



**Lebanese University Faculty of Medical Sciences Intended Learning Outcomes for 6<sup>th</sup> and 7th Year Medical Student Internship Rotation**

<b>FUNCTION: DEPARTMENT</b>		<b>CATEGORY: ACADEMIC</b>	
<b>CODE: ACD-ILO-INT</b>	<b>TYPE: GUIDELINE</b>	<b>IMPLEMENTATION DATE: 01/03/2023</b>	<b>EDITION: 2</b>

	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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<b>Approved by</b>	<b>The Dean</b>	Mohamad Moussa	Professor, Urologist, Chairman of the Surgery Department, Dean of the Faculty of Medical Sciences, LU	01/03/2023	



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**I. Introduction:**

Learning outcomes statements identify what the 6<sup>th</sup> and the 7<sup>th</sup> medical students should be able to demonstrate, represent and produce as a result of what and how they have learned at the hospital. The medical internship program must demonstrate an understanding of the manner in which people- of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments. And so, the medical education program should be able to **document** objectives relating to the development of skills in cultural competence, **demonstrate** the extent to which the objectives are being achieved, should be able to **indicate** the means by which students' acquisition of the knowledge, skills, behaviors, and attitudes related to cultural competence is assessed and to **provide** evidence that educational program objectives are being met.

Early patient contact would partly take place in primary care settings and would primarily include history taking, physical examination and communication

Learning outcomes are intended for formative purposes to help medical students to be aware of an accurate determination of the knowledge skills and abilities that they must acquire to practice during a developmental trajectory of four rotations, and on another hand to help the Review Committees to improve educational assessment, and accreditation processes. In fact, those learning outcomes represent the important core of the educational program and a good judgment to identify curricular gaps and areas of opportunity, and ensure you have the most effective combination of assessments.

Learning outcomes form a system in place for the assessment of medical student achievement throughout the program that employs a variety of measures of knowledge, skills, behaviors, and attitudes. They are written to cover and select the important topics for medical knowledge and for patient care across the biggest four specialties: internal medicine, surgery, gynecology/obstetrics and pediatrics. Each specialty has to set standards of achievement in that discipline and contribute to the setting of such standards in interdisciplinary and inter-professional learning experiences, as appropriate.

At an institution 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 annual new resident orientation. This helps faculty members develop and use a shared understanding of the goals.

Medical educational learning outcomes must fit the "Bloom's taxonomy of knowledge": The medical student must know, comprehend, apply, analyze, synthesize and evaluate. In turn, this would help ongoing assessment activities that ensure that medical students have acquired



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the core clinical skills, research skills, behaviors, and attitudes that have been specified in the program's educational objectives.

The following objectives describe, as per specialty, the most important implemented learning outcomes during the four clinical internship rotations (Internal Medicine, Surgery, Pediatrics, and Obstetrics/ Gynecology).

To be noted that the list below does not comprise of the entire coda for successful medical practice but will provide a solid platform from which to build upon. Even more important is the point that ILOs will point to the correct direction, however, being a doctor requires much more than knowledge; as well as being able to imitate and build on the activities one witness in the clinical placements, that helps the student to acquire skills, behaviors, specific attitudes, and commitment to their patients 'well-being.

**II. Internship ILOs:**

For each of the common and/or important **presentations** in medicine there are different levels required. These are graded level I, II, III and IV define for each medical conditions, the function assumed and played by the medical interns in that particular situation, based on its frequency and gravity.

**Level required for Common/Important presentations**

- Interpret findings from history and examination to recognize the presentation/s
- Demonstrate and apply knowledge of the presentation/s to support inclusion in a differential diagnosis
- Formulate a plan of investigation

**Level required for Common/Important conditions**

<b>I</b>	<ul style="list-style-type: none"> <li>• Interpret findings from history and examination to recognise condition/s</li> <li>• Demonstrate and apply knowledge of the condition/s to support inclusion in a differential diagnosis</li> </ul>
<b>II</b>	<p>= I +</p> <ul style="list-style-type: none"> <li>• Formulate a plan of investigation</li> </ul>



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<b>III</b>	<p>= II +</p> <ul style="list-style-type: none"> <li>• Synthesize a full assessment of the patient's problems</li> <li>• Define a likely final diagnosis</li> <li>• Formulate a plan for management</li> <li>• Recognize complications</li> <li>• Estimate prognosis and outline prevention (where relevant)</li> </ul>
<b>IV</b>	<p>= III +</p> <ul style="list-style-type: none"> <li>• Describe the steps required to provide immediate care</li> </ul>

The following objectives describe, as per specialty, the most important implemented learning outcomes during the four clinical internship rotations.

## I. Internal Medicine

### A. CARDIOLOGY

#### 1. COMMON AND/OR IMPORTANT PRESENTATIONS

- Cardio-respiratory Arrest
- Shocked Patient
- Breathlessness
- Chest Pain
- Palpitations
- Collapse/Blackout
- Falls
- Acute Back Pain
- Pre-syncope/Syncope
- Lower Limb Swelling
- Fatigue



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## 2. COMMON AND/OR IMPORTANT CONDITIONS

Condition/Issue	Level
Coronary Artery disease	IV
Myocardial Infarction	IV
Hypertension	IV
Tachyarrhythmia's (AF, SVT, VT, VF)	IV
Brady arrhythmias (sinus, heart block)	IV
Heart failure	IV
Infective Endocarditis	III
Postural Hypotension	II
Dyslipidemia	II
Valvular Heart Disease (Aortic and Mitral)	II
Cardiomyopathy	I
Congenital Heart Disease	I
Pericardial Disease	I
Aortic Dissection	I

## **B. DIABETES, ENDOCRINOLOGY & CLINICAL BIOCHEMISTRY**

### 1. COMMON AND/OR IMPORTANT PRESENTATIONS

- Unconscious Patient
- Shocked Patient
- Blackout/Collapse
- Confusion
- Falls
- Fits/Seizure
- Headache
- Nausea/Vomiting



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- Weakness/Paralysis
- Appetite and Weight Changes
- Disturbed Defecation
- Sweating
- Fatigue
- Skin Changes
- Pigmentation,
- Stature
- Loss of Libido
- Erectile Dysfunction
- Galactorrhea
- Menstruation
- Polyuria
- Polydipsia
- Thirst
- Blurred Vision
- Neck Lump

## 2. COMMON AND/OR IMPORTANT CONDITIONS

Condition/Issue	Level
Diabetic Emergencies (DKA, HHS, Hypoglycemia)	<b>IV</b>
Type 2 Diabetes	<b>IV</b>
Type 1 Diabetes	<b>IV</b>
Diabetes Complications	<b>III</b>
Gestational Diabetes	<b>II</b>
Secondary Diabetes	<b>II</b>
Monogenic Diabetes	<b>I</b>

Condition/Issue	Level
Hypothyroidism	<b>IV</b>



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Hyperthyroidism	IV
Thyroid Goiter	II
Thyroid Carcinoma	II
Thyroid Eye Disease	I

Condition/Issue	Level
Hyperparathyroidism	II
Hypoparathyroidism	II

Condition/Issue	Level
Adrenal Insufficiency	IV
Hypopituitarism	III
Cushing's Syndrome	II
Acromegaly	II
Hyperprolactinemia	II
Cushing's Disease/Syndrome	II
Polycystic Ovary syndrome	II
Primary Gonadal Failure	II
Klinefelter's Syndrome	I
Phaeochromocytoma	I
Primary Hyperaldosteronism	I

Condition/Issue	Level
Hypo or Hyperkalemia	IV
Obesity	III
Hypo or Hypernatremia	III
Hypo or Hypercalcemia	III
Hypo or Hypomagnesaemia	II
Acid-base Balance	II





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**C. GASTROENTEROLOGY**

**1. COMMON AND/OR IMPORTANT PRESENTATIONS**

- Abdominal Pain
- Diarrhea
- Nausea/Vomiting
- Gastrointestinal Bleeding
- Jaundice
- Appetite and/or Weight Change
- Constipation
- Fecal Incontinence
- Heartburn/Water brash
- Dysphagia
- Abdominal Swelling/Bloating
- Dark Urine
- Pale Stools
- Mouth Ulcers
- Alcohol/Substance Dependence

**2. COMMON AND/OR IMPORTANT CONDITIONS**

Condition/Issue	Level
Gastro-esophageal Reflux Disease and Hiatus Hernia	<b>IV</b>
Upper Gastrointestinal Bleeding	<b>IV</b>
Acute Liver Failure	<b>IV</b>
Acute Alcohol Withdrawal	<b>IV</b>
Inflammatory Bowel Disease including Ulcerative Colitis and Crohn's Disease	<b>IV</b>



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Gastritis/Duodenitis	IV
Gastric/Duodenal Ulcer Disease	IV
Esophageal Varices	III
Chronic Liver Disease and Cirrhosis	III
Barret's Esophagus	II
Malabsorption including Coeliac Disease	II
Irritable Bowel Syndrome	I

**D. HEMATOLOGY**

**1. COMMON AND/OR IMPORTANT PRESENTATIONS:**

- Breathlessness
- Fever
- Jaundice
- Fatigue
- Pre-syncope/Syncope
- Easy Bruising and Spontaneous Bleeding
- Purpura
- Night Sweats
- Recurrent Infections
- Mouth Ulcers
- Appetite and/or Weight Change
- Lymph Gland Enlargement
- Abdominal Swelling/Hepatosplenomegaly

**2. COMMON AND/OR IMPORTANT CONDITIONS**

Condition/Issue	Level
Anemia	IV
Pancytopenia and Bone Marrow Failure	IV



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Bleeding Disorders (including Thrombocytopenia)	III
Multiple Myeloma	III
Thrombophilia	II
Myeloid Diseases and Leukemia	II
Lymphoma	II

**E. INFECTIOUS DISEASES**

**1. COMMON AND/OR IMPORTANT PRESENTATIONS:**

- Shocked Patient
- Breathlessness
- Fever
- Abdominal pain
- Diarrhea
- Nausea/Vomiting
- Jaundice
- Headache
- Confusion
- Weakness/Paralysis
- Rash
- Limb Pain/Swelling
- Neck Pain
- Altered Cognition
- Frequency
- Urgency
- Dysuria
- Hematuria
- Incontinence
- Urinary Retention
- Loin pain
- Cough
- Sputum
- Hemoptysis
- Genital Discharge and Ulceration
- Hypothermia



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## 2. COMMON AND/OR IMPORTANT CONDITIONS

Condition/Issue	Level
Sepsis	IV
Gastroenteritis	IV
Respiratory Infections (including Viral)	IV
Cellulitis (including indications for surgical intervention)	IV
MRSA Infection	IV
Clostridium Infection	IV
Meningitis	IV
Herpes Virus Infections	III
Tuberculosis	III
HIV/AIDS	III
Staphylococcus Aureus Bacteremia	II
Sexually Transmitted Infection	II
Malaria	II
Infections in the Immunocompromised Host	II
Fever in the Returning Traveler	II
Infectious Mononucleosis	II
Pyrexia of Unknown Origin	II



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Less Common Infections (Spirochetal infection including syphilis, Tetanus, Dysentery, Cholera, Leprosy, Viral hemorrhagic fevers, Enteric fever, Rabies, Roundworm and tapeworm infestation, Toxoplasmosis, Lyme disease, Measles, Mumps)	<b>I</b>
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**F. NEPHROLOGY**

**1. COMMON AND/OR IMPORTANT PRESENTATIONS**

- Fever
- Abdominal pain
- Nausea/Vomiting
- Confusion
- Frequency
- Urgency
- Dysuria
- Hematuria
- Incontinence
- Nocturia
- Anuria
- Urinary Retention
- Oliguria
- Polyuria
- Anorexia
- Fatigue
- Vomiting
- Pruritus
- Edema

**2. COMMON AND/OR IMPORTANT CONDITIONS**



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Condition/Issue	Level
Urinary Tract Infection/Pyelonephritis	IV
Acute Kidney Injury	IV
Chronic Kidney Disease (including principles/consequences of renal replacement therapy including transplantation)	III
Glomerulonephritis	II
Congenital Disease of the Kidney	II
Systemic Disease of the Kidney	II

**G. NEUROLOGY**

**1. COMMON AND/OR IMPORTANT PRESENTATIONS**

- Unconscious Patient
- Headache
- Blackout/Collapse
- Fits/Seizure
- Confusion (including Acute/Delirium)
- Weakness/Paralysis
- Acute Back Pain
- Falls
- Neck Pain
- Vertigo
- Disturbances of Vision
- Hearing or Smell
- Disturbances of Gait
- Disturbance of Sphincter Control
- Loss or Disturbed Sensation
- Involuntary Movements
- Tremor
- Speech or Swallowing Disturbance
- Altered Cognition/Disturbed Behavior
- Head Injury



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- Memory Loss
- Immobility

## 2. COMMON AND/OR IMPORTANT CONDITIONS

Condition/Issue	Level
Seizures and Epilepsy	IV
Stroke/TIA	IV
Headache	IV
Subarachnoid Hemorrhage	III
Multiple Sclerosis	III
Parkinson's Disease	III
Cervical Spondylosis	III
Myasthenia Gravis	II
Motor Neuron Disease	II
Acute Confusional State/Delirium	II
Peripheral Neuropathy	II

## H. RESPIRATORY MEDICINE

### 1. COMMON AND/OR IMPORTANT PRESENTATIONS

- Cardio-respiratory Arrest
- Anaphylaxis
- Breathlessness
- Chest Pain
- Fever
- Limb Pain/Swelling



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- Cough
- Sputum
- Hemoptysis
- Wheeze
- Hoarseness/Stridor
- Night Sweats
- Weight Loss
- Lymph Gland Enlargement

## 2. COMMON AND/OR IMPORTANT CONDITIONS

Condition/Issue	Level
Respiratory failure (including arterial blood gas analysis)	<b>IV</b>
Chronic Obstructive Airways Disease	<b>IV</b>
Asthma	<b>IV</b>
Pneumonia	<b>IV</b>
DVT/Pulmonary embolism (including Prevention and Anticoagulation)	<b>IV</b>
Pneumothorax (and tension pneumothorax)	<b>III</b>
Lung Cancer	<b>III</b>
Pleural effusion	<b>III</b>
Obstructive sleep apnea syndrome	<b>III</b>
Interstitial and fibrotic lung disease	<b>II</b>
Bronchiectasis	<b>II</b>
Pulmonary hypertension and Cor Pulmonale	<b>I</b>
Granulomatous Lung Disease	<b>I</b>





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**I. RHEUMATOLOGY**

**1. COMMON AND/OR IMPORTANT PRESENTATIONS**

- Joint Pain
- Joint Swelling
- Acute Hot Joint
- Morning Stiffness
- Loss of Motion/Loss of Function
- Joint Deformity
- Joint Instability
- Acute Back Pain
- Muscle Pain
- Dry Eyes/Mouth
- Raynaud's Phenomenon
- Mouth Ulcers
- Rash
- Fever
- Photosensitivity
- Diarrhea

**2. COMMON AND/OR IMPORTANT CONDITIONS**

Condition/Issue	Level
Rheumatoid Arthritis	IV
Osteoarthritis	IV
Psoriatic Arthritis	IV
Septic Arthritis	IV



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Crystal Arthropathies (Gout and Pseudogout)	<b>IV</b>
Temporal Arteritis	<b>IV</b>
Polymyalgia Rheumatica	<b>III</b>
Osteoporosis	<b>III</b>
Ankylosing Spondylitis	<b>III</b>
Autoimmune Connective Tissue Disease (SLE, Sjogren's Syndrome, Polymyositis and Dermatomyositis)	<b>II</b>
Vasculitis	<b>II</b>
Reactive Arthritis	<b>II</b>
Paget's Disease of the Bone	<b>II</b>
Bone Tumors and Metastases	<b>II</b>

**J. DERMATOLOGY:**

**COMMON AND/OR IMPORTANT PRESENTATIONS**

- Shocked Patient
- Fever
- Rash
- Limb Pain/Swelling
- Skin Changes
- Skin Blisters
- Pigmentation
- Purpura
- Skin Ulcers
- Hair loss

**K. GERIATRIC MEDICINE**

**COMMON AND/OR IMPORTANT PRESENTATIONS**

- Chronic pain
- Delirium
- Dementia



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- Deterioration in mobility
- Falls
- Fragility fractures
- Frailty
- Incontinence

## II. Surgery

### **ACUTE SURGICAL CONDITIONS:**

#### **1. COMMON AND/OR IMPORTANT MANIFESTATIONS:**

- Trauma
- Shocked Patient (Hypovolemia, Sepsis)
- Hemorrhage
- Acute Abdomen
- Hematemesis
- Melena
- Rectal bleeding
- Obstructive Jaundice
- Abdominal Swelling
- Loin pain
- Altered Bowel Habit
- Dysphagia,
- Nausea/Vomiting
- Dysuria
- Hematuria
- Frequency
- Urgency
- Nocturia
- Testicular pain
- Testicular Swelling
- Acute limb Ischemia
- Head Injury
- Wound Assessment
- Wound Management



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**2. COMMON AND/OR IMPORTANT CONDITIONS**

Condition	Level
Appendicitis	IV
Cholecystitis/biliary colic	IV
Acute Pancreatitis	IV
Peritonitis	IV
Diverticulitis	IV
Visceral perforation	IV
GI bleeding (Upper, Lower)	IV
Sepsis (cellulitis, abscess, intra-abdominal)	IV
Ruptured abdominal aortic aneurysm	IV
Urological emergencies (acute retention, hematuria, testicular pain)	II
Trauma (head injury, chest trauma, abdominal/pelvic trauma, hemorrhage)	II
Common perioperative complications (including pain, nausea & vomiting, pyrexia, oxygen therapy, bleeding, infection, PE)	II
IV fluid management	II
Nutritional assessment	I
Operative antibiotic prophylaxis	I
Gallstones	IV
Gastro-esophageal reflux disease and Hiatus Hernia	II
Peptic ulcer disease	II
Upper GI Malignancies	II
Bowel obstruction	IV
Colonic carcinoma	III



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Diverticular disease	II
Hemorrhoids	I
Hernia (inguinal, incisional, other)	IV
Surgical wound	II
Varicose veins	I
Diabetic foot Amputation	I
Breast Conditions (cancer and benign)	I
Urological Conditions (stones, BPH, prostate cancer ...)	I
Orthopedics Conditions	I

### III. Gynecology / Obstetrics

#### 1. COMMON AND/OR IMPORTANT MANIFESTATIONS

- Abnormal uterine bleeding
- Pelvic pain (ectopic pregnancy)
- Amenorrhea

#### 2. COMMON AND/OR IMPORTANT CONDITIONS

Condition	Level
Vulvar Diseases	II
Cervical Diseases and Malignancies	II
Endometrial and Myometrial Diseases	II
Gestational Pathologies	II



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Normal Vaginal Delivery and C-section	II
Infertility	II
Pregnancy Complications	II
Menopause	II

**IV. Pediatrics**

**COMMON AND/OR IMPORTANT CONDITIONS**

Condition	Level
Well-Child Care	II
Neonatology (Apgar Scoring, Congenital malformations ...)	II
Child Development (milestones)	II
Congenital Heart Disease	I
Congenital GI Disease	I
Pediatric Oncology	I
Pediatric Infectious Disease	I
Common Genetic Disease	I
Neurodevelopmental Disorders	I
Child Abuse	I
Common Surgical Conditions	I



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## V. Procedures

The student should apply the following **procedures**:

- Naso-gastric tubes
- Starting IV access lines
- Suturing skills
- Cardiopulmonary resuscitation
- Cast application
- Patient safety issues
- Surgical scrub techniques
- Foley Catheter
- Digital Rectal Exam

The student should attempt **Additional Simple Cases** for specified training problems for two reasons:

1. Limited student exposure in clinical setting to training problem.
2. Training problem identified by clerkship directors as fundamental to the Medicine curriculum

### III. References:

1. LCME/CACMS Medical Education Database 2013-2014/II. Educational Program
2. The Milestones Guidebook, ACGME; Eric S. Holmboe, MD; Laura Edgar, EdD, CAE; Stan Hamstra, PhD; Version 2016
3. University Of Glasgow, School of Medicine, Intended Learning Outcomes



**Lebanese University Faculty of Medical Sciences Intended Learning Outcomes for 6<sup>th</sup> and 7<sup>th</sup> Year Medical Student Internship Rotation**

<b>FUNCTION: DEPARTMENT</b>		<b>CATEGORY: ACADEMIC</b>	
<b>CODE: ACD-ILO-INT</b>	<b>TYPE: GUIDELINE</b>	<b>IMPLEMENTATION DATE: 01/03/2023</b>	<b>EDITION: 2</b>

**Diffusion:**

Department/Division Section/Unit	Title of the person receiving this copy/ His delegate	Reception date	Name & Signature
Faculty Council	Dean's Assistant / <b>Grace Hawi</b>	01/03/2023	
Students	Delegates for the academic year 2022-2023:		
	For 6 <sup>th</sup> year: <b>Mahdi Ghandour</b>	01/03/2023	
	For 7 <sup>th</sup> year: <b>Hussein Tarhini</b>	01/03/2023	
	For residents: <b>Hassan Ghrayeb</b>	01/03/2023	
	For residents: <b>Hussein Hamdar</b>	01/03/2023	
Lebanese Hospitals where students are rotating (affiliated and non-affiliated to LU)	Medical Coordinators:		
	Al Rassoul Al Azam Hospital: <b>Dr. Mahmoud Younis</b>	01/03/2023	
	Al-Zahraa Hospital University Medical Center: <b>Dr. Samer Dbouk</b>	01/03/2023	
	Baabda Governmental Hospital: <b>Dr. Ziad Saadeh</b>	01/03/2023	
	Bahman Hospital: <b>Dr. Assaad Mhanna</b>	01/03/2023	
	Hammoud Hospital UMC <b>Dr. Ibrahim Omeiss / Dr. Khalil Jaber</b>	01/03/2023	
	Haykel Hospital <b>Dr Lise ABI RAFEH</b>	01/03/2023	
	Lebanese Hospital Geitaoui: <b>Dr. Naji Abi Rashed</b>	01/03/2023	
	Nabatieh Governmental Hospital <b>Mme Hiba El Hussein</b>	01/03/2023	
	New Mazloun Hospital <b>Mme Youmna Mawass</b>	01/03/2023	
	Rafik Hariri University Hospital: <b>Dr. Nawfal Nawfal</b>	01/03/2023	
	Sacre Coeur Hospital : <b>Dr. Pierre Abi Hanna</b>	01/03/2023	
	Sahel General Hospital: <b>Dr. Walid Alameh</b>	01/03/2023	
	Saint Charles Hospital <b>Dr. Amal Tohmeh</b>	01/03/2023	





Lebanese University Faculty of Medical Sciences Intended Learning Outcomes for 6<sup>th</sup> and 7<sup>th</sup> Year Medical Student Internship Rotation

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

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