

Is the residents' letter from now on a theoretical reality that awaits application?

The Dean of the Faculty of Medicine: "I welcome what has been done... but it is not easy to turn a liberal private hospital into a teaching hospital."

Professor Roland Tomb, the new Dean of the USJ Faculty of Medicine, met with a delegation from the website "MECIRE", comprised of residents Marc Achkar and Antonio Frangieh, and interns Georges Hage and Dany Matar, on December 19th, 2011, to discuss the new battle that was launched on all fronts, both at the Faculty and at Hôtel-Dieu de France Hospital (HDF), to help improve the entire institution, and that has started by thoroughly listening to what the "soldiers" on the field have to say.

Have you chosen a theme for your mandate? What are the strengths and weaknesses of our system and how do you plan to act upon them?

There is really no specific theme for my term which rather falls under the idea of change within continuity. There will be no nth reform or upheaval or change for the sake of change, but we will review a lot of things. As you know, the Faculty will be celebrating its 125th anniversary in 2013, so it is not a new school that is searching for its identity, but it is an institution that holds a great tradition and values that we need to build upon in order to move forward. In that sense, **it is not enough just to talk about excellence, but also to achieve it.**

Basically, the spirit of the administration has changed. **We want people to know that something is being done.** We want to be more present, closer, more involved and more accessible to students. **This is a full time "job"!**

I had the chance to become a dean with the double legitimacy from the University's administration that appointed me and from the Faculty who voted for me. We must therefore be worthy of that trust. The entire team is committed to working and feels involved. **Fortunately I am not alone.**

Have you thought about reviewing the courses and training programs within the Faculty of Medicine according to the students' needs?

We aim to improve medical education especially in the Master program as we seek a better balance between classes and internships (like everywhere else) with a better guidance for the trainees.

The ECTS reform has been applied in a somewhat artificial way - differently from what has been done in France. Medicine has in fact a specificity that limits the choice of credits as recommended by the ECTS system. There is a basic essential teaching material which makes the system hard to apply the same way. However **I welcome everything that has already been done:** a tremendous job of matching programs, especially in the License curriculum.

The climate is also different at HDF with Dr. Eliane Ayoub who is the new person in charge of interns and residents and who is working thoroughly to ensure a better presence for the service of the students.

A truism that deserves to be remembered: **I consider that the Faculty must be student centered, as the hospital should be patient centered.** My goal is therefore to create a favorable environment that allows students to feel comfortable and fulfilled in the campus.

As examples I cite: changes at the library of the campus and of HDF: renewal of subscriptions, openings until 1 am during exam periods, and a more welcoming atmosphere. In addition, we have redesigned the "Maison du Carabin" and added 120 "lockers" available to students. Furthermore, 120 new computers were installed, classrooms have been rehabilitated, a communication screen was installed, and a *newsletter* was designed to enhance communication with students and teachers.

Did you think about filling the gaps in the education of residents in order to optimize the current university program?

It is not enough to say we have formed our residents in their subsequent specialties. **The desire of residents to make an additional internship abroad shows the incompleteness of our training here. We must provide adequate training for the residents while internships abroad should serve as sub-specializations rather than supplementation of an incomplete training.** In the dermatology department for example, some do not even want to leave the country because they feel very well trained, and others show these qualities when they are abroad. Some departments in France even ask for our residents to come there!

In addition, we plan to develop projects with hospitals affiliated with the Faculty of Medicine so that they become true training grounds for our students.

Similarly, the choice of Masters is not large at USJ, and it is not enough to simply change the name of the programs to consider them as Masters. **A Master's program must be worthy of its name.** We considered transforming some diplomas into Masters, but it is neither easy nor obvious, and it needs good planning.

On the long term, are you considering residents' clinics under the supervision of physicians?

The idea of residents being present at the doctor's clinics is intuitive: the resident must spend time at clinics since it is a major part of the physician's work. You do not learn medicine only in books but also in practice. It is true that we must see the rare conditions that are present at the hospital, but we most importantly need to see the more common diseases that arise in practice. We should keep in mind that medical education is not limited to the acquisition of knowledge. In addition to the information, consider the both management and interpersonal skills.

I was shocked to learn that many of my colleagues do not tolerate the presence of their residents at their clinics. I think this is a necessity and that the physician also benefits from being "challenged" by the residents' on-site questions which push him often to critically rethink his/her diagnosis. This will help motivate the physician to stay updated in his/her field. Training is the best tool for learning, and ultimately, practice in real time is the reality of our profession and that's what we want our residents to do. **This is how it's been since antiquity! This issue brings us back to the problem of transforming a private hospital to a university hospital and to banish the mentality of pure private clinic.** In fact, patients tolerate the presence of residents, especially when we explain it to them, and refusals are the exception and not the rule. In addition, some patients like this because they feel safer when they are under the supervision of a medical team.

What about conventions that facilitate sub-specialties?

As opportunities for internships abroad are becoming limited, we are trying to increase conventions and agreements with foreign faculties and hospitals to preserve the Faculty's good reputation abroad.

It is true that the conditions for training abroad are becoming more and more difficult. This year, 27 residents have secured an internship in France, but **we had to fight individually for each and every single one to ensure their spots.** Indeed, the administrative procedures have become nonsensical and hinder cooperation. There were even students who had been accepted for exchange programs but their visa applications were refused. But on the bright side, the law has been amended in France. On the other hand, we have received this year 65 foreign students in exchange programs; **we are currently accepting more than we are sending.** We are hoping that after all the negotiations we conducted with the Conference of Deans, CIDMEF and ministries, exchanges and cooperation will be facilitated.

Are you in touch with the alumni? Have you started the project of a directory that would be used to know where each of our graduates currently is, whether in Lebanon or elsewhere, in order to take advantage of their positions and contacts for the continuous formation of our students?

A major challenge is to get a contribution from our alumni. We intend to revive the Alumni Association, and for that we have just published press release for the convening of the General Assembly in January 2012 to elect a younger office bringing together the lively forces in Lebanon and abroad. The alumni will also have an office and a secretariat available for them.

In addition, we formed a "Strategic Council" chaired by Prof. Najib Geahchan that aims to provide a long-term vision as well as strategic changes for the Faculty. It will rely on alumni and people from outside the Faculty, whether the medical or nonmedical. This council should "look" into the future farther than we can do because we cannot have such a far vision when we are involved in day-to-day work.



Do you have plans for collaborating with the management of Hotel-Dieu de France (Archives, Library, IT Network...)? It seems that the new interns' ward ("Pavillon") and the parking are advancing...

Relations with the HDF have become much closer, and we are working hand in hand. Fortunately, **there is also a lot of goodwill from HDF's administration**, and the hospital is now a construction site both literally and metaphorically. It is a site that sees the construction of a new interns' ward, a new parking lot, new classrooms, a new elevator, and soon a new facility for the Emergency Room... On the other hand, the management is reviewing the status and contract of physicians to ensure that the hospital really deserves its status as a university hospital. In fact, **it is not easy to make a Liberal private hospital a teaching hospital**, where doctors are not employees.

What will you do to promote research and publications?

According to the French definition, a faculty is a unit of training and research. We currently have a research embryo that needs to be developed. Some of our laboratories have migrated to the Technology and Health Pole, but all depend on the Faculty. We must rationalize our research system, provide a budget, and make it more attractive for researchers who want stability, but also a decent income. So we will revitalize the research committee and set up a clinical research unit at HDF in

which the Faculty will be involved. The Technology and Health Pole must be exploited. Research should not be an empty slogan, and we should encourage students to enroll in research programs, which is not easy because of the need to suspend a person's work, and given the costs of these courses. We must recover an international level and stop teaching imported "recipes", but contribute to the advancement of knowledge. **If we do not do research, we are not worthy of the label "academic"!**

To encourage research, we have already hired a new researched and offered him a decent income. We have discussed the problem faced by residents who want to do a Master: they must pay the registration fees (almost 7000 USD / year), and they are no longer paid as residents! Despite this, many of them enroll. We must therefore find a formula acceptable by the whole University (and not just by the Faculty of Medicine), **as is it currently penalizing do research!**

How do you see the Faculty of Medicine and Hôtel-Dieu de France in 2020?

The imagination is boundless. I would love to see HDF as a true teaching hospital not only for Lebanon but also for the entire region. We cannot retract on ourselves. Before, there were far fewer teaching hospitals and we used to see people coming from everywhere. Currently, we need to reach a level of excellence that allows us to shine more. **We need to collaborate with other hospitals and medical schools in the country for the good of all, look at things in terms of complementarity rather than competition. Nevertheless, this does not prevent us from wanting to remain in the lead.** Things here are less easy than at the American University of Beirut for example because of a structural problem: at AUB, the hospital is integrated into their medical school, while here, despite our close cooperation and our common dependence on HDF; we are two separate legal entities.