Department of Family Medicine

Residents' Manual.

Updated on July, 2023

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 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 Signature: _____

Resident Name:_____

Date: _____

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-primary training site), and satellite clinics (SC) that include Tahaddi and Karagheusian. Inaddition to the Makased General Hospital (MGH) and Rafic Hariri University Hospital (RHUH) where the residents spend their DS rotation.

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

The training complies with the requirements of the ACGME-I and the Arab Board of Medical Specialties 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.

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. Applicants who satisfy the GMEC requirements are considered for the residency program. For eligibility requirements and application forms, please visit the Graduate Medical Education website https://www.aub.edu.lb/fm/gme/Pages/ApplicationForms.aspx
2. Perform well in the interviews; each candidate will be interviewed by 3 committees each consisting of 2-3 members
3. All interviewed applicants will be called for an Objective Structured Clinical Exam (OSCE). This activity is done to assess the applicants' ability to communicate with a patient through one or two stations.

IV. Suggested training program

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

	PGY1	PGY2	PGY3	PGY4+
1	Introduction to Fam Med	Fam Med Inpatient	Fam Med Inpatient - Resident in Charge	FM Inpatient - Resident in Charge
2	ED* Adult	Fam Med Inpatient	Cardiology	Radiology
3	ED Adult	Mental Health	Rheumatology	Mental Health
4	ED Peds	Community Medicine	Endocrinology	Occupational & Environmental Medicine (OEM)
5	CCU	OPD Pediatrics	Infectious Diseases	Occupational & Environmental Medicine (OEM)
6	Internal Med Ward - AUBMC**	Dermatology	Neurology	Fam Med Clinics
7	Internal Med Ward - AUBMC**	ENT / Ophthalmology	Pulmonary	Geriatric Primary Care
8	Fam Med	General Surgery Clinics	Gastroenterology	Fam Med Clinics
9	Nursery/ Ped Specialty clinic	General Surgery Clinics	Hematology-Oncology / Nephrology	Fam Med Clinics
10	Peds Ward	Sports Med	OBGYN OPD	Fam Med Clinics
11	Delivery Suite - AUBMC	Orthopedics	Fam Med Clinics	Fam Med 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
Each block is 4 weeks.
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, 2, 3, and 5 for PGY1, PGY2, PGY3 and PGY4, respectively. PGY4 will in addition have one precepting.
During Family Medicine rotations, residents are given 5-6 clinics.
PGY-4 will have duties like other residents till the end of April.

<u>Three years</u> of training to meet the ACGME International Requirements

	PGY1	PGY2	PGY3
1	Introduction to Family Medicine	Fam Med Inpatient	Fam Med Inpatient - Resident in Charge
2	ED* Adult	Fam Med Inpatient	Cardiology
3	ED Adult	Mental Health	Rheumatology
4	ED Pediatrics	Community Med	Endocrinology
5	CCU	OPD Peds.	Infectious Diseases
6	Internal Med Ward - AUBMC**	Dermatology	Neurology
7	Internal Med Ward - AUBMC**	ENT / Ophthalmology	Pulmonary
8	Family Medicine	General Surgery Clinics	Gastroenterology
9	Nursery/ Ped Specialty clinic	General Surgery Clinics	Hematology-Oncology / Nephrology
10	Peds Ward	Sports Med	OB/GYN OPD
11	Delivery Suite - AUBMC	Orthopedics	Fam Med 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 Tahaddi. PGY3 and PGY4 residents have one clinic at each of FMPC and Karhaguezian. PGY4 have 5 clinics per week at the different clinic sites. The load of patients for the different levels is 150, 600, 900, 700 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 18 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 7:30 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.

VIII. Teaching activities

The department carries several teaching activities: Teaching activities should include material related to all age groups and gender when pertinent.

Introduction to Family Medicine: 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 May).

Resident is asked to:

- Have one moderator
- Finalize preparing her/his topic 2 weeks before presentation date
- Have moderators and advisors (if they are different) to follow up weekly starting a month before the presentation date

Workshops: Presented by attendings and guest speakers (once a month)

J*ournal Club:* Residents at the PGY 2, 3, and 4 levels should critically appraise at least 1, 2, 3 original articles, respectively (Fridays from mid of July till mid of June).
The objectives of the Journal Club are:
1. Present new info which promots medical knowledge in an evidence based format
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.

Balint Group: Junior residents are requested to attend this biweekly activity

From our Files: An attending presents a patient from his/her practice every two weeks.

Zooming into Professionalism: This occurs once every 2 months. Afaculty facilitates discussion related to a preselected movie.

Chief Residents as Managers: This a resident led activity. A resident will review a chapter from the booket—and present it to other residents. The activity povides the residents with management skills that will help them become better leaders.

Residents as Teachers: This a resident led activity. A resident will review a chapter from the booket—and present it to other residents. It improves the teaching skills of residents and learn how to give efficient and good presentations.

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. This is an annual international scientific meeting organized by the AUBMC.

Annual Scientific Meeting for the Lebanese Society of Family Medicine.

Attendance: PGY 2, 3, and 4 should attend at least 80% of the department teaching activities. A log book for attendance will be reviewed periodically. Missing more than 20% of any activity will subject the resident to unfavorable measures. 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 a month before the activity.

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, mannequines, 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).

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 seven 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

Residents need to discuss on regular basis a significant encounter with a patient. The resident should complete a reprt in which s/he needs to: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.

Note: No more than 2 residents at the same level can be away in the same period.

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 I)**.

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.
4. To ensure effective teaching avtivities

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.
6. A resident may ask for an advisor change after deliberation with the program director.

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
5. Dementia
6. Polypharmacy

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
8. Neck pain

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. Constipation
7. Ano-rectal problems
8. Dysphagia: differential and management
9. Jaundice: differential and management
10. Inflammatory bowel disease

11. Diverticulosis/Diverticulitis
12. 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. Lower tract respiratory infections

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 August 2022)

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. Preoperative clearance
9. Travel medicine
10. Ethics in primary care
11. Tips on effective cognitive behavioral therapy
12. Basics of acupuncture
13. Essentials of biostatistics & epidemiology
14. Common complaints in ambulatory Gynecology
15. Currriculum development
16. Preparing MCQs
17. Smoking Cessation
18. Insulin prescription
19. POCUS (series of 10 workshops)

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. Excession of Lipoma
10. I&D Abscess, Skin
11. Skin Tag Removal
12. Simple repair of Laceration
13. Pare skin callus
14. Peripheral intravenous line for adult
15. Peripheral intravenous line for child under 10
16. Placement of transurethral catheter

Residents need to log all procedures on MyEvaluation. You need to fill the information shown in **Appendix II**.
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.

XIX. Fellowship Training

The Department of Family Medicine has established three new fellowships:

1. ***The Primary Care Sports Medicine Fellowship*** : This fellowship offers a 1-year integrated academic and clinical program. It prepares the primary care physician to deliver evidence based, safe and quality musculoskeletal care. Applicants should have completed a residency training in Family Medicine, Internal Medicine, Pediatrics or Emergency Medicine.

2. ***The Occupational and Environmental Medicine Fellowship :*** This fellowship offers a 2-year integrated academic and clinical program. It trains the physicians to be proficient in all aspects of the practice of Occupational and Environmental Medicine. Completion of the program leads to certification in Occupational and Environmental Medicine and a master's degree in public health. Applicants should have completed a residency training in Family Medicine or Internal Medicine.

3. ***Geriatric Medicine fellowship :*** This fellowship offers a 2-year integrated academic and clinical program. Training occurs in different settings, in hospital, clinics, and nursing home. Fellows also receive training in palliative care. Applicants should have completed a residency training in Family Medicine or Internal Medicine.

Appendix I

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 II
Procedure form