I have 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: __________
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Preface

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

The two main objectives of this manual are to:

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

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

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

Bassem Saab, M.D
Program Director
I. Introduction

Vision

Provision of high-quality primary health care.

Mission

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

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

Structural framework

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

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

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

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

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

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

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

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

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

**II. Residency training**

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

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

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

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

<table>
<thead>
<tr>
<th>PGY1</th>
<th>PGY2</th>
<th>PGY3</th>
<th>PGY4*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Introduction to Family Medicine</td>
<td>FM* Inpatient</td>
<td>FM Inpatient - Resident in Charge</td>
<td>FM Inpatient - Resident in Charge</td>
</tr>
<tr>
<td>2 ED* Adult</td>
<td>FM Inpatient</td>
<td>Cardiology</td>
<td>Radiology</td>
</tr>
<tr>
<td>3 ED Adult</td>
<td>Mental Health</td>
<td>Rheumatology</td>
<td>Mental Health</td>
</tr>
<tr>
<td>4 ED Pediatrics</td>
<td>Community Medicine</td>
<td>Endocrinology</td>
<td>FM Clinics</td>
</tr>
<tr>
<td>5 CCU</td>
<td>OBGYN OPD</td>
<td>Infectious Diseases</td>
<td>FM Clinics</td>
</tr>
<tr>
<td>6 Internal Medicine Ward - AUBMC**</td>
<td>Dermatology</td>
<td>Neurology</td>
<td>FM Clinics</td>
</tr>
<tr>
<td>7 Internal Medicine Ward – MGH*</td>
<td>ENT / Ophthalmology</td>
<td>Pulmonary</td>
<td>FM Clinics</td>
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<tr>
<td>8 OPD Peds- Badaro</td>
<td>General Surgery Clinics</td>
<td>Gastroenterology</td>
<td>FM Clinics</td>
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<td>9 Normal Nursery</td>
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<td>Hematology-Oncology / Nephrology</td>
<td>FM Clinics</td>
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<tr>
<td>11 Delivery Suite - AUBMC</td>
<td>Sports Medicine / Orthopedics</td>
<td>Elective</td>
<td>FM Clinics</td>
</tr>
<tr>
<td>12 Delivery Suite – MGH**/RHUH**</td>
<td>Elective</td>
<td>Elective</td>
<td>Elective</td>
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<tr>
<td>13 Vacation</td>
<td>Vacation</td>
<td>Vacation</td>
<td>Vacation</td>
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</table>

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

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

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

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

*New cases to be given early in the session if possible. The Resident will take 2 follow up cases in lieu of 1 new case.
VI. Family Medicine In-patient Team

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

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

VII. On call activities

PGY 2, 3 & 4 residents have to be on call on the FM team every third to fifth night depending on the rotation they are passing through and the availability of residents. PGY 1 residents take night duties in the departments they are rotating in.

VIII. Teaching activities

The department carries several teaching activities:
- **Interns’ orientation**: A series of workshops and presentations are given over one month as part of the Introduction to Family Medicine rotation to PGY 1 residents.
- **Residents’ Conference**: PGY 2, 3 and 4 should prepare at least 1, 2, 3 conferences, seminars, or workshops each academic year, respectively. Topics should be selected from the [core content list](#) prepared by the Program Evaluation Committee that is updated on a yearly basis. This activity occurs once a week all year round (Wednesdays from mid of July till mid of June).
- **Workshops**: Presented by attendings and guest speakers (once a month) ([workshop list](#)).
- **Journal 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).
- **Morning Report**: Residents and students present their in-hospital cases to the group. This activity occurs all through the year once per month. Cost effective management and morbidity mortality issues are discussed.
- **Board Review**: Once weekly.
- **From our Files**: An attending presents a patient from his/her practice every two weeks.
Movie Review: once every 2 months.

Activities at AUBMC: Residents are advised to attend the Internal Medicine Grand Round and the Mortality Morbidity activity.

Block Rotations’ Activities: During a block rotation residents should comply with the requirements of the respective division or department.

Middle East Medical Assembly.

Annual Scientific Meeting for the Lebanese Society of Family Medicine.

PGY 2, 3, and 4 should attend at least 80% of the teaching activities appearing in the teaching activities schedule. A log book for attendance will be reviewed periodically. Missing more than 20% of any activity will subject the resident to unfavorable measures. Residents who can not attend for a valid reason have to notify the chief resident prior to the activity.

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

IX. Library

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

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

X. Evaluation

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

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

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

**Clinic sessions**

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

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

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

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

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

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

**Research project**

All residents need to take the CITI internet based course before embarking on their research project. 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 methodology and interesting topic.

**Reflective learning**

PGY-3 and PGY-4 residents need to discuss on regular basis a significant encounter with a patient. A report is done and should include the following points: 1. Describe the context of the incident. 2. Describe the actual incident in detail. 3. Explain why the incident was critical or significant. 4. Explain the concerns at the time. 5. Describe the thinking process and feeling as it was taking place, and afterwards. 6. Mention anything particularly demanding about the situation. 7. Explain how the incident will impact the learning process. 8. Explain how the incident will impact the future role as a health professional. The report will be graded by the advisor and will appear in the formative and summative evaluations. PGY2, PGY3 and PGY4 residents 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.

**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. The passing grade should be 60%.

3. At the end of the 3 months, if there is no improvement in the knowledge, the resident will be put on probation for three months. The resident will continue the same procedure as point 2 in addition to reading assigned AAFP articles and summarizing them to the advisor on weekly basis. If the resident does not pass the probation by passing the graded exams, the resident will not graduate.

**OSCE (Objective Structured Clinical Examination):** Conducted once yearly to PGY 1, 2 & 3 residents (end of March- beginning of April). The passing score is 45% for PGY 1, and 50% for PGY 2, and 60% for PGY 3 residents.

Exit Interview: This is conducted 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 satisfactorily 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
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.

**Away time, absence and vacations**

All residents should sit for the in-training exam and the OSCE. No more than 2 residents at the PGY2, 3, and 4 level can have a vacation in the same time.
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.

**Moonlighting**

PGY IV residents are allowed to moonlight but only after reviewing the moonlighting policy, filling the request form ([http://www.aub.edu.lb/fm/gme/policies/Documents/5-moon.pdf](http://www.aub.edu.lb/fm/gme/policies/Documents/5-moon.pdf)) and signing additional, interdepartmental moonlighting agreement.

**XII. Personal professional advisor**

**Objectives**

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

**Techniques to Attain Objectives**

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

**XIII. Program Improvement**

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

Every year a resident will be selected as the resident of the year.
XV. List of Topics to be covered in Teaching Activities (Updated July 15, 2014)

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

**Health maintenance / counseling / General**
1. Premarital counseling
2. Marital conflict (introduction to Family Medicine)
3. The pre-employment exam
4. The well baby visit
5. Advice to the traveler (workshop)
6. The referral process
7. Immunizations
8. Smoking cessation
9. Alternative medicine
10. Nutrition made easy
11. Exercise prescription
12. Pre op clearance (introduction)
13. The life cycle (or life adjustment periods)
14. The family genogram
15. Cultural competence
16. Healthy people 2010 objectives
17. Updated screening recommendations in adults
18. Recommended screening and preventive measures in children
19. Ethics in primary care

**Geriatric**
1. The dying patient (introduction to Family Medicine)
2. Falls in the elderly
3. Approach to dementia
4. Physiological changes of normal aging
5. Pressure ulcers
6. Parkinson disease

**Mental health**
1. Depression & mood disorders
2. Somatoform disorders
3. Anxiety disorders
4. Personality disorders
5. Alcohol abuse
6. Abuse of illicit drugs
7. Social maladjustment
8. Sleep problems
9. Autism
10. Approach to psychosexual dysfunction
11. Tips on effective cognitive behavioral therapy
12. Eating disorders
13. Attention deficit and disruptive behavior disorders
14. Tic disorders
15. Approach to common psychotic disorders
16. Sexual and gender identity disorders

**Rheumatology**
1. Approach to mono and polyarthralgias
2. Osteoarthritis (intro)
3. Rheumatoid arthritis
4. Spondylarthropathies
5. Polymyalgia rheumatica
6. Fibromyalgia
7. SLE / antiphospholipid syndrome
8. Juvenile arthritis
9. Common vasculitis
10. Infectious arthritis
11. Crystal arthropathies

**Musculoskeletal disorders / sports medicine**
1. Ankle sprain
2. Shoulder pain (intro)
3. Knee problems
4. Back pain (intro)
5. Hip pain
6. Physiotherapy for common musculoskeletal conditions
7. Exercise advice in specific musculoskeletal conditions
8. Approach to common fractures
9. Common nerve entrapment syndromes

**Occupational medicine**
1. Common organ-related occupational illnesses
Dermatology
1. Burns and scalds (or cutaneous injuries)
2. Acne and acne rosacea
3. Hair loss
4. Dermatitis
5. Dermatophyte infections
6. Bacterial infections of the skin
7. Viral infections of the skin
8. Parasitic infections of the skin
9. Psoriasis: The different presentations
10. Skin cancer (or Benign and malignant skin growths)
11. Approach to skin rash
12. Common animal and insect bites
13. Common nail disorders
14. Pruritic skin conditions (generalized and localized)
15. Papulosquamous skin diseases (*Seborrhea and dandruff, pytiriasis rosea, Miliaria, Lichen planus*)
16. Vesicul-bullous skin diseases (*impetigo, herpes simplex, herpes zoster, pemphigus, pemphygoid, erythema multiforme, dyshidrosis pompholyx, dermatitis herpetiformis, epidermolysis bullosa*)
17. Pigment disorders (generalized and localized)
18. Common oral and tongue lesions

Pediatrics
1. Common issues in new born care
2. Headaches in children
3. Common eye problems in children
4. Child with a limp
5. Enuresis
6. Failure to thrive
7. Common problems in adolescents
8. Approach to neonatal hyperbilirubinemia
9. Nutrition principles in neonates & infants
10. Approach to learning disabilities in children
11. Approach to the pubertal adolescent

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

Neurology
1. Doctor I am dizzy! (introduction to Family Medicine)
2. Cerebro-vascular accidents
3. Patient with delirium
4. Loss of consciousness
5. Tremors: differential, approach and management
6. Peripheral and cranial neuropathies
7. Headache (intro)
8. Epilepsy
9. Head and spinal cord trauma
10. Multiple sclerosis
11. CNS infections
12. Neurological complications of systemic illnesses

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

ENT
1. Decreased hearing
2. Infections of the external and middle ear
3. Lump in the neck
4. Tonsillitis
5. Sinusitis
6. Croup
7. Approach to a patient with vertigo
8. Rhinitis

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

**Endocrinology**
1. Diabetes mellitus: diagnosis, complications & management (intro)
2. Thyroid problems
3. Hyperlipidemia (intro)
4. Obesity
5. Short stature
6. Osteoporosis
7. Hirsutism
8. Polycystic ovarian syndrome

**Pulmonary**
1. Chronic cough: differential and management
2. Asthma (intro)
3. Chronic bronchitis / COPD
4. Pneumonia
5. Pulmonary tuberculosis
6. Upper respiratory tract infections (Introduction)

**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. Dermatologic problems in pregnancy
9. First trimester complications
10. Management of the first stage of labor
11. Perinatal care
12. The PAP smear: findings and management
13. Diagnosis of pediatrics GYN problems
14. Infections of the female reproductive tract
15. Sexual assault
16. 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. Interpretation of the urine analysis
6. Approach to urinary incontinence
7. Approach to proteinuria
8. Approach to acute & chronic renal failure

**Infectious diseases**
(In addition to the topics under other categories)
1. Sexually transmitted diseases
2. Approach to the patient with AIDS
3. Common immunodeficiency syndromes

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

**Radiology**
1. Fractures of long bones (clavicle, humerus, femur, tibia and fibula)
2. Fractures of hand and feet bones
3. Fractures of vertebral column, pelvis and rib cage.
4. Sublaxations and dislocations
5. Imaging of knee injuries
6. Imaging of ankle injuries
7. Imaging of shoulder injuries
8. Imaging of common urogenital problems (prostate, testicle, stones, ovaries, endometrium)
9. Imaging in CVA
10. Imaging for undifferentiated abdominal pain
11. Imaging of cardiothoracic problems
12. CT or MRI: Indications, contraindications, positive and negative predictive values
XVI. Workshop Topics (Updated May 13, 2011)

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