



Rules and Regulations of Clinical Rotations in the 5th Year of Medicine

FUNCTION: DEPARTMENT		CATEGORY: ACADEMIC	
CODE: ACD-RR-EXT	TYPE: GUIDELINE	IMPLEMENTATION DATE: 01/03/2023	EDITION: 2

	Name of committee/Team title/ Department/ Division/ Section/ Unit	Person authorized to sign	Title	Date	Signature
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			Program Director at LU-FMS		
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Following the accreditation programs, rules and regulations were updated for both the clinical rotations in 5th, 6th and 7th years of medicine.

The aim of these rules is to set the extent of exposure and the minimum clinical experience for the 5th year medical students in their externship rotation program as an introduction to the internship years at their 6th and 7th years of medicine. This will give sufficient time to spend a reasonable part of the program in planned contact with patients in relevant clinical settings and will help in acquiring sufficient knowledge, and clinical and professional skills to assume appropriate responsibility after graduation.

Clinical training facilities includes 39 hospitals in total (for more detail refer to List of Contracted Hospitals by LU faculty of Medicine), 80% provide adequate mix of primary, secondary and tertiary care, sufficient patient wards and diagnostic departments, laboratories, ambulatory services (including primary care), clinics, primary health care settings, health care centers and other community health care settings as well as skills laboratories. Thus, allowing the clinical training for the students to be organized is by using an appropriate mix of clinical settings and rotations throughout all main disciplines. In this way, the medical school ensures to have access to educational expertise where required customized according to each hospital (for more detail refer the contract with the respective hospitals). The gained knowledge and experience will help in curriculum development and in development of teaching and assessment methods. Also help in staff development not only in educational evaluation, in research, in the discipline of medical education but also allow staff to pursue educational research interest.

The effective and efficient delivery of healthcare requires not only knowledge and technical skills, also communication and analytical skills, inter disciplinary case counseling, evidence and system based- care. A challenge is faced in teaching methods and standardization of the program for the medical students due to the spread to the different university hospital. This is



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where the importance of the ILO's lies for each of the externship and internship clinical rotations. This shall ensure necessary resources for giving the students adequate clinical experience, including sufficient: number and categories of patients, clinical training facilities, supervision of their clinical practice and be able to evaluate, adapt and improve the facilities for clinical training to meet the needs of the population it serves.

During the clinical rotations, the students shall have access to web-based or other electronic media and will be able to use existing and exploit appropriate new information and communication technology for: independent learning, accessing information, managing patients, working in health care delivery systems, and optimize student access to relevant patient data and health care information systems. The medical school formulates and implements a policy which addresses effective and ethical use and evaluation of appropriate information and communication technology and ensures access to web-based or other electronic media. The patients seen by the medical students should cover at least 60% of the ILO's discussed for each clinical rotation. Patients may include validated simulation using standardized patients or other techniques, where appropriate, to complement, but not substitute clinical training.

All the physicians having a clinical contract with the Lebanese University must participate in the teaching of students. The distribution of the tasks of these contractors will be made by mutual agreement between the faculty and the coordinator of the hospital. It is obvious that interns and residents are obliged to actively participate in this teaching. The contracted hospitals offering a medical education program, residents who supervise or teach medical students and graduate students and postdoctoral fellows must be familiar with the educational objectives of the course and be prepared for their roles in teaching and assessment. Teaching and assessing medical students are discussed at resident orientation each year. The residents' role in teaching and assessing medical students is discussed by the program director during



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annual new resident orientation (for more detail, refer to Local Coordinator Job Description). This helps faculty members develop and use a shared understanding of the goals.

For better outcome, the clinical program is assessed at the end of each rotation/clinical year. Different assessment principles, methods and practices are used that are clearly compatible with intended educational outcomes and instructional methods. This shall ensure that the intended educational outcomes are met by the students and promote student learning. It will also provide an appropriate balance of formative and summative assessment that will guide both learning and future decisions about academic progress. This will lead to adjustment in the number and nature of examinations of curricular elements to encourage both acquisition of the knowledge base and integrated learning, ensure timely, specific, constructive and fair feedback to students on basis of assessment results. These assessments will help in positive guiding effect on learning and the curriculum. They are performed continuously to measure growth until graduation.

Thus, after completing the clinical rotations in each of the internship and externship, students undergo assessment evaluating both their knowledge and acquired skills. The competencies that are commonly assessed include general knowledge about the procedure, informed consent, pre-procedure preparation, analgesia, technical ability, aseptic technique, post-procedure management, and counseling and communication.

Assessment methods used are of different types: Objective Structured Clinical examination (OSCE) that consists of multiple stations where each candidate is asked to perform a defined task such as taking a focused history or performing a focused clinical examination of a particular system. Mini-Clinical Evaluation Exercise (Mini-CEX) to assess six core competencies of residents (medical interviewing skills, physical examination skills, humanistic qualities/professionalism, clinical judgment, counseling skills, organization and efficiency). Direct Observation of Procedural Skills (DOPS) is a structured rating scale for assessing and providing feedback on practical procedures. Clinical Work Sampling is an in-



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trainee evaluation method that addresses the issue of system and rater biases by collecting data on observed behavior at the same time of actual performance and by using multiple observers and occasions.

360-Degree Evaluation/Multisource Assessment consists of measurement tools completed by multiple individuals in a person's sphere of influence. Assessment by peers, other members of the clinical team, and patients can provide insight into trainees' work habits, capacity for teamwork, and interpersonal sensitivity.

The assessment checklist for both the internship and externship clinical rotations must be filled by the coordinator of each hospital himself, or under his direct supervision. Checklists are used to capture an observed behavior or action of a student. Generally rating is by a five point.

Externship Rules for 5th year:

I. General rules:

The program is focused mainly in Internal Medicine and minimal information on Surgery, pediatrics and gynecology. The program entails a pre-clinical practical rotation that aims to acquire the basic skills of good history taking and practicing physical exams on real patients in hospitals. It involves case presentations to address the needs of Adaptive Teaching that enhances active learning and motivational counseling. By pre-clinical, we mean the 5th year, taking into consideration that clinical workshops are those of the 6th and 7th years.

The student should acquire the following skills:

- Interrogation and complete examination of the patient.
- Writing a complete medical file.
- Case discussion and medical observation with Bedside Teaching Instructor.



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- Exclusion of any surgical aid.
- The bedside teaching should be paired every day at a meeting of all the students with a doctor in order to read and discuss an observation about a case thoroughly, or expose a simple medical or surgical case which can help external students to fix their knowledge and take advantage of the monitor's remarks on how to write the observation or on the signs found and the accuracy of the practical gestures. It is excluded to turn these meetings into theoretical classes.
- Whenever possible attend case discussion, journal club and conference.

II. Duration and Clinical Rotations:

- The duration of the Teaching Cases Presentations during the year will be determined by each captain depending on the course given.
- The duration of the Pre-Clinical Practical Presentation is 6 weeks by the end of the year. For 8 hours a day (from 8 am until 2 pm) except Saturdays, Sundays and public holidays.
- Attendance is mandatory in both. To be absent, it is necessary to obtain the agreement of the local coordinator and if necessary, that of the general coordinator. Any unjustified absence will be sanctioned according to the laws of the Faculty of Medicine. (For additional details check 3 The Job Description of local and general coordinators).
- It is desirable and even imperative to have a monitor for each 4 to 5 students.
- The student must have a dress code that respects the patients, doctors and all medical and paramedical and human personnel.

At the end, the student must present:

- A filled Medical Externship Assessment Checklist from the Resident in charge and co-signed by the local coordinator on the student performance. This will tackle the



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following aspects: Gather a History and Perform a Physical Examination, Medical Knowledge (basic and clinical science), Interpersonal and Communication Skills, Professionalism, and Dress code and committed personal trait.

- An oral examination that includes the complete examination, the writing of a medical observation and the discussion of the latter by a panel appointed by the faculty.
- A partial and final written exam with questions (of the UCQ, MCQ type) of semiology, pathology, medical or surgical on subjects of frequent and common diseases.
- In addition to the clinical externship at the hospital, training at the university for externs concerning the clinical approach of patients (interrogatory, clinical examination, key signs), additional assessment to be requested (biology, radiology) as well as the initiation to the interpretations of the results. This training will be done in collaboration with the various medical and surgical departments and will be divided into eight sessions of 2 hours each.

III. Assessment and Grading:

The following is a system by which to evaluate and grade student performance.

- A. **Medical Externship Assessment Checklist depend upon** patient management problems, modified essay questions (MEQs) checklists, OSCE, student projects, Constructed Response Questions (CRQs), MCQs, Critical reading papers, rating scales, extended matching items, tutor reports, portfolios, short case assessment and long case assessment, log book, trainer's report, audit, simulated patient surgeries, video assessment, simulators, self-assessment, peer assessment and standardized patients. (Checklists, global rating, student logbook, portfolio, video, etc).
- B. **Oral examination:** Oral exam consists of evaluating the student's ability and capacity to take a detailed history and to practice a full physical examination of a random case



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chosen from the hospital and asked medical questions about it by a jury of attending physicians selected by the University's direction.

The questions can incorporate clinical scenarios as Short Answer Questions (SAQ). A similar format is also known as Modified Essay Question (MEQ) or Constructed Response Question (CRQ) from a format clinical scenario. Taking into consideration that this type of exams has poor content validity, higher inter-rater variability and inconsistency in marking.

C. **Knowledge/written examination.** There are two written exams a partial and a final exam. Written exams (MCQs, True/False, Essay, MEQs, modified CRQs) can be based on Key Feature Test (clinical scenario-based paper and pencil test).

D. **Grades** in the clinical rotation will be divided as follows:

The clinical rotation is ~ 600 Hr (every 40Hr = 1 coefficient) I.e., **15 credits**.

- **Final written exam: 35% of the general note of the clinical rotation**
- **65 % of the general note of the clinical rotation divided into:**
 - **Partial written exam: 65% of the general note**
 - **Oral exam: 20%**
 - **Medical Internship Assessment: 15%**

IV. References:

- Barbara Bates (latest edition), Physical Examination and History Taking.

V. Related documents/Records:

- Externship assessment checklist

VI. Quality References:



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Diffusion:

Department/Division Section/Unit	Title of the person receiving this copy/ His delegate	Reception date	Name & Signature
Faculty Council	Dean's Assistant / Grace Hawi	01/03/2023	
Students	Delegates for the academic year 2022-2023:		
	For 5 th year: Mostafa Al Sahili	01/03/2023	
	For 6 th year: Mahdi Ghandour	01/03/2023	
	For 7 th year: Hussein Tarhini	01/03/2023	
	For residents: Hassan Ghayeb	01/03/2023	
	For residents: Hussein Hamdar	01/03/2023	
Lebanese Hospitals where students are rotating (affiliated and non-affiliated to LU)	Medical Coordinators:		
	Al Rassoul Al Azam Hospital: Dr. Mahmoud Younis	01/03/2023	
	Al-Zahraa Hospital University Medical Center: Dr. Samer Dbouk	01/03/2023	
	Bahman Hospital: Dr. Assaad Mhanna	01/03/2023	
	Lebanese Hospital Geitaoui: Dr. Naji Abi Rashed	01/03/2023	
	Rafik Hariri University Hospital: Dr. Nawfal Nawfal	01/03/2023	
	Sacre Coeur Hospital : Dr. Pierre Abi Hanna	01/03/2023	
	Sahel General Hospital: Dr. Walid Alameh	01/03/2023	



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Next Revision Dates: 01/03/2026				
Modifications and revision history				
Edition	Paragraph	Modification/Description of change	Reviewer	Implemented date
01			–	
02	All	Separation of externship and internship rules. Coded the document. Reviewed the content by the curriculum committee. Added implementation date to the document.	Antoine Abou Rached, MD	01/03/2023
			Mirna Chahine, PhD	
			Mona Al Buaini, MD	
			Nawfal Nawfal, MD	
			Hussein Mcheimeche, MD	
			Khadija Ismail, PhD candidate	