydipsia
 - Hypoglycemia
 - Hyperglycemia
 - Polydipsia
 - Hyperphagia
 - Weight problems
- h) As related to the hematopoietic system:
- Anemia
 - Polycythemia
 - Leukocytosis
 - Leukopenia
 - Thrombocytosis / thrombocytopenia
 - Lymphadenopathy
 - Bleeding tendency
 - Hepato-splenomegaly
- i) Constitutional and non-differentiated symptoms:
- Weakness and fatigue
 - Weight loss
 - Fever
 - Anorexia

4. Demonstrate fundamental knowledge of the long term cost effective management of the following chronic conditions:

- a) As related to the cardiovascular system:
- Hypertension
 - Stable angina
 - Heart failure
 - Valvular heart disease – both congenital and acquired
 - Arrhythmias and conduction disorders
 - Thrombophlebitis
- b) As related to the respiratory system:
- COPD

- Asthma
 - Tuberculosis
 - Lung cancer
- c) As related to the digestive system:
- Peptic ulcer disease
 - Gastritis
 - GERD
 - Diverticulosis
 - Functional dyspepsia
 - Inflammatory bowel disease
 - Irritable bowel syndrome
 - Malabsorption including celiac disease and lactose intolerance
 - Hepatitis
 - Liver cirrhosis
- d) As related to the genitourinary and renal system:
- Nephrotic and nephritic syndrome
 - Uremia / CKD
 - Nephrolithiasis
- e) As related to the musculoskeletal system:
- Osteoarthritis
 - Rheumatoid arthritis
 - Crystal induced arthritis
 - Sero-negative arthritis
 - Fibromyalgia
 - Chronic low back pain
- f) As related to the nervous system:
- Cerebrovascular diseases
 - Migraine
 - Cluster headache
 - Tension headache
 - Facial palsy
 - Trigeminal neuralgia
 - Multiple sclerosis
 - Dementia
 - Seizures Disorders
- g) As related to the endocrine system:
- Endemic goiter
 - Hypothyroidism
 - Hyperthyroidism

- Thyroiditis
 - Thyroid cancer
 - Cushing syndrome
 - Addison's syndrome
 - Diabetes mellitus type I and II
 - Dyslipidemia
 - Pituitary insufficiency
 - Prolactinoma
 - Osteoporosis and osteopenia
 - Polycystic ovary syndrome
 - Obesity
 - Infertility
- h) As related to the hematopoietic system:
- Hereditary anemias
 - Megaloblastic and pernicious anemia
5. Demonstrate ability to recognize and initiate **management** of the following life threatening and emergency conditions:
- a) Unstable angina and acute myocardial infarction
 - b) Pulmonary edema
 - c) Pulmonary embolism
 - d) Acute respiratory failure
 - e) Hypertensive crisis
 - f) Gastrointestinal bleeding
 - g) Shock: hypovolemic, septic, cardiogenic
 - h) Anaphylaxis and angioedema
 - i) Meningitis
 - j) Status epilepticus
 - k) Status asthmaticus
 - l) Acute renal failure
 - m) Diabetic ketoacidosis
 - n) Hyperosmolar coma
 - o) Hypoglycemia
 - p) Thyroid storm
 - q) Addisonian crisis
6. Demonstrate ability to counsel health takers on the following issues:
- a) Health maintenance
 - b) Diet (for patients with obesity, hypertension, diabetes, hyperlipidemia, anemia, hyperuricemia and nephrolithiasis)

- c) Stress management techniques
 - d) Smoking cessation
 - e) Exercise and fitness
 - f) Insomnia
7. Demonstrate ability to deal with and support:
- a) Chronically ill patients
 - b) Dying patients
 - c) Patients with special needs
8. Acquire the basic rehabilitation techniques in:
- a) Post myocardial infarction
 - b) Post stroke
 - c) Post neurological deficit
 - d) Advanced COPD

Pediatrics

At the end of the pediatrics rotation, residents should demonstrate competency in the below 6 areas:

I- Patient Care

:

- Take comprehensive history from patients/family/key member incorporating their beliefs and values
- Perform an appropriate physical examination as related to newborns, infants, children, and adolescents
- Formulate a differential diagnosis
- Assess severity and significance of the disease
- Formulate appropriate management including patient education diagnostic approach and treatment plan
- Provides anticipatory guidance
- Recognize emergencies and urgent cases and refer appropriately

II- Medical knowledge

- Search the literature for evidence based answers
- Critically appraise the medical literature
- Demonstrate willingness to learn more

III- Interpersonal and communication skills

- Establish a rapport with the child
- Communicate effectively with the patient/family or key member
- Use the HEADSS assessment tool in interviewing
- Define confidentiality
- Deliver bad news in a timely and effective manner
- Address emotions
- Communicate effectively verbally and in writing with other members of the health team

IV- Practice based learning and improvement

:

- Follow treatment guidelines, and databases for evidence based medicine in managing variety of conditions
- Recognize weaknesses and set a plan for improvement
- Incorporate feedbacks into daily practice
- Modify treatment plans based on patient response
- Participate in the various teaching activities of the department
- Apply reflective learning

V- Professionalism

- Demonstrate integrity, compassion and empathy towards patients and their families
- Respect patients' privacy and confidentiality
- Demonstrating high standards of ethical behavior
- Demonstrating sensitivity and responsiveness to patient s' needs
- Respecting patients' gender ,age ,culture ,disabilities ,and sexual orientation
- Recognize that ambiguity is part of clinical medicine and to recognize the need for and to utilize appropriate resources in dealing with uncertainty
- Complying with AUBMC policies on professionalism

VI- System Based Practice

- Assist families in navigating the complex health care system

- State how different delivery systems differ from one another at the level of delivery, quality of care, and payment structures
- Practice cost-effective health care
- Acknowledge medical errors and developing a system to prevent them
- Coordinate patient care at all levels of care
- Work in inter-professional teams to enhance patient safety and improve patient care quality

Specific objectives

1. Demonstrate ability to:

- Provide immediate care to the newborn by demonstrating ability to:
 - Measure the Apgar score
 - Suction the nasopharynx
 - Warm the newborn
 - Insert IV line
 - Resuscitate newborns, infants and older children
- Do a lumbar puncture (non-core)
- Insert foley catheter and supra-pubic bladder catheter when needed
- Give immunization shots
- Take a throat swab
- Perform an electrocardiogram and interpret the findings
- Take BP Measurements
- Perform circumcision (non-core)
- Correct fluid and electrolyte disturbances
- Do venous and arterial sampling
- Identify infants in distress

2. Demonstrate fundamental knowledge of growth and development and methods of assessment of:

- Physical, motor and adaptive behavior
- Language
- Personal and social behavior

3. Demonstrate fundamental knowledge in regard to feeding of newborns, infants and children:

- Nutritional requirements: premature, full term
- Breast feeding vs. formula feeding
- Introduction of solid food, vitamins and iron

4. Demonstrate competence in the investigation, diagnosis and management/or early management of the following pediatric symptoms and signs:

a) Newborn:

- Premature and small for dates
- Jaundice
- Respiratory distress and apnea
- Feeding problems: choking, vomiting
- Failure to pass stool
- Pallor, cyanosis
- Distended abdomen
- Petechiae and purpura
- Seizures
- Bulging Fontanel
- Mass in the abdomen or back
- Hypothermia
- Positive ortolani sign
- Heart murmur
- Colic
- Birth injuries
- Fever

b) Infants:

- Fever
- Excessive crying and irritability
- Vomiting
- Diarrhea
- Constipation
- Mass in the abdomen
- Rectal bleeding
- Failure to thrive
- Hematuria
- Tachypnea
- Stridor
- Wheezing
- Cough
- Heart murmur
- Hypertension
- Macrocephaly, microcephaly
- Seizures

- Strabismus
- Cataracts
- Rash: diaper rash, eczema, infectious purpura and petechiae, viral rash
- Pallor
- Enlarged lymph nodes
- In-toeing and out-toeing
- Un-descended testicles

c) Children:

- Abdominal pain
- Mass in the abdomen
- Diarrhea
- Constipation
- Rectal bleeding
- Rectal itching
- Hematuria
- Frequency, dysuria
- Sexual precocity
- Short stature
- Obesity
- Enuresis
- Polyuria and polydipsia
- Fever
- Sore throat
- Ear ache
- Recurrent URTI
- Snoring
- Wheezing
- Tachycardia
- Heart murmur
- Hypertension
- Arthritis
- Knee Pain, leg Pain
- Limp
- Scoliosis
- Convulsions
- Headache
- Coma
- Vertigo

- Rashes and itching
- Learning disabilities

d) Adolescent

- Acne
- Short stature
- Obesity
- Abdominal pain
- Headache
- Anorexia, weight loss
- Polyuria, polydipsia
- Behavioral problems

5. Demonstrate fundamental knowledge of the long term cost effective management of the following chronic conditions:

- Asthma
- Congenital heart defects
- Allergies
- Diabetes mellitus type I
- Recurrent otitis / tonsillitis
- Obesity
- Familial Mediterranean fever

6. Demonstrate fundamental knowledge of the acute cost effective management of the following acute conditions:

- Viral upper respiratory tract infection
- Acute bacterial tonsillitis / pharyngitis
- Acute otitis media
- Asthmatic attack
- Bronchiolitis
- Pneumonia
- Acute gastroenteritis
- Mumps, roseola, measles, varicella
- Scarlet fever

7. Demonstrate fundamental knowledge in regard to preventive pediatrics:

- Periodic medical evaluation
- Nutritional supervision
- Immunizations
- Preventions of accidents and poisoning

- Anticipatory guidance and counseling

8. Demonstrate fundamental knowledge in regard to the recognition of:

- Minimal brain dysfunction
- Mental retardation
- Disorders of language, speech and hearing
- Reading disability
- Congenital anomalies
- Chronic diseases

Obstetrics & Gynecology

Before graduation residents should demonstrate competency in the below six areas

I- Patient Care

- Develop skill in providing care that is compassionate, appropriate and effective in serving the patient and her family.
- Obtain a complete OB/GYN and sexual history
- Demonstrate sensitivity while Examining the female reproductive system of a child, adolescent girl, adult and post-menopausal woman
- Diagnose and manage common obstetric and gynecologic problems
- Assess severity and significance of the disease
- Assist in delivering/deliver at least 40 uncomplicated pregnancies
- Formulate appropriate management including patient education diagnostic approach and treatment plan
- Provides anticipatory guidance

II- Medical knowledge

- Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

III- Interpersonal and communication skills

- Communicate effectively with the patient/family/ key member and the health team
- Prepare the patient for the physical exam
- Deliver bad news in a timely and effective manner

IV- Practice based learning and improvement

- Follow treatment guidelines and databases for evidence based medicine in managing variety of conditions as evidenced by the use of information technology to access and manage information to support learning needs.
- Modify treatment plans based on patient response
- Participate in the various teaching activities of the department

V- Professionalism

- Demonstrate integrity, compassion and empathy towards patients
- Respect patients' privacy and confidentiality
- Demonstrate high standards of ethical behavior
- Demonstrate sensitivity and responsiveness to patient s' needs
- Respect patients' gender ,age ,culture ,disabilities ,and sexual orientation
- Comply with AUBMC policies on professionalism

VI- System based practice

- State how different delivery systems differ from one another at the level of delivery, quality of care, and payment structures
- Practice cost-effective health care
- Acknowledge medical errors and developing a system to prevent them
- Coordinate patient care at all levels of care
- Act as the patient advocate

Specific objectives

1. Acquire the following diagnostic skills:
 - a) Perform a PAP smear
 - b) Collect and interpret a KOH or saline vaginal preparation
 - c) Use risk assessment protocols during prenatal follow-up
 - d) Assess pelvic adequacy for pregnancy and delivery
 - e) Perform and interpret fetal assessment tests in the third trimester:
 - i. Nonstress test
 - ii. Oxytocin challenge test (non-core)

- f) Evaluate fetal maturity and feto-placental adequacy (non-core)
 - g) Perform fetal monitoring
2. Acquire the following therapeutic skills
- a) Drainage of bartholin cyst (non-core)
 - b) Cryosurgery / cautery for benign lesions (non-core)
 - c) Administration, follow-up and side effects management of the following contraceptive methods:
 - Barrier contraception: condoms, creams and foams, diaphragm
 - Intra-uterine devise
 - Oral contraceptives
 - d) Normal cephalic delivery including use of low forceps
 - e) Episiotomy and repair
 - f) Induction of labor
 - g) Exploration of vagina, cervix and uterus
 - h) Artificial rupture of membranes
 - i) Repair of first and second-degree lacerations
3. Acquire the following counseling techniques:
- a) Marital and family counseling:
 - Contraception including surgical sterilization
 - Infertility and artificial insemination
 - Adaptation to child bearing
 - Impact of new infant on family life
 - Impact of adoption on child and family (cultural)
 - Abortion and still-birth
 - Menopause
 - b) Sexual dysfunction:
 - Male: Premature ejaculation, impotence
 - Female: anorgasmia, dyspareunia
 - c) Genetic: Assessment of paternal and maternal genetic heritage
 - d) Nutritional: During and following pregnancy
 - e) Drugs, smoking and substance abuse during pregnancy
4. Evaluate and manage the following symptoms and signs:
- a) Vaginal discharge
 - b) Vaginal itching

- c) Pelvic pain including dysmenorrhea
 - d) Abnormal vaginal bleeding and amenorrhea
 - e) Pelvic masses: ovarian, uterine
 - f) Dyspareunia
 - g) Incontinence
 - h) Menopausal symptoms
 - i) Infertility
5. Diagnose pregnancy and schedule antenatal visits
 6. Recognize early symptoms and signs of ectopic pregnancy
 7. Diagnose and treat pregnancy-induced disorders:
 - a) Diabetes
 - b) Hypertension
 8. Manage problems of blood incompatibilities
 9. Recognize complications of labor delivery:
 - a) Premature ruptures of membrane
 - b) Abnormal fetal presentation
 - c) Fetal distress
 - d) Dystocias
 - e) Arrest of labor progress
 10. Diagnose and treat the common medical problems in pregnancy.
 11. Diagnose and treat common problems of puerperium:
 - a) Depression
 - b) Mastitis
 - c) Endometritis
 - d) Thrombophlebitis
 12. Recognize Obstetric complications

Mental Health

By graduation the resident should demonstrate competency in the below six areas:

I- Patient Care

- Obtains general medical and psychiatric history and completes a mental status examination
- Obtains relevant collateral information from secondary sources
- Screens for patient safety, including suicidal and homicidal ideation
- Identifies patterns and recognizes phenomenology from the patient's presentation to generate diagnostic hypotheses
- Develops a basic differential diagnosis for common syndromes and patient presentations
- Describes patients' symptoms and problems, precipitating stressors or events, predisposing life events or stressors, perpetuating and protective factors, and prognosis
- Identifies potential treatment options
- Recognizes patient in crisis or acute presentation
- Recognizes patient readiness for treatment in collaboration with the patient
- Incorporates a clinical practice guideline or treatment algorithm when available
- Recognizes co-morbid conditions and side effects' impact on treatment
- Identifies and reflects the core feeling and key issue for the patient during a session
- Establishes and maintains a therapeutic alliance with patients with uncomplicated problems
- Maintains appropriate professional boundaries
- Utilizes elements of supportive therapy in treatment of patients
- Lists commonly used psychopharmacologic agents and their indications to target specific psychiatric symptoms (depression, anxiety, bipolar, psychosis)
- Reviews with the patient/family general indications, dosing parameters, and common side effects for commonly prescribed psychopharmacologic agents

II- Medical knowledge

- Describes the basic stages of normal physical, social, and cognitive development through the life cycle
- Describes the effects of emotional and sexual abuse on the development of personality and psychiatric disorders in infancy, childhood, adolescence, and adulthood at a basic level
- Identifies the major psychiatric diagnostic system (DSM)
- Lists major risk and protective factors for danger to self and others
- Shows sufficient knowledge to perform an initial medical and neurological evaluation in psychiatric inpatients

- Knows commonly available neuroimaging and neurophysiologic diagnostic modalities and how to order them
- Knows how to order neuropsychological testing
- Lists the basic indications, contraindications, benefits, and risks of supportive, psychodynamic and cognitive behavioral psychotherapies

III- System based practice

- Describes the common system causes for errors
- Consistently uses structured communication tools to prevent adverse events (e.g., checklists, safe hand-off procedures, briefings)
- Recognizes disparities in health care at individual and community levels
- Coordinates patient access to community and system resources
- Practices cost-effective, high-value clinical care¹, using evidence-based tools and information technologies to support decision making
- Balances the best interests of the patient with the availability of resources
- Coordinates care with community mental health agencies
- Recognizes role and explains importance of self-help groups and community resource groups (e.g., disorder-specific support and advocacy groups)

IV- Problem based learning

- Demonstrates improvement in clinical practice based on continual self-assessment and evidence-based information
- Independently searches for and discriminates evidence relevant to clinical practice problems

V- Professionalism

- Demonstrates capacity for self-reflection, empathy, and curiosity about and openness to different beliefs and points of view, and respect for diversity
- Recognizes ethical issues in practice and is able to discuss, analyze, and manage these in common clinical situations
- Develops a mutually agreeable care plan in the context of conflicting physician and patient and/or family values and beliefs
- Discusses own cultural background and beliefs and the ways in which these affect interactions with patients
- Knows how to take steps to address impairment in self and in colleagues
- Prioritizes and balances conflicting interests of self, family, and others to optimize medical care and practice of profession

VI- Interpersonal communication skills

- Sustains therapeutic and working relationships with patients during complex and challenging situations, including transitions of care
- Sustains working relationships with health professionals in the face of conflict
- Demonstrates effective verbal communication with patients, families, colleagues, and other health care providers that is appropriate, efficient, concise, and pertinent
- Demonstrates written communication with patients, families, colleagues, and other health care providers that is appropriate, efficient, concise, and pertinent
- Uses discretion and judgment in the inclusion of sensitive patient material in the medical record

Specific objectives

1. Obtain a good psychological history that includes:

- a) Nature and chronology of the problem
- b) Patient's current life situation and functioning: Marital status, family structure, education level, occupation, recreational activities and substance use.
- c) Events that characterize patient's development: household interactions, losses, relationship in school, job, childhood development, adolescent adjustment, coping pattern.
- d) Sexual history

2. Perform a mental status examination assessing and noting the following:

- a) Appearance
- b) Activity and behavior
- c) Affect and mood
- d) Speech
- e) Content of thought
- f) Sensorium and perception
- g) Judgment
- h) Insight

3. Perform a family interview, family assessment and identify family crises.

4. Provide supportive psychotherapy

5. Become familiar with the below counseling techniques:

- a) Marital
- b) Sexual
- c) Family

6. Diagnose and treat the following common psychiatric disorders:

- Stress
- Adjustment disorders
- Anxiety disorders
- Depression
- Bipolar disorders
- Pathologic grief reaction
- Psychosomatic disorders:
 - Hypochondriasis
 - Somatization Disorder (briquet's Syndrome, hysteria)
 - Psychogenic pain disorder
 - Conversion disorder
 - Factitious disorders and malingering
- Eating disorders (anorexia and bulimia nervosa)

7. Identify and manage organic diseases with psychiatric presentation including the organic brain syndrome

8. Identify and initiate primary management of:

- Schizophrenia and other psychotic disorders
- Substance abuse disorders:
 - Alcohol
 - Drugs
- Psychosexual dysfunction:
 - Loss of libido
 - Frigidity
 - Impotence
 - Premature ejaculation
 - Anorgasmia
 - Vaginismus
 - Dyspareunia

9. Diagnose personality disorders.

- a) Compulsive
- b) Histrionic
- c) Paranoid
- d) Dependent
- e) Passive – aggressive
- f) Antisocial

g) Borderline

Surgery

At the end of training residents are expected to demonstrate competency in the below areas:

I- Patient Care

Residents should be able to:

- Take comprehensive history from patients/family/key member
- Carry a proper physical exam
- Formulate a differential diagnosis
- Assess severity and significance of the disease
- Formulate appropriate management including patient education diagnostic approach and treatment plan
- Provides anticipatory guidance

II- Medical knowledge

- make a diagnosis and recommend appropriate initial management for the common surgeries
- recognize variation in the presentation of common surgical conditions
- Identify the operative steps, peri-operative care, and post-operative complications for the common surgeries (hernia, appendectomy, cholecystectomy, CABG, bariatric, others)

III- Interpersonal and communication skills

Residents should demonstrate ability to:

- Communicate effectively with the patient/family or key member
- Obtain an informed consent/Assent form
- Deliver bad news in a timely and effective manner
- Communicate effectively verbally and in writing with other members of the health team

IV- Practice based learning and improvement

- Follow treatment guidelines, and databases for evidence based medicine in managing variety of conditions
- Modify treatment plans based on patient response
- Participate in the various teaching activities of the department
- Apply reflective learning

V- Professionalism

- Demonstrating integrity, compassion and empathy towards patients
- Respecting patients' privacy and confidentiality
- Demonstrating high standards of ethical behavior
- Demonstrating sensitivity and responsiveness to patient s' needs
- Respecting patients' gender ,age ,culture ,disabilities ,and sexual orientation
- Complying with AUBMC policies on professionalism

VI- System Based Practice

- Stating how different delivery systems differ from one another at the level of delivery, quality of care, and payment structures
- Practicing cost-effective health care
- Acknowledging medical errors and developing a system to prevent them
- Coordinating patient care at all levels of care

Specific objectives

1. Generalities

- Implement sterile techniques
- State the stages of wound healing and care
- Demonstrate how to care for a surgical wound
- List the characteristics of different suture material
- Apply local and digital block anesthesia
- Name the indications and complications of different surgical techniques
- State the alternatives for the surgical procedure carried when applicable
- Complete all steps needed to fill a consent form

2. Perform the following office surgical procedures:

- a) Suturing of simple wounds
- b) Excisions of skin and subcutaneous lesions: moles, skin tags, epidermoid cyst, lipomas
- c) Incision and drainage of abscesses
- d) Removal of ingrown toe nails
- e) Circumcision (non-core)
- f) Emergency care of burns
- g) Evacuation of sub-ungual hematoma

3. Manage (stabilize, transport and perform life-saving procedures) the following conditions:

- Penetrating trauma to the neck, thorax or abdomen
- Blunt trauma to head
- Multiple fractures
- Pneumothorax
- Hemothorax
- Fractures of the spine

4. Diagnose and refer acute surgical conditions:

- Acute abdomen:
- Perforating peptic ulcer
- Appendicitis
- Cholecystitis
- Intestinal volvulus
- Mesenteric ischemia
- Intractable haemorrhage
- Acute arterial occlusion
- Torsion of the testes
- Incarcerated hernia

5. Diagnose and manage others conditions that need or may need surgery:

- Breast lump
- Thyroid nodule
- Benign prostatic hypertrophy
- Hydrocele
- Varicocele
- Undescended testicle

6. Perform preoperative clearance and postoperative care

Orthopedics / Sports Medicine

At the end of training residents are expected to demonstrate competency in the below areas:

I- Patient Care

Residents should be able to:

- Take comprehensive history from patients/family/key member for both common acute and chronic musculoskeletal problems

- Conduct an appropriate pre-participation physical evaluation
- Carry a proper musculoskeletal physical exam
- Formulate a differential diagnosis
- Assess severity and significance of the disease
- Formulate appropriate management including patient education diagnostic approach and treatment plan
- Provides anticipatory guidance

II- Medical knowledge

This resident should recognize variation in the presentation of common surgical conditions

III- Interpersonal and communication skills

- Communicate effectively with the patient/family or key member
- Deliver bad news in a timely and effective manner
- Communicate effectively verbally and in writing with other members of the health team

IV- Practice based learning and improvement

:

- Follow treatment guidelines, and databases for evidence based medicine in managing variety of conditions
- Modify treatment plans based on patient response
- Participate in the various teaching activities of the department
- Apply reflective learning

V- Professionalism

:

- Demonstrating integrity, compassion and empathy towards patients
- Respecting patients' privacy and confidentiality
- Demonstrating high standards of ethical behavior
- Demonstrating sensitivity and responsiveness to patient s' needs
- Respecting patients' gender ,age ,culture ,disabilities ,and sexual orientation
- Complying with AUBMC policies on professionalism

VI-System Based Practice

- State how different delivery systems differ from one another at the level of delivery, quality of care, and payment structures
- Practice cost-effective health care
- Acknowledge medical errors and developing a system to prevent them
- Coordinate patient care at all levels of care

Specific objectives

1. Prescribe different types of exercises for patients of different ages and with different medical conditions (conditioning and training techniques, including principles of aerobic and resistance training)
2. Assess and deal with the following complaints:
 - Acute and chronic back pain (with or without radiating symptoms)
 - Acute and chronic neck pain (with or without radiating symptoms)
 - Knee pain
 - Shoulder pain
 - Hip pain
 - Ankle and foot pain
 - Diffuse articular pain
3. Diagnose, manage the following conditions and refer when indicated:
 - Common bursitis (Prepatellar, pes-anserine, subacromial, trochanteric, olecranon, retro-calcaneal, ischio-gluteal, ilio-psoas)
 - Common tendinopathies and tenosynovitis (Biceps, rotator cuff, Achilles, De Quervain, epicondylitis, plantar fasciitis)
 - Common ligaments sprains (ankle, wrist, elbow, shoulder & fingers)
 - Common dislocations & subluxations (shoulder, radial head, patellar, hip, knee)
 - Common fractures in children and adults (simple, stable, non-displaced types)
 - Stress fractures
 - Degenerative disc disease with or without nerve impingement
 - Paraspinal muscles spasm
 - Costochondritis
 - Morton neuroma
 - Bunions
 - Common overuse syndromes (shoulder impingement, patella-femoral syndrome)
 - Scoliosis

- Congenital hip dysplasia
- Legg-Calvé-Perthes disease
- Osgood-Schlatter disease
- Slipped capital femoral epiphysis
- Osteoarthritis

8. Perform and list the indications, contra-indications and potential complications of the following common procedures:

- Aspiration and injection of joints
- Injections for bursitis
- Injections for tendinopathies
- Taping, strapping and bracing techniques
- Casting (non-core)
- Splinting
- Management of uncomplicated fractures/dislocations

9. Name the indications, the contra indications and limitations of different physical rehabilitation techniques:

- Cold, heat
- Ultrasound and phonophoresis
- Specific exercises
- Electrical stimulation and iontophoresis
- Osteopathic manipulative treatment & massage

Dermatology

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

1. Take a relevant history and perform a thorough dermatological exam
2. Perform a KOH smear examination
3. Perform a skin biopsy
4. Apply liquid nitrogen
5. Use the ultra-violet light
6. Diagnose and treat the following conditions:
 - Acne form eruptions
 - Dermatitis (contact, atopic, seborrheic)
 - Bacterial, viral, fungal and parasitic skin infections
 - Sexually transmitted diseases
 - Papulasquamous eruptions: psoriasis, lichens planus
 - Drug reactions
 - Nail disorders: acute and chronic paronychia, ingrown toenail
 - Miscellaneous: dry skin, dermatographism, calluses, and corns
7. Recognize the cutaneous manifestation of systemic diseases
8. Diagnose the following conditions:
 - Chronic vesicobullous eruptions
 - Disturbance of pigmentation
 - Reaction to environmental agents
 - Hair disorders
 - Tumors of the skin

Community medicine

I. Patient Care

Provide family centered patient care that is developmentally and age appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

- Provide comprehensive and acute care to underserved populations and families including the appropriate use of detailed versus focused history and physical exams and the formulation of accurate and complete diagnostic assessments and treatment plans.
- Collaborate with families and communities to provide coordinated care where the family is recognized as the principal caregiver and center of strength and support.
- Incorporate into routine practice the ability to:
 - Educate the caregiver in terminology that he/she can comprehend.
 - Facilitate the family's access to regular continuity of care.
- Order and interpret appropriate screening or diagnostic studies (laboratory, radiologic or imaging) needed for the provision of care.
- Provide proper management to victims of domestic violence.
- Assess job-related injuries; determine the level of disability of employees in different occupations.
- Report communicable diseases to legal authorities as required.
- Conduct home visits and perform a comprehensive assessment at home namely for disabled and elderly including functional, psychological, social, physical and nutritional assessment.

II. Medical Knowledge

Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a family physician; demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.

- Explain the value of preventive health services in reducing long term health care costs.
- Describe a strategy to meet and overcome barriers to continuous and comprehensive health maintenance and care, such as:
 - External barriers that pervade and affect medical and social treatment (e.g., social, educational, ethnic, and cultural issues; poverty; homelessness, lack of access).
 - Barriers within the family (e.g., family dysfunction, substance abuse, ignorance of benefits of continuity care).
 - Personal barriers within the clinician (e.g., racial or social prejudice, unexplored opinions and emotions concerning substance abuse and/or socio-economic class distinction).
- Discuss, in general terms, the services provided by the state and non-governmental organizations (NGO), such as:

- family planning,
- vaccinations,
- newborn screening,
- oral health promotion,
- Violence.
- Demonstrate fundamental knowledge in Epidemiology and Biostatistics and demonstrate an ability to interpret public health statistical information.
- Describe the medical problems that are more prevalent in specific populations and ways to screen for such problems.
- Describe the uses, benefits, and limitations of a mobile medical unit.
- Demonstrate basic knowledge in environmental health.

III. Communication Skills

Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.

- Communicate effectively with underserved people, demonstrating the following assessment skills:
 - Engagement skills: ways to ally with the needs and aspirations of patients and families.
 - Exploratory skills: techniques to interview and discuss problems with various culturally diverse populations.
 - Skills in building rapport with patients and families over time.
 - Skills in gathering data on psychosocial, environmental, economic, and medical issues that relate to a child's health.
 - Explanatory skills: techniques to explain information, using language that is both culturally appropriate and on the appropriate literacy level of the caretaker and/or patient.
- Maintain comprehensive, timely and legible medical records.
- Communicate effectively with physicians, other health professionals, and health related agencies to create and sustain information exchange and team work for patient care.

IV. Practice-based Learning and Improvement

Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one's patient care practice.

- Use scientific methods and evidence to investigate, evaluate and improve one's own patient care practice; continually strive to integrate best evidence into one's daily practice.

- Demonstrate willingness and capability to be a lifelong learner by pursuing answers to clinical questions, using literature, texts, information technology, patients, colleagues, and formal teaching conferences.
- Seek and incorporate feedback and self-assessment into a plan for professional growth and practice improvement.

V. Professionalism

Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.

- Recognize and respond to the aspects of health care in underserved and culturally diverse populations that create special barriers to health care delivery, e.g., health care beliefs, language and cultural norms.
- Give examples of ethical, legal, economic, and social policy issues that affect family physicians in a community practice setting.
- Demonstrate commitment, responsibility, accountability for patient care, including continuity of care.
- Be honest and use integrity in professional duties.

VI. Systems-Based Practice

Understand how to practice quality health care and advocate for patients within the context of the health care system.

- Value the roles of community resources in providing services for children and families as well as other vulnerable population such as disabled, elderly and drug addicts.
- Discuss the similarities, differences, and importance of the many agencies that provide health care services to all age groups, including traditional medical services, NGOs, and state- supported programs.
- Identify agencies that provide health-related services to children in their homes or schools including early intervention programs, hospice, and home health aides.
- Identify agencies and resources that provide mental health services.
- Identify resources available to children and families with special needs.
- Identify and work collaboratively with a variety of community resources when providing care to families in need.
- Discuss how financial, cultural, political, and environmental issues affect a community's response to preventable health problems.
- Promote family and community use of commonly available preventive services such as playground safety, proper use of car seats and restraints, gunlocks, etc.

- Promote community-wide prevention efforts, conduct community health education sessions and develop the needed health education materials.
- Collaborate with community-based organizations, schools, and/or legislators to address important health problems.
- Perform an assessment of the occupational risks related to specific jobs and develop recommendations to improve the conditions of work.
- Demonstrate fundamental knowledge in assessment of community health needs and ability to prioritize these needs.
- Demonstrate ability to develop community-based interventions according to health priorities.
- Demonstrate basic knowledge of responsive measures to be taken during emergencies in disaster, outbreaks.
- Demonstrate basic knowledge of the health care system in the country and be exposed to different settings of health care provision.
- Develop basic knowledge in Community oriented primary care.

Reference: http://www.stitch.luc.edu/sites/default/files/old_ssom/community.pdf

ENT

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

1. Perform a complete ENT examination including:
 - Use of pneumatic otoscope
 - Rinne and Weber tests
 - Use of nasal speculum
 - Digital exam of pharynx and oral cavity
2. Perform the following procedures:
 - Foreign body removal from ear, nose and throat
 - Cerumen removal
 - Anterior nasal packing and cautery (non-core)
3. Interpret Audiograms and tympanograms
4. Evaluate and manage the following signs and symptoms:
 - Earache
 - Ear discharge

- Decreased hearing
- Tinnitus
- Vertigo
- Stuffy nose, nasal obstruction
- Mouth breathing
- Snoring
- Cervical masses
- Sore throat
- Hoarseness
- Facial pain
- Dysphagia and odynophagia.

5. Diagnose and manage the following conditions:

- Otitis externa
- Otitis media (acute and chronic)
- Sinusitis (acute and chronic)
- Tonsillitis (indications for surgery)
- Adenoid hypertrophy
- Bell's palsy
- Epistaxis-anterior
- Rhinitis: vasomotor, allergic
- Pharyngitis, laryngitis, epiglottitis
- Croup
- Aphthous stomatitis
- Glossitis

6. Diagnose and refer the following conditions:

- Cholesteatoma
- Mastoiditis
- Otosclerosis
- Tooth Abscess
- Peritonsillar abscess
- Sialolithiasis / sialadenitis

Diagnostic Radiology

During the diagnostic radiology rotation, residents are expected to:

1. Demonstrate professional behavior. They must be accountable and must adhere to principles of medical ethics by protecting the patient's information and best interests. They should be responsible with regard to conference attendance and assignments
2. Show good interpersonal and communication skills. Medical students should be able to effectively communicate information gained from the appropriate interpretation of diagnostic studies and the performance of procedures. They should also have effective communication with colleagues, physicians and other members of the health care system
3. Learn to investigate and evaluate patient care practices and appraise scientific evidence. They should be able to recognize and correct personal errors. They need to be competent in utilizing information technology to explore clinical questions and to ensure continuous self-learning
4. Apply their knowledge of basic and clinical sciences to the decision-making process to identify the most appropriate imaging study for a given clinical condition
5. Understand the various types of imaging exams, including their indications, patients' preparation, contraindications and complications
6. Understand the basics of radiology safety and intravenous contrast use, including: indications, contraindications, and contrast reactions
7. Identify normal anatomical landmarks and abnormal findings for common and emergency conditions on X-ray (Pneumonia, heart failure, pneumothorax, pleural effusion, bowel perforation, bowel obstruction, bowel ischemia, stones, fractures, dislocations)
8. State the different protocols of CT scan/MRI and their indications
9. Name the indications for CT scan evaluation for acute abdomen, cardiothoracic, skeletal trauma, and head injuries
10. Name the indications and the diagnostic utility of ultrasonography in specific clinical scenarios

Ophthalmology

At the end of the ophthalmology rotation, the resident should:

1. Demonstrate ability to:
 - Examine the external ocular structure

- Test visual acuity and color vision
 - Evaluate the extraocular muscles
 - Use direct ophthalmoscope
 - Test visual fields (confrontational)
 - Use fluorescence test
 - Use the pinhole test
 - Carry a cover- uncover test
2. Be acquainted with the indications, contra-indications and side effects of eye medications:
 - Mydriatics and cycloplegics
 - Topical corticosteroids
 - Topical antibiotics
 - Topical anesthesia
 3. Formulate a differential diagnosis to the common signs and symptoms of the eye:
 - Red eye
 - Blurred vision
 - Eye pain
 - Photophobia
 - Loss of vision
 - Amaurosis fugax
 - Floaters
 - Discharge
 - Visual field defect
 - Tearing
 4. Recognize ocular emergencies and provide first line management prior to Referral:
 - Angle-closure glaucoma
 - Intraocular and orbital infections
 - Foreign bodies, injuries and lacerations
 5. Diagnose, treat, and refer when indicated the following conditions:
 - Disorders of the eyelids and lacrimal apparatus: ectropion, entropion, hordeolum, chalazion, blepharitis, dacryocystitis, dryness of the eyes, excessive tearing.
 - Conjunctivitis: viral, bacterial, allergic, chemical, ophthalmia neonartum, trachoma.
 6. Diagnose:
 - Degenerative diseases of the conjunctiva: pinguecla, pterigium
 - Disorders of cornea and sclera : corneal abrasions, foreign bodies, chemical burns, corneal ulcers, keratitis (bacterial and herpes simplex)
 - Glaucoma
 - Cataract

- Ocular disorders associated with systemic diseases:
 - Hypertension
 - Diabetes
 - Thyroid
 - Autoimmune disorders
7. Have knowledge of ocular complications of systematically administered drugs
 8. Have a basic knowledge of refractive errors, use of eyeglasses, contact lenses
 9. Have knowledge of available resources for the visually handicapped
 10. Have knowledge of recent available methods of managing refractive errors: radial keratotomy excimer laser photorefractive surgery, automated lamella keratoplasty (ALK)

Nutrition

Updated March 20, 2019

At the completion of residency training the resident will be able to:

Describe:

- The roles of dietary components: carbohydrates, fats, proteins, vitamins, minerals, water and fiber
- The food pyramid
- Nutritional issues for specific populations, including:
 - Infants
 - Children
 - Adolescents
 - Adults
 - Pregnancy
 - Lactation
 - Athletes
 - Elderly

Perform a comprehensive nutritional assessment including:

- Medical, social and diet histories
- Physical examination
- Anthropometrics (height, weight, body mass index [BMI], head circumference and body-fat distribution [waist circumference and waist-to-hip ratios])
- Laboratory tests

Counsel about the role of nutrition in the prevention and treatment of:

- Cancer
- Cardiovascular disease

- Dental disease
- Diabetes
- Gastrointestinal disorders (constipation, diarrhea, flatulence)
- Hematologic disorders
- Hyperlipidemia
- Hypertension
- Liver disease
- Obesity
- Osteoporosis
- Renal disease
- Anorexia nervosa

Counsel patients who plan to fast for religious purpose in a cultural sensitive way

Demonstrate ability to use _____ in treating obesity/overweight:

- Behavioral modification
- Drugs (prescription/ over-the-counter/ herbal)
- Surgical approaches, including care of the patient after weight loss surgery

Diagnose and manage:

- Binge eating
- Bulimia nervosa

Collaborate with nutritionists and other health professionals.

Evaluation Methods

Evaluation strategies are designed to assess:

- Resident's progress
- Different rotations and Curriculum content
- Faculty members
- The whole program

1. Resident's evaluation by:

- Faculty of other services monthly (MyEvaluation).
- Peers (Journal Club, Core Content, MyEvaluation)

- Nurses
 - Patients
 - Log book content reviewed by advisor
 - Self-evaluation
 - In-training exam once yearly
 - OSCE once yearly
 - Chart audit: random charts of all residents are audited by peers / faculty
 - Video monitoring while interviewing patients
 - Review of quality improvement projects for PGY 2/3
 - Grading of research projects for PGY3
2. Faculty evaluation by residents yearly (MyEvaluation)
 3. Rotations' evaluation by residents on monthly basis
 4. Program evaluation yearly by:
 - All faculty
 - Residents

Family Medicine Resources

The Saab Medical Library has a big medical data base including Cochrane and UPtoDate. The below material are specific to family practice.

Text Books

Textbook of Family Medicine (Rakel's):

<https://www.clinicalkey.com.ezproxy.aub.edu.lb/#!/browse/book/3-s2.0-C20130000850>

Fundamentals of Family Medicine (Taylor's):

<http://link.springer.com.ezproxy.aub.edu.lb/book/10.1007%2F978-0-387-21745-1>

Journals that publish original research

Family Practice
 British Journal of General Practice
 Annals of Family Medicine
 Scandinavian Journal of Primary Health Care

Journals that publish mainly review articles

American Family Physician
Canadian Family Physician
Australian Family Physician