

**Residency Program Manual**

Department of Obstetrics and Gynecology  
American University of Beirut Medical Center  
2019-2020

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## I. Educational Objectives of the Residency Program

Congratulations on your selection to the Department of Obstetrics and Gynecology (OB/GYN) Residency Program at the American University of Beirut Medical Center (AUBMC). We promise you a superior educational experience and the opportunity to make some lifelong friends. From you, we expect your best efforts and your hardest work.

By the end of your residency:

- You will have begun to understand what it means to practice as a physician specialized in obstetrics and gynecology.
- You will have vastly increased your knowledge base, keeping in mind that knowledge is never complete and is ever evolving with a life-long commitment for continuous learning.
- You will have learned what the practice of evidence-based medicine means and that the once-honored “see one, do one, teach one” does not always hold.
- You will understand that healing doesn’t always mean curing and that sometimes the healing goes from patient to physician rather than the other way around.
- You will appreciate the delicate interplay of the various ethical principles in the discipline of OB/GYN.

It’s going to be a great ride for all those willing to give their best. Our ACGME-I accredited residency program will provide you with a high quality, structured, progressive educational experience in all aspects of the practice of OB/GYN. We believe that you will leave with a great sense of belonging and life-long loyalty to the program.

### A. Curriculum

The specialty of OB/GYN is devoted to the healthcare of women. Residency training in the department of OB/GYN is thus directed towards managing normal and abnormal processes of the female reproductive system, including the medical and surgical treatment of gynecologic disorders, pregnancy and childbirth and preventive medical care.

Residency training in OB/GYN consists of four years. Each rotation emphasizes the development of analytical skills that would prepare the physician for an intellectual approach to problem-solving. The department encourages the development of strategies that promote an atmosphere of learning and personal development. Special emphasis is placed on the acquisition of skills, values and attitudes needed in medical practice, more so than on the development of a short-sighted information-intensive approach, and build-up of factual information.

Educational objectives include promoting cognitive and behavioral learning through close and direct assistance and supervision by attending physicians, and weekly conferences and seminars.

### ***B. Additional Goals***

The aim of this curriculum is to provide physicians with a complete and adequate training in OB/GYN. The introduction of technologic advances into the field of OB/GYN has significantly changed the scope of patient care, leading to a high influx of new diagnostic and therapeutic modalities. It is the department's priority to provide residents with an adequate exposure to such new technical advances in medicine, namely in the fields of endoscopic surgery and assisted reproductive technology.

Residents are also required to handle and analyze complex information and data, and hence should be skilled in information and computer management, and knowledgeable in statistics.

Since residency is only a single aspect of a lifetime education, residents are encouraged to develop a life-long pattern of independent self-assessment in the cognitive and technical aspects of the practice and develop strategies to continually improve the delivery of healthcare by attending to continuing medical education programs. Emphasis is also made on the development of a scientific mind that enables the physician to develop a pattern of learning that meets the demands of healthcare.

In addition to the development of cognitive and technical skills, the department is interested in promoting ethics. Residents are expected to be sensitive to the delicate psychological needs of patients. They should also demonstrate responsibility to patient education and protect patients' confidentiality. Effective communication skills should be developed with patients and fellow colleagues. Resident physicians have the added responsibility to teach medical students and junior residents.

Performance is evaluated on an ongoing basis by obtaining feedback on achievement. To enhance this process, periodic written examinations covering seminars, and other forms of learning are performed, in addition to the yearly US-based Council on Resident Education in Obstetrics and Gynecology (CREOG) examination and an in-house objective structured clinical examination (OSCE) at the end of the academic year.

## **II. ACGME-I Competencies**

There are six competencies developed by the Accreditation Council for Graduate Medical Education-International (ACGME-I) that the residents will be taught and evaluated of during their tenure in our program:

**A. Patient Care**

Residents must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health. Residents must demonstrate competence in:

1. Evaluating a patient's complaint, providing an accurate examination, employing appropriate diagnostic tests, arriving at a correct diagnosis and recommending the appropriate treatment
2. The essential areas of obstetrics and gynecology including:
  - a. Normal physiology of the reproductive tract
  - b. High risk behaviors
  - c. Diagnosis and nonsurgical management of breast disease
  - d. Medical and surgical complications of pregnancy
  - e. Delivery including the use of obstetric forceps and/or the vacuum extractor
  - f. Gynecologic surgery
  - g. Care of critically ill patients
  - h. Obstetric and gynecologic pathology
3. Manual dexterity
4. The full range of commonly employed obstetrical diagnostic procedures, including ultrasonography and other relevant imaging techniques
5. Counseling of women regarding nutrition, exercise, health maintenance, high-risk behaviors and preparation for pregnancy and childbirth and of those who have undergone genetic amniocentesis

**B. Medical Knowledge**

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents must demonstrate knowledge in:

1. Reproductive healthcare and ambulatory primary healthcare for women, including health maintenance, disease prevention, diagnosis, treatment, consultation and referral
2. Menopausal healthcare and geriatric medicine
3. The fundamentals of basic science as applied to clinical obstetrics and gynecology
4. Applied surgical anatomy and pathology
5. Normal and abnormal reproductive function
6. The principles of genetic amniocentesis
7. Basics of risk-benefit analysis, epidemiology, statistics, data collection and management and use of medical literature and assessment of its value

### ***C. 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 constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:

1. Identify strengths, deficiencies and limits in one's knowledge and expertise
2. Set learning and improvement goals
3. Identify and perform appropriate learning activities
4. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
5. Incorporate formative evaluation feedback into daily practice
6. Locate, appraise and assimilate evidence from scientific studies related to their patient's health problems
7. Use information technology to optimize learning
8. Participate in the education of patients, families, students, residents and other health professionals

### ***D. 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:

1. Communicate effectively with patients, families and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
2. Communicate effectively with physicians, other health professionals and health related agencies
3. Work effectively as a member or leader of a healthcare team or other professional group
4. Act in a consultative role to other physicians and health professionals that participate in women's health
5. Maintain comprehensive, timely and legible medical records, if applicable
6. Have the fundamentals of good medical history taking and thoughtful, meticulous physical examination

### ***E. Professionalism***

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

1. Compassion, integrity and respect for others
2. Responsiveness to patient needs that supersedes self-interest

3. Respect for patient privacy and autonomy
4. Accountability to patients, society and the profession
5. Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities and sexual orientation
6. Ethics and medical jurisprudence

#### ***F. Systems-based Practice***

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

1. Work effectively in various healthcare delivery settings and systems relevant to their clinical specialty
2. Coordinate patient care within the healthcare system relevant to their clinical specialty
3. Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate
4. Advocate for quality patient care and optimal patient care systems
5. Work in inter-professional teams to enhance patient safety and improve patient care quality
6. Participate in identifying system errors and implementing potential systems solutions

### **III. Program Objectives as per the ACGME-I Competencies**

#### ***A. Patient Care***

Residents are expected to provide patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease and end of life care.

- ◆ Gather accurate, essential information from all sources, including medical interviews, physical examinations, medical records and diagnostic/therapeutic procedures
- ◆ Make informed recommendations about preventive, diagnostic and therapeutic options and interventions that are based on clinical judgment, scientific evidence and patient preference
- ◆ Develop, negotiate and implement effective patient management plans and integration of patient care
- ◆ Perform competently the diagnostic and therapeutic procedures considered essential to the practice of OB/GYN



- ◆ Inform patient and family of end of life concerns, issues and rights. Work with ancillary services to help with these issues

### ***B. Medical Knowledge***

Residents are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others.

- ◆ Apply an open-minded and analytical approach to acquiring new knowledge
- ◆ Access and critically evaluate current medical information and scientific evidence
- ◆ Develop clinically applicable knowledge of the basic and clinical sciences that underlie the practice of OB/GYN
- ◆ Apply this knowledge to clinical problem solving, clinical decision-making, and critical thinking in patient care

### ***C. Practice-Based Learning and Improvement***

Residents are expected to be able to use scientific evidence and methods to investigate, evaluate and improve patient care practices.

- ◆ Identify areas for improvement and implement strategies to enhance knowledge, skills, attitudes and processes of care
- ◆ Analyze and evaluate practice experiences and implement strategies to continually improve the quality of patient practice
- ◆ Develop and maintain a willingness to learn from errors and use errors to improve the system or processes of care
- ◆ Use information technology or other available methodologies to access and manage information, support patient care decisions and enhance both patient and physician education

### ***D. Interpersonal and Communication Skills***

Residents are expected to demonstrate interpersonal communication skills that enable them to establish and maintain professional relationships with patients, families and other members of healthcare teams.

- ◆ Provide effective and professional consultation to other physicians and healthcare professionals and sustain therapeutic and ethically sound professional relationships with patients, their families and colleagues
- ◆ Use effective listening, nonverbal, questioning and narrative skills to communicate with patients and families
- ◆ Interact with consultants in a respectful, appropriate manner

- ◆ Maintain comprehensive, timely and legible medical records
- ◆ Work effectively as a member of the ward team and the clinic form

#### ***E. Professionalism***

Residents are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession and society.

- ◆ Demonstrate respect, compassion, integrity and altruism in relationships with patients' families and colleagues
- ◆ Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors and disabilities of patients and professional colleagues
- ◆ Adhere to principles of confidentiality, scientific/academic integrity and informed consent
- ◆ Recognize and identify deficiencies in peer performance
- ◆ Remain professional in appearance and behavior in the performance of all duties
- ◆ Participate fully in all educational conferences provided as well as committed, ongoing self-study and reflection

#### ***F. Systems-Based Practice***

Residents are expected to demonstrate both understanding of the contexts and systems in which healthcare is provided, and the ability to apply this knowledge to improve and optimize healthcare.

- ◆ Understand, access, and utilize the resources, providers and systems necessary to provide optimal care
- ◆ Understand the limitations and opportunities inherent in various practice types and delivery systems and develop strategies to optimize care for the individual patient
- ◆ Apply evidence-based, cost-conscious strategies to prevention, diagnosis and disease management
- ◆ Collaborate with other members of the healthcare team to assist patients in dealing effectively with complex systems and to improve systematic processes of care

The faculty of the Department of OB/GYN provides the education and leadership necessary to aid the housestaff in achieving these competency goals. The residents' obligation is to develop a personal program of learning that will foster continued professional growth with guidance from the teaching staff. In addition, they should

participate fully in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervising other residents and students.

#### **IV. Residency Program Office**

The housestaff are primarily supervised by the Chairperson, the Program Director, and the Administrative Chief Resident and supported by the Program Coordinator.

##### ***For the academic year 2018-2019:***

Chairperson	Anwar Nassar, MD (pager: 0571)
Program Director	Fadi Mirza, MD (pager: 0414)
Administrative Chief Resident	Karam Hamed, MD (pager: 1183)
Program Coordinator	Maha Jaafar, MPH (extension: 5607)

All scheduling, evaluations and other personnel management issues are handled through the residency office. The people listed above are your advocates. Feel free to contact them if any problems or questions arise.

Every resident will have an American University of Beirut email account assigned to them at the beginning of the residency program. All communications to the residents are handled through email and it is an expectation that you check your mailbox daily for important information and communications. The hospital expects that you will use your institutional email. We will not forward emails to a personal email address. All emails, reminders and announcements sent to you are considered as read, whether you read them or not.

Furthermore, you should know that the Program Director and the Chairperson believe firmly in an open-door policy. You are encouraged to discuss with one or both all issues of concern or importance, personal as well as professional.

#### **V. The Hospitals**

##### ***A. AUBMC***

AUBMC is the main site of resident training. It is an acute care tertiary center. OB/GYN residents are trained by generalist obstetricians/gynecologists as well as specialists in Maternal-Fetal Medicine (MFM), Gynecologic Oncology, Reproductive Endocrinology and Infertility (REI), Minimally Invasive Surgery (MIS), and Urogynecology. There are 23 teaching faculty members who supervise residents in all aspects of the specialty. Residents learn from exposure to a variety of pathology in OB/GYN through the private as well as through the continuity clinics. They also benefit from training by fellows in

REI, teaching AUB medical students and students from all over the world and training in patient safety and quality improvement.

### ***B. RHUH***

The Rafik Hariri University Hospital (RHUH) rotation is an obligatory rotation for resident training. Residents spend two blocks a year at the site. RHUH provides care to a low-income population with about 350 deliveries and 500 obstetrical triage visits monthly. AUB residents from each level rotate throughout the year. Senior residents supervise family practice as well as Emergency Medicine residents in addition to junior residents from the Beirut Arab University and Lebanese University. Residents learn to manage a primarily low-income, high-risk obstetrical population and participate in elective and emergency gynecologic cases, either scheduled through the residents' continuity clinic or admitted through the RHUH emergency department. AUBMC affiliates as well as around 15 RHUH faculty are immediately available to supervise all the residents' patient care activities.

## **VI. Ambulatory Clinics**

Our department has a program letter of agreement with Howard Karagheusian Commemorative Corporation, a primary healthcare center, which you will be rotating at during your PGYIV (primarily) or PGYIII year, depending on your schedule, on Wednesdays between 12:00 – 3:00 p.m. This educational agreement governs your rotation at the Obstetrics and Gynecology Clinic in the healthcare program at the center.

## **VII. Faculty Members**

The full-time and part-time faculty of the Department of OB/GYN is structured into divisions and subspecialties which provide an in-depth coverage of the broad areas which are the responsibility of the discipline.

### ***Chairperson***

Anwar Nassar, MD

### ***Vice Chairperson***

Antoine Abu-Musa, MD, PhD

### ***Program Director***

Fadi Mirza, MD, FACOG

### ***Division of Maternal-Fetal Medicine***

Abdallah Adra, MD

Labib Ghulmiyyah, MD, FACOG (Head)

Fadi Mirza, MD, FACOG

Anwar Nassar, MD  
Ihab Usta, MD

***Division of Reproductive Endocrinology and Infertility***

Antoine Abu-Musa, MD, PhD (Head)  
Johnny Awwad, MD  
Antoine Hannoun, MD  
Ghina Ghazeeri, MD

***Division of Gynecologic Oncology***

Reem Abdallah, MD  
Ali Khalil, MD  
Muhieddine Seoud, MD, FACOG (Head)

***Gynecology/Urogynecology***

Naji Aswad, MD  
Tony Bazi, MD, FACOG

***Laparoscopy/Minimally Invasive Surgery***

Dina Chamsy, MD  
Joseph Nassif, MD

***Obstetrics and Gynecology***

Elie Hobeika, MD, FACOG  
Karam Karam, MD  
Adnan Mroueh, MD

***Clinical Associates***

Rabih Chahine, MD  
Faysal El Kak, MD  
Sandrine Atallah, MD

**VIII. Core Faculty**

***A. Responsibilities of the Core Faculty Members***

Core faculty members are physicians who take a special interest in teaching and allow a significant amount of resident participation in patient care and management. The working relationship between the residents and the core faculty is outstanding and the rewards for resident, attendings, and patients are evident. Core faculty members:

- ◆ Are evaluators of the competency domains
- ◆ Work closely with and support the Program Director
- ◆ Assist in developing and implementing evaluation systems
- ◆ Teach and advise residents

- ◆ Devote a minimum of 15 hours per week to resident education and administration

### **B. Core Faculty Members**

Dina Chamsy, MD	<a href="mailto:dc09@aub.edu.lb">dc09@aub.edu.lb</a>
Labib Ghulmiyyah, MD, FACOG	<a href="mailto:lg08@aub.edu.lb">lg08@aub.edu.lb</a>
Anwar Nassar, MD	<a href="mailto:an21@aub.edu.lb">an21@aub.edu.lb</a>
Joseph Nassif, MD	<a href="mailto:jn25@aub.edu.lb">jn25@aub.edu.lb</a>
Muhieddine Seoud, MD, FACOG	<a href="mailto:mike@aub.edu.lb">mike@aub.edu.lb</a>

### **IX. Residents and their Faculty Mentors/Advisors**

#### **Resident**

#### **Faculty Mentor/Advisor**

##### **PGYIV**

Dr. Carole Barake  
 Dr. Mohammad Saaed El Farran  
 Dr. Karam Hamed  
 Dr. Dalal Kojok  
 Dr. Marco Mouanness

Dr. Joseph Nassif  
 Dr. Labib Ghulmiyyah  
 Dr. Anwar Nassar  
 Dr. Reem Abdallah  
 Dr. Fadi Mirza

##### **PGYIII**

Dr. Sarah Assaf  
 Dr. Christian Dagher  
 Dr. Nouran Hamed  
 Dr. Georges Rameh  
 Dr. Samer Zoghby

Dr. Ghina Ghazeeri  
 Dr. Antoine Abu-Musa  
 Dr. Labib Ghulmiyyah  
 Dr. Naji Aswad  
 Dr. Ihab Usta

##### **PGYII**

Dr. Karinia El Khouri  
 Dr. Rand El Sharaiha  
 Dr. Rima Hajjar  
 Dr. Hassan Hamze  
 Dr. Dima Salloum

Dr. Dina Chamsy  
 Dr. Fadi Mirza  
 Dr. Anwar Nassar  
 Dr. Abdallah Adra  
 Dr. Toni Bazi

##### **PGYI**

Dr. Wadad Alameh  
 Dr. Christelle Dagher  
 Dr. Bachar Hadaeb  
 Dr. Dalia Malaeb  
 Dr. Wiam Saab

Dr. Johnny Awwad  
 Dr. Muhieddine Seoud  
 Dr. Dina Chamsy  
 Dr. Joseph Nassif  
 Dr. Ali Khalil

Residents should meet with their advisors at least twice a year. The minutes of these meetings shall be handed to Mrs. Jaafar to be filed. A resident might be allowed to change his/her advisor only at the end of the PGYI year.

### Team Leaders

PGYI	Dr. Dalia Malaeb
PGYII	Dr. Hassan Hamze
PGYIII	Dr. Nouran Hamed
PGYIV	Dr. Karam Hamed

### X. Commitment of Faculty

1. As role models, we will maintain the highest standards of care, respect the needs and expectations of patients and embrace the contributions of all members of the healthcare team.
2. We will ensure that all components of the educational program for resident physicians, including our contributions, are of high quality.
3. We will nurture both the intellectual and personal development of residents by fostering academic excellence, exemplary professionalism, cultural sensitivity, and a commitment to maintaining competence through life-long learning.
4. We will demonstrate respect for all residents without regard to gender, race, national origin, religion, disability or sexual orientation; and we will cultivate a culture of tolerance among the entire staff.
5. We will ensure that resident physicians have opportunities to frequently participate in various patient care activities and ensure that they are neither assigned excessive clinical responsibilities nor overburdened with services of little or no educational value.
6. We will provide resident physicians with opportunities to exercise graded, progressive responsibility for the care of patients, so that they can learn how to practice their specialty and recognize when, and under what circumstances, they should seek assistance from colleagues thus allowing them to function effectively as members of the healthcare team.
7. In fulfilling the essential responsibility, we have to our patients, we will ensure that residents receive appropriate supervision for all the care they provide during their training.
8. We will evaluate each resident's performance on a regular basis, provide appropriate verbal and written feedback and document achievement of the competencies required to meet all educational objectives.
9. We will ensure that resident physicians have opportunities to participate in required conferences, seminars and other non-patient care learning experiences and that they have enough time for self-learning that is essential for acquiring the knowledge, skills, attitudes and behaviors required for practice.

10. We will support residents in their role as teachers of other residents and of medical students.

## **XI. Commitment of Residents**

1. Quality healthcare and patient safety will always be our prime objectives.
2. We pledge our utmost effort to acquire the knowledge, clinical skills, attitudes and behaviors required to fulfill all objectives of the educational program and to achieve the competencies deemed appropriate for our chosen discipline.
3. We embrace the professional values of honesty, compassion, integrity and dependability.
4. We will adhere to the highest standards of the medical profession and will demonstrate respect for all patients and members of the healthcare team without regard to gender, race, national origin, religion, economic status, disability or sexual orientation.
5. As physicians in training, we learn most from being involved in the direct care of patients and from the guidance of faculty and other members of the healthcare team. We understand the need for faculty to supervise all our interactions with patients.
6. We will secure direct assistance from faculty or appropriately experienced residents whenever we are confronted with high-risk situations or with clinical decisions that exceed our confidence or skill to handle alone.
7. We welcome candid and constructive feedback from faculty and all others who observe our performance, recognizing that objective assessments are indispensable guides to improving our skills as physicians.
8. We also will provide candid and constructive feedback on the performance of our fellow residents, students and faculty, recognizing our obligation as physicians to participate in peer evaluation and quality improvement.
9. We recognize the rapid pace of change in medical knowledge and the consequent need to maintain our expertise and competency throughout our professional lifetimes.
10. In fulfilling our own obligations as professionals, we pledge to assist both medical students and fellow residents in meeting their professional obligations by serving as their teachers and role models.

## **XII. Residency Education Committees**

### ***A. Clinical Competency Committee (CCC)***

The Clinical Competence Committee (CCC) for the OB/GYN Residency Program at AUBMC is charged with monitoring housestaff performance and making appropriate disciplinary decisions and recommendations to the Program Director. The CCC responsibilities include:



- ◆ Members of the CCC are expected to provide sincere and thoughtful evaluations of the competency level of trainees. They are responsible for reviewing all assessments of each trainee at least semiannually, and for determining each trainee's current performance level by group consensus.
- ◆ The CCC consensus decision will initially be based on existing, multi-source assessment data and faculty member observations.
- ◆ The committee is responsible for making recommendations to the Program Director on promotion, remediation and dismissal based on the committee's consensus decision of trainees' performance of each trainee semiannually. However, the Program Director has the final responsibility for the evaluation and promotion of trainees.
- ◆ The committee should inform, when appropriate, the Program Evaluation Committee (PEC) of any potential gaps in curriculum or other program deficiencies that appear to result in a poor opportunity for trainees to progress in each of the competencies.
- ◆ The Program Director or designee(s) must provide feedback to each trainee regarding his/her progress in each of the competencies. This feedback must be documented in the trainee's file at least semiannually.
- ◆ The committee is also responsible for providing feedback to the Program Director on the timeliness and quality (e.g. rating consistency and accuracy) of faculty's documented evaluations of trainees, to identify opportunities for faculty training and development.
- ◆ Finally, the committee is responsible for giving feedback to the Program Director to ensure that the assessment tools and methods are useful in distinguishing the developmental levels of behaviors in each of the competencies.

The CCC is currently composed of the following faculty and staff members.

<b>Name</b>	<b>Email</b>	<b>Pager</b>
Dr. Anwar Nassar, Chairperson	an21@aub.edu.lb	0571
Dr. Fadi Mirza, Program Director	fmirza@aub.edu.lb	0414
Dr. Johnny Awwad (Chairperson)	jawwad@aub.edu.lb	0569
Dr. Ghina Ghazeeri	gg02@aub.edu.lb	0630
Ms. Nelly Ayvazian, Nurse Manager (7 North)	na34@aub.edu.lb	0853

### ***B. Program Evaluation Committee (PEC)***

The Program Evaluation Committee (PEC) for the OB/GYN Residency Program at AUBMC is responsible for the evaluation of the program's curriculum and quality of education. The PEC responsibilities include:

- ◆ The primary purpose of the Program Evaluation Committee is to plan, develop, implement and evaluate all significant activities of the GME program.

- ◆ The PEC may work with the GMEC, the designated institutional official (DIO), department leaders or the Program Director as part of its work. The goal is to try to improve the educational program every year.
- ◆ The PEC must participate actively in:
  - Developing and making recommendations for competency-based curriculum goals and objectives.
  - Reviewing the program annually using evaluations of faculty, residents and others. Implementing suggestions for program improvement may require several years to accomplish.
  - Reviewing the GMEC internal review of the residency program with recommended action plans.
  - Assuring that areas of non-compliance with ACGME-I standards are corrected.
- ◆ The program, through the PEC, must document formal and systematic evaluation of the curriculum at least annually. It is responsible for rendering and writing Annual Program Evaluation that monitors and tracks resident performance, Faculty development, Graduate performance, Program quality and has a documented improvement plan.
- ◆ This information is then used by the program director to identify areas for improvement.
- ◆ This plan should be shared with the members of the teaching faculty to ensure there is widespread agreement and support.
- ◆ The PEC should keep a record of its decisions; including what suggested improvements should be explored. For those areas where there is a decision for a change, there should be an action plan.

The PEC is composed of the Program Director, the Administrative Chief Resident and the faculty members listed in the table below.

<b>Name</b>	<b>Email</b>	<b>Pager</b>
Dr. Anwar Nassar, Chairperson	an21@aub.edu.lb	0571
Dr. Antoine Abu-Musa, Vice Chairperson (Chairperson)	aa06@aub.edu.lb	0567
Dr. Fadi Mirza, Program Director	fmirza@aub.edu.lb	0414
Dr. Rabih Chahine, RHUH Coordinator	rc23@aub.edu.lb	
Dr. Reem Abdallah	ra102@aub.edu.lb	0597
Dr. Karam Hamed, Administrative Chief Resident	mj64@aub.edu.lb	1183

### **XIII. Administrative Chief Resident**

The Administrative Chief Resident is a fourth-year resident appointed for a 12-month period. The Administrative Chief Resident is voted on by the CCC and approved by the Program Director. His/her duties include (Please refer to the departmental Job Description of Chief Resident Policy):

- ◆ Orientation
  - Participate in the selection process of new residents.
  - Participate in the orientation program of all residents as directed by the Department Residency Office and the Graduate Medical Education Office.
- ◆ Schedules
  - Assist in the development of the residents' schedule i.e. the rotation schedule while abiding by the 80-hour rule.
  - Assure coverage of all services in case of absence due to illness, exams or holidays.
- ◆ Coordination
  - Attend all scheduled Program Evaluation Committee (PEC) meetings to provide feedback and act as liaison for other housestaff.
  - Coordinate didactic lectures and formulate a coverage plan when a lecture cannot be given.
  - Meet with the Program Director monthly.
  - Provide personal and professional advice to students and other residents as appropriate.
- ◆ Professional Attributes
  - Act as role model and assist in maintaining the professional atmosphere, conduct and attitude of residents and students.
  - Be able to problem solve and provide conflict resolution as appropriate.
  - Maintain strict confidentiality always.

#### **XIV. Professional Attire**

When you begin orientation, you will receive two white coats. You will be provided with one new coat each year. This constitutes the uniform for the residency, and it is your responsibility to maintain these coats in a presentable condition. Residents are required to be appropriately attired always, including weekends, nights and holidays. Inappropriate attire includes scrubs, jeans, tee shirts, shorts, sneakers or any other informal wear (refer to AUBMC Dress Code Policy GLD-ADM-013). Scrubs are appropriate attire only when the resident is working in the Delivery Suite, scheduled to be in the GYN OR, the night of call and daytime post call. White coats are to be worn if in scrubs. Ties are expected to be worn by all male residents and comparable attire is expected from all female residents. Remember that your patients, as well as the hospital personnel, look upon you as a physician in every sense of the word. Also remember that you are an employee and are expected to adhere to the written dress code. Your ID badge should be worn and visible always as well.

#### **XV. Grievance Procedure**

Since the founding of the American University of Beirut Medical Center (AUBMC), disputes among faculty, administration and/or residents have been very successfully settled through a series of informal procedures. Typically, a complaint or dispute by a

resident is brought to the attention of the grievant's department Chairperson and/or Program Director and is resolved through informal discussion. AUBMC's formal grievance procedures are not meant to supplant attempts at resolving complaints through informal means. When at all possible, complaints and disputes should be settled through informal means. The formal procedures are to be applied only after every effort has been made to settle disputes informally. Please refer to the Graduate Medical Education Committee (GMEC) Policy on Complaint and Grievance Procedure for Residents – Policy Number 09-001.

## **XVI. Resident Research**

### ***A. Research Project***

Each resident is required to take part in a clinical research project prior to graduation. All residents are required to present their proposals and are required to present their completed project during the Annual Resident Research Day by June of their graduation year. Completion of a research project is required to graduate from the training program. All residents are encouraged to submit their completed projects as a manuscript for publication.

### **Expectations**

The expectations of this project are to establish and maintain an environment of inquiry and scholarship, including discovery, dissemination, application, and mentoring.

The goals of our resident research experience are:

1. To gain an understanding that medical progress is based on basic and clinical innovation and discovery
2. To develop critical thinking skills
3. To develop, understand and thoroughly discuss the basis for choices and decisions related to a resident's own research project
4. To gain an appreciation for measures of quality in research endeavors
5. To gain an appreciation and understanding of how collaboration and teamwork are essential for successful research

### **Outcomes**

1. The outcome of the research experience is a presentation at the departmental Resident Research Day, which is scheduled in June of every year.
2. The resident research experience should be an enjoyable and challenging portion of residents' training.
3. The faculty will provide adequate ongoing reinforcement of the importance of research and adequate mentoring over the four-year program.

4. Residents are encouraged to submit their research to national, regional and international meetings and if accepted for presentation, they will be supported by the department.

### ***B. Residency Research Committee***

The members of this Committee are:

1. Anwar Nassar, MD (Chairperson)
2. Fadi Mirza, MD, FACOG
3. Antoine Abu-Musa, MD, PhD
4. Dina Chamsy, MD
5. Reem Abdallah, MD
6. Tony Bazi, MD

The roles of this Committee are to:

1. Identify mentors who will guide residents in performing their clinical research projects, writing proposals, analyzing data and preparing their presentations
2. Assist residents in writing their projects as papers to be published in peer reviewed journals
3. Plan and organize the Annual Resident Research Day
4. Coordinate with the Fellowship and Residency Research Program (FRRP)

### ***C. Libraries***

The Saab Medical Library (SML) is available for use by the residents. The library is located across the Medical Center. Computers for literature searches are available in the library, and a librarian is available to assist you. Computers are also available in your on-call rooms. You can access the literature sources using your username and password. In addition to the extensive on-line library which is available for residents to use, the SML includes several OB/GYN journals and books. Training sessions at the library will be held periodically throughout the year.

## **XVII. Conferences**

Attendance at departmental activities and meetings is required by all residents unless specifically excused. Attendance records are maintained. Please refer to the departmental Conference Attendance Policy. Below is a list of all the departmental activities.

<b>Event</b>	<b>Description</b>	<b>Time</b>
Grand Round	Seminar: given by faculty or chief residents about up-to-date topics in the field. In addition, invited speakers	Wednesday at 7:30 a.m.

Chart Review Conference/Morbidity and Mortality Conference	<p>from different disciplines contribute to those educational activities.</p> <p>Case discussion: in the presence of all faculty members and residents, selected cases with educational value are discussed weekly. Management options are reviewed and minutes from the meeting are documented and shared with the Chief of Staff.</p>	Wednesday at 8:30 a.m.
Resident Education Conference	Didactic lecture: given by the PGYI on a weekly basis. The topic of the lecture is usually chosen by the resident and approved by the faculty on call.	Friday at 7:00 a.m.
Core Curriculum Lecture	Didactic lecture: given by faculty members in the department and from other departments to cover a variety of topics. The topics of those lectures are continuously revised on a yearly basis to meet the CREOG educational objectives in preparation for the in-service exam.	Wednesday at 11:00 a.m. or 12:00 p.m.
Tumor Board	<p>Case discussion: All cases with newly diagnosed or recurrent gynecological cancers are presented. Pathology and imaging is reviewed. Management plan is established and formulated. This activity is mainly targeted at PGYIII and PGYIV residents.</p>	As assigned by the Division of Gynecologic Oncology.
Chairman's Round	Case discussion: the Chairman goes over selected cases and patient charts to	Thursday at 4:00 p.m.

	identify any deficiencies in the plan of care and the documentation in the charts in the presence of all residents and medical students.	
Journal Club	The journal club is conducted by the PGYIIs and PGYIIIs on a weekly basis. The resident will pick a clinical question and choose a research article to address the issue. This must be approved and presentation reviewed by the faculty on call. Using PubMed and other search engines, the resident will be guided on how to do a proper literature search and to be able to select high quality research.	First and Third Monday of each month at 7:30 a.m.
Perinatal Neonatal Conference	Case discussion: this conference which is a partnership between the Departments of OB/GYN and Pediatrics and Adolescent Medicine, serves, through perinatal and/or neonatal morbidity/mortality case discussions, as a core educational tool on the in utero and neonatal management of select high-risk pregnancies. A list of pending cases is shared between the two Departments.	Fourth Monday of each month at 7:30 a.m.
Combined OB/GYN Radiology Conference	Case discussion: this conference which is a partnership between the Departments of OB/GYN and Diagnostic Radiology, serves, through case discussions, as a core educational tool on	Last Friday of every other month at 7:30 a.m.

	the diagnosis and management of gynecological as well as obstetrical cases from a diagnostic imaging perspective.	
Division of Reproductive Endocrinology and Infertility (REI) Conferences and Case Presentations	REI attendings and fellows and sometimes residents participate in a series of lectures and case discussions related to the field of infertility and reproductive medicine.	Second and Fifth Monday of each month at 7:30 a.m.
GME Core Curriculum Lecture Series	The GME Core Curriculum Series is designed to provide a common set of learning experiences to be shared by all residents across the GME training programs at the Faculty of Medicine and Medical Center. Its goals are to reduce the burden on the individual programs to teach “non-technical” elements of residency education, reduce the risk of noncompliance with the ACGME-I and JCI requirements, prepare physicians to the complex roles of being skilled communicators, teachers, collaborators, healthcare advocates and managers; ensure consistent attainment of the competencies that are common to all GME programs; address and implement the six ACGME competencies like Patient Care, Medical Knowledge, Practice Based Learning and Improvement, System Based Practice, Professionalism and Interpersonal and	As assigned by the GME Office.



FRRP Lecture Series	Communication Skills. The FRRP under the Clinical Research Institute (CRI) at AUBMC, announced its lecture series for the academic year 2018-2019. The lectures target AUBMC residents and fellows currently enrolled in the FRRP program.	As assigned by the FRRP Office.
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### **Attending of the Week**

Each week, an attending is assigned to cover the non-private service whether in the Delivery Suite or the Emergency Department. The attending of the week is responsible for conducting daily morning rounds (starting at 7 a.m.). During this round, interesting cases during the week are presented to the faculty on call and discussed in the presence of all residents and medical students. A presentation is also given by the faculty every Thursday or Friday (at 7:30 a.m.). In addition, small presentations about certain medical questions are performed by residents or students on a regular basis. All residents, with no exception, are expected to be present during these rounds. The attending of the week will help in the coverage of the service and will be readily available for supervision and support.

### **XVIII. Courses**

#### ***A. Laparoscopy Course***

A formal laparoscopy training course has been developed to help residents at all levels to improve their skills. The course director is Dr. Joseph Nassif. Please check the departmental website for more details.

#### ***B. Ultrasound Course***

A structured course has been developed by the Division of MFM where all members give detailed lectures with images and videos of normal and abnormal fetal structures. The course spans a full academic year and is repeated yearly.

#### ***C. Obstetric Anal Sphincter Injury Repair Workshop***

A structured course has been developed by Dr. Tony Bazi where all residents learn the anatomy and technique of repair of anal sphincter through didactic and hands-on

sessions to improve their skills. This course is generally administered twice per year to residents at various levels of training.

## **XIX. Vacations/Leaves**

### ***A. Vacation Requests***

The department's vacation/leave policy is based on compliance with the rules of the GME Office at AUBMC. **Four weeks of paid vacation are allowed per year for every resident.** No vacation will be granted in June, the last two weeks of December and the first two weeks of January, without exceptional circumstances. No more than one person from any rotation team can be off in a given week and generally no more than two total residents can be off per week unless special permission is granted. For this system of civilized call to work, it is YOUR RESPONSIBILITY to request your vacation in WRITING (by filling a leave request to be signed by the Program Director) at least FOUR WEEKS before the date (no exceptions allowed). If your vacation request is not made at least four weeks in advance, your request will be denied unless special circumstances exist. Please refer to the GMEC Policy on Vacation and Non-Medical Leave of Absence for Residents – Policy Number 08-008 and the departmental Vacation/Leave Policy.

### ***B. Parental Leave (as per GMEC policy)***

Up to one week of paid leave will be granted following the birth or adoption of a child. Residents who plan to utilize parental leave are expected to notify their Program Director and Chief Resident, and complete the AUB Leave Request Form, as soon as they know they will need to use parental leave to facilitate appropriate scheduling. The period allocated for parental leave is in addition to allotted vacation and sick time. Please refer to the GMEC Policy on Paternal, Maternity Leave and Adoption Leave for Residents – Policy Number 14-007.

### ***C. Maternity Leave (as per GMEC policy)***

Female residents will be entitled to eleven weeks (ten weeks Maternity Leave and one-week Parental Leave) with full pay and benefits for an aggregate period preceding and immediately following delivery. In no case will such a resident be allowed to resume her work before five weeks from the date of delivery. A resident may with the approval of the Program Director or Department Chair be granted an additional period of leave without pay with full benefits prior to and/or following delivery. Please refer to the GMEC Policy on Effects of Leaves of Absence on Satisfying Criteria for Residency Program Completion – Policy Number 08-013.

*Procedure for requesting leave:* Early (1st trimester) written notification will be given to the Program Director or his/her designee and the attached AUB Leave Request Form will be completed.

*Procedure for alteration of leave due to an unanticipated event or complicated delivery:* Complicated pregnancy or delivery will be handled through the American University of Beirut Medical Center's Sick Leave for Residents Policy – Policy Number 08-006.

*Continuation of stipends and benefits if additional months of training are necessary to complete program requirements:* An extended appointment period with stipends and benefits will be granted as determined by the Program Director in consultation with the Assistant Dean for Graduate Medical Education/DIO.

*Continuation of leave beyond eleven weeks:* If the resident wishes to extend maternity or parental leave, days will be charged to unused vacation. Further days will be considered as leave without pay as per policy (Effects of Leaves of Absence on Satisfying Criteria for Residency Program Completion Policy). Health benefits will be maintained under the same conditions as if the resident continued to work. If both parents are employed by the University, only the parent who is the primary caregiver will be eligible for extended leave beyond the eight weeks.

#### **D. Illness**

If absent because of illness, the resident should notify the senior resident on the service, the Program Director, and the residency program office.

#### **E. Emergency Leave**

Emergency leave for family problems should be requested directly from the Program Director. Time away for emergency leave will be covered by previously obtained personal days or from future personal days.

*If, within the four years of graduate medical education, the total of such leaves and vacation, for any reason, (e.g. vacation, sick leave, maternity or paternity leave, or personal leave) exceeds nine (9) weeks in any of the first three years of graduate training, or six (6) weeks during the fourth graduate year, or a total of twenty (20) weeks over the four years of residency, the required four years of graduate medical education must be extended for the duration of time the individual was absent in excess of these guidelines.*

### **XX. General Information**

#### **A. Parking**

Residents can park their cars in the Medical Center's staff garage facing the medical gate on Bliss Street when spaces are available.

### **B. Pagers**

All residents will receive a pager, which will be their primary method of receiving calls. Routine maintenance (usually one AA battery replacement once a month) can be taken care of by Miss. Lina Ghulmiyyah. The pager should be carried always and never turned off. When scrubbed on a surgical procedure, the pager must be kept with a colleague who will take your messages.

### **C. Meal Tickets**

Meal tickets are provided for residents while on duty. They will be assigned to those residents electronically through the residency office.

## **XXI. Duty Hours**

- ◆ The residency program follows the ACGME-I Duty Hour Requirements.
- ◆ Residents monitor duty hours by logging weekly (every Monday) to [www.MyEvaluations.com](http://www.MyEvaluations.com). This is mandatory by the GME office and will be strictly enforced.
- ◆ Duty hours are defined as all clinical and academic activities related to the residency program, i.e. patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
- ◆ Duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- ◆ Residents are provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational and administrative activities.
- ◆ A 10-hour time for rest and personal activities are provided between all daily duty periods, and after in-house call.
- ◆ On-Call activities are designed to provide residents with continuity of patient care experiences throughout a 24-hour period.
- ◆ In-house call is defined as those duty hours beyond the normal workday when residents are required to be immediately available in the assigned institution. In-house call occurs no more frequently than every third night, averaged over a four-week period.
- ◆ The maximum of 24-hour continuous call, followed by up to 6 hours for transfer of care, maintenance of continuity of medical and surgical care, outpatient continuity clinic and educational activities is strictly implemented.

- ◆ No new patients are accepted after 24 hours of continuous duty, except in outpatient continuity clinics. A new patient is defined as any patient for whom the resident has not previously provided care.
- ◆ At-home call (pager call for PGYIV) is defined as call taken from outside the assigned institution. The frequency of at home call is not subject to every third night limitation. However, at-home call is not to be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call are provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit. The Program Director and faculty monitor the demands of at-home call and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.
- ◆ The Residency Program Director and Administrative Chief Resident will be monitoring the duty hours of each resident to ensure an appropriate balance between education and service.
- ◆ Back-up support systems are provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue enough to jeopardize patient care.

Please refer to the Residents Duty Hours Policy and Procedure Including Procedures for Exceptions in Residents Duty Hours – Policy Number 13-002 and the departmental Duty Hours and Fatigue Policy.

## **XXII. Recognizing Resident Fatigue and/or Stress**

Symptoms of fatigue and/or stress are normal and expected to occur periodically with the resident population, just as it would in other professional settings. Not unexpectedly, residents may on occasion, experience some effects of inadequate sleep and/or stress. Stress, sleep deprivation and depression can have significant consequences on resident well-being and patient care. Didactic sessions are scheduled throughout the year to address these issues. Fatigue is defined as extreme tiredness in the absence of illness affecting or potentially affecting clinical judgment and performance such that patient safety is endangered. Monitoring for fatigue may take place either by individual resident self-monitoring or by direct observation by hospital personnel including but not limited to nurses, attending physicians and other residents. Signs and symptoms of resident fatigue and/or stress may include but are not limited to the following: inattentiveness to details, forgetfulness, emotional lability, mood swings, increased conflicts with other, lack of attention to proper attire or hygiene, difficulty with novel tasks and multitasking and impaired awareness. Faculty and housestaff are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

**XXIII. Moonlighting**

Moonlighting (having another job) is NOT permitted due to work hour regulations. Please refer to the GMEC Policy on Moonlighting of Residents – Policy Number 09-005.

**XXIV. Continuity Clinic**

The Outpatient Department Continuity Clinic is located on the sixth floor, Phase 1 of AUBMC. The Ambulatory Staff Nurse in charge of the clinic is Mrs. Samia Ghaddaf. You will spend a significant portion of your residency there, seeing your own continuity of care patients as well as specialty clinics. We are very serious in our efforts to provide a well-functioning office setting. This is not always easily accomplished. Your patients often have significant socio-economic needs as big, or bigger, than their concomitant, often complex medical issues. The nursing staff has years of experience and insight into taking care of our patients. They are there to help.

Because this is your office, we expect you to dress in appropriate attire, which does not include scrubs (unless you have been in or are going to the OR in the middle of clinic). All patients must be discussed with the attending physician and their chart signed off before the patient leaves the clinic. For the clear majority of you, the office is where you will spend most of your professional life. Take advantage of the office we are providing for you and learn from it. You'll be grateful in the future if you take it seriously now.

Except for Wednesdays, there is a daily (AM/PM) OB/GYN continuity clinic. There are also the following specialty clinics:

- A. Monday (six months)/Thursday (six months)
  - 1. AM Session: Infertility Specialty Clinic
- B. Wednesday
  - 1. AM Session (Week 1 and Week 3 of every month): Urogynecology Specialty Clinic
  - 2. AM Session (Week 2 and Week 4 of every month): Gynecologic Oncology Specialty Clinic
  - 3. PM Session: High Risk Specialty Clinic

**XXV. Chaperone Policy**

A chaperone must be present during any intimate examination performed by a physician. An intimate exam is defined as examination of the pelvic area, genitals or rectum and breast. If a patient requests a chaperone leave the room, this request should be documented in the patient chart, the patient should sign that documentation and the name of the chaperone should be noted. Otherwise, when a chaperone is present, no documentation is necessary since this is a universal policy.

A chaperone can be the parent of a minor, a spouse or relative accompanying a patient to the office, an office employee (non-clinical) or a clinical employee (nurse, PA, etc.). If not a family member, it is preferable, but not imperative that the individual be of the same sex as the patient.

Also, if a non-clinical employee does not wish to be a chaperone (receptionist, etc.), they should not be forced unless this duty is part of their job description and they are on notice of this duty as part of their job.

## **XXVI. Other Policies**

### ***A. AUBMC Policies***

Use the below link to access and make yourself familiar with the AUBMC policies:

<https://his.aub.edu.lb/accrm/policies/>

### ***B. GMEC Policies***

Use the below link to access and make yourself familiar with the GMEC policies:

[http://www.aub.edu.lb/FM/GME/POLICIES/Pages/Pol\\_Proc.aspx](http://www.aub.edu.lb/FM/GME/POLICIES/Pages/Pol_Proc.aspx)

### ***C. Departmental Policies***

Use the below link to access and make yourself familiar with the departmental policies:

<http://staff.aub.edu.lb/~webobs/respolicies.html>

## **XXVII. Data and Medical Records**

It is required that all residency programs provide a minimum number of OB/GYN cases for its residents. This record keeping is not really about you; it is about our program.

DO NOT WASTE ONE SECOND OF YOUR ENERGY THINKING ABOUT ITS COMPLETE IRRELEVANCE TO YOUR BUSY SCHEDULE.

JUST RECORD THE DATA. NO EXCUSES.

IT IS ENTIRELY YOUR RESPONSIBILITY TO KEEP YOUR DATABASE UP TO DATE AND ACCURATE.

Timely completion of all medical records is your professional responsibility. When you graduate and apply for hospital privileges, it is almost universally asked of the Program Director whether you had any issues with medical record completion as a resident. Please remember the Program Director will not hesitate to answer this question with complete honesty. The answer may affect whether you are granted or denied hospital privileges.

Here are the guidelines:

- ◆ All written medical records must be complete, accurate and legible.
- ◆ If you do not document a patient encounter (e.g. called to see a patient for a fever workup) then it did not happen.
- ◆ Medical student notes are NOT a part of the medical record. No matter how well done they are, they have no legal standing. You must document the chart as if the medical student's note was not written and make sure you read the student's note and countersign it.
- ◆ All operative dictations must be done within 24 hours of the procedure.
- ◆ All discharge summaries must be completed upon discharge.

## **XXVIII. Resident Evaluation**

### ***A. 360 Degrees Evaluation***

Residents are evaluated (360 degrees) during the academic year by faculty (three times per year), peers (twice per year), nurses (twice per year) and medical students (by the six groups of medical students) regarding their knowledge, skills and growth as physicians through "My Evaluations" system. Residents will also be evaluated by the patients through a questionnaire provided to them prior to discharge from the hospital. The Program Director reviews all evaluations and meets with the residents to discuss their six-month evaluation. In addition, after meeting with Program Director, the Chairperson meets with each resident once yearly to discuss their overall performance. Evaluations of the core competencies will be done periodically throughout the year (also through "My Evaluations"). These evaluations are placed in every resident's permanent file and may be reviewed by the resident at any time. Residents are also required to evaluate the Residency Program and the Program Director every year in early June.

### ***B. In-Service Examination***

Each January, all residents are required to take the CREOG examination. This examination is prepared by the Council on Resident Education in OB/GYN. It is held on the same day for all OB/GYN residents in the US and in Lebanon. This examination is mandatory for all AUBMC OB/GYN residents, any exceptions must be approved by the Program Director prior to the day of the examination. Failure to take this examination without the appropriate approval will result in disciplinary action.

### ***C. OSCE***

Mock oral exams are given once per year in June. This exam is 50 minutes in length and faculty from all the Department will be examining residents like oral boards.



### **D. Simulation Sessions**

A birthing simulator was added recently to the residency training program, where the residents will be performing normal and operative deliveries and get trained in obstetrical emergencies.

### **E. Case Logs and Resident Statistics**

Each resident is expected to maintain a case log and input his/her procedure statistics on a regular basis (within 48 hours of the procedure) on the ACGME-I website (<https://apps.acgme-i.org/connect/>). You are also responsible for helping the departmental Research Assistant in the preparation of the monthly departmental statistics.

### **F. Method of Evaluation/Competency Matrix**

Competency	Grand Round	Morning and Discussion	Report Case	M&M/Perinatal Neonatal/ Combined OB/GYN Radiology Conferences	Resident Education Conference	Core Curriculum Lectures	Chairman's Round (Medical Record Chart Review)	Journal Club
Professionalism	✓	✓		✓	✓		✓	
Medical Knowledge	✓				✓	✓		✓
Patient Care		✓						
Communication		✓		✓			✓	
Practice-Based Learning	✓			✓	✓			✓
Systems-Based Practice				✓				

Competency	CREOG Exam	OSCE	Simulation Sessions	Laparoscopy Course	Ultrasound Course	Research Project	360 Evaluations
Professionalism		✓	✓			✓	✓
Medical Knowledge	✓	✓	✓	✓	✓		
Patient Care		✓	✓				✓
Communication		✓	✓				✓
Practice-Based Learning			✓	✓		✓	✓
Systems-Based Practice		✓					✓

### **G. Annual Awards**

Awards are presented at the annual graduation banquet and they include:

- ◆ Best Resident of the Year

- ◆ Highest CREOG Score
- ◆ Best Resident Research Presentation/Proposal (presented during the annual Research Day)

Recipients will receive a gift and a certificate.

### **XXIX. Resident Teaching Responsibilities**

Teaching residents who are junior to you as well as medical students is one of the most important resident activities. Residents' responsibilities will vary with the service.

Because of the leadership qualities this residency is designed to foster, teaching will continue to be expected, and excellence in this area will be formally recognized. The opposite is also true. Those who fail to use common courtesy in dealing with other residents and medical students, who neglect their role as leaders and who deal with other residents in an antagonistic, counterproductive manner will be subject to disciplinary action. Chronic behavior of this nature may be grounds for probation or termination.

At the end of each third-year medical rotation, you will be expected to complete an anonymous evaluation form and make comments on each student's progress. These forms are a vital part of your duties and must be completed in a thorough, candid and constructive manner as promptly as possible. You will also participate in grading the presentations required from each student at the end of his/her rotation.

You will also have an opportunity to formally and anonymously evaluate the faculty, peers, nurses, the Program Director and the program itself.

### **XXX. Resident Rounding Responsibilities**

#### ***A. Chief Residents Responsibilities***

- ◆ The Chief Resident (CR) is to function as the attending physician for all OPD patients.
- ◆ All OPD patients admitted to floor or Delivery Suite need to have been seen and evaluated by the CR before they are discussed with the attending of the week.
- ◆ These patients require a note (by the CR or the PGYII/PGYIII in DS) that reviews the History and Physical (H&P), acknowledges or amends the written H&P and discusses in detail the assessment and plan.
- ◆ OPD patients admitted to the Delivery Suite for delivery need a CR note as above (for uncomplicated patients, this may be a brief note).
- ◆ All patients admitted for a surgical procedure require a brief CR Pre-Operative note.

**B. PGI through PGYIII Responsibilities**

- ◆ You are responsible for following all patients on whom you operated or delivered regardless of the service you are on during the day.
- ◆ If the CR has already written a note on your patient, it is still your responsibility to write your own note.
- ◆ If you are on the OB, GYN or Delivery Suite service, you are expected to be at the hospital by 6:30 a.m. at most (check with the team PGYIV the day before).

**XXXI. Educational Goals and Objectives by Major Rotation****A. PGI**

The PGI year includes 13 blocks of training in OB/GYN (ambulatory, emergency department and hospital care services).

**Educational Objectives:**

1. During this year, training physicians acquire basic knowledge in OB/GYN and develop a problem-solving approach to common obstetrical and gynecologic diseases and will get introduced to basic obstetrics. In addition, they are required to attend to the basic cardiopulmonary resuscitation course for adults offered at the AUBMC.
2. PGYIs are requested to prepare the weekly Resident Education Conference (PGYIs' Lecture), which consist of presenting classical topics in OB/GYN.

**Rotation Schedule:**

<b>1<sup>st</sup> Year</b>	<b>OB/GYN</b>						
Duration (weeks)	18	6	10	6	4	6	2
Specific assignment	DS	OBS	Amb	GYN	Vac	RHUH	EM-General
Site*	AUBMC	AUBMC	AUBMC	AUBMC		RHUH	AUBMC

DS: Delivery Suite; OBS: Obstetrics; Amb: Ambulatory; GYN: Gynecology; Vac: Vacation; AUBMC: American University of Beirut Medical Center; RHUH: Rafic Hariri University Hospital; EM-General: Department of Emergency Medicine (General).

**Rotation Goals and Objectives as per the ACGME-I competencies:****Delivery Suite and Obstetrics Rotations**

GOALS AND OBJECTIVES: General exposure to all aspects of inpatient obstetrics including intrapartum and postpartum management.

## CORE COMPETENCIES:

Patient Care	<ul style="list-style-type: none"> <li>◆ Manage patients on postpartum floor including all order writing, test ordering, discharges</li> <li>◆ Participate in management of patients in Delivery Suite including admission, assessment of labor progress and fetal heart tracings</li> <li>◆ Perform vaginal deliveries, assist in cesarean deliveries</li> <li>◆ recognize common issues of pregnancy vs. emergency issues requiring further evaluation</li> <li>◆ Insert IUDs during postpartum period</li> <li>◆ Respond to emergencies arising in Delivery Suite, postpartum, antepartum services</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>◆ Understand maternal physiology and changes that occur in the antenatal, labor, and postpartum periods</li> <li>◆ Understand prenatal care and routine screening</li> <li>◆ Understand common antepartum complications and appropriate evaluation and management as outlined by PEC guidelines</li> <li>◆ Know indications for admission Delivery Suite for observation vs. delivery</li> <li>◆ Know stages of labor and be able to recognize normal and abnormal labor</li> <li>◆ Understand indications for operative and cesarean delivery</li> <li>◆ Understand and interpret intrapartum fetal heart tracing guidelines</li> <li>◆ Perform OB ultrasound for dating, biophysical profiles</li> <li>◆ Become adept at vaginal delivery and operative skills needed for cesarean delivery and laceration repair</li> <li>◆ Understand possible postpartum complications of normal vaginal delivery and cesarean delivery</li> <li>◆ Become familiar with post-operative care as relates to cesarean delivery</li> <li>◆ Understand physiology of breastfeeding and be able to troubleshoot common related issues</li> <li>◆ Learn principles of midwifery</li> </ul>
Interpersonal and Communication Skills	<ul style="list-style-type: none"> <li>◆ Be able to counsel patients regarding contraceptive options</li> <li>◆ Work with Social Work team to optimize conditions for mother and child upon discharge, when applicable</li> <li>◆ Communicate with patients and families in an urgent care setting</li> <li>◆ Optimize care provided by healthcare team by communicating with nursing staff, anesthesia, pediatrics</li> <li>◆ Master a standardized effective sign-out process for optimal</li> </ul>

	transitions of care
Professionalism	<ul style="list-style-type: none"> <li>◆ Demonstrate respect, compassion, integrity and responsiveness to needs of patients in labor and postpartum</li> <li>◆ Work with nursing towards common patient-centered care approach</li> <li>◆ Participate in Quality Improvement and Patient Safety initiatives</li> </ul>
Practice-Based Learning and Improvement	<ul style="list-style-type: none"> <li>◆ Prepare to discuss management of patients on service using evidence-based medicine</li> <li>◆ Participate in work and teaching rounds in Delivery Suite and postpartum care</li> <li>◆ Attend Morning Conferences</li> </ul>
Systems-Based Practice	<ul style="list-style-type: none"> <li>◆ Attend M&amp;M conferences to improve patient safety, learn from errors, become informed about complex medical issues</li> </ul>

### Ambulatory Rotation

GOALS AND OBJECTIVES: General exposure to common women's health issues in the outpatient setting.

### CORE COMPETENCIES:

Patient Care	<ul style="list-style-type: none"> <li>◆ Perform routine well-woman examinations with familiarization of periodic health assessment based on age</li> <li>◆ Perform routine and high-risk OB care in the outpatient setting with attention to periodic screening</li> <li>◆ Exposure to women's healthcare in comprehensive setting</li> <li>◆ Exposure to non-OB/GYN specialties related to women's health (Dermatology, Gastroenterology, Breast)</li> <li>◆ Exposure to specialized OB/GYN evaluation in urogynecology, and OB Ultrasound</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>◆ Periodic health assessment, age-based</li> <li>◆ Know screening tests and when appropriate</li> <li>◆ Common medical problems (diabetes, hypertension, hypercholesterolemia) and how they affect the reproductive system</li> <li>◆ Routine OB screening tests and timing</li> <li>◆ Become familiar with OB ultrasound—First trimester screening and Level 2</li> <li>◆ Know screening options for genetic disorders in pregnancy</li> <li>◆ Understand mammogram screening guidelines and interpretation</li> <li>◆ Become familiar with benign breast disorders</li> <li>◆ Understand diagnosis and treatment of breast cancer</li> </ul>

Interpersonal and Communication Skills	<ul style="list-style-type: none"> <li>◆ Eliciting accurate, focused, appropriate history and performing thorough physical exam</li> <li>◆ Understanding the needs of the well-woman presenting for an outpatient visit and incorporating education, preventive medicine into a meaningful encounter</li> </ul>
Professionalism	<ul style="list-style-type: none"> <li>◆ Maintaining a professional appearance</li> <li>◆ Introducing self to patient and/or family</li> <li>◆ Develop and maintain habits of punctuality and efficiency</li> <li>◆ Work with attending physicians to shadow, model encounters</li> </ul>
Practice-Based Learning and Improvement	<ul style="list-style-type: none"> <li>◆ Demonstrate responsiveness to instruction and feedback</li> <li>◆ Use knowledge from textbooks, websites, and up-to-date studies to guide patient care</li> </ul>
Systems-Based Practice	<ul style="list-style-type: none"> <li>◆ Understand patient referrals and interaction between ambulatory centers/ subspecialty clinics</li> </ul>

### Gynecology Rotation

GOALS AND OBJECTIVES: Exposure to all aspects of gynecology.

#### CORE COMPETENCIES:

Patient Care	<ul style="list-style-type: none"> <li>• Scrub on operating room cases, primarily outpatient cases, hysteroscopy, basic laparoscopy</li> <li>• Perform endometrial biopsy, IUD placement</li> <li>• Participate in postoperative care for Benign Gynecologic surgery patients as well as inpatient admissions</li> <li>• Participate in postoperative care for Urogynecology and REI patients as well as inpatient admissions</li> <li>• Care for OB/GYN patients in the outpatient setting</li> <li>• Participate in preoperative counseling: counsel patients regarding medical vs. surgical management of benign gynecologic conditions</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>• Become familiar with abdominal wall opening and closure</li> <li>• Be familiar with suture selection</li> <li>• Know principles of electrosurgery</li> <li>• Understand and execute surgical procedures including: basic laparoscopy/ hysteroscopy, D&amp;E, CKC</li> <li>• Know medical and surgical management of abnormal intrauterine pregnancy, ectopic pregnancy</li> <li>• Know diagnosis, medical and surgical management of lower tract infections vs. upper tract infections/ PID</li> <li>• Understand the menstrual cycle and differential diagnosis for alterations of</li> </ul>

	<ul style="list-style-type: none"> <li>• Know options for treatment of acute vaginal bleeding</li> <li>• Postoperative management and treatment of complications</li> </ul>
Interpersonal and Communication Skills	<ul style="list-style-type: none"> <li>• Work with other services to provide emergency and/or consult care appropriately under supervision of senior resident</li> <li>• Preoperative counseling and informed consent for hysteroscopy, laparoscopy, D&amp;C, BTL</li> <li>• Offer a team-based approach to patient-centered care with attending, resident, nurse practitioner</li> <li>• Address advanced directives for gynecologic admissions</li> </ul>
Professionalism	<ul style="list-style-type: none"> <li>• Review procedures and patient history prior to participation in surgical procedure</li> <li>• Respond to consult requests in a timely manner</li> <li>• Participate in medical student education</li> </ul>
Practice-Based Learning and Improvement	<ul style="list-style-type: none"> <li>• Participate in work and teaching rounds</li> </ul>
Systems-Based Practice	<ul style="list-style-type: none"> <li>• Attend M&amp;M conferences to improve patient safety, learn from errors, become informed about complex medical issues</li> <li>• Be familiar with criteria for inpatient hospitalization and review daily to ensure proper utilization of resources</li> </ul>

### Department of Emergency Medicine Rotation

GOALS AND OBJECTIVES: to provide a structured educational experience Emergency Medicine and urgent care. It is also an opportunity to gain additional exposure to Primary Care Medicine. By the end of this rotation the below Educational Goals and Objectives should be met:

1. Gain medical knowledge in Primary Care and Emergency Medicine
2. Develop skills necessary to assess patient acuity and triage their care accordingly
3. Gain experience in EKG reading
4. Gain experience in reading of chest films
5. Learn how to consult and interact with other services
6. Learn to provide care that is competent and expedient
7. Develop understanding of how the healthcare system functions and the impact of Emergency Room care on the system overall
8. Demonstrate accountability for one's actions and clinical decisions
9. Procedural Goals for this rotation:
  - a. Evaluation and management of abdominal pain
  - b. Evaluation and management of chest pain
  - c. Evaluation and management of trauma patients
  - d. Evaluation and management of upper respiratory infections
  - e. Understand and perform suture lacerations

## CORE COMPETENCIES:

Patient Care	<ul style="list-style-type: none"> <li>◆ Perform complete history and physical examination</li> <li>◆ Triage various medical conditions for which patient present to the ED <ul style="list-style-type: none"> <li>○ Chest pain</li> <li>○ Syncope</li> <li>○ Shortness of breath</li> <li>○ Asthma</li> <li>○ Upper respiratory infection</li> <li>○ Minor trauma</li> <li>○ Abdominal pain</li> </ul> </li> <li>◆ Generate differential diagnoses for the above listed conditions</li> <li>◆ Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment</li> <li>◆ Develop and carry out patient management plans</li> <li>◆ Counsel and educate patients and their families</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>◆ List common causes for the above listed conditions</li> <li>◆ Interpret basic laboratory data, imaging, and electrocardiogram (EKG)</li> <li>◆ Describe appropriate laboratory and radiological evaluation of patients</li> <li>◆ Describe the indications for common interventions and treatments used in the ED</li> </ul>
Interpersonal and Communication Skills	<ul style="list-style-type: none"> <li>◆ Know the appropriate laboratory testing and imaging for patients presenting for emergency care</li> <li>◆ Demonstrate commitment to self-assessment and study</li> <li>◆ Demonstrate commitment to lifelong learning</li> <li>◆ Incorporate feedback from evaluations to improve skills</li> </ul>
Professionalism	<ul style="list-style-type: none"> <li>◆ Be punctual</li> <li>◆ Dress appropriately</li> <li>◆ Demonstrate accountability for one's actions and clinical decisions</li> <li>◆ Acknowledge errors or omissions and work toward timely resolution</li> <li>◆ Demonstrate truthful and timely disclosure of adverse outcomes to the patient and designated individuals</li> <li>◆ Maintain sensitivity to issues of diversity with patients and staff</li> </ul>
Practice-Based Learning and	<ul style="list-style-type: none"> <li>◆ Utilize established patient safety protocols</li> <li>◆ Conduct patient handoffs with both written and verbal</li> </ul>



Improvement	<p>communications</p> <ul style="list-style-type: none"> <li>◆ Communicate effectively with consultants</li> <li>◆ Communicate effectively with patients and families</li> <li>◆ Maintain a medical record that is clear, concise, and complete</li> <li>◆ Demonstrate ability to obtain informed consent and refusal</li> <li>◆ Demonstrate ability to convey bad news to patients and families</li> <li>◆ Demonstrate ability to disclose unforeseen outcomes, mistakes, and untoward events</li> <li>◆ Show basic understanding of concept and function of Emergency Medicine</li> </ul>
Systems-Based Practice	<ul style="list-style-type: none"> <li>◆ Consider cost and risk-benefit analysis in patient care</li> <li>◆ Work to enhance patient safety and improve patient care quality</li> <li>◆ Effectively use consultants and ancillary services</li> <li>◆ Order diagnostic tests with attention to cost effectiveness and clinical relevance</li> <li>◆ Follow clinical pathways as detailed in approved protocols</li> <li>◆ Develop appreciation for the cost of laboratory and radiological studies ordered in the evaluation of patients</li> </ul>
System of Evaluation	<ul style="list-style-type: none"> <li>◆ Residents will be evaluated during this rotation and throughout residency from ER faculty through MyEvaluations system</li> </ul>

### **B. PGYII**

The PGYII year includes 13 blocks of formal training in OB/GYN, namely Delivery Suite and emergency care services.

Some of the residents (by choice) will also be spending 2 months of the year at Henry Ford Hospitals in Detroit, Michigan rotating in the Maternal-Fetal Medicine unit and Gynecology Oncology division. They will be part of the residency program there for these 2 months. They will be taking calls as scheduled by the Department at Henry Ford Hospitals.

#### **Educational Objectives:**

1. PGYII residents are trained to develop a practical and comprehensive approach to general obstetrics (including antepartum, intrapartum, and postpartum management and care) and family planning (including contraception). They also learn the basic technical skills for normal and operative obstetrical birth. Residents also acquire a complete understanding of routine screening in gynecology and preventive medicine.

- They are requested to organize and present weekly Journal Clubs, using an analytical approach to recent developments in the field.

### Rotation Schedule:

2 <sup>nd</sup> OB/GYN Year					
Duration (weeks)	16	10	4	6	16
Specific assignment	DS	Amb	Vac	RHUH	EM-OB/GYN
Site*	AUBMC	AUBMC		RHUH	AUBMC

DS: Delivery Suite; Amb: Ambulatory; Vac: Vacation; AUBMC: American University of Beirut Medical Center; RHUH: Rafic Hariri University Hospital; EM-OB/GYN: Department of Emergency Medicine (Obstetrics and Gynecology).

### Rotation Goals and Objectives as per the ACGME-I competencies:

#### Delivery Suite

**GOALS AND OBJECTIVES:** Continued general exposure to all aspects of obstetrics with focus on operative vaginal deliveries and cesarean delivery, maternal and fetal assessment and development of labor management skills especially in patients with high-risk pregnancies.

#### CORE COMPETENCIES:

Patient Care	<ul style="list-style-type: none"> <li>◆ Actively manage laboring patients admitted to Delivery Suite</li> <li>◆ Participate in operative vaginal deliveries and complicated cesarean deliveries</li> <li>◆ Participate in management of antepartum patients admitted to Delivery Suite</li> <li>◆ Care for OB/GYN patients in the outpatient setting</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>◆ Understand normal and abnormal labor as well as indications for operative and cesarean delivery</li> <li>◆ Know management of term and preterm delivery with associated medical complications</li> <li>◆ Become familiar with principles of Obstetric anesthesia</li> <li>◆ Be familiar with obstetric emergencies and team-based management i.e. shoulder dystocia, stat cesarean delivery, postpartum hemorrhage, breech</li> </ul>
Interpersonal and Communication Skills	<ul style="list-style-type: none"> <li>◆ Communicate with patients and families in an urgent care setting</li> <li>◆ Optimize care provided by healthcare team by communicating with nursing staff, anesthesia, pediatrics</li> <li>◆ Master a standardized effective sign-out process for optimal transitions of care</li> </ul>
Professionalism	<ul style="list-style-type: none"> <li>◆ Demonstrate respect, compassion, integrity, and responsiveness to needs of patients in labor and postpartum</li> <li>◆ Work with nursing towards common patient-centered care</li> </ul>

	<p>approach</p> <ul style="list-style-type: none"> <li>◆ Communicate with senior residents and faculty with regards to changes in patient status</li> <li>◆ Participate in Quality Improvement and Patient Safety initiatives</li> </ul>
Practice-Based Learning and Improvement	<ul style="list-style-type: none"> <li>◆ Prepare to discuss management of patients on service using evidence-based medicine</li> <li>◆ Participate in work and teaching students and junior residents on Labor Floor and Postpartum Service</li> <li>◆ Attend M&amp;M conferences to improve patient safety, learn from errors, become informed about complex medical issues</li> <li>◆ Attend Morning and core curriculum Conferences</li> <li>◆ Adopt and encourage debriefing as critical component of team-based care and practice-based learning</li> </ul>
Systems-Based Practice	<ul style="list-style-type: none"> <li>◆ Adopt Labor and Delivery protocols and pre-printed orders</li> </ul>

### Ambulatory Rotation

**GOALS AND OBJECTIVES:** General exposure to common women's health issues in the outpatient setting.

### CORE COMPETENCIES:

Patient Care	<ul style="list-style-type: none"> <li>◆ Perform routine well-woman examinations with familiarization of periodic health assessment based on age (second six-months of the year)</li> <li>◆ Perform routine and high-risk OB care in the outpatient setting with attention to periodic screening</li> <li>◆ Exposure to women's healthcare in comprehensive setting</li> <li>◆ Exposure to non-OB/GYN specialties related to women's health (Dermatology, Gastroenterology, Breast)</li> <li>◆ Exposure to specialized OB/GYN evaluation in urogynecology, OB Ultrasound</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>◆ Periodic health assessment, age-based</li> <li>◆ Know screening tests and when appropriate</li> <li>◆ Common medical problems (diabetes, hypertension, hypercholesterolemia) and how they affect the reproductive system</li> <li>◆ Routine OB screening tests and timing</li> <li>◆ Become familiar with OB ultrasound—First trimester screening and Level 2</li> <li>◆ Know screening options for genetic disorders in pregnancy</li> <li>◆ Understand mammogram screening guidelines and</li> </ul>

	<p>interpretation</p> <ul style="list-style-type: none"> <li>◆ Become familiar with benign breast disorders</li> <li>◆ Understand diagnosis and treatment of breast cancer</li> </ul>
Interpersonal and Communication Skills	<ul style="list-style-type: none"> <li>◆ Eliciting accurate, focused, appropriate history and performing thorough physical exam</li> <li>◆ Understanding the needs of the well-woman presenting for an outpatient visit and incorporating education, preventive medicine into a meaningful encounter</li> </ul>
Professionalism	<ul style="list-style-type: none"> <li>◆ Maintaining a professional appearance</li> <li>◆ Introducing self to patient and/or family</li> <li>◆ Develop and maintain habits of punctuality and efficiency</li> <li>◆ Work with attending physicians to shadow, model encounters</li> </ul>
Practice-Based Learning and Improvement	<ul style="list-style-type: none"> <li>◆ Demonstrate responsiveness to instruction and feedback</li> <li>◆ Use knowledge from textbooks, websites, and up-to-date studies to guide patient care</li> </ul>
Systems-Based Practice	<ul style="list-style-type: none"> <li>◆ Understand the basics of insurance, documentation, and coding principles</li> <li>◆ Understand patient referrals and interaction between ambulatory centers/ subspecialty clinics</li> </ul>

### Department of Emergency Medicine Rotation

**GOALS AND OBJECTIVES:** to provide a structured educational experience Emergency Medicine and urgent care. It is also an opportunity to gain additional exposure to Primary Care Medicine. By the end of this rotation the below Educational Goals and Objectives should be met:

1. Gain medical knowledge in Primary Care and Emergency Medicine
2. Develop skills necessary to assess patient acuity and triage their care accordingly
3. Gain experience in EKG reading
4. Gain experience in reading of chest films
5. Learn how to consult and interact with other services
6. Learn to provide care that is competent and expedient
7. Develop understanding of how the healthcare system functions and the impact of Emergency Room care on the system overall
8. Demonstrate accountability for one's actions and clinical decisions
9. Procedural Goals for this rotation:
  - a. Evaluation and management of abdominal pain
  - b. Evaluation and management of chest pain
  - c. Evaluation and management of trauma patients
  - d. Evaluation and management of upper respiratory infections
  - e. Understand and perform suture lacerations

## CORE COMPETENCIES:

Patient Care	<ul style="list-style-type: none"> <li>◆ Perform complete history and physical examination</li> <li>◆ Triage various medical conditions for which patient present to the ED <ul style="list-style-type: none"> <li>○ Chest pain</li> <li>○ Syncope</li> <li>○ Shortness of breath</li> <li>○ Asthma</li> <li>○ Upper respiratory infection</li> <li>○ Minor trauma</li> <li>○ Abdominal pain</li> </ul> </li> <li>◆ Generate differential diagnoses for the above listed conditions</li> <li>◆ Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment</li> <li>◆ Develop and carry out patient management plans</li> <li>◆ Counsel and educate patients and their families</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>◆ List common causes for the above listed conditions</li> <li>◆ Interpret basic laboratory data, imaging, and electrocardiogram (EKG)</li> <li>◆ Describe appropriate laboratory and radiological evaluation of patients</li> <li>◆ Describe the indications for common interventions and treatments used in the ED</li> </ul>
Interpersonal and Communication Skills	<ul style="list-style-type: none"> <li>◆ Know the appropriate laboratory testing and imaging for patients presenting for emergency care</li> <li>◆ Demonstrate commitment to self-assessment and study</li> <li>◆ Demonstrate commitment to lifelong learning</li> <li>◆ Incorporate feedback from evaluations to improve skills</li> </ul>
Professionalism	<ul style="list-style-type: none"> <li>◆ Be punctual</li> <li>◆ Dress appropriately</li> <li>◆ Demonstrate accountability for one's actions and clinical decisions</li> <li>◆ Acknowledge errors or omissions and work toward timely resolution</li> <li>◆ Demonstrate truthful and timely disclosure of adverse outcomes to the patient and designated individuals</li> <li>◆ Maintain sensitivity to issues of diversity with patients and staff</li> </ul>
Practice-Based Learning and Improvement	<ul style="list-style-type: none"> <li>◆ Utilize established patient safety protocols</li> <li>◆ Conduct patient handoffs with both written and verbal communications</li> </ul>

	<ul style="list-style-type: none"> <li>◆ Communicate effectively with consultants</li> <li>◆ Communicate effectively with patients and families</li> <li>◆ Maintain a medical record that is clear, concise, and complete</li> <li>◆ Demonstrate ability to obtain informed consent and refusal</li> <li>◆ Demonstrate ability to convey bad news to patients and families</li> <li>◆ Demonstrate ability to disclose unforeseen outcomes, mistakes, and untoward events</li> <li>◆ Show basic understanding of concept and function of Emergency Medicine</li> </ul>
Systems-Based Practice	<ul style="list-style-type: none"> <li>◆ Consider cost and risk-benefit analysis in patient care</li> <li>◆ Work to enhance patient safety and improve patient care quality</li> <li>◆ Effectively use consultants and ancillary services</li> <li>◆ Help coordinate outpatient services with office/nurse manager</li> <li>◆ Order diagnostic tests with attention to cost effectiveness and clinical relevance</li> <li>◆ Follow clinical pathways as detailed in approved protocols</li> <li>◆ Develop appreciation for the cost of laboratory and radiological studies ordered in the evaluation of patients</li> </ul>
System of Evaluation	<ul style="list-style-type: none"> <li>◆ Residents will be evaluated during this rotation and throughout residency from ER faculty through MyEvaluations system</li> </ul>

### **C. PGYIII**

The PGYIII year of training includes 13 blocks of formal training in OB/GYN (ambulatory and hospital care services), ultrasound, reproductive endocrinology and gynecologic pathology.

Some of the residents (by choice) will also be spending 2 months of the year at Henry Ford Hospitals in Detroit, Michigan rotating in the Maternal-Fetal Medicine unit and gynecology oncology division. They will be part of the residency program there for these 2 months. They will be taking calls as scheduled by the Department at Henry Ford Hospitals.

#### **Educational Objectives:**

1. Physicians at this level learn to develop a practical and comprehensive approach to prenatal counseling and the management of high-risk conditions in obstetrics. They also perfect essential technical skills in operative vaginal and abdominal obstetrical birth as well as laparoscopic surgeries. They acquire surgical skills in

operative gynecology. They are responsible to be involved in the care of all the OPD patients (OB/GYN) and be consultants to the junior students. They are expected to be in the OPD daily and follow up on their OPD continuity clinics.

- Residents are requested to present weekly journal clubs, covering specialized and controversial topics in OB/GYN.

#### Rotation Schedule:

<b>3<sup>rd</sup> OB/GYN Year</b>									
Duration (weeks)	10	10	8	4	4	4	4	4	4
Specific assignment	OBS	GYN/GYN ONC	RHUH	SICU	Amb	Vac	Elective	PDU	REI
Site*	AUBMC	AUBMC	RHUH	AUBMC	AUBMC		Abroad	AUBMC	AUBMC

OBS: Obstetrics; GYN: Gynecology; GYN ONC: Gynecologic Oncology; SICU: Surgical Intensive Care Unit; Amb: Ambulatory; Vac: Vacation; AUBMC: American University of Beirut Medical Center; RHUH: Rafic Hariri University Hospital; PDU: Prenatal Diagnosis Unit; REI: Reproductive Endocrinology and Infertility.

#### Rotation Goals and Objectives as per the ACGME-I competencies:

##### Obstetrics Rotation

GOALS AND OBJECTIVES: Exposure to all aspects of normal and high-risk pregnancies, active management of labor, and supervision of the labor floor.

##### CORE COMPETENCIES:

Patient Care	<ul style="list-style-type: none"> <li>◆ Actively manage laboring patients admitted to Labor Floor</li> <li>◆ Participate in operative vaginal deliveries and complicated cesarean deliveries</li> <li>◆ Participate in management of antepartum patients admitted to Labor Floor</li> <li>◆ Participate in postpartum care for women with complicated deliveries</li> <li>◆ Care for OB/GYN patients in the outpatient setting</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>◆ Prenatal diagnosis and treatment</li> <li>◆ Understand and teach fetal and maternal invasive and non-invasive monitoring</li> <li>◆ Repair of 3<sup>rd</sup> and 4<sup>th</sup> degree lacerations</li> </ul>
Interpersonal and Communication Skills	<ul style="list-style-type: none"> <li>◆ Be able to counsel patients regarding vaginal delivery, operative vaginal delivery, vaginal birth after cesarean, cesarean delivery</li> <li>◆ Communicate with patients and families in an urgent care setting</li> <li>◆ Optimize care provided by healthcare team by</li> </ul>

	<p>communicating with nursing staff, anesthesia, pediatrics, obstetrics</p> <ul style="list-style-type: none"> <li>◆ Provide thorough, concise sign-out to night team</li> </ul>
Professionalism	<ul style="list-style-type: none"> <li>◆ Provide effective mentoring and role modeling for junior residents and students</li> </ul>
Practice-Based Learning and Improvement	<ul style="list-style-type: none"> <li>◆ Assist Antepartum Chief with outpatient management of prenatal care for high-risk obstetric patients Attend Perinatal Neonatal Conference</li> </ul>
Systems-Based Practice	<ul style="list-style-type: none"> <li>◆ Present at M&amp;M conferences to improve patient safety, learn from errors, become informed about complex medical issues</li> </ul>

### Gynecology- Benign Rotation

GOALS AND OBJECTIVES: Exposure to all aspects of benign GYN surgery with further development of operative skills and techniques and expertise in postoperative management

#### CORE COMPETENCIES:

Patient Care	<ul style="list-style-type: none"> <li>◆ Participate in postoperative care for Benign Gynecologic surgery patients as well as inpatient admissions</li> <li>◆ Attend to emergency room and become familiar with gynecologic surgical emergencies and admissions</li> <li>◆ Care for OB/GYN patients in the outpatient setting</li> <li>◆ Counsel patients regarding medical vs. surgical management of benign gynecologic conditions</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>◆ Pelvic anatomy</li> <li>◆ Understand surgical procedures including: operative laparoscopy/ hysteroscopy, abdominal/vaginal/laparoscopic hysterectomy, myomectomy</li> <li>◆ Postoperative management and treatment of complications</li> </ul>
Interpersonal and Communication Skills	<ul style="list-style-type: none"> <li>◆ Assist chief with delegation of responsibilities and with teaching of junior residents</li> <li>◆ Work with other services to provide emergency and/or consult care appropriately</li> <li>◆ Pre and post-surgical counseling</li> <li>◆ Provide informed consent</li> </ul>
Professionalism	<ul style="list-style-type: none"> <li>◆ Provide effective mentoring and role modeling for junior residents and students</li> <li>◆ Respond to consult requests in a timely manner</li> </ul>
Practice-Based Learning and Improvement	<ul style="list-style-type: none"> <li>◆ Provide educational experiences to GYN team with presentations of consults</li> <li>◆ Participate in work and teaching rounds</li> </ul>



	◆ Attend weekly M&M Conference
Systems-Based Practice	◆ Present at M&M conferences to improve patient safety, learn from errors, become informed about complex medical issues

### Gynecologic Oncology Rotation

**GOALS AND OBJECTIVES:** Exposure to all aspects of Gyn Oncology including operative technique, pre and post-operative management, chemotherapy. This rotation is designed to give the resident experience in managing a surgical service as the primary decision-maker working closely with the attending physician.

#### CORE COMPETENCIES:

Patient Care	◆ Assess the need for admission to inpatient service for patients presenting through office or emergency room
Medical Knowledge	◆ Advanced management of the GYN oncology surgical and post-operative patient ◆ Surgical approach to the treatment of gynecologic malignancies and staging procedures ◆ Principles of chemotherapy and radiation ◆
Interpersonal and Communication Skills	◆ Provide compassionate care to patients who are critically ill, coping with cancer diagnosis and associated treatments ◆ Coordinate inpatient and outpatient care
Professionalism	◆ Provide effective mentoring and role modeling for junior residents and students
Practice-Based Learning and Improvement	◆ Conduct morning rounds ◆ Participate in afternoon rounds with Oncology faculty ◆ Participate in GYN oncology conferences and case presentations
Systems-Based Practice	◆ Present at M&M conferences to improve patient safety, learn from errors, become informed about complex medical issues

### Ambulatory Rotation

**GOALS AND OBJECTIVES:** General exposure to common women's health issues in the outpatient setting.

#### CORE COMPETENCIES:

Patient Care	◆ Perform routine well-woman examinations with familiarization of periodic health assessment based on age ◆ Perform routine and high-risk OB care in the outpatient setting with attention to periodic screening ◆ Exposure to women's healthcare in comprehensive setting
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	<ul style="list-style-type: none"> <li>◆ Exposure to non-OB/GYN specialties related to women's health (Dermatology, Gastroenterology, Breast)</li> <li>◆ Exposure to specialized OB/GYN evaluation in urogynecology, OB Ultrasound</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>◆ Periodic health assessment, age-based</li> <li>◆ Know screening tests and when appropriate</li> <li>◆ Common medical problems (diabetes, hypertension, hypercholesterolemia) and how they affect the reproductive system</li> <li>◆ Routine OB screening tests and timing</li> <li>◆ Become familiar with OB ultrasound—First trimester screening and Level 2</li> <li>◆ Know screening options for genetic disorders in pregnancy</li> <li>◆ Understand mammogram screening guidelines and interpretation</li> <li>◆ Become familiar with benign breast disorders</li> <li>◆ Understand diagnosis and treatment of breast cancer</li> </ul>
Interpersonal and Communication Skills	<ul style="list-style-type: none"> <li>◆ Eliciting accurate, focused, appropriate history and performing thorough physical exam</li> <li>◆ Understanding the needs of the well-woman presenting for an outpatient visit and incorporating education, preventive medicine into a meaningful encounter</li> </ul>
Professionalism	<ul style="list-style-type: none"> <li>◆ Maintaining a professional appearance</li> <li>◆ Introducing self to patient and/or family</li> <li>◆ Develop and maintain habits of punctuality and efficiency</li> <li>◆ Work with faculty to shadow, model encounters</li> </ul>
Practice-Based Learning and Improvement	<ul style="list-style-type: none"> <li>◆ Demonstrate responsiveness to instruction and feedback</li> <li>◆ Use knowledge from textbooks, websites, and up-to-date studies to guide patient care</li> </ul>
Systems-Based Practice	<ul style="list-style-type: none"> <li>◆ Understand the basics of insurance, documentation, and coding principles</li> <li>◆ Understand patient referrals and interaction between ambulatory centers/ subspecialty clinics</li> </ul>

### **Surgical Intensive Care Unit (SICU) Rotation**

**GOALS AND OBJECTIVES:** The SICU rotation offers a broad experience in the care of critically ill patients with surgical diseases and processes (trauma, general surgery, vascular, transplant, urology and plastics). The goal of the rotation is to introduce residents to initial experience in the evaluation of critically ill surgical patients and procedural skills commonly required in the care of these patients. The resident functions as a member of the SICU team, assuming direct patient care responsibility of assigned patients under the supervision of senior residents, fellows and attendings. The

resident gains knowledge of surgical critical care through discussion on rounds with the attending physician and fellow and by independent reading.

**CORE COMPETENCIES:**

Patient Care	<ul style="list-style-type: none"> <li>◆ To provide compassionate and appropriate critical care of adults.</li> <li>◆ Adequate assessment of critically ill surgical patients including physical exam and history and evaluation of appropriate laboratory data</li> <li>◆ Learn the basics of hemodynamic and ventilator management</li> <li>◆ Understand ventilator weaning and extubation</li> <li>◆ Treat arrhythmias</li> <li>◆ Assess physiologic derangements such as shock, acute lung injury, sepsis, renal insufficiency and multiple organ failure</li> <li>◆ Observe resuscitation efforts of ICU patient.</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>◆ To acquire knowledge of established and evolving clinical sciences that relate to the practice of adult critical care</li> <li>◆ Knows and applies the clinical sciences appropriate to the practice of Critical Care such as physiology, pharmacology, and disease processes</li> <li>◆ Prioritizes patient's disease related states, issues and designs a care plan accordingly, anticipates potential complications and prevention</li> </ul>
Interpersonal and Communication Skills	<ul style="list-style-type: none"> <li>◆ Residents must communicate in a way that leads to effective information exchange of a critical care plan to patients, their families, and professional associates</li> <li>◆ Provide family members a routine update of patient's condition in SICU (when appropriate)</li> <li>◆ Consults with senior resident, fellow or attending before discussing major changes with the family</li> <li>◆ Discusses appropriate concerns with perioperative team including SICU and consultants</li> <li>◆ Works effectively with ICU nurses to communicate care plan</li> </ul>
Professionalism	<ul style="list-style-type: none"> <li>◆ Residents must show a commitment to professional responsibilities, adherence to ethical principles, and sensitivity to diversity</li> <li>◆ Displays appropriate demeanor, even in adverse situations. Acts with sensitivity and responsiveness to patient's culture, age, gender, and disabilities</li> <li>◆ Maintains accountability to patients, medical profession, and society</li> <li>◆ Obtains proper consent and confirm advanced directives, if</li> </ul>

	<p>present</p> <ul style="list-style-type: none"> <li>◆ Becomes lifelong learner</li> </ul>
Practice-Based Learning and Improvement	<ul style="list-style-type: none"> <li>◆ In order to improve patient care practices, residents must be able to critically evaluate their own performance as well as appraise and incorporate clinical scientific evidence</li> <li>◆ Identify complications and their potential impact on recovery of critically ill patients</li> <li>◆ Use information technology to assimilate current medical literature</li> <li>◆ Learns attention to detail in critically ill patients</li> </ul>
Systems-Based Practice	<ul style="list-style-type: none"> <li>◆ A resident must be able to demonstrate an awareness of the system of health care and the ability to effectively call on system resources to provide optimal care</li> <li>◆ Learn to use ICU protocols to maintain quality of care</li> <li>◆ Understands how care for patients in the ICU enables the hospital to deliver a wide range of patient care</li> </ul>

### Reproductive Endocrinology and Infertility Rotation

GOALS AND OBJECTIVES: Exposure to basic office infertility and endocrinology with the evaluation of outpatients.

#### CORE COMPETENCIES:

Patient Care	<ul style="list-style-type: none"> <li>◆ See patients in the REI faculty practice office in order to become familiar with basic office infertility and endocrinology</li> <li>◆ Perform ultrasounds</li> <li>◆ Cover major and minor cases with REI fellows and faculty</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>◆ Assessment of the infertile couple</li> <li>◆ Understanding normal physiology and abnormalities of the menstrual cycle</li> <li>◆ Assessment of ovulation and management of ovulatory dysfunction</li> <li>◆ Principles of ultrasound; scanning for follicular development and early pregnancy</li> <li>◆ Principles of oocyte retrieval</li> </ul>
Interpersonal and Communication Skills	<ul style="list-style-type: none"> <li>◆ Communicate effectively with patients in language appropriate to age, educational, cultural, socioeconomic background</li> <li>◆ Convey information to colleagues in a concise, effective manner</li> </ul>
Professionalism	<ul style="list-style-type: none"> <li>◆ Demonstrate a commitment to excellence and interest in ongoing professional development</li> </ul>

Practice-Based Learning and Improvement	<ul style="list-style-type: none"> <li>◆ Attend REI conferences</li> <li>◆ Attend morning resident conferences</li> </ul>
Systems-Based Practice	<ul style="list-style-type: none"> <li>◆ Order diagnostic tests with attention to cost effectiveness and clinical relevance</li> </ul>

### Prenatal Diagnosis Unit Rotation

#### GOALS AND OBJECTIVES:

1. Demonstrate proper technique and utilization of ultrasound equipment
2. Understand the principles of ultrasound physics and use them to enhance their image acquisition
3. Demonstrate competency in the routine obstetric and gynecologic ultrasound applications:
4. Demonstrate ability to correctly interpret normal as well as abnormal ultrasound images

#### CORE COMPETENCIES:

Patient Care	<ul style="list-style-type: none"> <li>◆ Perform ultrasounds on continuity clinic obstetrical patients</li> <li>◆ Perform bedside ultrasound in the Delivery Suite</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>◆ Acquire the principles of ultrasound physics and use them to enhance their image acquisition</li> <li>◆ Know the routine obstetric and gynecologic ultrasound applications</li> <li>◆ Learn correctly to interpret normal as well as abnormal ultrasound images</li> </ul>
Interpersonal and Communication Skills	<ul style="list-style-type: none"> <li>◆ Develop and consistently demonstrate listening skills to address patients' concerns respectfully and effectively</li> <li>◆ Ensure that patients (and their families) understand the nature of the findings</li> </ul>
Professionalism	<ul style="list-style-type: none"> <li>◆ Demonstrate empathy and compassion toward patients and their families</li> <li>◆ Respect patient autonomy, comfort and modesty as you perform sonographic studies</li> </ul>
Practice-Based Learning and Improvement	<ul style="list-style-type: none"> <li>◆ Effectively use the educational resources available in the Department including on-line texts and databases as well as the yearly ultrasound course</li> <li>◆ Identify areas for self-improvement and implement strategies to enhance sonographic knowledge, skills and processes of care</li> <li>◆ Accept and integrate feedback given by other members of the health-care team, including faculty and senior residents</li> </ul>
Systems-Based	<ul style="list-style-type: none"> <li>◆ Integrate sonographic findings into the care of patients</li> </ul>

Practice	appropriately
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### Elective

GOALS AND OBJECTIVES: Focused project for career development

#### CORE COMPETENCIES:

Patient Care	<ul style="list-style-type: none"> <li>◆ Care for OB/GYN patients</li> <li>◆ Varies by elective</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>◆ Varies by elective</li> </ul>
Interpersonal and Communication Skills	<ul style="list-style-type: none"> <li>◆ Varies by elective</li> </ul>
Professionalism	<ul style="list-style-type: none"> <li>◆ Varies by elective</li> </ul>
Practice-Based Learning and Improvement	<ul style="list-style-type: none"> <li>◆ Varies by elective</li> </ul>
Systems-Based Practice	<ul style="list-style-type: none"> <li>◆ Varies by elective</li> </ul>

### D. PGYIV

The PGYIV (chief resident) year of residency training includes 13 blocks of formal training in OB/GYN (ambulatory, emergency and hospital care services), gynecologic oncology.

#### Educational Objectives:

1. Fourth year residents (chief residents) are trained to perfect gynecologic surgical techniques as well as basic and advanced obstetrical skills needed for their future clinical practice. They are guided to develop a comprehensive clinical approach to decision-making situations in OB/GYN, with emphasis on sound clinical judgment and self-confidence. They are exposed to common problems in reproductive endocrinology, including abnormal sexual development, infertility, and issues related to the menopause. They also acquire basic management and technical skills in maternal fetal medicine, including prenatal and antenatal counseling, maternal diseases and complications. Residents are also exposed to gynecologic oncology, with special emphasis on epidemiology and screening for gynecologic cancers, and identification of patients at risk.
2. Fourth year residents are involved in the teaching of junior residents and medical students. They are requested to present 2 grand rounds to the department staff and lectures to the medical students. They are also required to participate and present (preferable publish or submit for publication) a research project at the conclusion of the year in order to graduate.

- They are expected to be in the OPD as seniors and follow up on their OPD continuity specialty clinics.

### Rotation Schedule:

4 <sup>th</sup> OB/GYN Year							
Duration (weeks)	10	12	4	6	4	4	12
Specific assignment	OBS	GYN ONC	Amb	RHUH	Elective	Vac	MIS
Site*	AUBMC	AUBMC	AUBMC	RHUH	Abroad		AUBMC

OBS: Obstetrics; Amb: Ambulatory; GYN ONC: Gynecologic Oncology; Vac: Vacation; AUBMC: American University of Beirut Medical Center; RHUH: Rafic Hariri University Hospital; MIS: Minimally Invasive Surgery.

### Rotation Goals and Objectives as per the ACGME-I competencies:

#### Obstetrics Rotation

**GOALS AND OBJECTIVES:** Exposure to normal and high-risk obstetrics as the first-line decision-maker on patient management issues. This rotation is designed to promote leadership and administrative skills and promoting readiness for independent management of antepartum, laboring, and postpartum patients.

#### CORE COMPETENCIES:

Patient Care	<ul style="list-style-type: none"> <li>◆ Direct and manage care of antepartum and laboring OPD patients admitted to the Delivery Suite as the responsible decision-maker</li> <li>◆ Direct and manage care of OPD patients admitted to the Postpartum Service</li> <li>◆ Perform cesarean sections with junior residents under attending supervision</li> <li>◆ Perform normal and operative vaginal deliveries with junior residents under attending supervision</li> <li>◆ Provide antepartum care for high-risk obstetric patients</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>◆ Understand management of normal and abnormal labor and delivery</li> <li>◆ Understand maternal and obstetric complications of pregnancy and management/ timing of delivery</li> <li>◆ Surgical skills to perform complicated repeat cesarean sections and laceration repair</li> <li>◆ Obstetric emergencies and interventions (postpartum hemorrhage, eclampsia, shoulder dystocia, malpresentation, cesarean hysterectomy)</li> </ul>
Interpersonal and	<ul style="list-style-type: none"> <li>◆ Be able to counsel patients regarding vaginal delivery,</li> </ul>

Communication Skills	<p>operative vaginal delivery, vaginal birth after cesarean, cesarean delivery</p> <ul style="list-style-type: none"> <li>◆ Communicate with patients and families in an urgent care setting</li> <li>◆ Optimize care provided by healthcare team by communicating with nursing staff, anesthesia, pediatrics, obstetrics</li> </ul>
Professionalism	<ul style="list-style-type: none"> <li>◆ Provide effective mentoring and role modeling for junior residents and students</li> <li>◆ Participate in team histories</li> </ul>
Practice-Based Learning and Improvement	<ul style="list-style-type: none"> <li>◆ Present cases at High Risk Continuity Clinic</li> <li>◆ Teaching at morning and evening rounds</li> </ul>
Systems-Based Practice	<ul style="list-style-type: none"> <li>◆ Present at M&amp;M conferences to improve patient safety, learn from errors, become informed about complex medical issues</li> </ul>

### Gynecologic Oncology

**GOALS AND OBJECTIVES:** Exposure to all aspects of Gynecologic Oncology including operative technique, pre and post-operative management, chemotherapy. This rotation is designed to give the resident experience in managing a surgical service as the primary decision-maker working closely with the faculty

#### CORE COMPETENCIES:

Patient Care	<ul style="list-style-type: none"> <li>◆ Management of service as the senior resident</li> <li>◆ Organize coverage of all GYN oncology operative cases and act as first assistant/surgeon on complex surgical cases</li> <li>◆ Assess the need for admission to inpatient service for patients presenting through office or emergency room</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>◆ Advanced management of the GYN oncology surgical and post-operative patient</li> <li>◆ Surgical approach to the treatment of gynecologic malignancies and staging procedures</li> <li>◆ Principles of chemotherapy and radiation</li> </ul>
Interpersonal and Communication Skills	<ul style="list-style-type: none"> <li>◆ Perform as a team leader and patient advocate</li> <li>◆ Manage team of 2 residents and students/ under faculty supervision</li> <li>◆ Provide compassionate care to patients who are critically ill, coping with cancer diagnosis and associated treatments</li> <li>◆ Coordinate inpatient and outpatient care</li> <li>◆ Sign-out to PGIV night coverage</li> </ul>
Professionalism	<ul style="list-style-type: none"> <li>◆ Provide effective mentoring and role modeling for junior residents and students</li> </ul>



Practice-Based Learning and Improvement	<ul style="list-style-type: none"> <li>◆ Conduct morning work rounds</li> <li>◆ Participate in afternoon rounds with Oncology attending</li> <li>◆ Participate in GYN oncology Conferences and case presentations</li> </ul>
Systems-Based Practice	<ul style="list-style-type: none"> <li>◆ Present at monthly M&amp;M conferences to improve patient safety, learn from errors, become informed about complex medical issues</li> </ul>

### Ambulatory Rotation

**GOALS AND OBJECTIVES:** Exposure to and management of outpatient OB/GYN primary care, allowing the establishment of continuity of care, office practice management, knowledge of ambulatory medicine, and assessment of patients requiring inpatient and surgical treatments

### CORE COMPETENCIES:

Patient Care	<ul style="list-style-type: none"> <li>◆ Providing outpatient management of routine and complex gynecologic issues</li> <li>◆ Providing follow-up for patients seeking care through the emergency room setting and facilitating their entry into the system</li> <li>◆ Prepare patients for outpatient and inpatient benign gynecologic surgery</li> <li>◆ Run High risk clinic under the supervision of faculty</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>◆ Age-appropriate preventive medicine skills</li> <li>◆ Ambulatory procedures (colposcopy, endometrial biopsy, IUD insertion)</li> <li>◆ Appropriate follow-up treatment for abnormal screening imaging and/or lab abnormalities</li> </ul>
Interpersonal and Communication Skills	<ul style="list-style-type: none"> <li>◆ Identify patient needs and coordinate care in comprehensive fashion with awareness of clinic resources</li> </ul>
Professionalism	<ul style="list-style-type: none"> <li>◆ Provide effective mentoring and role modeling for junior residents and students</li> <li>◆ Ensure smooth and timely flow during resident clinic sessions.</li> <li>◆ Follow up lab results in a timely/ appropriate fashion</li> </ul>
Practice-Based Learning and Improvement	<ul style="list-style-type: none"> <li>◆ Attend morning resident conferences</li> <li>◆ Attend and run High-Risk OB Clinic</li> </ul>
Systems-Based Practice	<ul style="list-style-type: none"> <li>◆ Know proper coding for preventive and evaluation/management visits</li> <li>◆ Advise junior residents regarding patient flow and proper</li> </ul>

	<p>documentation for office visits</p> <ul style="list-style-type: none"> <li>◆ Appropriately use knowledge of clinic resources (nursing, social work, nutrition, financial) to optimize patient care</li> </ul>
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### Minimally Invasive Surgery Rotation

#### CORE COMPETENCIES:

Patient Care	<ul style="list-style-type: none"> <li>◆ The ability to summarize indications and compose appropriate preoperative preparation plans for patients undergoing gynecologic surgery</li> <li>◆ The ability to recognize, prioritize, and institute initial treatment while immediately notifying others of life-threatening clinical emergencies encountered on the floor (e.g. sepsis induced hypotension, cardiopulmonary arrest, pneumothorax, anaphylaxis)</li> </ul>
Medical Knowledge	<ul style="list-style-type: none"> <li>◆ The resident will acquire and demonstrate knowledge about core areas in benign gynecology; the principal gynecologic and non-gynecologic causes, diagnostic tests, nonsurgical and surgical treatment options and appropriate follow up for patients with chronic pelvic pain and abnormal uterine bleeding; the normal anatomic supports of the vagina, rectum, bladder, urethra, uterus or vaginal cuff, including the bony pelvis, pelvic floor nerves and musculature and connective tissue</li> </ul>
Interpersonal and Communication Skills	<ul style="list-style-type: none"> <li>◆ The ability to conduct detailed preoperative assessment with consideration given to the needs of special patient groups, such as children and adolescents, the elderly, and patients with co-existing medical conditions</li> <li>◆ The ability to interact with the patient to gain her confidence and cooperation and assure her comfort, privacy, confidentiality of patient information, dignity, and modesty</li> </ul>
Professionalism	<ul style="list-style-type: none"> <li>◆ The ability to communicate in a professional and empathetic manner with patients and their families, in a way that is consistent with the statements and management plans developed with the attending physicians on the team</li> <li>◆ The ability to effectively and empathetically deliver bad news to patients and their families</li> </ul>
Practice-Based Learning and Improvement	<ul style="list-style-type: none"> <li>◆ The use of simulation labs to refine minimally invasive surgical skills</li> </ul>
Systems-Based Practice	<ul style="list-style-type: none"> <li>◆ The ability to address sensitive issues with compassion and demonstrate sensitivity to human differences and understanding of the impact of gender, ethnic, cultural,</li> </ul>

	socioeconomic and other social factors
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### Elective

GOALS AND OBJECTIVES: Focused project for career development

#### CORE COMPETENCIES:

Patient Care	<ul style="list-style-type: none"> <li>◆ Care for OB/GYN patients</li> <li>◆ Varies by elective</li> </ul>
Medical Knowledge	◆ Varies by elective
Interpersonal and Communication Skills	◆ Varies by elective
Professionalism	◆ Varies by elective
Practice-Based Learning and Improvement	◆ Varies by elective
Systems-Based Practice	◆ Varies by elective

### Elective Guidelines

1. The total duration of the elective rotation taken should not exceed 4 weeks.
2. The elective period is planned by the program director and the resident, which is then accepted by the program director as meeting the specialty training requirements.
3. There should be clearly a defined elective supervisor at the site.
4. There are clearly defined and understood educational objectives of the elective.
5. There is a well-defined in-training evaluation system to include evaluation of the resident during the elective period that is based on the educational objectives of the elective and that is clearly understood beforehand by the resident, the elective supervisor, and the program director.
6. The resident makes their request to do an elective in writing to the program director at least 3 months beforehand.
7. The supervisor of the elective must have either a full or part-time appointment in an academic center for the elective to be approved.