



**Rules and Regulations of Clinical Rotations
in the 6th and 7th Year of Medicine**

FUNCTION: DEPARTMENT		CATEGORY: ACADEMIC	
CODE: ACD-RR-INT	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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Approved by	The Dean	Mohamad Moussa	Professor, Urologist, Chairman of the Surgery Department, Dean of the Faculty of Medical Sciences, LU	01/03/2023	



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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.

Internship Rules for 6th and 7th years:

The following guidelines are an updated version of the current rules at the Lebanese University based upon the recommendations of the ACGME. At the end of the internship rotation the students would have acquired clinical skills that include history taking, physical examination, communication skills, procedures and investigations, emergency practices, and prescription and treatment. In addition to encourage the students to participate in health promotion and preventive medicine. All of these clinical activities conducted by students will be under supervision for patient safety.

I. General Rules:

1. Have a clean and decent dress.
2. Respect patients, doctors and all medical or paramedical personnel.
3. Regular attendance at work:



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In surgery from 7am to 4pm in the afternoon.

In medicine from 8 am to 4pm in the afternoon.

This presence must be checked on a daily routine by attendance machine.

4. Respect the laws of medical ethics, as well as the laws of the Faculty of Medical Sciences of L.U. and as well as the general regulations specific to each hospital institution where it is assigned.
5. In the departments, the intern must:
 - Examine and write the observation of the patient
 - Write a daily progress note and on call note if necessary.
 - Refer to the resident or the attending physician for any problem that may occur in the patient and must warn them for any medical treatment or surgery or prescription of tests or medications...
6. In emergencies, the internal must keep a close monitoring for the patient, contact the resident or the physician in charge as soon as possible. If the patient does not have a doctor, he must refer to the doctor on call and must not make any decision concerning the patient before referring to the resident or the doctor in charge.
7. The intern must cover night shifts not exceeding 7 (1 over 4) shifts per month.
During the on-calls, the intern must stay in the hospital.
8. During the working day or during the on-calls, any absence (illness or other) must be justified and planned with the coordinator and the managers of the services and the direction in the hospitals.
9. The intern must attend the visits made to the beds of the patients by the treating doctors or the residents.
10. The intern must participate in the scientific activities of the hospital. Whenever possible, attend case discussion, journal club and conference at least one of each per week.



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11. In the event of illness or other cause requiring an absence of more than 2 days, the management of the faculty and the general coordinator must be informed by written.
12. The duration of the maternity leave is one month, this leave is paid (including 2 weeks vacation).
13. During the 6th or 7th year, the intern is only entitled once to 4 weeks of elective internship in a university hospital service within the scope of the faculty programs or in a university hospital center outside the faculty of sciences LU medical provided. They obtain the agreement of the coordinator of the hospital as well as that of the general coordinator of the faculty, and this at least three months before. This internship is sanctioned by an evaluation which will be completed by the managers of the service. The intern who takes an elective internship, will no longer be entitled to two weeks of vacation during the rotation.
14. The intern is not entitled to an elective internship during the month of December or months of exams.
15. At the end of each rotation of hospital internship, the coordinator of each hospital must sign the internship log of the intern.
16. During clinical rotations, any violation of the law or any unjustified absence (of 1 day or more) will be sanctioned according to the laws of the Lebanese University and according to the gravity of the offense:
 - 16.1: Oral warning that will be mentioned in the student's file.
 - 16.2: Written warning that will be placed in the student's file.
 - 16.3: The internship of the academic year will not be validated.
 - 16.4: The intern will be removed from the Faculty of Medical Sciences of U.L.

II. Duration Clinical rotations:

Internship is divided as follows:

- 6th year: 48 weeks of internship + 4 weeks of vacation



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- 7th year: 48 weeks of internship + 4 weeks of vacation

Each year is divided into 2 rotations each of 24 weeks, the intern is entitled to 2 weeks of vacation during each rotation. The distribution of rotation and the respective duration in each specialty per year should be respected in order to gain clearance and be able to graduate.

A. DISTRIBUTION OF INTERNSHIPS IN THE 6TH YEAR:

- 16 weeks: internal medicine and medical specialties (cardiology, pulmonary, gastroenterology ...)
- 12 weeks: general surgery and sub-specialty (orthopedics, urology ...)
- 8 weeks: gynecology obstetrics
- 8 weeks: emergency or outpatient
- 4 weeks: pediatrics
- 4 weeks off.

B. DISTRIBUTION OF INTERNSHIPS IN THE 7TH YEAR:

- 12 weeks: general surgery and subspecialty
- 8 weeks: pediatrics
- 8 weeks: intensive care unit and coronary
- 8 weeks: internal medicine and subspecialty
- 4 weeks: emergency
- 4 weeks: open elective at the hospital: radiology, emergency, anesthetic resuscitation, gynecology
- 4 weeks: gynecology and obstetrics
- 4 weeks off.



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III. Assessment and Grading

Measuring progress in acquiring core knowledge and competencies may be a problem if the exams are designed to measure multiple integrated abilities, such as factual knowledge, problem solving, analysis and synthesis of information. Students may advance in one ability and not in another. Therefore, progress tests that are designed to measure growth from the onset of learning until graduation should measure discrete abilities. The following is a system by which to evaluate and grade student performance.

A. **Medical Internship Assessment:** The students will undergo at the end of each rotation an assessment based on the following major six points:

1. Patient Care Goal: Care providers, taking into account the total – physical, mental and social – needs of the patient, must ensure a full range of treatment that is appropriate, compassionate and effective.
2. Medical Knowledge Goal: Providers of care should master basic scientific and clinical knowledge of medical disorders and be able to apply this knowledge in the practice of medicine.
3. Practice Based Learning and Improvement Goal: In order to improve patient care practices, care providers should regularly stay acquainted about newer practice patterns and keep on being subjects of assimilation of scientific evidence and self-directed life-long learners.
4. Interpersonal and Communication Skills Goal: The care providers must be excellent communicators in order to persuade individuals, families and the communities in their charge to adopt healthy lifestyles and become partners in the health effort and to allow effective exchange of information.
5. Professionalism Goal: Care providers should demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse population.



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6. Systems-Based Practice Goal: Different care providers should work in a complementary pattern, be aware of and responsive to the healthcare system in which they practice and use available resources from this healthcare system to optimize care of the patient.

The evaluations must be filled on the **Medical Internship Assessment Checklist** by the direct coordinator of each hospital himself, or under his direct supervision.

B. **Oral Exam:** in the internship rotation at the end of each year. This will be used to judge whether the medical student has acquired not only knowledge but also has developed technical skills, analytical and communication skills, interdisciplinary care, counseling, evidence- and system-based care to enable him/her the effective and efficient delivery of healthcare. 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. **Written exams:** There are two written exams a partial and a final exam. Written exams (MCQs, True/False, Essay, MEQs, modified CRQs) these can be based on Key Feature Test (clinical scenario-based paper and pencil test).

D. **Grades** of the 6th and 7th year medical students will be divided as follows:

- **Final written exam: 35% of the general grade**
- **Clinical rotations grade is 65% of the general grade divided into:**
 - **Medical Internship Assessment: 15%**
 - **Oral exam: 20%**
 - **Partial written exam: 65%**



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IV. References:

- Written exams are based on:
 - **USMLE Step1 and Step2** and their review books
 - **National Medical series (NMS)**
 - **Board Review Series (BRS)**
- For further medical knowledge enrichment includes but not all, the intern may read the following references:
 - **Harrison's Principles of Internal Medicine (last edition)**
 - **Nelson Textbook of Pediatrics (last edition)**
 - **SCHWARTZ's Principles of Surgery (last edition)**
 - **Williams Gynecology (last edition)**
 -

V. Related documents/Records:

- Internship 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 6 th year: Mahdi Ghandour	01/03/2023	
	For 7 th year: Hussein Tarhini	01/03/2023	
	For residents: Hassan Ghraieb	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	
	Baabda Governmental Hospital: Dr. Ziad Saadeh	01/03/2023	
	Bahman Hospital: Dr. Assaad Mhanna	01/03/2023	
	Hammoud Hospital UMC Dr. Ibrahim Omeiss / Dr. Khalil Jaber	01/03/2023	
	Haykel Hospital Dr Lise ABI RAFEH	01/03/2023	
	Lebanese Hospital Geitaoui: Dr. Naji Abi Rashed	01/03/2023	
	Nabatieh Governmental Hospital Mme Hiba El Hussein	01/03/2023	
	New Mazloum Hospital Mme Youmna Mawass	01/03/2023	
	Rafik Hariri University Hospital: Dr. Nawfal Nawfal	01/03/2023	



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	Sacre Coeur Hospital : Dr. Pierre Abi Hanna	01/03/2023	
	Sahel General Hospital: Dr. Walid Alameh	01/03/2023	
	Saint Charles Hospital Dr. Amal Tohmeh	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.	Nawfal Nawfal, MD	01/03/2023
			Mirna Chahine, PhD	
			Mona Al Buaini, MD	
			Antoine Abou Rached, MD	
			Hussein Mcheimeche, MD	
			Khadija Ismail, PhD candidate	