

SCHOOL OF MEDICINE

CLINICAL TRAINING MANUAL



St. George's University

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INTRODUCTION

The Clinical Training Manual serves four important functions:

1. helping students reach the outcome objectives of the School of Medicine.
2. functioning as a useful handbook to guide students through the many school and regulatory policies and requirements that characterize this segment of their medical education.
3. providing the major academic and policy document for our affiliation agreements with hospitals and submissions to accrediting agencies.
4. serving as an initial guide for students as they plan for postgraduate training.

The three sections of the Manual detail the structure of the clinical program, the clinical curriculum, the relationships with affiliated hospitals and the procedures, rules and regulations required to function in health care settings and apply for post-graduate training in the US. This Manual has evolved over forty years in response to accrediting agencies, residency and licensing requirements, clinical faculty input and the cumulative experience of thousands of SGU medical students who have successfully completed the clinical terms. We hope that students and faculty use this Manual to help them with both long-range educational goals and day-to-day functioning. We recommend that students read this Manual carefully and use it as a reference. This Manual is subject to change and continuously revised and updated as necessary.

THE DOCTOR OF MEDICINE PROGRAM

MISSION

To provide an international, culturally diverse environment in which students learn the knowledge, skills and behaviors required for postgraduate training in the Health Profession while being inspired to develop compassion, curiosity, tolerance and commitment to patients and society, dedication to life-long learning and an understanding of the vital role of research in healthcare.

An Open Letter from the Dean to Beginning Third Year Students

WELCOME TO THE CLINICAL YEARS

You are about to enter a new, exciting and demanding phase of your education. You have had some introductory clinical experiences during the pre-clerkship years, but it is different to be immersed all day, every day, in hospital life, wearing the white coat you received on your first day in medical school. This is a significant transition and as in all transitions, some aspects will be immediately rewarding; others will require some adjustment.

In the first two years of medical school, lectures, labs and exams were scheduled to maximize the learning process. In hospitals, the needs of patients take precedence over yours; you cannot always study at the time of day you prefer; you cannot always go home when you want to; your obligation to patients and the health care team comes first.

The clinical years will place upon you a completely different set of demands and expectations from those you have been accustomed to until now. You will also find the style and methods of teaching quite different from what you have experienced. Your education in terms 1-5 focused primarily on acquiring medical knowledge in a way that did not differ greatly from your experiences in college. A central part of your life consisted of passing exams because that was primarily the way your success or failure as a medical student was judged.

During the clinical years you are still expected to give the highest priority to the acquisition of medical knowledge and performance on NBME exams. In addition, you must also now learn to conduct yourself in a professional manner as part of a health care team. This role is quite different from anything in your previous educational experience. You must begin the process of shifting your own self-image and behavior from that of a student, with the license and freedom that often entails, to a doctor with serious responsibilities. You will still be expected to do well on exams, but you will also be judged on your ability to take responsibility, to relate to and work harmoniously with professional colleagues, to exhibit maturity in the way you conduct yourself on the wards and to demonstrate that you are successfully acquiring the communication skills and behaviors needed to relate and care for patients.

The clinical years are demanding, more so than any previous experience in your life and probably more than you can conceive or appreciate at this time. These demands will consume almost one hundred percent of your time. You may have difficulty in adequately meeting the requirements placed on you if you also have to cope with demanding personal problems. Your clinical supervisors must judge you on the basis of your performance as you would be judged as a practicing physician. Little allowance can be made for what is going on in your personal life. If you are having personal problems that interfere with your ability to function as a clinical student, you should seek help. The Office of the Dean, Office of Clinical Studies, Dean of Students, Directors of Medical Education (DME), Clerkship Directors (CD) and faculty are available to help.

Missing a lecture during the basic science years was not considered a serious transgression. During your clinical years, however, missing a lecture or failing to fulfill a ward assignment will call into question your ability to accept the necessary responsibilities required of you as a physician. No unexcused absences are permitted. Permission to leave a rotation, even for a day, requires prior approval from a Clerkship Director or Director of Medical Education.

Your clinical years should be an exciting experience. Your dedicated ambition to become a physician, your maturity and your preparation over the last two years will enable you to handle the demands of the clinical clerkships without difficulty.

You will now begin the work for which you have been preparing for so many years. You will find it infinitely challenging, yet sometimes frustrating; enormously fun, but sometimes tragic; very rewarding and sometimes humbling. Make the most of it.

*Stephen Weitzman, MD
Dean, School of Medicine*

SECTION ONE

I. GENERAL INFORMATION

A. Clinical Training Sites

St. George's University School of Medicine (SGUSOM) has provided high-quality clinical education for over forty years. More than 70 formally affiliated teaching hospitals in the United States and the United Kingdom provide clinical training in terms 6-10. The strong performance of students on externally administered examinations and their success in obtaining and performing well in postgraduate training programs has validated the St. George's method of decentralized, hospital-based clinical education.

One of the unique opportunities afforded to students at SGUSOM is the ability to experience a wide range of patients, hospital systems and even different national systems of health care. Students have the option to move, doing some clerkships in the US, some in the UK, some in suburban hospitals and some in inner-city hospitals. During their senior year students can elect rotations not only in affiliated hospitals, including Grenada, but also in training hospitals in Canada and anywhere else in the world they wish. For those who would prefer to do all their clinical training in one area, SGU has developed "Clinical Centers". These are affiliated teaching hospitals, or groups of affiliated teaching hospitals, that offer all clerkships, sub internships and electives. Students can spend all or most of their required two years of clinical training at clinical centers. Major affiliated hospitals provide some of both third and fourth year requirements. The school also has affiliated hospitals which provide only fourth year rotations and electives (limited affiliates).

Appendix "A" provides information about all clinical centers, major affiliated hospitals and limited affiliated hospitals in the US and UK. Clinical training occurs exclusively on services participating in postgraduate training programs. Many of our affiliated hospitals and clinical centers also train medical students from UK and US medical schools.

B. Role of the Affiliated Hospitals

A formal affiliation agreement between SGU and its affiliated hospitals and clinical centers exists for the purpose of establishing a clinical training program for the University's third and fourth year medical students. Clinical centers and hospitals accept qualified students into organized, patient-based teaching programs and provide additional instruction with pertinent lectures, conferences, ward rounds and seminars.

Designated hospital staff supervise the educational program and assess each student's progress during the clinical attachment there. Within the bounds of its own teaching programs, it adheres to the precepts and standards of the SGUSOM teaching program as outlined and detailed in the latest edition of the Clinical Training Manual (CTM).

Based on the appropriate qualifications and recommendation from the hospital, SGUSOM appoints a Director of Medical Education (DME) who is the hospital administrator responsible for the SGU student program and is the liaison with the School of Medicine. DMEs receive formal appointments to the School of Medicine's faculty that are commensurate with their qualifications and duties. Their principal role is to supervise the clinical program and ensure its quality and its conformity with the University's

guidelines as described in the CTM and the Faculty Handbook. Numerous members of the hospital's medical staff, as well as its postgraduate trainees, play an active role in the teaching of St. George's students; many also have clinical faculty appointments at SGUSOM. This group of clinical teachers leads orientations, lectures and conferences. They conduct bed-side rounds, teach clinical skills, conduct mid-core formative assessments, keep students' records and help formulate students' final grades. For the purpose of achieving uniformity in the clinical training program at different sites and University-wide integration, SGU's clinical faculty participate in the School of Medicine's ongoing educational activities, administrative meetings and clinical department meetings.

The University has the sole and final right to evaluate the student's total academic accomplishments and make all determinations regarding promotion, retention, remediation and graduation, including granting the Doctor of Medicine degree.

The University budgets a specified sum of money to help defray the expenses incurred in the teaching program at each hospital; provides professional liability insurance coverage for all its students working in any of its affiliated hospitals; ensures that all students fulfill health care requirements required by regulations; completes a criminal background check and only assigns students to hospitals with academic qualifications consonant with the demands of the clinical program provided by the hospital.

All hospitals have been carefully selected to ensure their facilities meet SGU's standards. They must demonstrate a continuing commitment to medical education and furnish the necessary infrastructure to provide a successful clinical training program: integrating medical students into the health care team, providing access to the hospitals' computer system and supervising involvement with patients.

C. Assignment of Students to Hospitals

General Comments

All students are scheduled and graduate on time unless they take extended leaves of absence or have academic difficulties. SGU continues to have enough clinical places to make sure that all students can complete their clinical curriculum in a timely manner.

Students should not become overly concerned with clinical placements. A future career in medicine - for example, the ability to obtain a residency program in the US - will depend on students' academic record and personal characteristics. The particular hospital in which students train or the order in which they do rotations are insignificant when compared to United States Medical Licensing Exam (USMLE) Step I and II performance, qualifying examinations of other countries, grades, letters of recommendation (LOR), Medical Student Performance Evaluation (MSPE), personal statements and interviews.

While the school appreciates that some assignments or schedules may be inconvenient, our priorities are assuring that all students are placed, that they are all afforded an opportunity for clinical training and that agreements with our affiliated hospitals are fulfilled. SGU considers our hospitals substantially equivalent in terms of the educational experiences they provide. Detailed information about each hospital will not enable students to make a rational decision about whether an individual hospital is best for any individual student. In the US the main reason for a student to choose one geographical area over another relates to convenience in terms of living arrangements or being close to home. Students have the opportunity to explain this on the Electronic Placement Information Form (EPIF).

During Term 5 the school sends students a list of available US hospitals to the class that are available for placement. Only the hospitals on that list are available to each class for starting core rotations. In the US some hospitals start clinical students only in the spring, some only in the summer and some both times. Students who do not start on time and take leave of absence (LOA) will be placed based on hospital availability. However, taking an LOA instead of starting on time must be mentioned in students' transcripts and MSPE. Residency program directors may look unfavorably on LOA's.

Electronic Placement Information Form (EPIF)

Students have access to an EPIF early in term 5. Placement preparation starts when students submit their EPIF with their updated permanent address, phone number, and citizenship for visa support letters, if applicable. On this form students should indicate whether US or UK placement is desired, their intended starting timeframe and if necessary, specific information regarding a special consideration. Special consideration in terms of placement includes:

- available housing near a specific hospital
- special family circumstances
- placement with specific individuals

Students can also indicate on their form that they have no particular preference. In these cases the school will place these students in an affiliated hospitals. This will be arranged by the Office of Clinical Studies on an individual basis.

US CLINICAL PLACEMENT

The placement process begins after promotion to the Clinical Program and consists of the following process:

1. Five to six weeks after completing Term 5 students must email the placement coordinators at clined@sgu.edu confirming the month they intend to begin clinical rotations, and, if they plan to take Step 1, the date they expect to take Step I.
2. One month before starting clinical training the placement coordinators email notification of each student's clinical assignment based on information provided by the student to date. This email notification does not give students permission to contact the hospital. Under no circumstances should a student arrive at any hospital until receiving a confirmation letter; to do so is contrary to school and hospital policy and, in some cases, may violate state regulations. Students assigned to a NY hospital must submit completed NYS paperwork to the Office of Clinical Studies. This consists of:
 - NYS Application
 - NYS Infection Control Certificate
 - A \$20 check payable to NYSDOE

A passing Step 1 score is also required for NYS paperwork and must be submitted to clined@sgu.edu.

3. Once students receive their assignment notification, they can plan on travel and housing arrangements. However, keep in mind if students change plans, for example, postpone Step 1 past the recommended date to take the exam or fail to meet the NYS deadlines, their assignment could change and may result in a different assignment or different start date at the same hospital. Therefore, students should consider these possible changes before finalizing arrangements and living accommodations.

THE CONFIRMATION PROCESS FOR ALL CLINICAL PLACEMENTS.

After satisfactorily completing all Basic Science requirements, students must:

- a. be in financial good standing.
- b. have health insurance.
- c. have their St. George's University School of Medicine (SGUSOM) health forms cleared by the department of Student Health Records Management (sconway@sgu.edu). Students will receive a separate memo with details about health form clearance.
- d. request a criminal background check to be done by SGU by emailing Ms. Leslie Marino at (lmario@sgu.edu) with the statement "I give permission for SGU to complete a criminal background check".
- e. NYS approved Infection Control Training course. Submit a certificate to (clined@sgu.edu) attesting to completion of a course. (Instructions about the web based courses will be sent to the class after completing the 5th term).
- f. Read the Clinical Training Manual located on the SGU website under School of Medicine, Academic Programs, Quick Links and then affirm statement in CourseEval that you have read and understood the Clinical Training Manual.
- g. Complete the following web based assignments in SAKAI.
 - Cultural Competency review course
 - Communication Skills Course A
 - Emergency Medicine Course
- h. As described above, students placed in NY hospitals must complete additional paperwork which will be included with your placement notification.

US CLINICAL PLACEMENT

Once students receive their Step 1 score, they should email the two page PDF Step 1 score immediately to (clined@sgu.edu). If students have completed all the above, the Office of Clinical Studies will email a confirmation letter with orientation information to them. This confirmation letter validates and finalizes the email assignment.

The Office of Clinical Studies assigns all students. We cannot guarantee that students' placement will be according to any of their requests. In general, students' grades, USMLE Step 1 score or citizenship do not determine priority. The placement process starts by trying to accommodate all students' requests. This is often not possible. In all cases the clinical placement coordinators will review the information and make a decision. Final determination is frequently made by lottery.

After starting at a US hospital, students must do all third year rotations available to them in that hospital program. The Office of Clinical Studies will subsequently schedule any remaining third year rotations not available at the starting hospital on an individual basis. For fourth year rotations, students can apply to any of our affiliated hospitals listed in the CTM. In addition, students may arrange up to 12 weeks of elective rotations at nonaffiliated hospitals but not more than 8 weeks may be at the same nonaffiliated hospital. Students are encouraged to discuss the choice of electives with their primary advisor.

STEP 1 TIMETABLE

For those students who wish to train in the US, a passing score on the USMLE Step I is required. Most students take about eight weeks to prepare for USMLE Step I after leaving Grenada. Other students may wish to take longer. After taking Step I, they must email a copy of the test appearance receipt to (clined@sgu.edu) in the Office of Clinical Studies. Scores take approximately three weeks to be returned to students. When students receive their scores, they should forward the two page PDF file received from ECFMG to (clined@sgu.edu) in the Office of Clinical Studies. Students should not wait until receiving their Step I score before completing the other requirements (A-H above).

Students should continually check their SGUSOM email account for their score report and other information. Students who fail USMLE Step I or take an LOA should notify the Office of Clinical Studies when they intend to return from leave or pass USMLE Step I and are eligible to be placed. The school will place them based on hospital availability.

UK Clinical Placement

Students who wish to go to the United Kingdom should indicate that on the EPIF. The Clinical Placement Coordinators will then send additional details and instructions. You can start clinical training in the UK after successful completion of the basic science terms; you do not need to pass Step 1. The UK office will send placement confirmation notification once the requirements mentioned above are met. Based on availability, students can start clinical rotations in the UK and rotate to the US anytime with a Step 1 pass; conversely, students can start clinical rotations in the US and rotate to the UK anytime. UK placement requires additional medical clearance. In addition, a visa may be required based on your citizenship and the length of time in the UK. Please see the UK Clinical Program for details.

A FINAL NOTE

Students must continually check their SGUSOM email account for updates and instructions. Students who do not start on time must stay in contact with the Office of Clinical Studies regarding the entire placement process.

II. Clinical Program Leadership, Administration and Staff

SGU supports over eighty physicians, student coordinators, administrators and clinical counselors who are responsible for the clinical training program. These are based in the Office of the Dean, Office of Clinical Studies, UK Clinical Offices, Office of the Dean of Clinical Studies, the Dean of Students Office, the Office of Career Guidance and Student Development (OCGSD), On-site Advisors, Primary Advisors and Student Support Services. This staff is available to help students in all aspects of their clinical terms, requirements for graduation and career counseling. They also remain in frequent contact with all affiliated hospitals to coordinate the administrative details of the clinical program. The recommended contact with the US and the UK clinical offices is by SGU email. Announcements from the Office of Clinical Studies are communicated through the student's SGU assigned email account and official Clinical Website. In addition to the above, a large number of hospital-based physicians and staff support the clinical program and students.

A. DEANS

DEAN, SCHOOL OF MEDICINE

Stephen Weitzman, MD

DEAN OF CLINICAL STUDIES – US

Daniel D. Ricciardi, MD

DEAN OF CLINICAL STUDIES – UK

Rodney Croft, MChir, MA, MB, FRCS

ASSOCIATE DEAN OF CLINICAL STUDIES – US

Orazio Giliberti, MD

ASSOCIATE DEAN OF CLINICAL STUDIES – CARIBBEAN

Dolland Noel, MD

ASSOCIATE DEAN OF STUDENTS – US

DIRECTOR OF THE OFFICE OF CAREER GUIDANCE AND STUDENT DEVELOPMENT

John Madden, MD

ASSOCIATE DEAN OF ACADEMIC AFFAIRS – UK

Michael Clements, BSc, MRCS, MD, FRCP

ASSOCIATE DEAN OF CLINICAL STUDIES – UK

Nicholas Wilson, BSc, MS, FRCS, FRC Sgen

ASSISTANT DEAN, SCHOOL OF MEDICINE

Chris Magnifico, MD

ASSISTANT DEANS OF CLINICAL STUDIES - US

Armand Asarian, MD

Gary Ishkanian, MD – NY

Sherry Singh, MD – NY

ASSISTANT DEAN OF STUDENTS

Laurence Dopkin, MD

B. CLINICAL DEPARTMENT CHAIRS

DEPARTMENT	CHAIR	ASSOCIATE CHAIRS
Internal Medicine	Jeffrey Brensilver MD,	Arla Ogilvie, FRCP, FCP, DRCOG Stanley Bernstein, MD Gary Ishkanian, MD
Surgery	James Rucinski, MD	David L. Stoker, BSc, MBChB, FRCS, MD
Pediatrics	Ninad Desai, MD	Mary-Anne Morris, MBBS MRCP, FRCPCH, MP Warren Seigel, MD
Ob/Gyn	Paul Kastell, MD	Simon Crocker, MBBS, LRCP, MRCS Michael Cabbad, MD
Psychiatry	Amy Hoffman, MD	Brian C. Douglas, MBChB, MRCP Arnold Winston, MD Ed Hall, MD
Family Medicine	Everett Schlam, MD	
Emergency Medicine	Theodore Gaeta, DO, MPH	David Hodgkinson, BM, BS, MFSEM, FRCP, FR

C. OFFICE OF THE DEAN

1. Specific questions can be addressed to:

Leslie Marino, Assistant to the Dean, at (lmario@sgu.edu)

Deborah Saccente, Administrative Assistant to the Dean, at (dsaccent@sgu.edu)

2. Student Support Services (See section IV.)

Ken Feldman, Ed.D., Executive Director, (kfeldma@sgu.edu)

3. Director of Student Health Records Department

Susan Conway, RN, MBA, (sconway@sgu.edu)

4. Graduation Assessment Board Coordinator

Cathy O'Neill, (coneill@sgu.edu)

5. Medical Student Performance Evaluation (MSPE)

For the Medical Student Performance Evaluation (MSPE), the National Residency Matching Program (NRMP) and the Electronic Residency Application Service (ERAS) information, and applying to individual programs, please contact:

Christiana Pironti (cpironti@sgu.edu)	.....	A – C
Rantayzaisa B-Lindor (rbindor@sgu.edu)	.....	D – J
Anthony Pellegrino (apellegr@sgu.edu)	.....	K – L, P – R
Steve Orkin, Supervisor (sorkin@sgu.edu)	.....	M – O
Bernadette Farruggio (bfarruggio@sgu.edu)	.....	S – Z
Alyse Leotta (MSPE Assistant) (aleotta@sgu.edu)	.....	ALL

D. OFFICE OF CLINICAL STUDIES

1. Student Placement (clined@sgu.edu) (see I.C above)

Theresa Gaynor, Supervisor

Julie Hammer

Kimberly Castaldini

Mary Kiechlin

2. Student Coordinator

The clinical student coordinators are responsible for tracking each individual clinical students from term 6 through 10. They ensure that all of the following requirements are correct and complete; sending students their permanent placement letters, reviewing evaluations, grades and graduation requirements and updating rotation schedules. Students must maintain contact with their coordinators via email throughout their clinical terms until graduation.

Terry Lee Partridge at (tpartridge@sgu.edu)	.....	A - ANY
Karen Parks at (kparks@sgu.edu)	.....	AP – AZ, B-BZ
Camille Eiden at (ceiden@sgu.edu)	.....	C – E
Kira Micheli at (kmicheli@sgu.edu)	.....	F – I
Carolyn Toscani at (ctoscani@sgu.edu)	.....	J – LEV
Dawn Sperling at (dsperli1@sgu.edu)	.....	LEW – LZ, M, N - NGUYEN
Jackie Picard, Supervisor at (jpicaard@sgu.edu)	.....	NGW – NZ, O & P
Meena Gilani at (mgilani@sgu.edu)	.....	O, R, S – SOLY
Amanda Kuhlmeier at (akuhlmei@sgu.edu)	.....	SOM – SZ, T – Z

3. FACULTY SUPPORT

Charline Peterson, Supervisor, Coordinator of meetings (cpeterson@sgu.edu)

A. Faculty appointment/hospital affiliation inquiries

Ruth Krowles (rkrowles@sgu.edu)

Pauline Sims (psims@sgu.edu)

B. Clinical Assistant

Laurent Castro (lcastro@sgu.edu)

4. UK PROGRAM

Allison Allen (ukclinical@sgu.edu)

Tina Sergeant (tsergean@sgu.edu)

5. NBME Examinations

Jennifer O'Hagan, Director of NBME Examinations (US) (johagan@sgu.edu)

III. CLINICAL YEARS

A. The Clinical Curriculum

The 80 weeks of clinical education in terms 6-10 encompass forty-two weeks of core rotations, 12-14 weeks of additional required rotations and 22-24 weeks of electives. The core rotations define the third year of medical school and include twelve weeks of internal medicine, twelve weeks of surgery and six weeks each of pediatrics, obstetrics/gynecology, psychiatry and, frequently, family medicine. (Students who do not complete family medicine in the third year must do so in their fourth year). The third year is a structured educational experience similar for all students. The Office of Clinical Studies along with the affiliated hospitals controls the scheduling of the third year. The fourth year consists of four weeks of family medicine (if not done in the 3rd year), four weeks of a subinternship in medicine, four weeks of a medicine elective and 22-24 weeks of electives of student choice. Each student can schedule the fourth year based on individual educational interests and career choice and are encouraged to consult an advisor when doing so. Based on students' academic performance, the Graduate Assessment Board (GAB) may require one or more structured fourth year rotations.

There is no optimal sequence of core rotations. They are generally completed before taking subinternships and electives. On occasion, a hospital may schedule a primary care rotation or elective anytime in the third year. The listing below does not indicate the sequence of courses. Core rotation schedules are determined by the hospital and the Office of Clinical Studies.

All core rotations as well as family medicine, the medicine subinternship and a medicine elective must be done at affiliated hospitals. All of these requirements must be at least four consecutive weeks.

The Clinical Curriculum

(6th through 10th Term)

Core Rotations	Weeks
Internal Medicine	12
Obstetrics and Gynecology	6
Pediatrics	6
Psychiatry	6
Surgery	12
Additional Requirements	
Family Medicine	4 - 6
Medicine subinternship	4
Medicine elective (appendix J)	4
Electives	24 - 26
TOTAL:	80

B. Supervision of the Clerkships

SGU has a formal administrative and academic structure for conducting its clinical program at affiliated hospitals. A DME is on site at each clinical center and affiliated teaching hospital. The DME is a member of the SGU faculty and oversees the SGU medical student program. This includes scheduling rotations, delineating holidays and vacation time, determining the scope of student activities, dealing with student concerns and being responsible for acute medical problems that students might develop. The DME reviews the overall program with a Dean or Associate Dean at the time of their visits to the hospital. DME's are members of the Clinical Council, the main advisory body to the Dean for the clinical terms.

In addition to the DME, a Clerkship Director (CD) is appointed for each core rotation in which St. George's students participate at each affiliated hospital. The CD is responsible administratively to the DME and academically to the appropriate departmental chair of SGU. Six clinical departments represent the six clerkship specialties. SGU appoints a chair for each of these departments responsible for the educational content of the rotation at all hospitals. The school also appoints associate chairs in the UK and elsewhere when necessary to help coordinate and supervise the educational program at all sites. Departmental Chairs and Associate Chairs as well as DMEs, CD's and others who teach SGU School of Medicine students are appointed to the clinical faculty. All clinical faculty are available to students for advice on managing their medical training and careers (e.g., choosing electives, specialties, and postgraduation training).

Site visits are made by administrative and academic members of the medical school to affiliated hospitals on a regular basis. The purpose of these visits is to ensure compliance with SGUSOM's standards, curriculum and policies, to review the educational program, to elicit ideas about programmatic improvement and to discuss any problems that arise on site. In addition to meetings with the students, the site visits can include meetings with the DME, CD and administrative staff. Each site visit results in the completion of an electronic site visit form (Appendix H). The chairs document the important features of the clerkship including the strengths and weaknesses of the program, feedback to the clerkship directors and suggestions for the future.

Along with the administrative staff at the affiliated hospitals, additional University personnel are available at all times through the Office of the Dean, Office of Clinical Studies, OCGSD and Office of Financial Aid to help improve the quality of life in and beyond the hospital environment. These include academic advice, career counseling and health and wellness as well as problems involving finances, housing and visas.

C. The Role of Preceptors and Clinical Faculty

The teaching cornerstone of the core rotation is the close relationship between the student and the attending physicians and/or residents who act as preceptors. Many hours per week are spent in small group discussions involving students and their clinical teachers as they make bedside rounds. Together, they discuss the patient's diagnosis, treatment and progress.

Discussion revolves around a critical review of the patient's history, physical examination findings, imaging studies and laboratory results. The preceptors assess students medical knowledge, clinical reasoning, clinical and communication skills and professional behavior as well as serving as role models. Related basic science background, critical thinking and problem solving are woven into the discussion of individual cases. The single most important factor that determines the educational value of the

clerkship is the quality and quantity of interaction between students, residents, teaching physicians and patients.

Clinical teachers are evaluated by the SGU CD, by their peers and by students on a daily basis. The basis for student evaluation of faculty is the confidential electronic questionnaire that all students complete at the end of each core clerkship. The hospital DME, SGU Department Chairs and SGU administration have access to the students' responses which are all confidential.

The basis for senior faculty evaluation is the on-going process required by accreditation agencies which includes peer review. Informal local knowledge of faculty, although difficult to formalize, forms an integral part of faculty evaluation. Written reports of site visits by School of Medicine Chairs and Deans add a third level of evaluation.

In summary, the DME is responsible to assure that:

1. The faculty teaching the St. George's students is of high quality.
2. The faculty teaching the St. George's students at each hospital is evaluated appropriately.
3. Feedback to the faculty is timely.

D. The Clinical Clerk

Medical students are called clinical clerks in their clinical years. They enter into the health care team of postgraduate trainees, attending physicians, nurses, technicians and other health care providers and should quickly learn their role in the health care team.

An essential feature of the clerkship consists of in-depth contact with patients; students are strongly encouraged to make the most of such opportunities. Students take histories, examine patients, propose diagnostic and therapeutic plans, record their findings, present cases to the team, perform minor procedures under supervision, attend all scheduled lectures and conferences, participate in work rounds and teaching rounds with their peers and teachers, maintain a patient log and read extensively about their patients' diseases. In surgery and gynecology, attendance in the operating room is required. In obstetrics, attendance is mandatory in prenatal and postpartum clinics; obstetrical patients must be followed through labor and delivery.

A physician, nurse or other health care provider must be present in the room as a chaperone when students examine patients. This is especially true for examinations of the breasts, genitalia or rectum. Student orders in the chart or electronic medical records must be authorized and countersigned by a physician. Minor procedures may be performed on patients after adequate instruction has been given as permitted by hospital policy and regulations. Students working in hospitals are protected by liability insurance which is carried by SGU. Students must soon become familiar with the electronic medical record or patients' charts and know where to locate its individual components. Students are responsible for patient workups and might also write daily progress notes as stipulated by the SGU clerkship curriculum and hospital policy.

Clinical clerks are expected to be on duty throughout the hospital workday, Monday through Friday. Evening, weekend, and holiday on-call schedules may be the same or less than those for the resident team to which the student is assigned. Student duty hours must take into account student wellness as well as the effects of fatigue and sleep deprivation on students' education. Medical students are not required to work longer hours in patient care than residents. Allowing for some modifications at

different hospitals and for different cores, the average workday or week should not exceed 50 hours; 30% of this time must be protected academic time consisting of conferences and independent study. During this time students should have no patient care or health-care team responsibility.

All students during the last week of their medicine and surgery cores are to be given two days off before their NBME clinical subject exam as well as the day of the exam. All students during their last week of ob/gyn, pediatrics, family medicine and psychiatry rotations are to be given one day off before the exam as well as the day of the exam. These days are protected academic time for self-study and exam preparation and considered an integral part of these rotations. While all clerkship directors must comply with this policy, they do have the option of allowing additional time off for study.

E. Medical Knowledge and Competencies

The clinical years of the SGU curriculum aim to transform students who have learned the basic sciences into students who can deal with patients and their problems in a hospital or outpatient clinic. To do this, numerous new clinical skills, professional behaviors and considerable medical knowledge must be added to that which the student has previously acquired. The clinical years in this way prepare students for postgraduate training.

The vast amount of knowledge required and the ever-accelerating rate of discovery reinforces the notion that the practicing physician must forever be a student of medicine and a continual learner. Knowledge includes the development of efficient methods for the acquisition, interpretation and recording of patient information and a systematic approach to patient care. This provides a framework on which to arrange rapidly changing and increasingly detailed medical information.

SGU is committed to a competency-based curriculum. These competencies are detailed in Section Two. Those students who plan to undertake postgraduate training in the US should become familiar with the Accreditation Council for Graduate Medical Education (ACGME) Core Competencies.

The six ACGME competencies are:

- Patient Care
- Medical Knowledge
- Practice Based Learning and Improvement
- Systems Based Practice
- Professionalism
- Interpersonal Skills and Communication

F. Involvement with Patients

Students are encouraged to make the most of the opportunity to learn about, learn from and spend time with their patients. A student frequently becomes involved with a small group of patients, on the average of 2-4 per week. Only through a detailed approach to a small number of patients can the student begin to acquire an understanding of clinical problems. In addition to the initial evaluation and daily progress notes, all diagnostic and therapeutic maneuvers are closely monitored. Although a smaller group of patients are the core of the student's educational experience, exposure to a large number of other patients on a less detailed basis is also useful in broadening knowledge. The student derives considerable benefit from exposure to other students' patients who are being discussed and

by being present when attending's or consultants see their own patients. Patients seen by students must be entered into the electronic patient log book (see below). The clerkship director reviews the patient encounter log at the mid-core formative assessment and when completing the final clerkship evaluation form. This review assesses students' commitment to documentation as well as patient involvement. The Office of the Dean also monitors each student's electronic log to ensure that each student has seen patients required by the School of Medicine. Gaps in students' "must see list" should be filled in during other rotations or during the fourth year.

G. Reading and Web-Based Education Resources

1. Reading

The importance of reading and studying in the clinical years is paramount. The faculty has recently decided to increase the weight of the NBME clinical subject exams given at the end of each clerkship to 30% of the clerkship grade. These NBME exams primarily assess medical knowledge. Students interested in applying for a US residency must realize the importance of their Step 2 CK score. Step 2 CK also assesses medical knowledge. The mean on the six NBME subject exams correlates with the students' USMLE Step 2 CK score. To do well on the NBME clinical subject exams and Step 2 CK requires a prodigious amount of reading, studying and practicing questions. Students need to focus their reading in three areas:

- a. Students must read and study about their patients' problems they are seeing. The chief advantage of this method is that it gives the student a story and a face with which to associate the facts about a given condition. Most students find that they retain more of their reading when they can employ a framework of personal experience. Above all, this approach emphasizes that reading supplements clinical experience. Detailed reading about patients' problems can lead to better patient care. Comprehensive textbooks, specialty books, subspecialty books, medical journals and on-line references help students prepare for patient presentation on teaching rounds and conferences and enhance the student's knowledge base. Students are required to do computer searches in order to find the latest evidence to support a diagnosis or a treatment. Such searches provide excellent sources for obtaining leads to appropriate current references. It is rather easy to get lost in these copious indices unless one knows exactly what to look for. Thus, it becomes critical to precisely define the questions regarding each patient and then find the answers to these questions in the medical literature. Students who read about their patients become more involved in patient care and develop problem-solving skills and clinical judgement. These are skills needed for the NBME exam and patient care.
- b. Student will not see all of the important and major disorders of any specialty within a six or twelve-week rotation. If students' reading selections are solely determined by their patients' problems, they are limited by the number and variety of their cases. Students' understanding of each specialty must go beyond the patient experience on the wards and in the clinics. For this reason, and also to assure a uniform background in medical studies at different affiliated hospitals, the School of Medicine recommends that a concise textbook be read and studied during each core rotation. By reading a concise textbook from "cover-to-cover", students also learn the extent and breath of each clerkship specialty.

- c. By increasing the weight of the NBME end-of-clerkship subject exam to 30% of the final clerkship evaluation, the faculty has emphasized the importance of medical knowledge and test-taking skills during the clerkships. In addition to the clinical experience and immersion into the health care environment, the third year demands a commitment to do well on written examinations. To this end, the school will provide two web-based resources, UWorld and Firecracker, to improve test-taking ability as well as medical knowledge. The Office of the Dean monitors students' performance on these programs to provide feedback to the clerkship directors and to assess students' professional behavior. A key component of professional behavior is the commitment to complete assignments and to strive for excellence in medical knowledge.

2. Required Web-based Courses

A number of web-based programs are the basis of educational requirements during clinical rotations. They give structure to protected academic time and independent learning. For this purpose the University makes available a number of web-based educational resources. The school posts these resources on Sakai. Sakai is the University's on-line course management software system. Each core clerkship as well as family medicine have a corresponding web-based courses which students must complete.

USMLE World

During the first week of your first clerkship you will receive an email from USMLE World with instructions on how to access this question bank. Students must complete all the questions in Ob/Gyn, Pediatrics, Psychiatry and Surgery and a minimum of 600 questions in Internal Medicine during the corresponding clerkship.

The questions are separated into subjects as follows:

<u>Subject</u>	<u>Number of questions</u>
Internal Medicine	600
Ob/Gyn	205
Pediatrics	304
Psychiatry	150
Surgery	155

Firecracker

During the first week of your first clerkship you will also receive an email from Firecracker. This is an adaptive software program designed to distribute core specific curriculum and track individual student participation and progress. The software identifies individual strengths and weaknesses with an algorithmic process to improve clinical knowledge and retention. The program will be distributed during all third-year clerkships and deploy a daily curriculum to each student with a weekly exam to assess topic retention.

Communication Skills Course

This course consists of 42 modules and is split between two Sakai Communication Courses. Students starting clinical training must study and pass the first web-based modules 1-12 in the Communication Skills course A to be eligible for clinical placement. The second Communication Skills course B begins at the first rotation. Each clinical department has designated modules to be an integral and required part of their rotation. Students will study the rest of the modules throughout their clinical training, particularly as it relates to patients they see. Completing this course is a requirement for graduation.

Cultural Competency Course

This is a pre-placement course designed to increase awareness of the ways culture may affect your interaction with patients.

Overview of Web-based Courses

The details of the pre-clerkship requirements are found in this Manual under “I.c”. Each of the clerkship requirements are included in the curriculum of each clerkship in “IV”.

Pre-clerkship web-based placement requirements

1. Communication skills
2. Emergency medicine
3. Infection control
4. Cultural Competency

Clerkship requirements (details found in section IV. THE CORE CLERKSHIPS)

Each clerkship has required web-based courses which students must complete. These courses fall into three groups:

1. Communication skill modules
2. UWorld questions (not in family medicine)
3. Firecracker
4. Ethics and Geriatrics Modules (not required in all cores)

Graduation requirements

1. Pain Management Sakai Course
2. Remainder of Communication Skills Modules

H. Electronic Patient Encounter Log

All students must keep a daily electronic log of the patients encountered during their clinical rotations. The log centers around a “must see list” developed by the faculty. This log is web-based and accessed through “Carenage” (details below). The log contains multiple fields that students must complete for each patient encounter: rotation, hospital, date, chief complaint, primary diagnosis, secondary diagnoses, clinical setting, communication course chapters, level of responsibility and category of illness. The log also has an optional comment section. Students can use the comment section to note relevant cultural issues, procedures or medical literature relevant to the patient. We recommend that the log be kept current on a daily basis. This log serves multiple functions and, as discussed below, will be used in different ways and for different purposes by students, by the clinical faculty at affiliated hospitals and by the Office of the Dean. Students must remain HIPPA compliant by not using any patient identifiers, such as names, initials, date of birth, medical record numbers, pictures and others.

Rationale

During the clinical years students need to develop the clinical competencies required for graduation and postgraduate training. These competencies are assessed in many different ways: by faculty observation during rotations, by communication skills assessments, by completion of web-based assignments and by NBME clinical subject exams. In order to develop many of these competencies and meet the objectives required for graduation, the school needs to ensure that each student sees enough patients and an appropriate mix of patients during their clinical terms. For these reasons, as well as others discussed, below the school has developed this log.

One of the competencies that students must develop during their clinical training involves documentation. Documentation is an essential and important feature of patient care and learning how and what to document is an important part of medical education. Keeping this log becomes a student training exercise in documentation. The seriousness and accuracy with which students maintain and update their patient log will be part of their assessment during the core rotations. In terms of the log, how will students be assessed? Not by the number of diagnoses they log, but by the conscientiousness and honesty they exhibit documenting their patient encounters. All of these features of documentation – seriousness, accuracy, conscientiousness and honesty – are measures of professional behavior.

Definition of a patient encounter

Students should log only an encounter with or exposure to a real patient. Simulated patients, case presentations, videos, grand rounds, written clinical vignettes, etc. should not be logged even though they are all important ways to learn clinical medicine. Many of these educational experiences, along with self-directed reading, are necessary preparation for USMLE Step 2 and postgraduate training. This log, however, focuses on a unique and critical component of clinical training, namely, involvement with “real” patients. Student involvement with patients can occur in various ways with different levels of student responsibility. The most “meaningful” learning experience involves the student in the initial history and physical exam and participation in diagnostic decision making and management. A less involved but still meaningful encounter can be seeing a patient presented by someone else at the bedside. Although the level of responsibility in this latter case is less, students should log the diagnoses seen in these clinical encounters. Patient experiences in the operating or delivery room should also be logged.

For students

- a. The lists of symptoms (chief complaints) and diagnoses serve as guidelines for the types of patients the clinical faculty think students should see over two years of clinical training. The clinical faculty feels that students should have clinical exposure to about 50 symptoms (chief complaints) and about 180 diagnostic entities. These lists can also serve as the basis for self-directed learning and independent study in two ways:
 1. If students see a patient and enter that patient’s primary and secondary diagnoses in the log, they will be expected to be more knowledgeable about these clinical entities and to do additional reading about them, including some research or review articles. If relevant, students can study and log a communication skills module.
 2. If, at the end of the third year, students discover they have not seen some of the clinical entities on the list during the core rotations, they can arrange to see these problems in the fourth year or learn about them in other ways on their own.

- b.** The different fields in the log should stimulate students to look for and document the complexities of clinical encounters when appropriate. Many patients present with multiple medical problems. For example, an elderly patient admitted with pneumonia (primary diagnosis) may also have chronic lung disease, hypertension and depression (secondary diagnoses). The patient may have fears about death that need to be discussed. We hope by keeping the log students will develop a more profound understanding of many patient encounters.
- c.** Students may, and many times should, review and edit the log (see “Instructions to access and use the log” below). The original entry might require additions if, for example, a new diagnosis is discovered, the patient moves from the ED to the OR to the wards or a patient presenting with an acute condition deteriorates and presents end-of-life issues. These developments require a return to the original entry for editing.
- d.** The chief complaint and diagnosis lists do not include every possible diagnosis or even every diagnostic entity students must learn about. The list reflects the common and typical clinical entities that the faculty feels SGU students should experience. The same list of diagnoses is presented in two ways - alphabetically and by specialty. Both lists contain the same diagnoses and students can use whichever one is easier. If students encounter a diagnosis not on the list, they should choose the most related diagnosis from the list. By looking at “standard” diagnoses, the school can monitor the overall clinical experiences students are having at different affiliated hospitals.
- e.** Students must learn more than they will experience during clinical rotations. The log does not reflect the totality of the educational objectives during the core clerkships. Clinical experience is an important part, but only a part, of your clerkship requirements. Students need to commit themselves to the extensive reading and studying during the clinical years. “Read about patients you see and read about patients you don’t see”.
- f.** The NBME Clinical Subject Exams at the end of the clerkship is not based on the log but on topics chosen by the NBME.
- g.** We encourage students to maintain this log throughout their 80 weeks of clinical training. The University requires that the logs be formally evaluated only during the clerkships. However, the list reflects those entities the faculty thinks students should encounter during their entire clinical experience in medical school, not just during the clerkships. To this end the Office of the Dean monitors student logs throughout the clinical terms assure compliance with the required encounters.

Assessment

1. Hospital Oversight

A clerkship director or faculty member reviews and evaluates students' logs as part of the mid-core and final assessment. During the mid-core formative evaluation the faculty member can comment on the completeness of the log and also ascertain whether students are seeing a good mix of patients. Students with relatively insufficient entries are either not involved in the rotation or did not take the log assignment seriously. In either case, such deficiencies may impact the grade students receive in Professional Behavior. Since students are responsible to answer questions about the entries in their log, we would not expect students to log cases they have not seen and studied. The clinical faculty and departments can use the collective data in the students' logs to evaluate their own program and the extent it offers students an appropriate clinical experience.

2. Central Oversight

Because of its web-based structure, all entries into the log are electronically submitted to the school and reviewed in the Office of the Dean. The Office of the Dean collects, collates and analyzes logs from all of the students and uses this data in two ways:

- a. To monitor and evaluate the clinical experience at different hospitals. In this way, the central administration of the school will be able to answer questions, for example, "Have all of our students seen appendicitis? Have they all seen a patient with schizophrenia? Do all of our affiliated hospitals expose our students to end-of-life issues? Are all students involved in communication with children and parents?" With the data from these logs we can document for ourselves, the faculty and the student body that all of our clinical training sites provide relevant and comparable patient experiences.
- b. To review the patient log of every clinical student that has completed their clerkship year. Students who have gaps in their clinical experience can be identified. This has been made possible by asking each of the clinical departments to provide quantified criteria for the types of patients on the "must see list". The Office of the Dean will then notify students identified in this way and point out the deficiencies in their clinical experience. Students will then be required to correct this deficiency by scheduling an appropriate 4th year elective.

Instructions to students for access and use of the logs

To access your electronic patient log, click My SGU on the main SGU website page, www.sgu.edu, and log onto the SGU Member's center. The link to the Patient Encounter Log is found in the SOM Clinical Studies section. Clicking this link will take you to the Patient Encounter Log Main Menu. From this menu, you can perform the following actions:

- Enter a new patient encounter
- Review or Edit my encounter logs

When you select **Enter a new patient encounter**, you will see pull down selections for all of the fields except "Comments". Make your selections and click **Submit My Log**. Entry in all of the fields is required.

The main menu selection **Review or Edit your encounter logs** will take you to a screen which lists all of your logs. Select the one you'd like to see or change. The **Edit This Log** button will allow you to make changes to the individual log.

If a printed copy is requested, Select **print your logs** from the menu to prepare a printer-friendly formatted table of your logs. Select the logs to include for printing, and click **Print Selected Logs**. On the next page, click **Print this Page** to receive your output. Bring this printed record to the mid-core evaluation. Each student's log becomes part of the final clerkship evaluation form for the clerkship director to review and include in the final grade.

I. Communication Skills

The basic science and clinical faculty at SGUSOM have identified competency in communication as a critical clinical skill that students must develop during medical school. As part of our educational program, communication skills are a major outcome objective that defines a graduate of SGU.

Formal training of communication skills starts in the basic science terms. On clinical rotations extensive but informal exposure to communication skills occurs as students listen to residents and senior physicians. While this educational experience has major advantages, it lacks structure and thoroughness, is difficult to evaluate and does not meet accreditation requirements.

To address this problem, the school has purchased a library subscription to a web-based communication skills course developed by Drexel University College of Medicine called "doc.com: an interactive learning resource for healthcare communication." This course is available to all students at no cost and can be accessed through Sakai. This course and the related exam (discussed below) will be the basis of formal communication skills training and assessment for medical students during their clinical years. The course consists of 42 modules. Students starting clinical training must study and pass a web-based exam on modules 1-12 to be eligible for clinical placement. Students should study the rest of the modules throughout their clinical training, particularly, as it relates to patients they see. In addition, each of the clinical departments has designated the following modules to be an integral part of their rotation:

Internal Medicine – Modules 33 Giving Bad News & 32 Advance Directives

Surgery – Modules 17 "Informed Decision-Making" & 35 "Discussing Medical Error"

Psychiatry – Modules 13 "Responding to Strong Emotions" & 15 "Cultural issues In the Interview"

Pediatrics – Modules 21 "Communication and Relationships with Children and Parents" & 22 "The Adolescent Interview"

Ob/Gyn – Modules 18 "Exploring Sexual Issues" & 28 "Domestic Violence"

Family Medicine – Modules 25 "Diet/Exercise" & 29 "Alcoholism Diagnosis and Counseling"

Emergency Medicine – Modules 33 "Giving Bad News" & 38 "Communication within Health Care Teams"

In addition to the above assignments students must complete all remaining modules. These remaining modules do not have to be done at one time. Students can work at their own pace. As a graduation requirement, students must complete all 42 modules.

J. Manual Skills and Procedures

All students need to demonstrate competency in performing four core procedures on completion of medical school in order to provide basic patient care. These procedures include:

- Basic Cardiopulmonary Resuscitation (CPR)
- Bag and Mask Ventilation
- Venipuncture
- Inserting an Intravenous Line

Competency in CPR and bag and mask ventilation should be developed during the basic science years. In addition, students need to be certified in order to perform venipuncture (drawing blood) and IV insertion. This certification needs to be documented in the Patient Encounter Log. Students must name the physician that certified them and the date of certification. This certification needs to be done only once and can be done on any service during any rotation. However, the surgery clerkship takes the primary responsibility for this certification. Once certified, students can continue to perform these procedures without additional documentation but always under supervision.

Students should become familiar with other procedures and surgeries and are encouraged to observe or participate in as many as possible. Faculty can certify students in any number of other procedures. This documentation does not have to be sent to the medical school but must be kept by the medical student. All procedures performed by medical students must be done under faculty supervision.

Demonstrating competency in manual skills requires more than just developing a technical skill. A number of overlapping functions contribute to this professional activity. The following is from the AAMC Core Entrustable Professional Activity Curriculum referring to procedures:

- Demonstrate the technical (motor) skills required for the procedure.
- Understand and explain the anatomy, physiology, indications, risks, contraindications, benefits, alternatives, and potential complications of the procedure.
- Communicate with the patient/family to ensure pre – and post - procedure explanation and instructions.
- Manage post-procedure complications.
- Demonstrate confidence that puts patients and families at ease.

K. Student Evaluations of Core Clerkships

SGUSOM uses an electronic questionnaire to collect student feedback on the core rotations. These questionnaires are in Appendix G and are sent automatically to each student at the completion of each clerkship. Each department has modified the questionnaire to measure the extent that a specific clerkship rotation meets the departmental guidelines and objectives. Data from these questionnaires provides documentation enabling the deans, department chairs, DME's and clerkship directors to monitor the educational program in each clerkship at each hospital based on student experience and opinion.

For students, an aspect of professional behavior requires a commitment to improve the medical school. Given the importance of student feedback, the School of Medicine only gives students credit for a core rotation and access to their evaluation after completion and submission of the relevant questionnaire. Answers are confidential. While the school can ascertain which students responded, it does not match a response to an individual student.

L. Senior Year

This portion of the clinical program has five main goals:

1. To broaden and deepen clinical education after the core rotations
2. To continue clinical experience at a higher level involving more responsibility
3. To develop clinical competence within the training standards of an approved residency program in order to facilitate acceptance into a postgraduate training program
4. To choose a group of electives that best serves the academic needs of the student and is suitable for the student's career choice
5. To correct any deficiencies or unsatisfactory performances identified by the Graduation Assessment Board (GAB) in order to meet graduation requirements. (see below).

Subinternships and electives at clinical centers or other affiliated hospitals with appropriately related postgraduate programs can be arranged by the Office of Clinical Studies or by the DME at any hospital.

Many electives are offered by clinical centers and affiliated hospitals; these can be found on the Official Clinical Website under New Announcements. A spreadsheet called "Elective Opportunities at SGU Affiliated Hospitals" allows students to look for electives by hospital and/or specialty. As a general rule, all electives should be at least four weeks long. In clinical centers and affiliated hospitals, placement in electives is made by the DME. Elective rotations must be taken only on services that are part of a postgraduate training program. Electives in subspecialty areas such as cardiology or neonatology require the presence of an approved postgraduate training program either in that subspecialty or a parent specialty such as medicine, family medicine or pediatrics.

University policy allows students to enroll in up to twelve weeks of elective rotations in out of network hospitals, but no more than eight weeks or two rotations at a single site. In every instance in which a student seeks to take an elective outside the SGU network, prior written approval must be obtained from the Dean of the School of Medicine and a single elective affiliation agreement must be signed by the hospital (Appendix D). Special elective requests beyond these guidelines also require prior approval by the Dean. No credit will be granted retroactively if approval is not obtained beforehand.

Licensure requirements in the US vary from state to state and from year to year. A few states currently do not accept clinical training in hospitals that are not part of the SGU network. Students who know their destination should verify the licensure laws and regulations in this regard with the specific national or state licensing agency. Those who wish to practice medicine outside the US should verify the licensure requirements of the relevant country.

SGU's medical malpractice insurance policy covers its students in healthcare facilities throughout the US, UK, Canada and the Caribbean. Other jurisdictions are available on an individual basis by application.

SGU students need to be a part of the community of scholars and professionals who have gone before and will come after. In order to best serve our student body and aid students in career placements, we need information on your successes and achievements after graduation. We expect that you will respond to these queries for information before and after Graduation.

IV. Academic Progress

A. The Standard Educational Track

Most students complete the Doctor of Medicine MD Program at SGU in less than four or four and a half years. The MD program is designed to be continuous with minimal time off. Each term serves as a building block for subsequent terms. Prolonged breaks between terms disrupt the educational experience; leaves of absence are discouraged. Medical school to a large extent is preparatory for postgraduate training. In the US, residency program directors look for graduates able to handle the demands of postgraduate training and to complete three to five years of a residency program without interruption. A gauge of this is a student's satisfactory academic progress through medical school.

After successfully completing terms 1-5, students are eligible to enter the clinical program. SGUSOM does not require US Medical Licensure Examination (USMLE) Step 1 for promotion. Students take this examination in order to train at affiliated hospitals in the US and to start on the pathway to US residencies and licensure. Six- to eight-week review courses for Step 1 are commercially available and are optional. Since SGU students have consistently shown excellence on this examination, the administration believes that students, unless otherwise counseled by the Dean of Students office, should take Step 1 no later than two months after completing their basic science program. This will allow them to begin the clinical program at the earliest possible date.

August Entry – Standard Time Line

1. Students complete basic sciences in May of the second year following their matriculation.
2. Students who wish to start clinical training in the US take USMLE Step 1 early in July and start in August or September, approximately two years after matriculation.
3. Students who wish to start clinical training in the UK do not have to take USMLE Step 1 and can start in the UK any time after June.
4. Students complete the clinical curriculum no later than June in the second year following the commencement of clinical training, i.e., clinical training begins July, August or September 2018 and ends no later than June 2020 in time for graduation. This is less than four years after matriculation.

Terms 6-10 represent an intensive educational experience. Students who start in September have approximately ninety weeks to complete an eighty-week curriculum. During this time, students interested in a US residency also study for and take USMLE Step 2, CK and CS, and with the appropriate guidance from their primary advisor apply for residencies.

January Entry – Standard Time Line

1. Students complete basic sciences in December of the second year following their matriculation.
2. Students who wish to start clinical training in the US take USMLE Step 1 in March and start clinical training in May/June of their third year.
3. Students who wish to start clinical training in the UK do not have to take Step 1 and can start in February/March.
4. While students can graduate in January in the second year after starting clinical training, most students choose to graduate in April, May or June, approximately two years after starting clinical training. This schedule offers about 100 weeks to complete the 80 week clinical curriculum and, for students interested in a US residency, adequate time to study for USMLE Step 2 and apply for postgraduate training positions.

B. Alternate Paths

The standard timeline is not a requirement nor is it the optimal schedule for all students. The medical school faculty feels establishing a solid academic record and graduating later is more important than staying on a standard timeline with a poor academic record. The analyses of many students over the years provides the Office of Career Guidance with predictive data that can identify students who are at risk for not doing well on Step 2 CK and CS and not obtaining a postgraduate training position in the US. The OCG uses the following criteria to identify students who should postpone Step 2 until they complete additional training and assessment. These criteria are not chosen arbitrarily but reflect the standards of the faculty and deans which define the level of competency required for graduation.

1. A failure in a basic science course even if successfully repeated
2. Requiring more than two years to complete the basic sciences
3. Less than a cumulative WMPG of 80% at the end of term 5
4. Poor performance on the NBME exams in the basic science terms (Basic Science Comprehensive Exam (BSCE) 1 and 2 and/or the Comprehensive Basic Science Exam (CBSE)
5. Poor performance in the basic science OSCEs
6. A failure or poor performance on Step 1
7. Negative comments or a C in the Clinical Skills component of the clerkships
8. Poor performance on the NBME Clinical Subject Exams, including any failure and/or less than a 62 average

Students who meet these criteria have not achieved a satisfactory level of competencies in medical knowledge and test-taking skills and should consider delaying Step 2 CK until completing additional training and study in the fourth year. The School can assist in developing individualized programs of additional fourth year educational activities. These students can then enter into the next residency pool with a stronger academic profile by utilizing the fourth year as a preparation for Step 2. These students can still graduate at the end of their fourth year. Alternatively, they can postpone graduation and remain in medical school for a fifth year for no additional tuition. In this fifth year students can enter a dual degree program, such as the Master of Public Health (MPH), Master of Business

Administration (MBA) or Master of Science in Biomedical Research (MScBR). The school can also arrange up to eight weeks of additional electives at affiliated hospitals with additional electives at nonaffiliated hospitals, an advanced subinternship, other research opportunities or teaching assistantships. Your primary advisor can help you decide which path is best for you based on your career goals.

C. Promotion and Graduation

During the clinical terms, promotion depends on passing clerkships, family medicine, a subinternship and electives. No formal break exists between terms during clinical training nor is a special mechanism necessary to promote students from one clinical term to another. After passing one clinical rotation, a student then goes on to the next scheduled rotation. Students must complete all of their clinical training within three years from the start of their clinical program. During the clinical terms, the Office of the Dean, the Office of Clinical Studies, Deans of Clinical Studies (US & UK) and the Graduation Assessment Board (GAB) monitor student performance. The GAB evaluates the performance of all students as they progress towards graduation and has the final authority to approve students for graduation. To be eligible for graduation a student must satisfactorily complete 80 weeks of clinical training, pass all clerkships and electives and all components of every clinical evaluation. Students who receive an “F” in any rotation must repeat that rotation. Students can fail one component of an evaluation, such as the NBME Clinical Subject Exam, but can still pass the rotation. In these cases, the GAB places the student on a Monitored Academic Status and assigns the student a Period of Academic Focus which mandates additional fourth-year training and a successful repeat of the exam. (Monitored Academic Status is an internal marker placed in students’ academic files. It allows students who are at risk of not meeting the satisfactory academic progress guidelines or not doing well on Step 2 to continue in the medical program with additional counseling. Students promoted to the clinical years on Monitored Academic Status during the clinical terms are monitored by the Office of the Dean which can advise a fifth year in medical school). Similarly, GAB also places students on a Monitored Academic Status who pass the rotation but fail clinical reasoning, clinical skills, communications skills or professional behavior. In these cases, GAB mandates a relevant structured fourth-year rotation and requires an assessment establishing the required competency. Based on assessments throughout the MD Program, SGU School of Medicine graduates those students that have developed the competencies intended by the Outcome Objectives (see Section Two).

The school does not require students to pass a graduation exam or the USMLE Step 2 CS or CK to graduate. Instead of a single final assessment, we continuously monitor students’ progress based on the faculty assessment of students during each rotation as well as students’ performance on six NBME clinical subject exams. The GAB and the staff in the Office of Clinical Studies review every clerkship, family medicine, subinternship and elective evaluation sent by the affiliated hospitals as soon as they are received. The GAB Coordinator will send an email to the students who have failed a rotation or any part of the evaluation telling them that they are no longer approved for graduation. The notification will describe the specific deficiencies and the plan to further develop the necessary competencies in the specified area of weakness. In general, the plan will require students to complete a mandated rotation in their fourth year as part of their elective weeks and successfully pass an assessment to

establish an accepted level of competency. The assessment will focus on the specific area previously identified as weak. In the case of a failure in an NBME exam, the student must pass the same subject exam in the fourth year after completing a four-week rotation in that subject.

In summary, the Graduation Assessment Board (GAB) approves students for graduation. In order to be eligible for graduation a student must satisfactorily complete 80 weeks of clinical training after the successful completion of the basic science terms. Based on assessments throughout the MD Program, SGUSOM graduates those students that have developed the competencies necessary to engage in the practice of medicine

Requirements for Graduation

All candidates must:

1. Meet the requirements of all the departments and have satisfactorily completed the Basic Science and Clinical curriculum
2. Complete additional training and assessment for any failing grade in a course or for any any component of a clinical rotation.
3. Achieve a cumulative weighted mean percentage grade average of 75%
4. Be at least 21 years of age.
5. Pursue the study of medicine for at least three years at St. George's University School of Medicine.
6. Maintain acceptable professional behavior and standards.
7. Be discharged of all indebtedness to the University.
8. Comply with the requirements for admission.
9. Be approved for graduation by the Graduate Assessment Board.

HONORS DESIGNATIONS

Magna Cum Laude (with great honor)

Students graduating with a cumulative WMPG of 97%+

Summa Cum Laude (with highest honors)

Students graduating with a cumulative WMPG between 93%–96%

Cum Laude (with honors)

Students graduating with a cumulative WMPG between 90%–92

V. Attendance Standards and Time-off Policies

A. General

Clinical rotations require a full-time commitment by students. Clinical training involves students with patient care as part of the healthcare team and requires attendance at all didactic activities, completion of assignments and self-directed learning. Students must be at the hospital at least five days a week with daily hours and night and weekend on-call as scheduled by the clerkship director. Unexcused absences are not permitted while doing a clinical rotation. If a student must be absent for a few hours or a day, permission must be obtained from the clerkship director and/or DME before leaving. Longer absences from a rotation without permission from the clerkship director, DME and the Office of Clinical Studies can be grounds for failure in that rotation. Absenteeism and/or tardiness can result in an F in professional behavior. The grade in professional behavior

counts for 20% of the final clerkship grade which can be significantly decreased by an F. In addition, an F precludes the student from meeting graduation requirements until successful completion of a fourth-year mandated rotation.

The scheduling of clinical clerkships requires a great deal of work by the Office of Clinical Studies and hospitals. Because orientation is given at the beginning of each clerkship, students are responsible to be at the hospital at the assigned time. If a student cannot make the assigned starting date or plans to be late, the student must notify the Office of Clinical Studies and the DME at the hospital at once. Core rotations cannot be cancelled except for emergency reasons. The school does not allow employment in any capacity during clinical rotations.

B. Study Days

During the last week of each rotation students take the NBME Clinical Subject Exam. During this week students are to be given two study days before their medicine and surgery NBME Clinical Subject Exam and one study day before their psychiatry, pediatrics, family medicine and ob/gyn NBME Clinical Subject Exam. During these days students are not required to be in the hospital or clinic and do not have to make up this time.

C. Step 2 CS

Students are permitted to have up to three days off in order to take Step 2 CS during their clerkships if travel to and from CS testing sites require it. However, this time must be made up by additional night and/or weekend duties. Students should not be taking Step 2 CK during their clerkships.

D. Residency Interviews

Senior rotations, once approved by the hospital, may not be cancelled by the student without consent of the hospital. SGUSOM has a policy for senior students taking time off during clinical rotations, including electives. Students must take this policy into consideration when scheduling residency interviews in the months leading up to the match. Failure to do so in the past has led to problems that have jeopardized students' graduation dates. Our policy above states that "Unexcused absences are not permitted while doing a clinical rotation." An appointment for a residency interview does not qualify as an "excused absence". An "excused absence" means the student has permission from an attending physician (DME, Clerkship Director or Preceptor) to take time off for the interview. This needs to be discussed ahead of time, preferably even before the rotation starts. Absences from a rotation without such permission, even for interviews, can be grounds for an incomplete or failure in that rotation. The reason for this is that DMEs, clerkship directors and/or preceptors must certify that the student has attended the rotation for the designated number of weeks. From a legal and regulatory point of view, a week is defined as five full days. If students travel to interviews and miss several days of the rotation, asking that the evaluation form attest to a full rotation without making up that time would be fraudulent. Any days off or lost clinical time from rotations must be made up by utilizing additional on call or weekend time at the discretion of the clerkship director. Educational projects, such as a research assignment and/or presentation of a topic, could also be used by the clerkship director to make up time away from the rotation. No time off is permitted during subinternships.

Students are advised to arrange for a four week LOA or bridge time to attend many or all residency interviews. However, not every student can afford the time off. Students are encouraged to look at their clinical calendar (see the OCGSD website under 3rd year) to see if they can take the time off without jeopardizing their graduation timeline. Students who cannot take any time off should try to plan their interview season so that interviews are dispersed among the four months of "interview season," if possible. Any questions about this policy should be referred to the student's primary advisor.

E. Cancellation Policy

A student must give the hospital and the Office of Clinical Studies notification of cancellation at least 12 weeks ahead of the start date of the rotation. If less than twelve weeks, the student will be responsible for hospital fees for the cancelled rotation and receive a letter of reprimand from the Dean for unprofessional behavior. The student must then write a letter of apology to hospital. A second cancellation without 12 weeks' notice may lead to suspension from the school and mention of the suspension in the student's MSPE. Cancellation of a subinternship is not allowed. If a student cancels, the student is responsible for full tuition for the cancelled rotation and will not receive credit for any rotation for that same time period. Hospitals should not cancel electives. Students should notify the Office of Clinical Studies if a hospital cancels. Appeals to cancel will be reviewed but only for serious reasons. US students can appeal to Dr. Laurence Dopkin at ldopkin@sgu.edu and UK students can send appeal to Mr. Rodney Croft at rcroft@sgu.edu.

F. Illness

All students must take the NBME Subject Examinations at the end of the clerkship. The end-of-clerkship NBME exam is, in fact, an educational part of the clerkship. Students should not consider this an academic exercise requiring additional preparation to be completed at a later date. Students who cannot take the exam on time due to illness, must submit a Medical Excuse Form. The form can be accessed through Carenage, under Medical Excuse Submission, Clinical Examinations. Students must sign in to complete and submit the form. Only one such excuse is permitted during the third year; a second medical excuse results in a mandatory medical LOA. Unless the proper medical excuse procedure is followed, any student who does not take the clinical subject exam as scheduled can receive a failing grade or be cited for unprofessional behavior. Students who have a medical excuse must take the exam within two weeks but cannot take time-off from any subsequent rotation to do so. These make-up exams must be taken on a weekend.

VI. STUDENT SUPPORT SERVICES

A. Overview

Over 1500 clinical faculty based at over 70 affiliated hospitals are responsible for the clinical training of SGUSOM students. Additionally, and as described above, over 50 administrators, physicians and staff employed by the University place students in affiliated hospitals and guide them through the third and fourth year of medical school and, for many students, the US residency application process. To further augment the educational program the school has developed an extensive student support structure to provide academic advice, career guidance, residency application assistance, and behavioral health/wellness programs. These programs and the ones described below concentrate on US residencies. The school also provides support for students interested in postgraduate training in other countries.

B. Office of Career Guidance and Student Development

The *Office of Career Guidance and Student Development* (OCGSD) is in the Office of the Dean and works closely with the Office of Clinical Studies and the Dean of Students. The OCGSD advises and counsels medical students from the beginning of their educational process at SGU through graduation and into the early alumni years. All students have access to the OCGSD website and staff. Counseling is provided on an individual basis and is private and confidential.

For students interested in postgraduate training in the US, the Office of Career Guidance and Student Development (OCGSD) is committed to helping each student secure a residency training position upon completion of the MD program. The OCGSD provides support, tools and resources throughout medical school. As students enter clinical training, the OCGSD helps to optimize their residency application strategy, supporting them during the process of ultimately finding a residency that is the right fit for them. This commitment includes offering pathways to choosing a specialty, preparing strong residency applications, applying to the right programs, learning best practices for residency interviews and understanding all the ways to attain residencies.

During the basic science terms, the OCGSD offers the mandatory OCG-1 talk for students in term 1. The importance of the basic science years with preparation for the USMLE Step 1 examination for those interested in medical licensure in the US is discussed. These talks also introduce students to available review programs as well as the OCGSD website and how to access valuable information there. During Term 5 the OCG-2 talk is presented and is also mandatory for students. An in depth discussion about the USMLE Step 1 and what to expect of the clinical program is presented with input from the Student Government Association - Clinical (SGA-C).

In the clinical years, the OCGSD informs students of various deadlines having to do with external examinations and residency applications. Building upon the OCGSD talks presented in students' Basic Sciences year, the OCGSD continues with additional live webinar presentations intended to give in-depth guidance on the residency application process. The OCGSD provides multiple presentations of the OCG-3 talk, encompassing these topics, in the winter of each year for third year students to discuss the residency application and interview process. Each year several presentations are given at our major hospital affiliations which can include live webinar sessions offered on-line to allow students to ask questions. The OCGSD also maintains a robust website which is frequently updated. Students are advised to visit the website on a regular basis to be informed about any changing regulations.

The OCGSD counsels students about the road to a US residency via the NRMP/ERAS as well as the occasional opportunity to sign outside the match (also known as All Out programs). SGU places great value on its relationship with all participating hospitals. In addition, the OCGSD has advisors who provide advice concerning the postgraduate training application process for Canada, the UK and EU countries.

In March each year the OCG website has a Current Available Positions (CAPS) section as a resource for residency programs to list their available positions. Graduates and students who are looking for a residency position post-match should review this site frequently. The OCGSD offers a webinar about the Supplemental Offer and Acceptance Program (SOAP) prior to the match for

students and grads who had a difficult residency application process, only a few interviews or were ineligible for the NRMP. A live SOAP webinar Q&A is held the Monday of match week to assist students in the process. After the match, the OCG has a live webinar with a panel to discuss options available to unmatched students such as obtaining an MPH, an MBA and doing additional elective rotations or research. After an unmatched student participates in this webinar, appointments are made with a senior OCG advisor to discuss what is best for the student to improve their chances of getting a residency in the next NRMP cycle. Students are encouraged to call upon the expertise of the OCGSD Advisors and its website (refer to Section I for contact information).

OCGSD helps students with residency selection and procurement, the National Resident Matching Program (Match) and Electronic Residency Application Assistance (ERAS). Please refer to the OCGSD website:

<http://www.sguocg.net/yal1ng13nnhahs4sd8ruYYGsmN/>

For OCGSD Support and Guidance Contact careerguidance@sgu.edu:

C. Medical Student Performance Evaluation (MSPE)

The Office of the Dean composes an MSPE for all students in support of their residency applications. The MSPE is primarily submitted to the Electronic Residency Application Service (ERAS) for students participating in the National Residency Matching Program but also to other matching services and to individual residency programs that do not participate in ERAS.

MSPE's are updated throughout the clinical years by a team of MSPE Coordinators under the direction of Dr. Stephen Weitzman, Dean, School of Medicine. Once a student graduates, no new information is added but the MSPE will be finalized to include all grades and to reflect graduate status. The format of the MSPE, based on guidelines provided by the Association of American Medical Colleges (AAMC), is standard for all students and cannot be changed.

Students are required to submit an MSPE Information Form (MIF) during a six week solicitation period in Jan-Feb of the year prior to graduation (e.g. Jan-Feb 2019 for 2020 grads). MSPE's are composed based on anticipated graduation year, not anticipated Match participation year.

The Summary section of the MSPE includes an Endorsement Level (EL) determined by the MSPE Coordinator under the authority of Dr. Weitzman. There are five EL's: Outstanding, Excellent, Very Strong, Strong and Good. The initial factor in determining a student's EL are grades but professional behavior (PB) plays a pivotal role.

The main source for PB information is the commentary students receive during rotations but disciplinary issues during basic sciences and general interactions with hospital and SGUSOM faculty, administration and staff throughout students' studies can also contribute to the EL. For example, a B student with exceptional evaluation comments and/or notable feedback from faculty/staff may earn a higher EL than their grades alone dictate. Conversely, an A+ student with problematic comments/interactions will not receive the highest EL. Other factors that can lower the EL include suspensions, probations or multiple LOA's. USMLE scores are included in the MSPE but do not constitute significant EL criteria.

Students receive an MSPE review copy (RC) sometime after an initial draft is composed, enabling them to correct factual errors. RC's do not include the Summary section because it is not finalized until shortly before ERAS transmission and is subject to change thereafter. Students can request a finalized, unofficial MSPE after they receive their diploma.

MSPE's are uploaded to ERAS and other matching services in late summer-early fall. They can be emailed on request to individual, "all-out" programs that do not participate in the matching services after 10/1, the MSPE's official release date. Students must provide detailed contact information for all-out programs (Name, Title, Department, Hospital, City/State, Email Address). MSPE Coordinators are also responsible for sending transcripts to matching services and individual programs, as well as SGU Department Chair Letters directly to students that require them.

MSPE's and transcripts sent to matching services are NOT updated automatically. Students must contact their MSPE Coordinator to request newer versions containing additional core grades. Similarly, students who go unmatched in their anticipated graduating year must request an updated MSPE and transcript from their MSPE Coordinator after they reopen their ERAS account in the subsequent year. The versions that will initially appear in their account are those that were sent during the previous match cycle.

Further details about the MSPE process can be found in the MSPE section of the Clinical website. <https://mycampus.sgu.edu/group/sgu-clinical/mspe-deans-letter-transcripts-lors>

The MSPE Team can be contacted based on student last names:

Christiana Pironti (cpironti@sgu.edu)	A – C
Rantayzaia B-Lindor (rblindor@sgu.edu)	D – J
Anthony Pellegrino (apelleg@sgu.edu)	K – L, P – R
Steven Orkin, Supervisor (sorkin@sgu.edu)	M – O
Bernadette Farruggio (bfarruggio@sgu.edu)	S – Z
Alyse Leotta (Department Assistant) (aleotta@sgu.edu)	ALL

D. Healthcare - All clinical students are required to have health insurance

While in their clinical training, students should contact the DME at their clinical center or hospital for acute healthcare problems. These include medical illnesses, psychological problems, needle stick or mucous membrane exposure to a patient's blood or body fluid, exposure to a patient with tuberculosis etc. The Office of Clinical Studies should also be notified and will help students with both acute and long- term care.

The issue of student health care while in hospitals requires further clarification. Students rotating through hospitals are not employees and should not have access to employee or occupational health services. They are not covered under Workman's Compensation Laws. Whenever possible, students with an injury, illness or other health related problems should see a private physician in their health plan.

Students are not to use the Emergency Department (ED) for routine problems. Students are responsible for all fees that are charged by the ED, physicians and hospital that are not covered by their health plan. Insurance policies may not cover non-emergency illnesses or injuries treated in the hospital ED and/or

may require a co-payment. Only serious, acute problems should necessitate an ED visit. Blood and body fluid exposures, such as needle-stick incidents require an ED visit depending on hospital policy.

E. Psychological Services

Students are encouraged to approach any member of the University's faculty or administration with any behavioral, psychological or substance abuse problem. Such problems coming to the attention of a clinical faculty member should be referred to the relevant dean. Any dean or department chair is available during site visits to discuss personal questions or problems. Members of the SGUSOM administration can be contacted any time by email. In addition, Dr. Laurence Dopkin, a psychiatrist and Assistant Dean of Students can be contacted by any student at ldopkin@sgu.edu. These contacts will be confidential.

In the UK, a special psychological counseling service is available for SGU students on a 24-hour basis. A meeting with a local mentor/counselor or referral to the School's counselor can be arranged. Counseling should be initiated by the student or after discussion with the local DME.

F. On-site Advisors

The School has begun the process in 2017 of appointing on-site advisors at our major hospitals. These advisors are physicians based at our clinical centers and major affiliated hospitals who are available to students for career, academic and wellness advice and support.

G. Academic Advice

Clinical faculty, DMEs, Clerkship Directors, primary advisor and on-site advisors are all available for academic advice. Also, students can contact Dr. Chris Magnifico, Assistant Dean of the School of Medicine, for advice regarding Step 2 CS & CK and academic difficulties. In addition, important information about the timing of and preparation for Step 2 CS & CK is available on the OCG website.

H. Food and Housing

All clinical centers and affiliated hospitals provide information about access to food and housing. Food and housing vary from site to site but remain the student's responsibility. Information about hospitals' housing, parking permits, meal tickets and similar local issues are provided by the hospital's Medical Education Coordinators who assist SGU students at clinical centers and affiliated hospitals. A listing of hospitals offering meal tickets and parking permits can be found on the official clinical website. Departing students and the student coordinators at each hospital provide listings of available housing, which is helpful to the students. Students are responsible for their own transportation to and from their hospital.

I. Financial Services

Questions about student accounts and billing are handled at the Office of Student Finances. Information about scholarships or loans, counseling for financial planning, budgeting and debt management are provided by the Office of Financial Aid. Both offices are located at University Support Services, LLC, 3500 Sunrise Highway, Building 300, Great River, New York 11739. The phone numbers are: 631-665-8500, or 1-800-899-6337.

VII. EXTRACURRICULAR ACTIVITIES

A. The Medical Student Research Institute

SGUSOM has invested extensively in developing a Medical Student Research Institute (MSRI). This is part of our mission to establish research as an integral component of the MD program. The MSRI grew out of our conviction that research is necessary for progress in the understanding of health and disease and for improving patient care. The MSRI provides an opportunity for exceptional students to spend part of their medical school experience involved in basic, clinical, translational or social science research under expert faculty mentorship. Students have the opportunity to conduct research within the specialties that interest them with expectations that this will shape their career goals and help build an academic track record that will be viewed favorably by competitive residency programs.

The MSRI offers two tracks for students:

- **Distinction in Research**

This track is available to students in terms 2 through 5 with at least an A average. Once accepted into this program, students become involved in research throughout medical school and have the opportunity to graduate with “Distinction in Research”.

- **Research Member**

This is available to students who have completed term 5 with at least a B average and are usually arranged individually by students and clinical faculty at affiliated hospitals. Students in their clinical terms can select from a variety of research projects and faculty mentors and begin a unique mentored experience in clinical research.

Both tracks are available only to students who have a strong academic record. The faculty has established these criteria because they believe that the primary responsibility of all medical students is to master the material in their basic science courses and clinical rotations and strive for academic excellence. Students can also do research independently. However, as important as research is, students cannot let it interfere with their academic performance.

We encourage interested students to review the selection criteria and required documents needed to become a member of the MSRI. Students are able to obtain more detailed information on the MSRI website. The University will award students who publish manuscripts and meet the MSRI criteria an “MD with Distinction in Research” at the time of graduation.

B. Gold Humanism Honor Society (GHHS)

GHHS is an international society dedicated to supporting humanism in medicine, and SGUSOM sponsors one of the largest GHHS chapters for SGU students. Membership is based on peer nomination, faculty review and induction in the third year of medical school. Membership requires a commitment to a service or chapter project. Students interested in the GHHS can find more information on the GHHS web-site and can contact Dr. Cheryl Cox Macpherson, the faculty sponsor, at ccox@sgu.edu.

C. Scholarly Activity

To support scholarly activity, the School of Medicine offers clinical students a onetime reimbursement up to \$1000 to attend a conference in order to present an abstract or poster. Each student can qualify only once during their medical school tenure. To be approved the student must clearly be identified on the heading of the poster or abstract as being from SGUSOM. Students must request preliminary approval for reimbursement before they attend by sending a copy of the conference invitation to the Office of the Dean along with a copy of the abstract or poster. After the conference, students should fax or send electronically the receipts for travel, lodging, meals and miscellaneous associated expenses, as well as a current mailing address and student ID#. SGU will not reimburse for tips and alcohol or charges/amounts deemed unreasonable by The Office of the Dean. Students should receive a check in about four weeks after submitting expenses. Students should submit an article about their work for publication in the University newsletter to cmccann@sgu.edu. Students who have completed scholarly activities may be recognized at graduation for their work.

D. Dual degrees

The dual degree programs include MD/MPH (Masters of Public Health), MD/MBA (Masters of Business Administration-Health) and MD/MScBR (Masters in Biomedical Research). Details can be found on the SGU website.

SECTION TWO

I. ACHIEVING COMPETENCE

A. Introduction

Section Two describes the requirements that form the foundation of the third and fourth years (terms 6-10). These include the five core rotations, a family medicine rotation and a medicine subinternship. Students in the clinical years must continue to acquire medical knowledge as they did in their basic science years. They need to give a top priority to the end of clerkship NBME exams and, for those interested in US residency, Step 2. In addition, they must also develop the clinical skills and professional behaviors needed to apply that knowledge to real-life care of patients or, in other words, to become clinically competent. In addition, medical knowledge, clinical skills and professional behaviors need to be integrated with the practical realities of the current health care delivery system. The successful passage of students through this learning process will enable them to transition to postgraduate trainee, independent practitioner and life-long learner.

B. Independent Study and Lifelong Learning

In order to become life-long learners, students must develop skills for self-directed learning, an essential task of medical student education. Before starting a clerkship, a student should ask and be able to answer the questions, “What should I learn in this clerkship?” and “How will I learn it?” In general, the answers to these questions will be found in multiple domains: medical knowledge, clinical skills and professional behaviors. Knowledge will be acquired during didactic activities, such as general and patient-specific reading, lectures, conferences, etc. To guide students, this section provides lists of specific core topics that should be learned during the clerkships and web-based educational programs that students must complete.

In addition, students must maintain an electronic patient encounter log containing lists of symptoms and diseases that the faculty feels students should become familiar with. Students must also recognize different categories of diseases. These include the important aspects of preventive, emergency, acute, chronic, continuing, rehabilitative and end-of-life care. Clinical skills and professional behaviors will be developed during supervised and observed patient encounters and during interaction with senior physicians, everywhere that care is delivered. Measurement of the student’s knowledge, skills and professional behavior against defined benchmarks determines the student’s progress through the academic program. Importantly, the patients that students see and document in the patient log should form the basis for active and independent learning. In this patient-centered process students should develop the ability to independently identify, analyze and synthesize relevant information. Students should also strive to critically appraise the credibility of information sources they use. These competencies will be evaluated during discussions about patients at the bedside and in conferences and as part of students’ write-ups. Each student’s log becomes part of each student’s performance evaluated at the end of clerkship.

Each of the core clerkships have three web-based courses and quizzes that students must complete during the rotation. The courses consist of the:

1. Firecracker curriculum
2. USMLE World assigned questions
3. Communication Skills Course required modules

The University has purchased subscriptions to each of the above web-based courses for all clinical students. These resources promote independent study and deepen students' understanding of the clerkship. In addition, these courses will also help students prepare for the NBME clinical subject exam and Step 2.

C. Competency

The US Accreditation Council on Graduate Medical Education (ACGME) defines six domains thought to be useful in defining "competency"; these are called the core competencies - patient care, medical knowledge, practice-based learning and improvement, professionalism, systems-based practice, and interpersonal skills and communication. While these were initially developed for residency programs, in the US today competencies are used at many levels of professional practice to define and measure an individual's ability and capability. Medical schools use competency to determine suitability for graduation; residency programs use competency to certify suitability for completion and healthcare institutions use competency to determine eligibility for clinical privileges. The emphasis on achieving and demonstrating competency, a more easily quantifiable and reliable measure, replaces a more traditional model. The traditional model judges students along a qualitative continuum – generally using words like "excellent", "good", "needs improvement" or letter grades. It is thought that the more descriptive and quantifiable an assessment method, the more valid and reliable it is.

The American Association of Medical Colleges (AAMC) has grouped competencies into the following 13 Entrustable Professional Activities (EPAs) as a basis for starting postgraduate training in the US.

EPAs

1. Gather a History and Perform a Physical Examination
2. Prioritize a Differential Diagnosis Following a Clinical Encounter
3. Recommend and Interpret Common Diagnostic and Screening Test
4. Enter and Discuss Orders/Prescriptions
5. Document a Clinical Encounter in the Patient Record
6. Provide an Oral Presentation of a Clinical Encounter
7. Form Clinical Questions and Retrieve Evidence to Advance Patient Care
8. Give or Receive a Patient Handover to Transition Care Responsibility
9. Collaborate as a member of an Interprofessional Team
10. Recognize a Patient Requiring Urgent or Emergent Care, & Initiate Evaluation & management.
11. Obtain Informed Consent for Tests and/or Procedures
12. Perform General Procedures of a Physician
13. Identify System Failures and Contribute to a Culture of Safety and Improvement.

In order to ensure that every graduate of SGUSOM is able to function at the highest possible professional level, it is necessary for us to define exactly what we mean by “competent”. Multiple models have been used to accomplish this. SGUSOM groups its competencies, or outcome objectives, into three domains – medical knowledge, clinical skills and professional behavior. The outcome objectives presented below provide an overarching guide for the curriculum.

In the following pages, seven clinical departments describe the training tasks that students undertake as they rotate through the different clerkships. It is through these tasks that students develop the competencies required by each specialty and, ultimately, required by the school for graduation. Students should become aware of the similarities and differences between the different clerkships. While medical knowledge and aspects of clinical skills differ from specialty to specialty, certainly professional behavior, interpersonal skills and communication are universal.

II. OVERARCHING GOALS

A. Medical Knowledge

- i. Apply the multidisciplinary body of basic sciences to clinical analysis and problem solving using:
 - The knowledge of normal structure, function, physiology and metabolism at the levels of the whole body, organ systems, cells, organelles and specific biomolecules including embryology, aging, growth and development.
 - The principles of normal homeostasis including molecular and cellular mechanisms.
 - The etiology, pathogenesis, structural and molecular alterations as they relate to the signs, symptoms, laboratory results imaging investigations and causes of common and important diseases.
- ii. Incorporate the impact of factors including aging, psychological, cultural, environmental, genetic, nutritional, social, economic, religious and developmental on health and disease of patients as well as their impact on families and caregivers.
- iii. Utilize the important pharmacological and non-pharmacological therapies available for the prevention and treatment of disease based on cellular and molecular mechanisms of action and clinical effects. Identify and explain factors that govern therapeutic interventions such as clinical and legal risks, benefits, cost assessments, age and gender.
- iv. Apply the theories and principles that govern ethical decision making in the management of patients.
- v. Evaluate and apply clinical and translational research to the care of patient populations.

B. Clinical Skills

- i. Communicate effectively with patients, their families and members of the health care team.
- ii. Obtain a comprehensive and/or focused medical history on patients of all categories.
- iii. Perform physical and mental status examinations on patients of all categories appropriate to the patient's condition.
- iv. Document pertinent patient health information in a concise, complete and responsible way.
- v. Select appropriate investigations and interpret the results for common and important diseases and conditions.
- vi. Recognize and communicate common and important abnormal clinical findings.
- vii. Develop a problem list and differential diagnosis based on the history, physical findings and initial investigations.
- viii. Apply effective problem solving strategies to patient care.
- ix. Perform routine and basic medical procedures.
- x. Provide patient education for all ages regarding health problems and health maintenance.
- xi. Identify individuals at risk for disease and select appropriate preventive measures.
- xii. Recognize life threatening emergencies and initiate appropriate primary intervention.
- xiii. Outline the management plan for patients under the following categories of care: preventive, acute, chronic, emergency, end of life, continuing and rehabilitative.
- xiv. Continually reevaluate management plans based on the progress of the patient's condition and appraisal of current scientific evidence and medical information.

C. Professional Behavior

- i. Establish rapport and exhibit compassion for patients and families and respect their privacy, dignity and confidentiality.
- ii. Demonstrate honesty, respect and integrity in interacting with patients and their families, colleagues, faculty and other members of the health care team.
- iii. Be responsible in tasks dealing with patient care, faculty and colleagues including health-care documentation.
- iv. Demonstrate sensitivity to issues related to culture, race, age, gender, religion, sexual orientation and disability in the delivery of health care.
- v. Demonstrate a commitment to high professional and ethical standards.
- vi. React appropriately to difficult situations involving conflicts, nonadherence and ethical dilemmas.
- vii. Demonstrate a commitment to independent and lifelong learning including evaluating research in healthcare.
- viii. Demonstrate the willingness to be an effective team member and team leader in the delivery of health care.
- ix. Recognize one's own limitations in knowledge, skills and attitudes and the need for asking for additional consultation.
- x. Participate in activities to improve the quality of medical education, including evaluations of courses and clerkships.

III. Assessment and Grading

A. The Formative Mid-core Assessments

Clerkship directors must arrange for formative mid-core assessments of all students in order to discuss the student's performance including a review the Electronic Patient Encounter Log. These consist of individualized face-to-face meetings with each student and completion of the mid-core evaluation form (Appendix F). The purpose of this assessment is to verbally provide students with qualitative feedback early enough in the clerkship to allow time to address deficiencies. This meeting gives the clerkship directors an opportunity to help students recognize their strengths. This discussion should include encouragement if the student is doing well or a warning with constructive criticism if the student is doing poorly. The mid-core assessment also gives medical students the opportunity to measure their progress in learning. Comments in the mid-core might be integrated in to the final evaluation.

B. The Summative Final Clerkship Evaluation

1. Grading Policy for the Clerkships

The clerkship director completes an electronic final assessment form for each student in a core clerkship. The form requires narrative comments, grades in individual components and a final summative grade (Appendix F). The narrative comments summarize the student's clinical performance and, importantly, professional behavior. This includes attendance, rapport with patients and staff and the extent to which the students developed the required competencies for that core. This narrative section offers the faculty the opportunity to provide additional personalized evaluative information beyond the letter grade. These comments are quoted in the MSPE. An additional section allows for constructive comments that are not quoted in the MSPE. Students should make every effort to review these comments as soon as possible after completion of a rotation. The opinions of the physicians who have worked with a student are critical for self-improvement by the student. In particular, constructive criticisms can help a student develop into a more competent physician. Students can review these comments electronically after they complete the student feedback questionnaire. The evaluation forms are in Carenage (the SGU internal website) under Clinical Evaluation.

The final grade in the clerkship represents a semi-quantitative average of five components:

- 1.** medical knowledge 20%
- 2.** clinical skills 20%
- 3.** professional behavior 20%
- 4.** communication skills 10%
- 5.** NBME Clinical Subject Exam grade 30%

Items one through four reflect subjective faculty assessments at the hospital.

The students take the NBME Clinical Subject Exam during the final week of their clerkship. The Office of Clinical Studies receives the scores from the NBME and sends the grades to the hospital shortly afterwards.

The NBME Clinical Subject Exams will be graded as follows:

75 or greater = A+ (Honors)

70 – 74 = A

65 – 69 = B

60 – 64 = C

59 or below = F

The electronic evaluation automatically determines the final grade based on the Clerkship Director's grades of the individual components plus the NBME grade. Students who fail the NBME exam but pass the other components of the clerkship can receive a passing grade for the clerkship (most likely a C or a C-). In those cases repeating the clerkship is not necessary; the school will give students credit for the clerkship. However, the Graduation Assessment Board will not approve this student for graduation until the student demonstrates competency in the relevant subject area. The school may require the student to complete an additional rotation and exam in the relevant subject area and/or additional study time to improve medical knowledge and test-taking skills. These students will have to retake and pass the NBME exam they failed at a future date, most likely in their fourth year, in order for the GAB to approve this student for graduation. Since performance on the NBME clinical Subject Exams correlates with performance on Step 2 CK, students who perform poorly on the NBME exams with a 62 or less average should consider a structured program during their fourth year to improve their medical knowledge and test-taking skills. In another example, a student may pass the NBME but fail another individual component of the clerkship such as communication skills or professional behavior. In such a case, if the final grade is passing, the school will give the student credit for the clerkship, but GAB will not approve this student for graduation. The GAB will then mandate additional rotations and an OSCE to demonstrate that the student has reached the desired level of competency in the particular component(s). If the final grade is an F, the student will be recommended for dismissal.

In terms of faculty evaluation, we expect that about 60% of our students will get an A, about 30% a B and about 5-10% honors. Cs and Fs are rare. These percentages characterize the grade distribution for the entire clinical student body and should not be used to determine grades for each group of students on an individual rotation. However, the school is required to monitor the grade distribution for each clerkship at each hospital over the course of a year and expects the grade distribution to reflect the above.

2. Definitions of Grades

A+ (honors) requires all As and an A+ on the NBME exam. A+ (honors) must be given to students with these grades.

A is given to students who proficiently develop the competencies listed in the Clinical Training Manual and whose overall performance is good.

B is given to those students who only adequately develop the required competencies and whose overall performance is acceptable.

C is given to those students who barely meet minimum requirements. This grade is, in fact, a “warning” grade and identifies a student who is struggling in medical school and requires additional mandated training and/or counseling.

F is given to those students whose continuation in medical school is problematic. An ‘F’ in any component of the assessment precludes a student from meeting graduation requirements until the GAB determines that the student has reached the required level of competency in that component (s). A final grade of F leads to a recommendation for dismissal from medical school.

Clerkship Directors have the option of adding + or – to the above grades based on their opinion. Only A+ requires objective criteria.

In summary, grading of student performance should use the following:

A+ = exceptional

A = good

B = adequate

C = minimal

F = failing

Components of the Assessment

Clinical Performance (70%)

The teaching physicians who work with the student during the rotation assess the student’s clinical performance in three areas, each of which is 20% of the final grade: clinical reasoning, clinical skills and professional behavior. In addition, faculty assess students’ communication skills; this assessment is 10% of the final grade. The more feedback the Clerkship Director gets from different members of the medical staff that instructed the student, the more objective grades can be. The faculty assesses the extent to which the student has developed the competencies required for that rotation. These specific competencies appear in Section II of this manual in the curriculum for each of the core clerkships. The following general goals form the basis of all assessments.

- Clinical reasoning requires using the following for problem solving: knowledge of basic, clinical and social sciences; the pathophysiology of disease; the clinical signs, symptoms and abnormal laboratory findings associated with diseases and the mechanism of action of pharmaceuticals.
- Clinical Skills includes diagnostic decision making, oral and written case presentations, history and physical examination, test interpretation and therapeutic decision making. Students must be observed and evaluated at the bedside.
- Professional Behavior include the interaction with staff and patients, integrity, sensitivity to diversity, attendance and a commitment to lifelong learning and independent study.

- Communication Skills “as they relate to physician responsibilities, including communication with patients, families, colleagues, other health professionals and resolution of conflicts.” (See appendix K for the NBME approach to communication skills).

NBME End of Clerkship Exam Policies and Procedures

The NBME Clinical Subject (Shelf) Exam must be taken by all students toward the end of the clerkship and determines 30% of the final grade. Scheduling for this exam is done by Ms. Jennifer O’Hagan, Director of NBME Examinations, in the Office of the Dean of Clinical Studies (US). Students who test at our private site will be notified two weeks prior to their exam. Students who test at Prometric Centers receive permits three weeks prior to each exam. Students who fail to schedule and take the NBME exam the final week of the clerkship will receive a lower grade in Professional Behavior. Hospitals must excuse students one day before the pediatrics, family medicine, ob/gyn and psychiatry exams for study time and two days before the medicine and surgery exam for study time. Students are excused for the entire day of the exam.

Clinical experience during the rotation does not provide adequate preparation for the NBME exam. Students must use UWorld and Firecracker as well as other recommended resources for each clerkship to prepare for these exams. Students can find the content of these exams on the NBME website. Students must sit the NBME exam before starting their next rotation.

- All students must attend the NBME exam as scheduled.
- Students who are too ill to take the exam as scheduled should refer to the “Medical Excuse” policy in the Student Manual.
- Failure to take the NBME End of Clerkship Exam on time is unprofessional and will lead to a lower clerkship grade in Professional Behavior.

C. Assessment for other Rotations

Electives, subinternships and Family Medicine rotations are graded on a pass-fail basis but require narrative comments. These narrative comments will be used in the MSPE. The assessment is based on a student’s daily performance in terms of knowledge, skills and professional behavior. Credit can be given only after receipt of the student’s Certificate of Completion of Elective Form (Appendix F).

D. Inadequate Performance

A student can be given credit for a rotation if there is an F in any one area as long as the final grade is passing. As mentioned above, in these cases, the GAB will not approve this student for graduation until the student has reached the required level of competency in the clinical subject area. An F in any area requires a discussion between the student and the CD, DME, Departmental Chair and/or a Dean. Students who fail the entire rotation, not just a component, will be recommended for dismissal. In addition, the University reserves the right in the absence of due process or under ambiguous circumstances to put an NG (No Grade) notation on the transcript. In this case, the student must repeat the rotation.

A formal mechanism exists for identifying and helping a student whose achievement is not up to standard. If preceptors or attending physicians judge a student to be marginal, the clerkship director is notified. The student shall be informed as early as possible during the core clerkship and given

assistance and counseling. Depending upon the seriousness of the problem, the department chair, the DME, and a Dean may be involved.

Thus, a three-tiered system for dealing with student problems exists at all clinical sites. Initially a student's preceptor and/or clerkship director discusses a student's behavior or attitude with the student. This is done at the time of the mid-core assessment or at any other time that is appropriate. Many times counseling the student is sufficient. If the problem recurs, a pattern develops or a single problem appears serious, the clerkship director notifies the DME. In addition, the University has appointed Onsite Advisors at many hospitals that can deal with students' problems. The DME and/or Onsite Advisor might meet with and counsel the student. If the problem is serious enough, the DME notifies the Deans' offices. The Dean of Students and the Dean of the School of Medicine have the ultimate responsibility for dealing with students' problems.

IV. THE CORE CLERKSHIPS

A. INTERNAL MEDICINE CORE CLERKSHIP

1. MISSION AND INTRODUCTION

Description of the Core Clerkship in Internal Medicine

The Medicine rotation teaches a logical and humanistic approach to patients and their problems. This process begins with a presenting complaint, through a comprehensive history and physical examination, to the formulation of a problem list, assessment of the problems including a differential diagnosis, a plan for definitive diagnosis and therapy, as well as an assessment of the patient's educational needs.

While this sequence is applicable to all specialties in the clinical years, Medicine carries the major responsibility for teaching this clinical approach, thus forming the cornerstone of study in the clinical terms, regardless of a student's future interests.

These twelve weeks expose the student to a wide range of medical problems. Skills in processing and presenting data to preceptors, peers and patients are assessed and refined. In addition, the clerkship introduces system based practice, practice based learning and improvement and cultural sensitivity and competency. The student learns the unique aspects of providing care for the elderly and those at the end of life. This includes the special needs of the elderly regarding multiple medication interactions, physical fragility and changes in cognition. The student learns interpersonal and communication skills and how to relate to patients, families and all members of the health care team in an ethical and professional manner.

Students accomplish the goals of the clerkship by extensive contact with many patients, conferences, lectures, bedside rounds and discussions with preceptors, residents and consultants, write-ups, case presentations, review of laboratory work, x-rays and imaging procedures, web-based educational programs as well as a prodigious amount of reading. The Department of Medicine places special emphasis on developing student skills not only in history taking, physical examination and written and oral case presentation, but also in understanding the pathophysiology of disease and in developing a problem list and a differential diagnosis. Humanism in Medicine is stressed throughout the clerkship as it will form an integral part of any physician's life.

2. GUIDELINES

- i. Length: twelve weeks.
- ii. Site: in-hospital medical services and out-patient facilities. Students may also rotate through nursing homes, sub-acute nursing facilities or other similar places where healthcare is delivered.
- iii. Orientation at the start of the clerkship: this should include an introduction to the key faculty and coordinators, a tour of the facilities, distribution of schedules, discussion of the expectations and responsibilities of the clerk, the general department and student schedule and the assignment to residency teams and preceptors. Students should be made aware of the contents of the CTM and the goals and expectations of the clerkship as

a comprehensive learning experience. The SGU Clerkship Director in Medicine and preceptors are responsible to review and discuss the educational goals and objectives of the clerkship set forth in this manual before each rotation. In addition there must be emphasis on developing communication skills, discussion of manual skills requirements and discussion of professional behavior.

- iv. Schedule: all day Monday through Friday; night, weekend and holiday call with residency teams as assigned. Approximately 30% of the Clerkship should be allocated to protected academic time for teaching conferences and structured independent study.
- v. Attending rounds for house staff and students at least three times per week.
- vi. A full schedule of teaching conferences including grand rounds, subspecialty conferences and didactic sessions pertinent to the needs of the students.
- vii. Preceptor sessions at least four hours per week to include case presentation by students and bedside rounds. These sessions should include a teaching physician and students only. At least one hour should be structured as a question based session (MKSAP).
- viii. Students are expected to complete 600 IM UWorld questions over the course of the 12 week rotation.
- ix. Six comprehensive write-ups are required over the course of the clerkship. These write-ups should include a comprehensive history, a physical exam, a review of relevant laboratory and imaging data, and a comprehensive problem list, with diagnostic, therapeutic and educational plans. This assessment should require considerable supplementary reading. The preceptor must read and critique these write-ups and return them to the student in a timely fashion. This timely interaction among faculty and student is an essential and core responsibility of the preceptor faculty. In addition students must submit 2 “focused” write-ups – max 2 pages – based on clinical situations where a new problem arises in the course of hospitalization. These write-ups should include key historical features, relevant physical exam, pertinent laboratory data; and diagnostic assessment and plan for the patient.
- x. A mid-term evaluation of each student’s performance is an important part of the rotation. This must include a review of the student’s patient log, a review of the student evaluations submitted by residents and attending who have had contact with the student, and a thorough discussion of the student’s strengths and weaknesses with advice as to how the student may improve. Students will also be expected to take a “practice” NBME shelf exam (self-evaluated) at the midpoint of the clerkship.
- xi. A formal oral communication assessment, conducted by the preceptor (or his/her designee), will be scheduled during the last 2 weeks of the rotation. This assessment counts for 5% of the final grade.
- xii. Components of the Grade:
 - A. Medical Knowledge**
30% = NBME Internal Medicine Subject Exam
 - B. Clinical Reasoning**
20% = a composite of subjective assessments by preceptor, attendings and residents
 - C. Clinical Skills**
20% = a composite assessment by preceptor, attendings and residents

D. Professional Behavior

10% = fulfillment of required components, including attendance, write-ups, UWorld and Firecracker

10% = a composite of subjective assessments by preceptor, attendings and residents

E. Communication Skills

10% = composite preceptor, attendings and residents = 5% Formal Communication Assessment = 5%

3. EDUCATIONAL OBJECTIVES

The twelve-week core clerkship in internal medicine is based in acute care medical centers or appropriately designed and accredited ambulatory care facilities. The curriculum is designed to provide students with formal instruction and patient care experience so as to enable them to develop the knowledge, skills and behavior necessary to begin mastering the following clinical competencies essential to becoming a knowledgeable, complete and caring physician.

Students gain these and the additional skills outlined below by functioning as integral members of the patient care team, participating in resident work rounds and teaching attending bedside rounds every weekday and admitting patients when on-call and following them until discharge under the continuous supervision of the residents. Additional activities include meetings with their preceptors at least four hours per week (conferences for students only), attendance at daily didactic conferences and independent learning including completing web-based education assignments. An orientation at the start of the clerkship outlines the educational goals and objectives of the clerkship as well as the responsibilities of third year clerks, and assignments and schedules. Clerks are provided feedback regularly on their progress as well as during both midcourse and final summative reviews with their preceptor or clerkship director.

MEDICAL KNOWLEDGE

Demonstrate knowledge of the principal syndromes and illnesses in Internal Medicine, their underlying causes both medically and socially and the various diagnostic and therapeutic options available to physicians in the care of their patients and in the care of populations.

Develop an understanding of the cognitive processes inherent in clinical reasoning.

Utilize the principles of diagnostic clinical reasoning, including: translating patient information into medical terminology, becoming familiar with "illness scripts," utilizing semantic qualifiers, and generating a prioritized differential diagnosis.

Demonstrate knowledge of the indications for and the ability to interpret standard diagnostic tests, e.g.; CBC, chemistries, chest x-rays, urinalysis, EKGs, as well as other relevant specialized tests.

Recognize unusual presentations of disease in elderly patients and demonstrate understanding of the complexity of providing care for the chronically ill with multiple medical problems. This should include an understanding of end of life issues, as well as bioethical, public health, epidemiologic, behavioral and economic considerations which arise in our health care system.

Demonstrate knowledge of the indications for various levels of care post-discharge, e.g., short and long term rehabilitation, long-term skilled nursing facility care, hospice, home care, etc.

CLINICAL SKILLS

Take a comprehensive history and perform a complete physical exam.

Formulate a comprehensive problem list, differential diagnosis; and articulate a basic therapeutic plan, employing concern for risks, benefits, and costs.

Analyze additional clinical information, lab tests and changes in patients' clinical status; note changes in the differential diagnosis or in the diagnostic or therapeutic plans as circumstances and test results change.

Begin to develop proficiency in basic procedures, such as venipuncture, arterial puncture, nasogastric tube insertion, insertion of intravenous lines, urinary bladder catheterization, etc.

COMMUNICATION SKILLS

Verbal:

Basic competence in comprehensive case presentation

Basic competence in focused case presentation

Basic competence in explaining to a patient a simple diagnostic and therapeutic plan (e.g.; Community Acquired Pneumonia in a healthy 40 yr. old)

Basic informed consent scenario for a procedure (e.g.; contrast enhanced CTS)

Basic competence in safe transitions of care (i.e., sign outs, rounds and transfer of care)

Written:

Competence in comprehensive case write-ups

Competence in brief case write-ups (e.g. focused CS exercise)

Drexel Modules:

33 Giving Bad News

32 Advance Directives

PROFESSIONAL BEHAVIOR

- Demonstrate a regimen of independent learning through the reading of suggested basic texts, research via the Internet and through other electronic resources, e.g., Up-To-Date, maintenance of the patient encounter log and completion of the web-based educational program requirements.
- Identify personal strengths and limitations.
- Demonstrate a commitment to quality, including awareness of errors, patient safety and self directed improvement.
- Demonstrate competency and comfort in dealing with people of varying racial, cultural, and religious backgrounds
- Demonstrate a commitment to treating all patients, families and other caregivers with respect and advocate for their welfare.

- Participate fully with the patient care team and fulfill all responsibilities in a timely fashion.
- Maintain a professional appearance and demeanor.
- Demonstrate facility in working in concert with other caregivers including nutritionists, social workers and discharge planners to obtain optimal, seamless multidisciplinary care for patients, both during the hospitalization and after discharge.

4. CORE TOPICS & PATIENTS

Students should make every effort to see patients with conditions listed below. This list is based on "Training Problems" published by the Clerkship Directors of Internal Medicine.

A. The healthy patient: health promotion and education, disease prevention and screening.

B. Patients with a symptom, sign or abnormal laboratory value

1. Abdominal pain
2. Altered mental status
3. Anemia
4. Back pain
5. Chest pain
6. Cough
7. Chronic pain
8. Dyspepsia
9. Dyspnea
10. Dysuria
11. Fever
12. Fluid, electrolyte, and acid-base disorders
13. GI bleeding
14. Hemoptysis
15. Irritable bowel
16. Jaundice
17. Knee pain
18. Rash
19. Upper respiratory complaints
20. Weight loss

C. Patients presenting with a known medical condition.

1. Acute MI
2. Acute renal failure and chronic kidney disease
3. Asthma
4. Common cancers
5. COPD
6. Diabetes mellitus
7. Dyslipidemia
8. CHF
9. HIV
10. Hypertension

11. Inflammatory bowel disease
12. Liver disease
13. Nosocomial infection
14. Obesity
15. Peptic ulcer disease
16. Pneumonia
17. Skin and soft tissue infections
18. Substance abuse
19. Thyroid disease
20. Venous thromboembolism
21. Geriatric Issues
22. Cognitive Impairment
23. Osteoporosis
24. Polypharmacy
25. Incontinence
26. Falls, gait and balance problems
27. Failure to thrive
28. Pressure ulcers
29. Sensory impairments
30. Sleep disorders
31. Depression
32. Pain
33. Elder abuse and neglect
34. End-of-life

5. READING

Reading should proceed on four levels, each with a different goal.

- Reading about your patient in order to “learn from your patients” and to develop a deeper understanding of the comprehensive issues affecting patient diagnosis and care.
- A systematic and thorough reading about the overall field of internal medicine in order to prepare for the end of clerkship shelf exam and the Step 2 CK. This cannot be over emphasized.
- Detailed in depth reading about specific topics of interest and for assignments.
- A review of basic science and relevant research in order to reinforce the fundamental principles of clinical medicine and understand advances in patient care.

Students can choose from a large number of comprehensive texts book of medicine, medical sub-specialty texts, journal review articles and internet resources to read as outlined above.

6. WEB BASED EDUCATIONAL ASSIGNMENTS FOR INDEPENDENT LEARNING

The school requires the successful completion of web-based assignments in order to receive credit for this clerkship. Students should log into Sakai to see these assignments. The Office of the Dean monitors student performance on these assignments. The completion of these assignments will be sent to the Clerkship Directors for incorporation into the final clerkship grade. The clinical faculty feels these assignments are excellent preparation for the NBME clinical subject exams as well as Step 2. In addition,

a student's diligence in completing these assignments reflects a commitment to excellence, a component of professional behavior grade.

B. OBSTETRICS AND GYNECOLOGY CORE CLERKSHIP

Message from the Chair Dr. Paul Kastell:

The Department of Obstetrics and Gynecology offers an educational experience, which entails close interaction with house staff and faculty, and a 'hands-on' approach to learning by doing. A physician specializing in obstetrics or gynecology is often considered a woman's primary care provider. With this in mind, students are encouraged to learn not only obstetrics and gynecology but anything involved in women's health in general. Over the six-week clerkship most students will encounter, through their patients, a multitude of clinical problems. It is anticipated that the knowledge gained in learning about and solving a particular patient problem will be retained and applicable to other patients with similar problems.

Obstetrics and gynecology is a fast-paced, diverse field of medicine practiced in a variety of settings, both outpatient and inpatient. As a clerk on our service, you will have the opportunity to see patients who are healthy, seeking prenatal or preventive care, those who are having an acute life-threatening gynecologic problem and everything in between!

Our goal is to provide you with a well-rounded, solid experience in general obstetrics and gynecology. Each student will spend time on labor and delivery, in the operating room participating in gynecologic surgery and in the outpatient setting. You may have the opportunity to work with subspecialists including Reproductive Endocrinologists, Gynecologic Oncologists, Maternal-Fetal Medicine specialists and more.

It is not the purpose of the rotation to prepare students for an ob/gyn residency but rather to assure that graduates will be competent to initiate a level of care for women that routinely addresses their gender-specific needs. Consequently, the clerkship curriculum is competency based, using practice expectations for a new intern pursuing a primary care residency as the endpoint.

The ob/gyn clerkship requires that students record their patient contacts in the school's online patient encounter log. Along with your hands on experience, your learning will be augmented by three web based resources.

- Firecracker
- UWorld ob/gyn Qbank
- Communication Skills Course-The domestic violence and sexual assault modules must be completed prior to completing the clerkship.

Your patient log along with these three web-based resources will constitute your ob/gyn portfolio included in your final evaluation.

We hope that you become familiar with what the general obstetrician/gynecologist does, have the opportunity to be exposed to common obstetric and gynecologic procedures, solidify pelvic exam skills and learn about important topics in women's health to serve you in whatever specialty you ultimately choose.

We are looking forward to meeting you, getting to know you and teaching you.

Portions of this overview were based on the University of North Carolina and University of Florida clerkship overview.

1. MISSION AND INTRODUCTION

- To provide a curriculum for the department that promotes the highest standards of competence and does so in a professional culture that prepares the student for the practice of the discipline internationally.
- To provide a foundation which integrates the basic science in the understanding of normal and abnormal pregnancy as well as the causes, diagnosis, prevention and treatment options for diseases of the female reproductive system and to the problems of women's health generally.
- To provide a solid foundation in the discipline of obstetrics and gynecology that will enable the student to decide if the discipline is an appropriate career choice and if so to enable the student to succeed in postgraduate training and a professional career as an obstetrician gynecologist.
- To combine medical knowledge with clinical and communication skills providing a solid foundation on which students can learn to provide quality obstetrical and gynecologic care.

The curriculum of the department of obstetrics and gynecology is designed to assist students in achieving the following educational goals:

- To understand the role played by the obstetrician/gynecologist within the scope of women's health care and when medical issues outside their expertise requires a medical or other specialty consultation.
- To gain a base of knowledge in normal as well as abnormal obstetrics and gynecology and acquire the skills needed to evaluate and treat patients responsibly.
- To learn the value of routine health surveillance as a part of health promotion and disease prevention by incorporating age-appropriate screening procedures at the recommended time intervals.
- Through the use of written and clinical cases, to acquire a knowledge base in the causes, mechanisms and treatment of human reproductive illnesses, as well as in the behavioral and non-biological factors that influence a woman's health.
- To demonstrate a fundamental knowledge of the most common clinical, laboratory, and pathologic diagnostic manifestations of diseases common to women.
- To gain an understanding of the principles of bioethics and how they affect patient care.
- To become aware of the effect of health care disparities on patient care.

2. GUIDELINES

- a. Length: minimum six weeks.
- b. Site: Labor and delivery suite including ob triage, the operating room, gynecology inpatient units and the ante-partum, post-partum and post-operative units, outpatient clinics, private MD offices and the Emergency Department.
- c. At the start of the clerkship, an orientation is given. This includes a discussion of the expectations and responsibilities of the students and their schedules and assignments to residency teams and preceptors. The SGU clerkship director for Obstetrics and Gynecology and the student coordinator participate in this orientation. During the Orientation students will be advised how to obtain scrubs, lab coats, and ID Badges and a tour of the Ob/Gyn areas including call rooms.
- d. Students take night call no more than every third night, and one weekend call not to exceed 24 hours or one night float schedule, not to exceed residents' hours on call. The student will do a maximum of 6 calls during the 6 week rotation
- e. Students participate in attending rounds for house staff and students at least once a week and work rounds with house staff at least twice a week.
- f. A schedule of teaching conferences including staff conferences, residents' conferences, grand rounds, subspecialty conferences and didactic sessions pertinent to the needs of the students is presented at the orientation. Approximately 30% of the clerkship should be allocated to protected academic time for teaching conferences and structured independent study.
- g. Each student is required to complete a minimum of two clinical write-ups, including one obstetrical and one gynecological case. Each write-up must include the admission history, physical examination, review of laboratory and imaging studies impression, assessment and and diagnostic/therapeutic plan. The history must include any cultural issues that may affect the patient's treatment and compliance. Students must include a discussion of the patient's social supports and any recognizable limits of the doctor-patient relationship, e.g. beliefs. The write-up should also mention any limitation of the patient: mental, physical, financial or emotional. When pertinent, the labor and delivery record, operative findings, post-operative progress notes, and pathology should be included. Each clinical write-up will include a one page summary of the topic chosen by the student on any aspect of the clinical case study. This requires a literature search to respond to the clinical question posed by the student. Critiques of the write-ups are provided to the student by the preceptor. Each student will do a case presentation based on an interesting topic that was encountered during her/his rotation.
- h. Direct preceptor/faculty supervision of the students for at least 3-4 hours per week should include case presentations by the students, bedside rounds, physical examinations and interactive sessions.
- i. A formal one-on-one mid core evaluation is required. The student is required to bring all case evaluations and the student log to the meeting. This is required to be reported to the DME with a signature acknowledgement by the student.
- j. Each student will maintain an electronic log of all patients with diagnosis they admit, evaluate or follow.
- k. All students must take the NBME Clinical Subject Examination in ob/gyn during the last week of the rotation. They must have the day off prior to the exam as well as the day of the exam. The school sends the grades on these exams to the hospital for incorporation into the final evaluation. If you do not take the exam, you have to take it within one week.

- i. Special emphasis is placed on the development of certain skills. By the completion of the clerkship, the student should be able to competently perform a complete history relevant to the obstetric/gynecologic patient and a physical examination of the breast and pelvis. (These examinations must always be performed only when a “chaperone” is present.)

3. EDUCATIONAL OBJECTIVES *

Medical Knowledge: *The student will learn:*

- a. Health maintenance and preventive care for women, including age-related issues in cancer screening, screening for other common adult-onset illnesses, nutrition, sexual health, vaccination and risk factor identification and modification.
- b. Acute and chronic conditions common in women’s general and reproductive health, including their diagnosis and treatment.
- c. Principles of physiology and pharmacology applicable to women from puberty through their reproductive life and menopause, especially pregnancy and age-related changes.
- d. Prenatal, intra-partum and post-partum care of normal pregnancy and common pregnancy-related complications as well as the care of women with acute or chronic illness throughout pregnancy.

Clinical Skills: The student will demonstrate competence in:

- a. **Communication skills:** Interacting effectively and sensitively with patients, families, and with health care teams in verbal and written presentations. Recognize the important role of patient education in prevention and treatment of disease.

Verbal Presentations: Organize a case presentation to accurately reflect the reason for the evaluation, the chronology of the history, the details of physical findings, the differential diagnosis and the suggested initial evaluation. Include age specific information and precise description of physical findings. Justify the thought process that led to the diagnostic and therapeutic plan.

Written Documentation: Document the independent clinical thinking of the student.

When using templates, or their own prior documentation, students should carefully adjust the note to reflect newly completed work and to ensure the note is a useful addition to the medical record. In settings where students are not permitted to document in the EMR, an alternative form of documentation needs to be established and evaluated by a preceptor.

- b. **History Taking:** patients in more complex situations such as in the emergency and labor setting, collecting complete and accurate information and focusing appropriately. Describe how to modify the interview depending on the clinical situation-inpatient, outpatient, acute and routine settings including Physical Exams which are complete and focused depending on the indication and condition.
- c. **Clinical Problem Solving:** Using data from history, physical, labs and studies to define problems, develop a differential diagnosis, and identify associated risks.
- d. **Clinical Decision Making:** Incorporating patient data with patient needs and desires when formulating diagnostic and therapeutic plans incorporating cultural and ethical issues.
- e. **Evidence - Based Medicine:** Ability to conduct an evidence-based search surrounding a specific clinical question and to appropriately evaluate the literature to answer such question.
- f. **Self - Education:** Recognizing knowledge deficits and learning needs through a reflective self-assessment process, plan or seek assistance in strengthening knowledge deficits, develop key critical thinking and problem solving skills. Seek feedback.

Professional Behavior: The student will be expected to:

- a. Demonstrate compassion, empathy and respect toward patients, including respect for the patient's modesty, privacy, confidentiality and cultural beliefs.
- b. Demonstrate communication skills with patients that convey respect, integrity, flexibility, sensitivity and compassion.
- c. Demonstrate respect for patient attitudes, behaviors and lifestyle, paying particular attention to cultural, ethnic and socioeconomic influences and values.
- d. Function as an effective member of the health care team, demonstrating collegiality and respect for all members of the health care team.
- e. Demonstrate a positive attitude and regard for education by demonstrating intellectual curiosity, initiative, honesty, responsibility, dedication to being prepared, maturity in soliciting, accepting and acting on feedback, flexibility when differences of opinion arise and reliability.
- f. Identify and explore personal strengths, weaknesses and goals.

* These objectives are based with permission on the 3rd year Ob/Gyn clerkship objectives from the University of Michigan Ob/Gyn

CORE TOPICS

General

- a. History
- b. Physical exam
- c. Patient write up
- d. Differential Diagnosis and management plan
- e. Preventive care
- f. Professional behavior and communication skills
- g. Domestic violence and sexual assault

Obstetrics

- a. Maternal-fetal physiology
- b. Preconception care
- c. Antepartum care
- d. Intrapartum care
- e. Care of Newborn in labor and delivery
- f. Postpartum care
- g. Breastfeeding
- h. Abortion (spontaneous, threatened, incomplete, missed)
- i. Hypertensive disorders of pregnancy
- j. Isoimmunization
- k. Multifetal gestation
- l. Normal and abnormal labor
- m. Preterm labor
- n. Preterm rupture of membranes
- o. Third trimester bleeding
- p. Postpartum hemorrhage

- q. Postdates pregnancy
- r. Fetal growth restriction
- s. Antepartum and intrapartum fetal surveillance
- t. Infection

Gynecology

- a. Ectopic pregnancy
- b. Contraception
- c. Sterilization
- d. Abortion
- e. Sexually transmitted diseases
- f. Endometriosis
- g. Chronic pelvic pain
- h. Urinary incontinence
- i. Breast disease
- j. Vulvar disease and neoplasm
- k. Cervical disease and neoplasm
- l. Uterine disease and neoplasm
- m. Ovarian disease and neoplasm

Endocrinology and Infertility

- a. Menarche
- b. Menopause
- c. Amenorrhea
- d. Normal and abnormal uterine bleeding
- e. Infertility
- f. Hirsutism and Virilization

READING

Students should use the most recent edition of the following textbooks:

Required

Obstetrics/Gynecology for the Medical Student

Beckman, et al Lippincott Williams & Wilkins

Supplementary

Williams Obstetrics

Cunningham et al, Appleton

Danforth's Obstetrics and Gynecology

Scott et al Lippincott, Williams and Wilkins

Clinical Gynecologic Oncology

DiSaia & Creasman, Mosby

Gynecology by Ten Teachers and Obstetrics by Ten Teachers

Monga & Baker, Arnold

Problem Based Obstetrics and Gynecology

Groom and Cameron, Blackwell

Reproductive Endocrinology

Speroff et al, Lippincott Williams and Wilkins

Other Helpful Review Texts:

OB/GYN Mentor: Your Clerkship and Shelf Exam Companion

M. Benson, F. A. Davis Company

First Aid for the Wards: Insider Advice for the Clinical Years

Le et al, Appleton & Lange

First Aid for the USLME Step 2 CK and CS

Le et al, McGraw-Hill

Kaplan Lecture Book Series (OB/GYN) Available only through Kaplan

On Line References

APGO Website: APGO.edu

OBGYN 101: Introductory Obstetrics and Gynecology": obgyn-101.org

MDConsult: mdconsult.net

Up To Date: UpToDateOnline.com

These two are particularly good at indicating how the patient presents:

WebMD.com

Eneducube.com

WEB BASED EDUCATIONAL ASSIGNMENTS FOR INDEPENDENT LEARNING

The school requires the successful completion of web-based assignments in order to receive credit for this clerkship. Students should log into Sakai to see these assignments. The Office of the Dean monitors student performance on these assignments. The completion of these assignments will be sent to the Clerkship Directors for incorporation into the final clerkship grade. The clinical faculty feels these assignments are excellent preparation for the NBME clinical subject exams as well as Step 2. In addition, a student's diligence in completing these assignments reflects a commitment to excellence, a component of professional behavior grade.

C. PEDIATRICS

CORE CLERKSHIP

MISSION AND INTRODUCTION

The clerkship in pediatrics provides a learning experience that fosters the highest standards of professional behavior based on principles of bioethics. It will provide students with a clinical experience that prepares them to communicate effectively with patients and families and learn to evaluate and manage children from newborn through adolescence.

The clerkship integrates a foundation of medical knowledge with clinical and communication skills to enable the student to identify and provide quality pediatric care.

After completion of a six week core rotation during the third year, students will demonstrate a firm understanding of the competencies required to evaluate and provide care for children who are sick and well.

The six-week core clerkship allows students to gain clinical experience in evaluating newborns, infants, children and adolescents, both sick and well, through clinical history taking, physical examination and the evaluation of laboratory data. Special emphasis is placed on: growth and development, nutrition, disorders of fluid and electrolytes, common infections, social issues, and preventative care including: immunizations, screening procedures, anticipatory guidance. The student will develop the necessary communication skills to inform, guide and educate patients and families.

Pediatric ambulatory and in-patient services provide an opportunity to observe and enter into the care of pediatric medical and surgical disorders. The student will learn how to approach the patient and family and communicate effectively as they take admission histories and perform physical examinations. They will then provide the patient and parents with the necessary information and guidance to understand and support the child through the time of illness. The student will learn age specific skills regarding interviewing pediatric patients and relating to their parents, and will develop the skills necessary to examine children from newborn through adolescence utilizing age appropriate techniques. The adequacy and accuracy of the students' knowledge, communication skills, manual skills and professional behavior will be measured and evaluated by their supervising physicians, residents and preceptors. There will be formative evaluations and discussion of the students' progress throughout the rotation with emphasis on a formal mid-core and end-core assessment.

It is expected that there be full and active participation in the multiple learning opportunities: didactic learning, clinical seminars, self-directed learning modules, patient rounds, conferences. Preceptor sessions are mandatory and take precedence over all other clinical activities. Students should excuse themselves from their other assignments and attend their preceptor session, unless excused by their preceptor. All of these components are designed to expand the student's concept of how to provide quality care for pediatric patients.

In the out-patient services, the student learns the milestones of growth and development, infant feeding, child nutrition, preventative care (including immunization, screening procedures, and anticipatory guidance), the common ailments of childhood and diagnosis of rare and unusual illnesses. In the pediatric sub-specialty clinics, the student will observe the progression and participate in the management of a wide variety of serious and chronic pediatric illnesses.

Emergency department and urgent care experiences permit the student to be the first to evaluate infants and children with acute illnesses. Emphasis is placed on the evaluation of febrile illnesses, and common emergencies of childhood (e.g. poisonings, injuries).

The initial management of the newborn is learned in the delivery room. Students then practice the examination of the newborn and learn about the initiation of feeding, neonatal physiological changes, and common newborn conditions. In the newborn intensive care unit, the student is an observer of the management of the premature and term infant with serious illness. Emphasis is placed on observing and understanding the role of the pediatrician in the multidisciplinary team approach to critical care.

These experiences are designed to provide maximum contact between students and patients and their families. The student should use every opportunity to practice communication skills, improve their ability to perform accurate and concise histories, perform physical examinations, expand their knowledge of pediatric diseases, and attain skills in utilizing laboratory and radiologic evaluations most effectively.

GUIDELINES

1. Length: minimum of six weeks.
2. Sites: general pediatric unit, ambulatory care unit, pediatric emergency department, nursery, NICU, PICU, private office practice, additional sites, as available.
3. At the start of the clerkship an orientation is given. The SGU clerkship director or designee discusses the program's goals and objectives, the responsibilities of the clerk, the schedule and assignments to preceptors and residents. The student is introduced to the key preceptors and staff members in the department.
4. The student must participate in the night, weekend, and holiday on-call schedules. The clerkship director will set the number and timing of calls.
5. The student must attend scheduled clinical conferences, grand rounds, subspecialty conferences, and learning sessions. Approximately 30% of the clerkship should be allocated to protected academic time for teaching conferences and structured independent study.
6. A preceptor meets with students at least twice a week for a minimum of three hours per week. The preceptor sessions will include clinical discussions that focus on problem solving, decision making and adherence to bioethical principals.
7. The student is involved in all patient care activities in the out-patient facility and inpatient unit.
8. The student will be observed, and given immediate feedback, as they take a history and perform a physical examination on a newborn and a child.
9. As an absolute minimum, each student should examine five term newborns. This includes reviewing the maternal medical record, performing a physical examination on the infant, and talking with the parent about basic care of the newborn and anticipatory guidance.

As an absolute minimum, each student should be involved in the care of a child with:

- a. a gastrointestinal illness, such as dehydration
- b. a child with a neurological or neurodevelopmental problem
- c. a child with a respiratory and/or cardiac problem (chronic illness is preferable)
- d. a child with fever

There is an additional requirement that medical students learn how to identify and report child abuse/neglect. There should be involvement in a case where a child is suspected as being the victim of child abuse/neglect or where the differential diagnosis includes child abuse/neglect. If such a case does not present itself, a virtual case may be used. There should be a discussion of the recognition and reporting requirement and the child protection response and services.

Involvement in these cases should include taking a history, performing a physical examination, discussing the differential diagnosis, formulating a plan for laboratory/radiologic studies and deciding on a treatment plan. These cases may be from the inpatient units, the nursery, the Emergency Room, or the out-patient setting.

Depending on circumstances, participation may be limited to that as an observer, especially in cases of sexual abuse, or the use of a virtual case.

As an absolute minimum, each student will participate in the care of two adolescents. This includes taking a history and performing a physical examination as well as reviewing the immunization record and assessing the adolescent's health, behavior, educational and environmental issues. It is preferable that one of the two adolescents described will have a chronic illness.

10. The student will give at a minimum, one major presentation during the rotation. The presentation will be evaluated by the preceptor.
11. A minimum of four complete clinical write-ups is required per student. These write-ups will be critiqued by the preceptor and returned to the student in a timely manner. It is preferable that the patients selected for these write-ups be examples of the case mix listed in guideline #9 above. The write-ups will be handed in at intervals during the rotation and returned promptly so that the student can improve their written expression.
12. The student will keep a Patient Encounter Log. The log will list all of the patients that the student has had direct contact with. The log should reflect a commitment to accurate record keeping and reflect knowledge of the case.
13. Each student will have a formative mid-core evaluation with a review of their Patient Encounter Log to the session. The Log will be reviewed for completeness, quality and mix of cases. The student's professional behavior will be addressed, as well as progress in attaining the knowledge and skills required to evaluate a patient. There will be appropriate comments and suggestions given to the student to guide them toward improvement. The preceptor will submit a written assessment of the Mid-Core evaluation.
14. The student will maintain a log of Manual Skills and Procedures that lists the procedures performed or witnessed.

The following procedures are recommended to be performed or witnessed during the pediatric rotation:

- a) vision and hearing screening
- b) otoscopy
- c) administration of inhalation therapy (Metered Dose Inhaler/MDI/Spacer/Nebulizer).
- d) throat culture
- e) immunizations: intramuscular injection, subcutaneous injection.
- f) nasopharyngeal swab
- g) peak flow measurement

15. The students are responsible for completing the introductory modules of the Communication Skills course prior to the start of the 3rd year core rotations. In addition, the modules required for the pediatric rotation are:
- #21. Communication and Relationships with Children and Parents.
 - #22. The Adolescent Interview.
16. The student will complete the web-based assignments listed in Sakai.
17. The final written examination will be the National Board of Medical Examiners (NBME) Clinical Subject Examination, given at designated sites.
18. The Department of Pediatrics places special emphasis on professional behavior, as well as knowledge, interviewing skills, clinical problem solving and the ability to communicate information
19. The final grade is compiled from information gathered from preceptors, residents and staff Members who have evaluated the student's professional behavior, knowledge, ability to communicate and clinical skills. The grade on the final written examination constitutes 30% of the final grade.

There are 5 components of the grade:

Clinical Reasoning

Clinical Skills

Professional Behavior

Communication Skills

Written Examination – The student need to score one standard deviation above the mean on the written examination to qualify for an A+ grade on the written examination.

When there is variation in the grades on the separate components, the final grade may be qualified with a + or a –.

An Honors grade (A+) will require an A in every component.

EDUCATIONAL OBJECTIVES

Medical Knowledge

- Gain knowledge in the core topics of the curriculum.
- Gain supplementary information and data from journals, texts, research, the internet and other resources.
- Demonstrate knowledge regarding the major illnesses and conditions that affect newborns.
- Demonstrate knowledge of health maintenance and preventive pediatrics, including: immunization schedules, newborn screening, lead testing, TB testing, vision and hearing screening.
- Demonstrate knowledge of growth and development with special emphasis on puberty. (Tanner Stages)
- Compare and contrast the feeding and nutritional requirements of each age and stage of childhood.
- Demonstrate knowledge of fluid and electrolyte balance.
- Learn the principles of bioethics and understand how they apply to clinical practice.

Clinical Skills

- Demonstrate the ability to approach the patient and family in an empathic and focused manner to form a positive and informative relationship.
- Demonstrate the ability to perform an accurate and organized diagnostic interview and record the information precisely and concisely.
- Perform both comprehensive and focused histories and physical examinations on newborns, infants, toddlers, children and adolescents.
- Participate in the selection of relevant laboratory and radiological tests.
- Interpret results to support or rule out diagnoses and arrive at a working diagnosis.
- Actively participate in formulating a management plan and participate in carrying out that patient care plan.
- Communicate orally and/or in writing the information necessary to inform and educate all persons involved in the care of the patient: the patient, family/guardians, nurses and all members of the multidisciplinary health care team. Communication should avoid jargon and vagueness.
- Participate in making decisions regarding management, discharge and follow-up plans.
- Interpret laboratory values according to age-related norms.
- Accompany and observe senior staff in the delivery room for high risk births.
- Communicate with families regarding education and anticipatory guidance during outpatient visits.
- Evaluate common infections and acute illness of children of all ages in the urgent care or emergency setting.
- Evaluate children with serious illness in the inpatient setting.
- Evaluate children with chronic and rare illnesses in the outpatient and sub-specialty centers.
- Prepare management plans that consider the patient's identity, culture and ability to adhere to the recommendations.
- Demonstrate your ability to research topics and apply clinical research to your understanding of patient issues.
- Participate in clinical research when possible, either by participating in an ongoing project or initiating a new line of inquiry.

- Learn to self-assess your own unique learning needs.
- Learn how to devise and enact a plan to strengthen your deficiencies relevant to learning gaps.
- Learn to assess the credibility of information sources.

Professional Behavior

- Establish rapport with patients and families that demonstrates respect and compassion.
- Appreciate and acknowledge their identity and culture.
- Demonstrate honesty, integrity and respect in dealing with patients, families and colleagues.
- Adhere to the principals of confidentiality, privacy and informed consent.
- Demonstrate that you are a responsible team member and carry out all of your assigned duties in a timely manner.
- Offer assistance when and where it is needed.
- Demonstrate that you are an effective member of the team by fully participating in discussions and contributing to learning endeavors.
- Demonstrate sensitivity to issues related to culture, race, age, gender, religion, sexual orientation and disabilities.
- React appropriately to conflicts and ethical dilemmas by working toward solutions.
- Demonstrate a commitment to professionalism and adherence to the principals of Bioethics.
- Demonstrate responsibility in completing assignments.
- Share insights and information with your peers.
- Learn to recognize your personal biases and how they lead to diagnostic error.
- Learn to recognize when there is a need for consultation.
- Prepare for and commit to life-long learning.

CORE TOPICS

General

- a. Pediatric history
- b. Pediatric physical exam
- c. Patient write-up (problem oriented approach)
- d. Begin to formulate a differential diagnosis that relates to the presenting complaint, symptoms and findings on history and physical examination.
- e. Formulate a plan for further evaluation (i.e., laboratory, radiology), treatment and management.

Well Child Care

- a. Immunizations
- b. Routine screening tests
- c. Anticipatory guidance
- d. Nutrition

Growth and Development

- a. Developmental milestones (when and how to evaluate)
- b. Failure to thrive
- c. Short stature
- d. Obesity

Neonatology

- a. The normal newborn
- b. Neonatal problems (jaundice, respiratory distress, sepsis, feeding issues)
- c. Newborn screening
- d. APGAR scoring/Ballard scoring.
- e. Fetal Alcohol Syndrome
- f. Sudden Infant Death Syndrome

Common Childhood Illnesses and Their Treatments

1. Ear Nose and Throat (ENT) and pulmonary disorders

- a. Upper Respiratory Infection (URI)
- b. Pharyngitis
- c. Otitis media
- d. Sinusitis
- e. Cervical adenitis
- f. Croup/epiglottitis
- g. Bronchiolitis
- h. Asthma
- i. Foreign body
- j. Pneumonia
- k. Cystic fibrosis
- l. Tuberculosis
- m. Fever without focus

2. Eyes

- a. Conjunctivitis
- b. Ocular trauma
- c. Amblyopia
- d. Strabismus

3. Cardiac

- a. Fetal circulation.
- b. Congenital anomalies: Ventricular Septal Defect (VSD), Atrial Septal Defect (ASD), Tetralogy of Fallot, transposition of the great vessels, coarctation of the aorta, patent ductus arteriosus (PDA), Pulmonic stenosis (PS). The significance of these defects as isolated findings and as they relate to genetic syndromes.
- c. Acquired heart disease: Rheumatic Fever (RF), myocarditis
- d. Hypertension

4. Gastrointestinal Disorders (G.I.)

- a. Gastroenteritis
- b. Constipation/Hirschsprung's disease
- c. Acute abdomen (appendicitis, intussusception, volvulus)
- d. Inflammatory bowel disease
- e. Gastroesophageal reflux disease (GERD)

5. Endocrine

- a. Diabetes, Diabetic Ketoacidosis (DKA)
- b. Thyroid disease
- c. Adrenal disease
- d. Congenital Adrenal Hyperplasia (CAH)
- e. Failure to Thrive
- f. Obesity
- g. Metabolic Syndrome

6. Neurology

- a. Seizures
- b. Meningitis
- c. Head trauma
- d. Cerebral palsy
- e. Tumors

7. Hematology/Oncology

- a. Anemias/hemoglobinopathies
- b. Pediatric malignancies (Acute Lymphatic Leukemia, lymphomas, neuroblastoma, Wilm's tumor)
- c. Immune thrombocytopenic purpura (ITP)

8. Renal and Genitourinary (G.U.)

- a. Urinary tract infections (UTI's)
- b. Nephritis/nephrosis
- c. Fluid and electrolyte balance
- d. Congenital anomalies

9. Dermatology

- a. Seborrheic dermatitis
- b. Atopic dermatitis
- c. Impetigo
- d. Fungal Infections
- e. Exanthems
- f. Neurocutaneous stigmata (neurofibromatosis, etc.)

10. Ingestions and Toxidromes

- a. Lead poisoning
- b. Salicylate, acetaminophen
- c. Iron

11. Common Pediatric Orthopedic Problems

- a. Developmental dysplasia of the hip
- b. Osgood Schlatter
- c. Slipped Capital Femoral Epiphysis
- d. Torsions
- e. Legg-Calve-Perthes disease
- f. Dislocated radial head,(Nursemaid's elbow)
- g. Fractures

12. Musculoskeletal System

- a. Osteomyelitis/septic arthritis
- b. Muscular dystrophies

13. Adolescence

- a. Tanner staging
- b. Precocious/delayed puberty
- c. Stages of adolescent development
- d. Sexually transmitted infections
- e. Pregnancy/menstrual irregularities
- f. Vaginal discharge

14. Child Maltreatment Syndrome

- a. Physical abuse
- b. Sexual abuse
- c. Emotional abuse
- d. Neglect

15. Genetics

- a. Down Syndrome, # 21 trisomy
- b. #13 trisomy
- c. #18 trisomy
- d. Turner Syndrome
- e. Klinefelter Syndrome

16. Collagen Vascular

- a. Juvenile Rheumatoid Arthritis
- b. Systemic Lupus Erythematosus
- c. Henoch Schonlein purpura
- d. Kawasaki disease
- e. Hemolytic Uremic Syndrome

17. Behavioral Issues

- a. Temper tantrums
- b. Discipline issues
- c. Sleep disorders
- d. Attention Deficit Disorders
- e. Hyperactivity issues
- f. Learning disabilities
- g. Oppositional defiant disorders

18. Immunology

- a. Human Immunodeficiency Virus infection (HIV)
- b. Congenital Immunodeficiency Syndromes

19. Ethical Principles

- a. Respect for persons (privacy, confidentiality, informed consent, inclusion of patient/parent in decision making, provision for identity and culture, disclosure).
- b. Medical beneficence (concern for the patient's best interest).
- c. Non-maleficence (not harming).
- d. Utility (balancing potential benefit to potential harm).
- e. Justice (being fair).

READING

Suggested Approach to Reading for Medical Student Pediatric Rotations

“**Reading**” is an essential part of medical education. How to best benefit from the time spent reading for Pediatrics may vary among individuals. More important, than the reading per se is the **retention** of what you have read and the ability to recall and return to the source of the material – to create a “library” of important material in your notes in your files, and in your memory.

The following suggested reading materials – comprehensive textbooks, condensed textbook, specialized topical books, reference books, synopses, journals, internet sites – may be available at your Pediatric site and should constitute sufficient resources for your basic and applied Pediatric reading.

As you start your rotations, important preliminary reading should be done in the earlier chapters devoted to Growth and Development in one of the comprehensive textbooks. One must formulate a sense of the normal parameters of each stage of development so as to appreciate how illness affects children differently during different stages of the pediatric years.

These textbooks, journals, as well as internet sites, provide in-depth descriptions of all new aspects of pediatric care.

Students should use the most recent edition of the following:

Required

Pediatrics for Medical Students – Most recent edition, edited by Daniel Bernstein and Steven P. Shelov, Lippincott Williams and Wilkins.

Comprehensive Textbooks

Nelson's Textbook of Pediatrics, Latest Edition, Saunders publisher, edited by Behrman, Kliegman, Jenson

Rudolph's Textbook of Pediatrics, Latest Edition, McGraw-Hill publisher, edited by Rudolph, Rudolph, Hostetter, Lister, Siegel

Illustrated Textbook of Pediatrics by Tom Lissauer and Graham Clayden
Pediatrics and Child Health by Rudolf and Levene published by Blackwell.

Condensed Textbooks

Pediatrics: A Primary Care Approach, 1st Edition, Saunders publisher, Editor C. Berkowitz

Manual of Pediatric Practice, Saunders publisher, Editor L. Finberg

Growth and Development, Watson and Lowrey

Essential Pediatrics, Hull and Johnstone

Useful Subspecialty Books

Textbook of Pediatric Emergency Medicine, Lippincott, WW publisher, edited by Fleisher, Ludwig, Henretig, Ruddy, Silverman

Clinical Pediatric Dermatology, Elsevier publisher, edited by Paller & Mancini

Atlas of Pediatric Physical Diagnosis, Mosby publisher, edited by Zitelli and Davis

The Requisites in Pediatrics, Mosby publisher, series of small topical subspecialty volumes edited by L. Bell, including Nephrology, Urology, Pulmonary, Endocrinology, and Cardiology

Red Book, (Infectious Diseases) American Academy of Pediatrics, Edited by Pickering et al

Abbreviated Reference Books

Harriet Lane Handbook, Mosby publisher, edited by senior pediatric residents at The Johns Hopkins Hospital

Pediatric Secrets, Hanley & Bellis publisher, edited by Polin and Ditmar

The 5-Minute Pediatric Consult Series, CHOP, edited by M. William Schwartz

Resource Materials pertaining to Cultural Competency

- Bigby J. Cross Cultural Medicine. New York: American College of Physicians, 2003 p. 1-28
- Miller S.Z. Humanism and Medicine Acad Med Vol 74, N07/July 1999 p. 800-803
- Coulehan JL. Block MR. The Medical Interview; Mastering Skills for Clinical Practice. 4th ed. Philadelphia, Davis, 2001. Chapter 12 Cultural Competence in the Interview p. 228-245
- The Spirit Catches you and You Fall Down; A Hmong Child, Her American Doctors, and the Collision of Two Cultures. By Anne Fadiman. Farrar, Straus.

Journals

Pediatrics

Journal of Pediatrics

Academic Pediatrics

Pediatrics in Review

Pediatric Clinics

Journal of Pediatric Infectious Disease

Internet Sites

www.comsep.org - Provides curriculum and lists topics in pediatrics. This site is primarily for faculty members, but has relevant sections for students

There is an excellent video demonstrating how to perform a physical examination on a child

www.aap.org - Offers access to all American Academy of Pediatrics Policies and Guidelines

www.brightfutures.aap.org - Offers information about developmental milestones, anticipatory guidance, and mental health

www.geneclinics.org - Sponsors a database for genetic diseases and newborn screening methodologies

WEB BASED EDUCATIONAL ASSIGNMENTS FOR INDEPENDENT LEARNING

The school requires the successful completion of web-based assignments in order to receive credit for this clerkship. Students should log into Sakai to see these assignments. The Office of the Dean monitors student performance on these assignments. The completion of these assignments will be sent to the Clerkship Directors for incorporation into the final clerkship grade. The clinical faculty feels these assignments are excellent preparation for the NBME clinical subject exams as well as Step 2. In addition, a student's diligence in completing these assignments reflects a commitment to excellence, a component of professional behavior grade.

Psychiatry Core Clerkship

Mission and Goals

Mission: Our mission is to provide students a clinical experience that will prepare them to understand, evaluate and treat mental disorders in a context defined by knowledge, empathy and professionalism. The clerkship builds on a foundation of medical knowledge, adding clinical and communication skills to enable the student to understand behavioral problems using a biopsychosocial–cultural model, to formulate a well-supported differential diagnosis and to construct an effective treatment plan.

Goals: After completion of the six-week clerkship, students will:

- Demonstrate sufficient medical knowledge, clinical skill, clinical reasoning, communication skill and professional behavior required to participate in providing care for people with mental disorders in a multidisciplinary and diverse setting.
- Appreciate the multi-factorial aspects of health and illness in general, and the relationship between biological/medical, psychological, social and cultural aspects of health and illness that will enhance proficiency in clinical situations with all patients.
- Have the opportunity to decide if a career in psychiatry is right for them and receive guidance on succeeding in residency training and in professional development.

Educational Objectives: By the end of the clerkship, students will:

MEDICAL KNOWLEDGE:

1. **Psychopathology:** Demonstrate knowledge of the established and evolving neurobiology, epidemiology, clinical presentation, diagnostic criteria, differential diagnosis, treatment, course and prognosis of the major classes of psychiatric disorders, including substance use disorders.
2. **Psychopharmacology:** Demonstrate knowledge of the major indications, benefits, side effects and risks of commonly prescribed psychotropic medications and the principles of safe prescribing and monitoring through appropriate laboratory tests.
3. **Psychotherapy & psychosocial interventions:** Demonstrate basic knowledge of concepts of psychotherapy, including supportive, psychodynamic and cognitive-behavioral, and other psychosocial interventions, sufficient to explain to a patient and make a referral when indicated.
4. **Referral and consultation:** Demonstrate knowledge of when to refer to another medical specialty and how to utilize the input of the consultant.
5. **Mental health system:** Demonstrate knowledge of the structure of the mental health system and the influence of gender, race, immigration and socioeconomic status on diagnosis, access to health care and disparities in health care delivery.
6. **Law & ethics:** Demonstrate knowledge of legal and ethical issues relevant to psychiatry such as respect for patient autonomy, privacy and confidentiality, maintaining professional boundaries, evaluating decisional capacity and obtaining informed consent.

CLINICAL SKILLS, CLINICAL REASONING & COMUNICATION SKILLS:

1. **Psychiatric evaluation:** Conduct a psychiatric evaluation in an empathic manner that facilitates formation of a therapeutic alliance with patients of diverse backgrounds, information gathering and documentation of adequate history, mental status examination, and appropriate physical exam.
2. **Risk assessment:** Perform safety/risk assessment and identify risk factors for suicidality, aggression, dangerousness, intoxication and withdrawal syndromes.
3. **Formulation, diagnosis and differential diagnosis:** Formulate and document accurate diagnosis and differential diagnoses utilizing basic knowledge, the biopsychosocial-cultural approach and the current diagnostic system.
4. **Patient centered and evidence-based care:** Develop appropriate diagnostic and treatment plans based on patient information and preferences, clinical judgment and appraisal of up-to-date scientific evidence from the medical literature.
5. **Patient/family education and follow-up:** Demonstrate ability to counsel and educate patients and their families to empower them to participate in their care and enable shared decision making, to monitor and document clinical progress, and to alter diagnostic formulation and management in response to changes.
6. **Communication & collaboration:** Demonstrate interpersonal and communication skills, both written and oral, that result in the effective exchange of information and collaboration with patients, their families, and the health care team.

PROFESSIONAL BEHAVIOR:

1. **Compassion, integrity and respect:** Demonstrate compassion, integrity and respect towards patients, their families and staff that lead to rapport and therapeutic alliance.
2. **Cultural sensitivity:** Demonstrate sensitivity, honesty and responsiveness to the needs of a diverse patient population, including but not limited to sex, gender, age, culture, race, ethnicity, religion, disabilities, sexual orientation, immigration status, and socioeconomic status.
3. **Advocacy:** Demonstrate awareness of need to advocate for patients to reduce stigma associated with mental illness.
4. **Ethical behavior:** Demonstrate behavior consistent with ethical principles in the care of psychiatric patients including observance of professional boundaries and respect for patient privacy, autonomy and confidentiality.
5. **Self-awareness:** Demonstrate awareness of personal limits and biases, including their effect on patient-staff interaction and patient care, the need to seek consultation and supervision and the need to incorporate these into future practice.
6. **Lifelong learning, personal and professional growth:** Demonstrate a commitment to lifelong learning, personal and professional growth.

The above objectives are met by engaging in a combination of didactic study and supervised clinical experience.

Didactic study:

- Classroom activities such as lectures, seminars, and student presentations
- Self-directed learning activities such as Drexel Communication Skills Curriculum (doc.com), Firecracker and UWorld

Clinical experience:

- Assignment to one or more interdisciplinary clinical teams in a variety of clinical settings
- Performing psychiatric evaluations and follow-up, including conducting a psychiatric interview and mental status examination, constructing a differential diagnosis according to the current diagnostic system, and formulating an effective treatment plan by participating in clinical activities with members of the team under the direction of preceptors.

Requirements: Students are expected to:

1. Attend all assigned clinical and educational activities in their clinical area and in the department and observe work hours (Note: absences and leaving early can decrease professionalism grade).
2. Be on call as assigned.
3. Complete at least one comprehensive case write-up and two focused write-ups (SOAP Note) and submit them in a timely manner
4. Complete assigned activities from the department's web-based curriculum (Firecracker, UWorld)
5. Complete other assignments given by the preceptor, e.g. class presentations, making-up for absences or deficiencies.
6. Complete modules 13 (managing strong emotions) and 15 (culture in the clinical interview) from the Drexel Communication Skills Curriculum (doc.com).
7. Keep the patient electronic log current and bring a copy to the mid-core evaluation and submit a copy for the final evaluation.
8. Do well on the final written exam (NBME subject exam).

Recommended Textbooks:

1. **Introductory Textbook of Psychiatry**, Black and Andreasen, APP (currently in 6th edition)
2. **Study Guide to Introductory Psychiatry**, Black & Cates, APP
3. **Synopsis of Psychiatry**, Kaplan & Sadock, Wolters Kluwer (currently in 11th edition)
4. **Shorter Oxford Textbook of Psychiatry**, Harrison & Cowen, Oxford University Press (currently in 7th edition)
5. **New Oxford Textbook of Psychiatry**, Gelder, et al, Oxford University Press (currently in second edition)
6. **Psychiatry**, Cutler & Marcus, Oxford University Press (currently in second edition)

Students are also encouraged to seek additional case-based reading, including journals such as the American Journal of Psychiatry, the British Journal of Psychiatry, as well as web-based resources and recommendations from preceptors (Up-to-Date, Medscape, etc.).

Study Guide: The following is intended as a guide for the student in addition to the web-based curriculum. It is not intended to be a complete and exhaustive list.

Week 1	ADMSEP CSI Modules	YouTube videos, Medscape
Interviewing and Assessment	The Psychiatric Interview	
Diagnosis & Classification		
The Neurobiology and Genetics of Mental Illness		
Schizophrenia Spectrum and Other Psychotic Disorders	Psychotic Disorders	Schizophrenia
Psychopharmacology - Antipsychotics, Agents Used to Treat EPS		
Week 2		
Bipolar Disorder	Bipolar Disorder	Bipolar Disorder
Depressive Disorders	Geriatric Depression Part 1 Geriatric Depression Part 2 Adolescent Depression	Depression Sim Clinical Depression
Psychopharmacology- Antidepressants, Mood Stabilizers, ECT		
Anxiety Disorders, Anxiolytics	Anxiety Disorders	PTSD, GAD, Phobias
O-C & Related Disorders		OCD
Week 3		
Trauma & Stressor-Related Disorders	PTSD Childhood PTSD	
Substance-Related & Addictive Disorders	Opioid Risk Reduction & OD Resuscitation	Alcoholism Cannabis Use Disorder Opioid Use Disorder Cocaine Use Disorder
Psychiatric Emergencies, Legal Issues		
Feeding and Eating Disorders	Binge Eating Disorder	Bulimia Nervosa
Personality Disorders	Personality Disorders	
Behavioral, Cognitive & Psychodynamic Treatments		
Week 4-5		
Neurodevelopmental Disorders		ADHD Autism Spectrum Disorder
Disruptive, Impulse-Control & Conduct Disorders		
Somatic Symptom Disorders & Dissociative Disorders		Somatic Symptom Disorder Factitious Disorder, Dissociative Disorders
Sexual Dysfunctions, Gender Dysphoria, Paraphilic Disorders		
Neurocognitive Disorders	Neurocognitive Disorders	Delirium Alzheimer Disease
Sleep-Wake Disorders	Insomnia	Insomnia, Narcolepsy

Student Midcore Evaluation Form
 Clerkship: PSYCHIATRY
 Rotation Start Date:
Student:

St. George's University School of Medicine
 Hospital:
 Completion Date:
Preceptor:

THE FOLLOWING ITEMS WERE REVIEWED/DISCUSSED (check):

Log: _____ "SOAP" note: _____ Doc.com _____ UWorld _____ Firecracker _____

Criteria	Document strengths	Document areas to improve
Clinical Skills Assessment History taking, MSE, risk assessment	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Clinical Reasoning Assessment Differential diagnosis, treatment plan, application of basic knowledge, biopsychosocial-cultural issues and current medical evidence to patient care	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Communication Skills Assessment Oral presentation, written notes including review of "SOAP" note and patient encounter log, interprofessional rounds and teamwork	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
Professional Attitude Assessment Compassion, integrity and respect, cultural sensitivity, advocacy, ethical behavior, self-awareness, lifelong learning, personal and professional growth	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory

Feedback for student – document strengths/areas to improve; be specific; required for any unsatisfactory evaluations; strongly encouraged for all:

[Click here to enter text.](#)

One-Minute Preceptor Model (Modified) - A Guide for Providing Feedback

C- Commitment: How do you think you did?

P-Probe for supporting evidence: What went well and what are the areas to improve?

R-Reinforce the good (positive feedback); "I really like..."

G-Guidance on improving errors and omissions (correct mistakes): Here's how you might try this in the future.

G- General rule: find a teaching point applicable to the situation

G- Goals for next time

SGUSOM Dept of Psychiatry SOAP Note: Date submitted: _____ Student: _____

Preceptor/Reviewer: _____
PRINT/SIGN

PRINT/SIGN

GRADE: O _____ C _____ NI _____

O=outstanding; C=competent; NI=needs

improvement – see RUBRIC

SUBJECTIVE (History): Document pertinent positives and negatives from HPI, PPH, PMH, ROS, FH, SH, DH

GRADE: _____

OBJECTIVE (VS, complete Mental Status Examination and pertinent parts of Physical Exam): Describe positive and pertinent negative findings relevant to presenting problem. Include only those parts of examination performed during this encounter.

GRADE: _____

ASSESSMENT (Differential Diagnosis): This section assesses synthesis of both positive and negative findings from the **S** and **O** into plausible medical explanations AND sense of the most probable diagnoses for this presentation (no more than three)

GRADE: _____

Diagnosis #1	
History Finding(s)	MSE/PE Findings
Diagnosis #2	
History Finding(s)	MSE/PE Findings
Diagnosis #3	
History Finding(s)	MSE/PE Findings

PLAN (both Diagnostic and Management Plans)

GRADE: _____

Demonstrated communication skills: OVERALL GRADE: _____

SUBMIT AT LEAST ONE WITH MID-CORE ASSESSMENT AND AT LEAST ONE WITH FINAL ASSESSMENT.

SGUSOM Dept of Psychiatry “SOAP” Note Scoring Rubric (Use for Grading AND Feedback to Student)

		Needs Significant Improvement to Demonstrate Competence ($<70\%$)	Demonstrates Competence ($\geq 70\%$)	Demonstrates Outstanding Performance ($>90\%$)	Comments
S	Subjective information	Poorly organized, incomplete and/or inaccurate portrayal; information other than “S” included.	Well organized; accurate summary of most of the pertinent information.	Complete and targeted summary of pertinent information.	
O	Objective information	Poorly organized and/or limited summary of pertinent information; information other than “O” included.	Partial but accurate summary of pertinent information.	Complete and concise summary of pertinent information.	
A	Diagnosis and differential diagnosis	Some problems are identified; incomplete or inappropriate problem prioritization; includes nonexistent problems or extraneous information included.	Most problems are identified and rationally prioritized, including the “main” problem for the case.	Complete problem list generated and rationally prioritized; no extraneous information or issues listed.	
P	Diagnostic work-up	Partially complete and/or inappropriate for identified problems; information other than “P” provided.	Mostly complete and appropriate for each identified problem.	Specific, appropriate and justified recommendations for each identified problem.	
	Management plan	Misses either medication/psychotherapy or pertinent safety recommendations.	Assessment of current modalities of treatment for most identified problems.	Thorough assessment of current condition(s) & all treatment modalities for each identified problem addressed.	

E. Surgery

Core Clerkship

Mission Statement:

To provide a Surgical Curriculum that applies consistently to all clerkship sites in order to include comparable educational experiences and equivalent methods of assessment across all instructional sites and to support a learning environment that fosters professional competence within a culture that prepares students for international medical practice.

To emphasize, review and integrate the student's knowledge of basic scientific information with clinical material to result in favorable educational outcomes in the acquisition of knowledge regarding the etiology, pathophysiology, diagnosis, treatment, and prevention of surgical diseases.

To emphasize to the students the integration of the basic sciences in the development of current clinical knowledge in conjunction with ongoing changes in surgical treatment and technology.

To provide students with the tools for life-long adult learning of surgical diseases for their ongoing professional development.

COURSE GOALS and OBJECTIVES

1. MEDICAL KNOWLEDGE

To apply and reinforce knowledge of the basic sciences, especially anatomy and physiology

To the understanding, presentation and treatment of diseases that are commonly addressed within the field of surgery.

To identify how and when evidence-based information and other aspects of practice-based learning and improvement affect the care of the surgical patient and the alternatives in management.

To develop an understanding of the cost to benefit ratio, the role of payment and financing in the healthcare system, the role of multi-disciplinary care including ancillary services such as home-care and rehabilitation and other aspects of systems-based practice in the implementation of the available technologies used in surgical treatment.

To develop an understanding of the Core Topics (modules listed below) and to apply the associated surgical knowledge to clinical analysis and problem solving.

To utilize distributive learning through the use of on-line resources for surgical learning and problem-solving.

2. CLINICAL SKILLS

To apply the principles of surgical practice, including operative and non-operative management, to common conditions.

To develop and apply the tools of clinical problem solving for surgical conditions including the process of data collection (history, physical examination and laboratory and imaging studies) in establishing a list of differential diagnoses and a primary working diagnosis for treatment and further investigation.

To develop interpersonal and communication skills, in conjunction with the broad-range of clinical skill acquisition, by accessing and completing modules 17 (Informed Decision-making) and 35 (Discussing Medical Error) of the Drexel University communications course @ doc.com.

To identify the importance of and approach to informed consent for surgical operations and procedures, with emphasis on the risks, benefits, and alternatives.

To identify the importance of interpersonal and communication skills and to apply those skills in the multidisciplinary care of the surgical patient in an environment of mutual respect.

To demonstrate the ability to conduct proper sterile preparation and technique.

3. PROFESSIONAL BEHAVIOR

To function as a part of the surgical care team in the inpatient and outpatient setting.

To demonstrate proper behavior in the procedural setting, including the operating room, at all times.

To understand the limits of one's position within the surgical care team in order to appropriately engage each patient, their friends and associates and their family.

To appropriately seek supervision as provided through the hierarchical structure of the surgical care team.

To identify and respond sensitively to cultural issues that affect surgical decision-making and treatment.

To develop an understanding of and approach to the principles of professionalism as they apply to surgery through the observation of the role-modeling provided by the surgical faculty.

CLERKSHIP GUIDELINES

1. Length: 12 weeks.
 - A) General Surgery for 8 weeks, with a range of 50 to 80 hours per week, including 15 hours of dedicated education time. During these weeks student on-call experience is recommended. The specific on-call model will be at the discretion of the Clerkship Director, recognizing the balance between valuable clinical learning opportunities and students' need for independent study time.
 - B) Sub-specialties associated with surgery for 4 weeks with no more than 40 hours per week including 12 hours of dedicated education time. During these weeks no on-call experience can be required. The sub-specialty experience should be for 1 to 2 weeks for each component and may include Anesthesiology, Bariatric Surgery, Cardiothoracic Surgery, Emergency Medicine, Neurosurgery, Ophthalmology, Oral and Maxillofacial Surgery, Orthopedic Surgery, Otolaryngology, Pediatric Surgery, Plastic Surgery, Podiatry, Surgical Critical Care, Transplant Surgery, Trauma Surgery, Urology and Wound Care as well as other procedure oriented sub-specialties. The selection and time distribution of the associated sub-specialty experience will be at the discretion of the Clerkship Director.
2. A specific formal orientation session, at the start of the clerkship must be provided.

The orientation must include the behavioral expectations for each student, including a discussion of professional behavior and interpersonal and communication skills as well as an overview of the departmental organization and the facilities of the site.

Student schedules must be provided as well as assignments to residency teams and preceptors. The Clinical Training Manual must be provided as a reference within the orientation process indicating the location on the SGU website. A review of the Goals and Objectives, Clerkship Guidelines and evaluation process should be conducted.
3. Inpatient, outpatient and acute care experience should be provided.
4. Attending rounds for house staff and students should be conducted at least three times a week.
5. The clerkship must include a schedule of teaching conferences, both in conjunction with and in parallel to the educational opportunities of the residents/registrars, including grand rounds, subspecialty conferences and didactic sessions that address the Core topics of the Clinical Training Manual. Students should be encouraged to study at least 3 hours every evening and at least 8 hours on weekend days off.

Protected Study Time

1. There should be direct preceptor supervision of the students at least three hours per week with case presentations by the students and bedside rounds, including physical examination and interactive sessions. The Standard Departmental Oral Examination format and cases that are distributed at each faculty meeting may be used for teaching as well as for formative and summative feedback, particularly in the assessment of clinical reasoning, problem solving and communications skills.
2. A minimum of five clinical write-ups or formal presentations are required. The "Patient Encounter Template" that is distributed at each faculty meeting is based on the USMLE Step 2 CS examination and is recommended. The exercise should be structured to address the development of Clinical Skills through a defined problem solving approach with data gathering based on: 1) clinical history, 2) physical examination and 3) laboratory, imaging and other ancillary studies in order

to develop: 4) a rank-order differential diagnosis list and concluding with 5) a primary working diagnosis to discuss with the patient and will direct treatment, prognosis and/or further investigation. Formative feedback on the exercise must be part of the process.

3. Electronic patient encounter logs are to be maintained and up to date at all times. (Instructions regarding the log are found in Section One of the Clinical Training Manual)
4. Electronic patient logs should be periodically inspected by the Clerkship Director and at mid-rotation in order to monitor the types of patients or clinical conditions that students encounter and modify them as necessary to ensure that the objectives of the education program are met. The patient logs may also be used by the Dean and the Chair of Surgery in order to monitor the types of patients or clinical conditions that students encounter in order to determine if the objectives of the medical education program are being met.
5. Students will be responsible for the review of basic anatomy, pathology and physiology of all surgical problems encountered.
6. Department of Surgery is responsible to teach and assess competency in starting an intra-venous line and venipuncture.

Evaluations:

In addition to formative feedback given within the daily progress of the 12-week rotation, a defined formative feedback session must be provided by the Clerkship Director (or their designate) at the approximate mid-point of the clerkship.

The Standard Departmental Oral Examination format and cases (that are distributed at each faculty meeting) may be used for teaching as well as for formative and summative feedback, particularly in the assessment of clinical reasoning, problem solving and communications skills.

The patient encounter log should be reviewed at the time of the mid-core session. The mid-core feedback session must be a one-on-one session with each student with completion of the standard form, signed by both the Clerkship Director and the student. Summative evaluation of each student will include the administration of an end-of-core written examination in the form of the National Board of Medical Examiners Subject Examination in Surgery.

In addition to formative feedback given over the course of the 12-week rotation, a defined summative feedback session must be provided by the Clerkship Director (or their designate) at the conclusion of the clerkship.

The final summative feedback evaluation will determine the grade for the clerkship and will be based on five components weighted as follows: 1. Critical Thinking (20%) 2.

Clinical Skills (20%) 3. Professional Behavior (20%) 4. Communication Skills (10%) and 5) end-of-core written examination (30%).

CORE TOPIC GOALS and OBJECTIVES

In addition to general medical knowledge students will be required to demonstrate knowledge in the followed surgical areas that will form the basis for learning within the clerkship.

Module 1: Shock

- a. Define the types of shock: hypovolemic, septic, neurogenic, anaphylactic and cardiogenic.
- b. Describe the clinical signs of hypovolemic shock and relate them to the underlying pathophysiological process.
- c. Describe the critical objective measurements used to monitor the patient in shock.
- d. Describe the initial clinical management and resuscitation of the patient in shock.

Module 2: Trauma

- a. Explain the ATLS teaching of primary and secondary survey in the initial evaluation and treatment of acutely injured patients and define the classes of hemorrhage used in estimating loss of circulating blood volume.
- b. Describe the initial evaluation, stabilization, resuscitation and management of the patient with blunt and penetrating abdominal and thoracic trauma.
- c. Describe the initial evaluation, resuscitation and management of the patient with an isolated splenic injury.

Module 3: Head Injuries

- a. Explain the Glasgow coma score.
- b. Describe the principles of evaluation and treatment of head injuries including epidural and subdural hematoma.

Module 4: Burns

- a. Classify burns according to the depth of injury and etiology.
- b. Estimate the area of burn injury using the rule of nines.
- c. Describe the resuscitation of the burn patient using the Parkland Formula.
- d. Outline the basic principles of burn wound care.

Module 5: Acute Abdomen

- a. Outline the pathophysiology, clinical presentation and consequences of acute peritonitis, both localized and generalized.
- b. Describe the diagnosis and treatment of acute appendicitis, acute diverticulitis and acute perforated peptic ulcer.
- c. Develop a detailed understanding of the diagnosis and treatment of common biliary tract-associated causes of the acute abdomen including acute and chronic cholecystitis, cholangitis and acute pancreatitis.
- d. Describe the diagnosis and treatment of commonly occurring causes of the acute abdomen in infants and children including pyloric stenosis, intussusception and midgut volvulus.

Module 6: Intestinal Obstruction

- a. Differentiate large and small intestinal obstruction and list common causes of each condition.
- b. Differentiate intestinal obstruction from a dynamic (also referred to as paralytic) ileus.
- c. Explain the pathophysiology of fluid and electrolyte disturbances associated with small intestinal obstruction.
- d. Describe the diagnosis, initial resuscitation and management options in the treatment of intestinal obstruction, including partial small intestinal obstruction, complete small intestinal obstruction, and colonic obstruction.

Module 7: Gastrointestinal Hemorrhage

- a. List the common etiologies of upper and lower gastrointestinal hemorrhage.
- b. Describe of the emergency diagnosis (including clinical examination, endoscopy and radiologic imaging), resuscitation and management of acute gastrointestinal hemorrhage.
- c. List the indications for surgical intervention in upper and lower gastrointestinal hemorrhage.
- d. Describe the pathophysiology of portal hypertension and the principles of management.

Module 8: Common Gastrointestinal and Cutaneous Malignancies

- a. Outline the steps involved in the clinical diagnosis and management of cutaneous malignancies.
- b. Outline the steps involved in the clinical diagnosis and management of gastrointestinal malignancies.
- c. Demonstrate an understanding of the relevant anatomy that determines the strategy and extent of resection employed in the surgical management of gastrointestinal malignancies.
- d. Acquire an overview of the staging and prognosis of the common malignancies noted above.

Module 9: Hernias

- a. Define hernia and describe the different types of abdominal wall hernias.
- b. Demonstrate an understanding of the incidence, etiology, and complications, operative risks and rate of recurrence in the management of abdominal wall hernias.
- c. Outline the fundamental principles in the surgical management of inguinal, umbilical and abdominal incisional hernia.
- d. Define the terms related to abdominal wall hernias: reducible, irreducible, incarcerated, obstructed and strangulated.

Module 10: Surgery of the Breast

- a. Discuss the evaluation and management of common benign diseases of the breast.
- b. Describe the risk factor analysis, clinical examination, diagnosis and surgical management (both breast-conserving and breast-sacrificing) of in-situ and invasive malignancy of the breast.
- c. Describe the rationale for and technical approach to axillary lymph node management, including sentinel lymph node biopsy, in the surgical management of malignancy of the breast.

Module 11: Benign Colo-rectal Disorders

Describe the diagnosis and treatment of common benign ano-rectal conditions including hemorrhoids, fissure-in-ano, fistula-in-ano, perianal abscess and peri-rectal abscess.

Module 12: Peripheral Arterial Disease

- a. Describe signs and symptoms of acute ruptured abdominal aortic aneurysm and describe the diagnosis, resuscitation and surgical management.
- b. Describe the pathophysiology and diagnosis, both non-invasive and invasive, and treatment of peripheral arterial occlusive disease.
- c. Describe the diagnosis and treatment of acute and chronic limb ischemia.
- d. Describe the signs and symptoms of cerebral transient ischemic attacks and outline the available diagnostic modalities, non-invasive and invasive, used in the evaluation of carotid artery disease.
- e. Describe the clinical course of mesenteric thromboembolic disease and discuss the approach to diagnosis and treatment.

Module 13: Venous Disease

- a. Review the venous system of the lower extremity and develop an understanding of the effect of tissue pressure, the significance of the muscle pump and the effect of valvular insufficiency.
- b. List the principles of management of varicose veins associated with venous insufficiency.
- c. Explain the pathophysiology of venous stasis ulcers of the extremities and the principles of their treatment.
- d. Describe the diagnosis and treatment of deep vein thrombosis (DVT), pulmonary embolism (PE) and the post-phlebitic syndrome.

Module 14: Thoracic Surgery

- a. Develop an understanding of the evaluation of a solitary lung nodule seen on chest imaging.
- b. List an overview of tumors commonly seen in the chest by location.
- c. Delineate the principles of surgical management of lung cancer.
- d. Develop an understanding of the commonly seen benign and malignant esophageal disorders including esophageal malignancy, achalasia and gastro-esophageal reflux disease (GERD).

Module 15: Transplant Surgery

- a. Develop an understanding of the status of transplant surgery in the USA and worldwide.
- b. Develop an understanding of the immunological aspects of transplant surgery including commonly used immunosuppressive medications and the side effects of immune-suppressive therapy.
- c. Define the terms, anatomic and biologic, used in the description of transplant donors and recipients.

Module 16: Laparoscopic Surgery

- a. Identify the comparative benefits and risks of laparoscopic surgery in comparison to open surgical procedures.
- b. Develop an understanding of advanced laparoscopic techniques and robotic surgery.

Module 17: Bariatric Surgery

- a. Define obesity and morbid obesity based on the body mass index (BMI).
- b. List the co-morbid conditions associated with morbid obesity.

Module 18: Endocrine Surgery

- a. Describe the symptoms, signs and management of hyperthyroidism.
- b. Discuss the evaluation of a thyroid nodule.
- c. Discuss the differential diagnosis and treatment of the patient with hypercalcemia.
- d. Discuss the pathophysiology of primary, secondary and tertiary hyperparathyroidism.
- e. Discuss the diagnosis and management of pheochromocytoma.
- f. Discuss the features of Multiple Endocrine Neoplasia (MEN) syndromes and their surgical treatment.
- g. Discuss the diagnosis and treatment of disorders of the pituitary-adrenal axis.

Module 19: Ethical and Legal Issues in Surgery

- a. Describe the principles of medical ethics applied to surgery including the concepts of patient advocacy, unmasking of economic influences and the duty to relieve suffering and ease pain with dignity.
- b. Describe the fundamental elements of the patient-physician relationship.
- c. Describe the responsibilities of the patient and the physician.

d. Discuss those aspects of medical ethics of particular concern to the surgeon:

- 1) "Futile" care.
- 2) Organ procurement.
- 3) Transplantation guidelines.
- 4) Withholding or withdrawing care.
- 5) HIV testing.
- 6) Referral of patients.
- 7) Confidentiality.
- 8) Fee splitting.
- 9) Informed consent.
- 10) Substitution of surgeon.
- 11) Disputes between medical supervisors and trainees.
- 12) New medical and surgical procedures.

Module 20: Surgery in the Elderly

- a. Describe and explain the effect of the following factors on wound healing and recovery from illness, injury and operative treatment in elderly patients:
 - 1) Nutrition.
 - 2) Metabolic state (including diabetes mellitus).
 - 3) Collagen synthesis and deposition.
 - 4) Pharmacologic manipulation.
 - 5) Physical activity/mobility.
 - 6) Physiologic reserve and frailty.
 - 7) Immune competence
- b. Develop an understanding of the unique physiology and risk factors seen in the elderly in relation to the management of shock, trauma, head injuries, burns, the acute abdomen intestinal obstruction, common GI malignancies, hernias, surgery of the breast, venous disease, thoracic surgery, transplant surgery, laparoscopic and robotic surgery, bariatric surgery and endocrine surgery.

Module 21: Communication Skills in Surgery

Communication skills are critical to surgery in that surgical therapy is offered as an alternative to patients with whom a long term professional relationship has not been previously developed. Students will:

- (1) Learn to communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds particularly in regard to the concept of informed consent for surgical procedures
- (2) Describe the use of certified interpreters and language interpretation services in the process of informed consent for surgical procedures.
- (3) Describe the unique aspects of effective communication with physicians, other health professionals, and health related agencies in association with surgical treatment and follow-up surgical care.
- (4) Learn to work effectively as a member or leader of a health care team in surgery
- (5) Describe the consultative role of the surgeon to other physicians and health professionals.
- (6) Learn to maintain comprehensive, timely, and legible medical records associated with surgical care.

SURGICAL SUBSPECIALTIES

ANESTHESIOLOGY:

Discuss the Pre-operative evaluation of the surgical patient in association with commonly occurring comorbid conditions.

Discuss the intra-operative factors associated with anesthetic management including: Intubation and airway management

Care and monitoring of the unconscious patient

Blood and fluid management

Local, regional and general anesthesia

Discuss the postoperative care of the surgical patient including:

Monitoring in the post-anesthesia care unit (PACU)

Pain management

Early and late complications

Discuss the toxicity of local anesthetics agents

ORTHOPEDICS:

Discuss the process of fracture healing.

List common seen fractures of the long bones and pelvis.

Outline the principles of immobilization of bones and joints in trauma.

Delineate the diagnosis and treatment of low back pain and sciatica.

UROLOGY:

List the common symptoms in the presentation of urinary problems.

List the common urological problem encountered in clinical practice.

Identify the methods used to treat ureteric and renal stones.

Outline the diagnosis and management of benign and malignant prostate disease.

OPHTHALMOLOGY:

Describe a normal fundoscopic examination and list the fundoscopic changes associated with common clinical conditions such as hypertension, diabetes and glaucoma.

Describe the anatomy and pathophysiology of pupillary size and reactions in the diagnosis of neurologic abnormalities and head injury.

- Describe the symptoms and signs of glaucoma.
- Describe the management of minor eye trauma including subconjunctival hemorrhage and corneal abrasion.

OTORHINOLARYNGOLOGY:

Review the relevant clinical anatomy of ear/nose/throat.

Outline the diagnosis and management of common conditions of the ear including cerumen impaction, foreign body removal, and perforation of the tympanic membrane, Otitis external and Otitis media.

Develop an understanding of the common conditions of nose and sinuses including deviated septum, hyper-trophic turbinates, acute sinusitis and chronic sinusitis.

Develop an understanding of common surgically treated conditions of the throat including tonsillitis (and the indications for tonsillectomy) and obstructive sleep apnea (OSA).

SURGERY READING LIST***REQUIRED******Print:***

Essentials of General Surgery and Essentials of Surgical Specialties

Lawrence, Williams and Wilkins

RECOMMENDED

Suggested additional print and on-line sources are:

Books:

Code of Medical Ethics Current Opinions with Annotations, AMA press.

Early Diagnosis of the Acute Abdomen

Cope, Oxford University Press

Essentials of Diagnosis and Treatment in Surgery

(Lange Current Essentials Series)

The Ethics of Surgical Practice Cases, Dilemmas and Resolutions, Jones JW, McCullough LB and Richman BW, Oxford University Press.

Lecture Notes: General Surgery

Ellis and Calne, Blackwell

Principles of Surgery

Schwartz, McGraw Hill

The ICU Book

Marino, Williams and Wilkins

Journals:

Journal of the American College of Surgeons

Elsevier

British Journal of Surgery

Wiley-Blackwell

Surgical Organizations:

Student membership in The American College of Surgeons is available through FACS.org, with the support of the Chair of Surgery, and is a well-developed source of educational material for the study of surgery.

WEB BASED EDUCATIONAL ASSIGNMENTS FOR INDEPENDENT LEARNING

The school requires the successful completion of web-based assignments in order to receive credit for this clerkship. Students should log into Sakai to see these assignments. The Office of the Dean monitors student performance on these assignments. The completion of these assignments will be sent to the Clerkship Directors for incorporation into the final clerkship grade. The clinical faculty feels these assignments are excellent preparation for the NBME clinical subject exams as well as Step 2. In addition, a student's diligence in completing these assignments reflects a commitment to excellence, a component of professional behavior grade.

F. FAMILY MEDICINE CLERKSHIP

Mission and Introduction

The clerkship in family medicine will:

1. Introduce students to the aspects of family medicine that are applicable to all fields of medical practice including the comprehensive and continuous care provided by family physicians to patients of all ages.
2. The curriculum will enhance the students' ability to recognize the importance of family systems and the impact of chronic illness on patients and their families. The health of individual family members, cultural issues, family systems, and their cumulative effect on health outcomes will be highlighted.
3. The clerkship will emphasize the importance of integrity and medical knowledge in providing patients with the highest quality medical care.
4. The family medicine curriculum will promote the highest standards of professional behavior and clinical competence while preparing students for the practice of family medicine in diverse patient populations.
5. The curriculum will enhance student's knowledge and awareness of the impact of cultural issues and family systems.

Guidelines

The family medicine curriculum will utilize the following guidelines:

1. Length: Four to Six Weeks
2. Site: Hospital Medical Floors and Family Medicine Outpatient Facilities, residency programs, emergency rooms and family medicine community preceptor's offices.
3. Before the start of the clerkship students are required to access the corresponding Online family medicine course in Sakai. Students will be required to take the NBME exam.
4. Orientation: The first day of the clerkship the student will meet with a faculty member to discuss the expectations and responsibilities of the student during the rotation. The schedule for work hours and mandatory lectures will be reviewed.
5. Schedule: Clinical faculty will work with students precepting patient visits, attending teaching rounds, and attending didactic lectures
6. Evaluations: Each student will have a mid-rotation evaluation with feedback and an end of rotation evaluation with feedback on performance of clinical skills such as history and physical exam, communication and medical knowledge.
7. Patient Log: Students will be expected to keep an electronic log of patient encounters and be able to present these cases to Clinical Preceptors
8. A special emphasis will be placed on continuity of care, communication skills, and integration of medical care, preventive medicine and problem solving skills.

Educational Objectives

The family medicine curriculum will assist students in achieving the following educational objectives

Medical Knowledge

1. The normal psychosocial development of patients of all ages
2. The role of nutrition, exercise, healthy lifestyles, and preventive medicine in promoting health and decreasing risk of disease in individuals and populations.
3. The epidemiology of common disorders in diverse populations and approaches designed to screen and detect illness and to reduce incidence and prevalence of disease on an international patient population.
4. The knowledge of and provision of effective patient education for the common patient education topics encountered in the outpatient setting.
5. Demonstrate the physiological changes that occur in the geriatric population and the ability to develop short and long term treatment plans based on the unique aspects of geriatric patients.

Clinical Skills

1. The ability to understand and utilize evidence-based decision making in clinical practice.
2. The ability to identify and develop management strategies for the psychosocial issues underlying a patient's visit.
3. The ability to perform and present a focused patient history and a focused physical examination for common problems encountered in family medicine.
4. The ability to use the information gained from the history and physical examination to diagnose and to manage patients in a family medicine office.
5. Strive for excellence in medical knowledge and quality of patient care through continued life long learning while recognizing one's own limitations and appropriate utilization of consultation.
6. The ability to identify and understand the principles of End of Life Care, Hospice Care, and Palliative Care

Professional Behavior

1. Demonstrate empathy and respect irrespective of people's race, ethnicity, cultural background, social and economic status, sexual orientation or other unique personal characteristics.
2. Demonstrate self-accountability, dependability, responsibility, recognition of limitations and the need to seek help while continuing lifelong learning.
3. Demonstrate humility, compassion, integrity and honesty when dealing with patients, colleagues and the healthcare team.
4. Promote self-care and wellness for ourselves, our patients and colleagues.
5. The ability to identify and understand the principles of ethics including: i. autonomy ii. responsibilities iii. beneficence iv. nonmaleficence v. equality.

Core Topics:

Students are responsible for knowing the presenting signs and symptoms and management of these problems regardless of whether any patients have been seen in the preceptor ship.

Medical Conditions

1. Abdominal pain
2. Allergic rhinitis
3. Altered mental status
4. Asthma
5. Anxiety
6. Back pain
7. Chest pain
8. Depression
9. Dermatitis (including acne)
10. Diabetes mellitus
11. Ear infection
12. Headache
13. Hypertension
14. Osteoarthritis
15. Respiratory tract infection (including bronchitis, sinusitis, pharyngitis)
16. Somatoform disorder
17. Urinary tract infection
18. Vaginitis
19. Well adult exam
20. Well child exam

In addition, students completing this clerkship should be able to provide patient education in the areas listed below.

Patient Education Topics

1. Adult health maintenance
2. Hypertension, patient control
3. Asthma management
4. Nutrition guidelines, including
5. Diabetes mellitus, new & cholesterol and weight loss controlled diagnosis
6. Safe sex and contraceptive choices
7. Depression
8. Smoking cessation
9. Exercise
10. Stress management

WEB-BASED RESOURCES

A. Recognition of the clinically relevant differences between the genders

Describe the nutritional needs of men and women.

- <http://www.mcw.edu/gradschool/>
- <http://www.umassmed.edu/gsbs/>
- <http://www.gsbs.utmb.edu/>
- <http://www.smbs.buffalo.edu/>

B. Knowledge and application of strategies for effective learning and improvement

- http://www.ursuline.edu/stu_serv/asc/strategies.htm
- <http://www.crlt.umich.edu/tstrategies/tsclc.html>

C. Knowledge of development and changes across the lifespan

- <http://www.nichd.nih.gov/>

D. An understanding of nutrition in health and disease

- <http://www.fshn.uiuc.edu/>
- <http://www2.swmed.edu/humannutrition/>
- <http://www.fcs.iastate.edu/fshn/>

E. An understanding of the science and management of pain

- <http://www.aapainmanage.org/>
- <http://www.painmed.org/>
- <http://www.aspmn.org/>
- <http://www.ampainsoc.org/>

F. An understanding of the concept of chronic illness.

- <http://nursing.unc.edu/crci/>
- <http://www.pbs.org/fredfriendly/whocares/>
- <http://www.healingwell.com/pages/>
- http://www.dartmouth.edu/dmsk/koop/resources/chronic_illness/chronic.shtml

G. An understanding of the principles of environmental medicine

- <http://www.acoem.org/>
- <http://oem.bmijournals.com/>
- <http://dmi-www.mc.duke.edu/oem/>
- <http://www.joem.org/>

H. Comprehension of normal human sexual function and sexual dysfunction

- http://jama.ama-assn.org/cgi/collection/womens_sexual_function (requires password)
- http://pubs.ama-assn.org/cgi/collection/mens_sexual_function (requires password)
- http://en.wikipedia.org/wiki/William_Masters_and_Virginia_Johnson

I. Preventive Medicine Web Resources

- <http://www.ahcpr.gov/clinic/uspstfix.htm>
- <http://www.acpm.org/>
- <http://www.elsevier.com/locate/issn/0091-7435>
- <http://www.atpm.org/>

J. Knowledge of substance use disorders and other addictions.

- <http://www.samhsa.gov/>
- <http://www.casacolumbia.org/>
- <http://www.cesar.umd.edu/>

Text books

1. Lange current Diagnosis and Treatment
Family Medicine, 2nd Edition
South-Paul, Matheny, Lewis
2. Essentials of family medicine, 2nd Edition
Sloan, Slatt, Curtis

WEB BASED EDUCATIONAL ASSIGNMENTS FOR INDEPENDENT LEARNING

The school requires the successful completion of web-based assignments in order to receive credit for this clerkship. Students should log into Sakai to see these assignments. The Office of the Dean monitors student performance on these assignments. The completion of these assignments will be sent to the Clerkship Directors for incorporation into the final clerkship grade. The clinical faculty feels these assignments are excellent preparation for the NBME clinical subject exams as well as Step 2. In addition, a student's diligence in completing these assignments reflects a commitment to excellence, a component of professional behavior grade.

V. ELECTIVES AND ADDITIONAL FOURTH YEAR REQUIREMENTS

A. SUBINTERNSHIP IN MEDICINE

(The following is adopted from the Clerkship Directors of Internal Medicine)

GOALS AND OBJECTIVES:

The general goal of a sub-internship is to provide an educational experience for clinical clerks by offering graduated supervised responsibility for patient care in the area of a general specialty. The sub-intern will assume increasing responsibility for patient care and function as a fully integrated member of a medical team on the inpatient floors. Under attending supervision sub-interns render direct patient care and assume the responsibilities of an intern with a reduced load.

The sub-internship is designed to be a supervised educational experience that will serve to improve and build upon those cognitive and technical clinical skills already attained during the a 3rd year clerkship. The experience will hone the skills of data gathering and interpretation and further the student's knowledge of the illnesses that effect adult patients, and the basic management of these illnesses. Through the sub-internship, the student will have the proper environment in which to learn the clinical skills and behavior essential to the practice of the specialty and the delivery of the highest quality patient care.

SUB-INTERN CLINICAL COMPETENCIES:

I. Communication Skills

Communicate effectively with patients and family members with humanism and professionalism.

Recognize verbal and non-verbal clues of a patient's mental and physical health.

Consider cultural sensitivities and patient wishes when providing information.

Learn to effectively communicate with physician and non-physician members of the health care team and consultants.

Demonstrate the ability to clearly and concisely present oral and written summaries of patients to members of the health care team.

II. Coordination of Care

Learn to prioritize tasks for daily patient care in order to effectively utilize time.

Learn how to contact members of the health care team, consultants, and other hospital personnel.

Learn to identify appropriate issues for the consultant referral and how to appropriately utilize consultants.

Effectively coordinate with physician and non-physician members of the health care team learn how to properly transfer care throughout a patient's hospitalization, including end of the day and end of service coverage.

Be able to arrange appropriate care and follow-up for the patient after discharge from the hospital coordinate care plan utilizing community resources when necessary.

III. Information Management

Be able to document the patient's admission information, daily progress, on-call emergencies, transfer notes, and discharge summaries and instructions accurately and in a timely manner.

Understand the ethical and legal guidelines governing patient confidentiality.

Learn how to access clinical information at the hospital including clinical, laboratory and radiologic data.

Understand how panic values are communicated from the hospital laboratory to the responsible team member.

Understand the importance of precision and clarity when prescribing medications.

Use electronic or paper reference to access evidence based medicine to solve clinical problems.

IV. Procedures

Understand the risks and benefits of common invasive procedures, and how to obtain informed consent.

Effectively explain the rational, risks and benefits for the procedure in language that is understandable by the patient and/or his/her family.

Gain experience with procedures that are commonly performed by interns and residents.

Recognize potential procedure related risks for the operator and the need for universal precautions.

Write a procedure note.

Ensure that samples obtained are properly prepared for laboratory processing.

B. General and Sub-Specialty Electives

4th year electives require a different educational approach and philosophy than 3rd year clerkship. The curriculum for the 3rd year clerkships is detailed and structured. The 4th year electives encourage self-directed learning, does not require a comprehensive reading list nor detailed objectives. We have not found it necessary to produce a different curriculum for every subspecialty elective and, therefore, a generic curriculum is presented below. 4th year electives should be 4 weeks in length.

Objective:

To provide the student with the opportunity for an intensive experience in a subspecialty.

To expose the student to the commonly encountered patients as well as the complex diagnostic and management conditions in this discipline.

To better understand the basis of consultation for and breathe of this discipline.

Learning experience:

Under the supervision of the attending staff, the student will function as member of the subspecialty health care team and attend daily rounds. As appropriate, the student will undertake the initial history and physical exam, present patients to the health care team, observe and assist in procedures and surgeries and acquire experience in requesting and interpreting appropriate imaging studies. By the end of the four week rotation the student should aim to develop both consultative skills and an understanding of management principles through self-directed learning using standard texts and electronic resources.

Evaluation

The responsible preceptor will complete the SGU elective evaluation form using feedback from as many members of the health care team as possible. The preceptor will grade the student on medical knowledge, clinical skills and professional attitude. A narrative description of the student's strengths and weakness is required.

C. EMERGENCY MEDICINE ELECTIVE

MISSION AND INTRODUCTION

The emergency medicine rotation provides a learning experience aimed at teaching medical students the necessary skills to take care of patients with a wide variety of undifferentiated urgent and emergent conditions. Our mission is to enable students to develop and demonstrate the core competencies in knowledge, skills and behaviors of an effective emergency department clinician.

GUIDELINES

The emergency medicine curriculum objectives specify student skills and behaviors that are central to care of an emergency department (ED) patient and are appropriately evaluated in the context of the outcome objective for the medical program.

The Emergency Medicine objectives can be taught and evaluated in the following various settings to include clinical bedside teaching, observed structured clinical evaluation, lectures, problem-based learning groups, self-directed learning materials, and simulations.

Structure

- Length: four to six weeks
- Site: Emergency Department
- The Clerkship Director will provide an orientation at the start of the clerkship. This should include a discussion of the expectations and responsibilities of the clerk, the general department, the student schedule and assignments to residency teams and preceptors. Students should receive log books and the appropriate part of the CTM.
- Before the start of the clerkship students are required to access the corresponding online Emergency Medicine course in Sakai. This course includes an introduction by the SGU Chair of Emergency Medicine, the curriculum and web-based assignments.
- Exposure to undifferentiated patient complaints across all age groups: pediatric, adult and elderly
- Teaching rounds for house staff and students should be done at least once daily.
- A full schedule of teaching conferences including grand rounds, residency conferences, and scheduled didactic sessions specific to the needs of the students.
- The clinical faculty must provide direct supervision of the students for physical examination, case presentations and clinical procedures.
- All clinical write-ups or formal presentations must include a focused history and physical, problem list with its assessment, and a diagnostic and therapeutic plan.
- The clinical faculty will evaluate oral presentation skills (including transitions of care) and provide an objective assessment of competency in communication.

Educational Objectives

A. Medical Knowledge - Students will demonstrate medical knowledge sufficient to:

- Identify the acutely ill patient
- Suggest the appropriate interpretation of tests and imaging data
- Develop a differential diagnosis which includes possible life or limb threatening conditions along with the most probable diagnoses

- Describe an initial approach to patients with the following ED presentation: chest pain, shortness of breath, abdominal pain, fever, trauma, shock, altered mental status, GI bleeding, headache, seizure, overdose (basic toxicology), burns, gynecologic emergencies, and orthopedic emergencies
- Actively use practice-based data to improve patient care

B. Clinical Skills - Students will demonstrate the ability to:

- Perform assessment of the undifferentiated patient
- Gather a history and perform a physical examination (EPA 1)
- Recognize a patient requiring urgent or emergent care and initiate evaluation and management (EPA 10)
- Prioritize a differential diagnosis following a clinical encounter (EPA 2)
- Recommend and interpret common diagnostic and screening tests (EPA 3)
- Perform general procedures of a physician (EPA 12)
- Correctly perform the following procedural techniques: CPR, intravenous line & phlebotomy, ECG, Foley catheter, splint sprain/fracture, suture laceration
- Provide an oral presentation of a clinical encounter (EPA 6)
- Develop skills in disposition and follow-up of patients
- Demonstrate accessibility to patients, families, and colleagues
- Communicate effectively and sensitively with patients, families, and with health care teams in verbal and written presentations.
- Acquire skills in breaking bad news and end of life care
- Develop skills in giving and receiving safe patient hand-offs and transition of care (EPA 8)
- Form clinical questions and use information technology to advance patient care (EPA 7)
- Critically appraise medical literature and apply it to patient care

C. Professional Behavior - Students will be expected to:

- Demonstrate dependability and responsibility
- Demonstrate compassion, empathy and respect toward patients and families, including respect for the patient's modesty, privacy, confidentiality and cultural beliefs.
- Demonstrate an evidence-based approach to patient care based on current practice-based data.
- Demonstrate professional and ethical behavior
- Collaborate as a member of an inter-professional team (EPA 9)
- Evaluate own performance through reflective learning
- Incorporate feedback into improvement activities
- Be aware of their own limitations and seek supervision and/or consultation when appropriate.

CORE TOPICS

The educational core identifies the basic set of clinical presentations, procedures, and educational topics that would be covered or experienced during the clerkship. There may be some variability in how this educational core is taught (reflecting the resources of each clinical site). However, the principle teaching materials will be consistent across all training sites. The various educational venues used to teach these topics and procedures should ideally be complementary and may include lectures, bedside teaching, self-study materials, medical student-generated presentations, simulated encounters, direct observation, and laboratory workshops. The Department of Emergency Medicine will provide 12 “Essential Topic” PowerPoint Presentations to serve as the foundation for a didactic lecture series. Again, these lectures are not meant to be the only didactic presentations a student will encounter or negate the importance of other educational presentations.

A. Clinical experience.

Clinical experience in the ED is the foundation of all emergency medicine clerkships. The major portion of the clerkship should involve medical students participating in the care of patients in the ED under qualified supervision. The clinical experience should provide the student with the opportunity to evaluate patients across all areas of the age and gender spectrum. Because of multiple factors, including the unpredictable nature of emergency medicine, clinical experience may be quite variable, even within a clerkship rotation. Certain presentations of ED patients that are common. All medical students should have exposure to the following during their clinical rotations based on a national curriculum.

1. Abdominal/pelvic pain
2. Altered mental status/loss of consciousness
3. Back pain
4. CVA/stroke
5. Chest pain
6. Fever/SIRS/Sepsis
7. Gastrointestinal bleeding
8. Geriatric Emergencies
9. Headache
10. Respiratory Distress
11. Shock/Resuscitation
12. Ob/Gyn Emergencies
13. Trauma/musculoskeletal/limb injuries
14. Wound care

This list is not meant to identify the only types of patients a student will encounter or negate the importance of many other patient presentations.

B. Procedures.

Certain procedures to be taught under appropriate supervision during the emergency medicine rotation are listed below. Procedures were selected based on clinical relevance, level of student training and availability within the ED.

1. Arterial blood gas and interpret pulse oximeter
2. ECG
3. Foley catheter placement
4. Interpretation of cardiac monitoring/rhythm strip
5. Nasogastric tube placement
6. Peripheral intravenous access
7. Splint application
8. Wound Care: laceration repair (simple), incision and drainage (abscess)
9. Venipuncture

The procedures listed here are derived from previous curricula, consensus opinion, and an informal evaluation of procedures currently performed on rotations. In recognition of the variation of what procedures might be available on clinical shifts, the use of labs, mannequins, direct observation, videotape presentations, and simulators is encouraged.

C. Web-based Educational Assignments

Clinical experience cannot provide a student with every aspect of the curriculum, nor can one guarantee what clinical presentations a student will encounter. Therefore, a core knowledge base relevant to emergency medicine topics must also be taught. The list of essential topics is based on previously published curricula, the model curriculum for emergency medicine residencies and consensus opinion. In order to maintain consistency in learning objectives, the Department of Emergency Medicine has developed a minimum standard with respect to student self-study. The web based curriculum uses on-line reading assignments, simulated patient encounters and assessments of medical knowledge in a self-directed learning environment. Students are required to complete each of the 11 lesson modules of EmMed Clerk in Sakai.

Module	Topic	Content sections:
1	Introduction	Orientation Presentation The Approach To The Undifferentiated Patient
2	Cardiac Arrest	Assigned Reading Examination
3	Chest Pain	Assigned Reading Simulated Patient Encounter Examination
4	Pulmonary Emergencies and Respiratory Distress	Assigned Reading Simulated Patient Encounter Examination
5	Abdominal & GU Emergencies	Assigned Reading Simulated Patient Encounter Examination
6	Neurologic Emergencies	Assigned Reading Simulated Patient Encounter Examination
7	Critical Care	Assigned Reading Simulated Patient Encounter Examination
8	Poisoning and Environmental Emergencies	Assigned Reading Simulated Patient Encounter Examination
9	Trauma	Assigned Reading Simulated Patient Encounter Examination
10	Emergency Care of the Elderly	Assigned Reading Simulated Patient Encounter Examination
11	Ethics and Communication Skills	DocCom Modules: "Giving Bad News" and "Communication within Healthcare Teams"

Online Lessons

D. Testing and Evaluation

Each Lesson Module has a multiple choice test to evaluate your interpretation of the materials in the reading assignment and simulated patient encounters. A score of 100% is required to pass the module. The ethics and communication skills module is evaluated independently. Please be sure to take the Module quiz in the Sakai Communication Skills Course (completion of these modules is also required).

SECTION THREE
APPENDIX A
AFFILIATED HOSPITALS

NEW YORK

THE BROOKLYN HOSPITAL CENTER
CONEY ISLAND HOSPITAL
FLUSHING HOSPITAL MEDICAL CENTER
KINGS COUNTY HOSPITAL CENTER
LINCOLN MEDICAL AND MENTAL HEALTH CENTER
ELMHURST MEDICAL CENTER
QUEENS HOSPITAL
RICHMOND UNIVERSITY MEDICAL CENTER
WOODHULL MEDICAL AND MENTAL HEALTH CENTER
BRONX-LEBANON HOSPITAL CENTER
KINGSBROOK JEWISH MEDICAL CENTER
MANHATTAN PSYCHIATRIC CENTER
METROPOLITAN HOSPITAL CENTER
MONTEFIORE MOUNT VERNON
MONTEFIORE NEW ROCHELLE
MAIMONIDES MEDICAL CENTER
SOUTHSIDE HOSPITAL
ST. JOSEPH'S HOSPITAL – SYRACUSE

NEW JERSEY

HACKENSACK UNIVERSITY MEDICAL CENTER
JERSEY SHORE UNIVERSITY MEDICAL CENTER
MONMOUTH MEDICAL CENTER
NEWARK BETH ISRAEL MEDICAL CENTER
OVERLOOK MEDICAL CENTER
ST. BARNABAS MEDICAL CENTER
ST. JOSEPH REGIONAL MEDICAL CENTER
ST. PETER'S UNIVERSITY HOSPITAL
TRINITAS REGIONAL MEDICAL CENTER
HACKENSACK-UMC MOUNTAINSIDE
JERSEY CITY MEDICAL CENTER
JFK MEDICAL CENTER
MORRISTOWN MEDICAL CENTER
NEW BRIDGE MEDICAL CENTER
ST. MICHAEL'S MEDICAL CENTER

CALIFORNIA

ARROWHEAD REGIONAL MEDICAL CENTER
O'CONNOR HOSPITAL
SAN JOAQUIN GENERAL HOSPITAL
ST. FRANCIS MEDICAL CENTER
ALAMEDA HEALTH SYSTEM - HIGHLAND HOSPITAL
BORREGO COMMUNITY HEALTH FOUNDATION

FLORIDA

CENTER FOR HAITIAN STUDIES
LARKIN COMMUNITY HOSPITAL
DELRAY MEDICAL CENTER
NICKLAUS CHILDREN'S HOSPITAL
CLEVELAND CLINIC - FLORIDA
THE UNIVERSITY OF FLORIDA
COMMUNITY HEALTH CENTER OF SOUTH FLORIDA

MARYLAND

HOLY CROSS HOSPITAL
SHEPPARD PRATT HEALTH SYSTEM
SINAI HOSPITAL
SPRING GROVE HOSPITAL CENTER
ST. AGNES MEDICAL CENTER

MICHIGAN

ASCENSION ST. JOHN HOSPITAL
PONTIAC GENERAL HOSPITAL
PROVIDENCE HOSPITAL

OHIO

MERCY ST. VINCENT MEDICAL CENTER
THE JEWISH HOSPITAL

GEORGIA

DEKALB REGIONAL HEALTH SYSTEM

ILLINOIS

NORWEGIAN AMERICAN HOSPITAL
SAINT ANTHONY HOSPITAL

NEVADA

RENOWN HEALTH

CONNECTICUT

ST. MARY'S HOSPITAL

LOUISIANA

BRENTWOOD HOSPITAL

WISCONSIN

MERCY HEALTH SYSTEM

WASHINGTON, DC

MEDSTAR NATIONAL REHABILITATION HOSPITAL

UNITED KINGDOM

Cores only

QUEEN ELIZABETH THE QUEEN MOTHER HOSPITAL
ST. MARTIN'S HOSPITAL (KENT & MEDWAY NHS & SCP TRUST)
WILLIAM HARVEY HOSPITAL
ST. MARTIN'S HOSPITAL (KENT & MEDWAY NHS & SCP TRUST)
MEDICUS HEALTH PARTNERS
SHEEPCOT MEDICAL CENTRE
THE ADAMS PRACTICE

Cores & Electives

NORTH HAMPSHIRE HOSPITAL
ROYAL HAMPSHIRE COUNTY HOSPITAL
NORFOLK & NORWICH UNIVERSITY HOSPITAL
NORFOLK & SUFFOLK NHS FOUNDATION TRUST
NORTH MIDDLESEX UNIVERSITY HOSPITAL
ST. ANN'S HOSPITAL, LONDON
STOKE MANDEVILLE HOSPITAL
POOLE HOSPITAL NHS FOUNDATION TRUST
ST ANN'S HOSPITAL, POOLE
RUSSELLS HALL HOSPITAL
WATFORD GENERAL HOSPITAL

Electives only

Kent & Canterbury Hospital

GRENADA - Electives only

GRENADA GENERAL HOSPITAL

APPENDIX B

HEALTH REQUIREMENTS FOR CLINICAL ROTATION

Students need a confirmed placement letter in order to start clinical training. In order for the Office of Clinical Studies to send a confirmed placement letter, students need to have all mandatory health requirements completed, documented and cleared. The Office of Clinical Studies only accepts clearance from Susan Conway, RN, Director of Student Health Records. Students must send all documents by scanning into 1-3 PDF image files and emailing to the designated clinical health form email clinicalhealthforms@sgu.edu. Students should keep the original documents; they will be required in the future for residency requirements. Fulfilling these requirements will satisfy public health and hospital regulations and is mandatory for all health care workers. Regulatory agencies have developed these regulations to protect the health of patients in the hospital as well as the health of other healthcare providers.

SGU health requirements have three parts:

Part I: HEALTH HISTORY

Students are required to complete and sign a current personal history form within six months prior to the start of clinical rotations.

Part II: PHYSICAL EXAM

Students must have a physical examination completed within six months prior to the start of their first clinical rotation. Our physical exam form needs to be filled out, dated and signed by your personal physician, nurse practitioner or physician assistant.

Part III: TB SCREENING AND IMMUNIZATION RECORD

A. TUBERCULOSIS SCREENING

Screening consists of a 2-step PPD test or an interferon gamma release assay blood test, e.g. QuantiFERON - TB Gold within 6 months prior to the start of their first rotation. This requirement is only for students who do not have a history of a positive PPD.

The 2 step PPD consists of 2 PPD skin test administered 1 – 3 weeks apart. The PPD must be indicated in millimeters. If you choose the IGRA test (Ex: QuantiFERON - TB Gold), a single screening will complete the TB requirements as long as the result is negative. Students with a history of BCG vaccination or anti-tuberculosis therapy are not excluded from this requirement.

If your QuantiFERON-TB Gold is positive or your PPD is >10mm now or by history, you need not repeat these. In this case, the following statement must be signed and dated by a physician and submitted along with the official report of a recent chest x-ray. This must be done annually.

“I have been asked to evaluate _____ (student name) because of a positive PPD (>10mm) or a positive QuantiFERON - TB Gold. Based upon the student’s history, my physical exam and recent chest X-ray (date < 6 months), I certify that the student is free of active tuberculosis and poses no risk to patients.”

The exam and the chest x-ray should be completed within 6 months prior to the start of the first rotation.

B. MANDATORY IMMUNIZATIONS

1. Serum IgG titers

Students are required to submit laboratory copies of serum IgG titers for measles, mumps, rubella, varicella and hepatitis B. If any of the measles, mumps or rubella serum IgG titers indicated non-immunity, students must submit evidence of a MMR vaccination obtained after the non-immune titer date. For a non-immune varicella titer, two varicella vaccines must be obtained at least 30 days apart after the date of the non-immune titer. If the student has received a varicella vaccine as child, that vaccine date may be used as proof of one of the two required varicella vaccines.

2. Hepatitis B

Completion of a hepatitis B vaccination as a series is a mandatory requirement. Students need to submit the dates of vaccination and the results of a serum hepatitis B surface antibody test obtained after the series was completed. If the hepatitis B titer result indicates non-immunity, students will satisfy SGU requirements by submitting proof of one additional vaccine after the titer result date. Students should also check with your personal physician who may advise further vaccines and titers.

The following vaccinations are acceptable.

- a. Conventional hepatitis B vaccines include Recombivax HB and Engerix-B and require three doses over a six month period.
- b. A new hepatitis B vaccine, Heplisav-B, requires two intramuscular doses given one month apart.

3. Tdap vaccination within five years is mandatory

4. Completing the meningococcal form is mandatory

C. ADDITIONAL VACCINATIONS

Students should also review the health form recommendations for polio and hepatitis A vaccinations.

D. UK REQUIREMENTS

In addition to the above, the following must be completed in order to receive a UK hospital placement.

1. Proof of a Polio IPV vaccine received within the past 10 years.
2. A lab copy of a hepatitis B surface antigen test with a negative result. (Completed within 1 year prior to UK rotation start date).
2. A lab copy of an anti-hepatitis C antibody test with a negative result. (Completed within 1 year prior to UK rotation start date).

E. ANNUAL REQUIREMENTS

After starting clinical training, and in order to continue, students will be required to submit evidence of:

1. Tuberculosis screening every eleven months. Screening consists of a PPD skin test or an interferon-gamma release assay blood test, e.g. QuantiFERON-TB Gold. In addition to annual TB screening, students must submit a completed self-assessment form annually which is sent to students email account.
2. Influenza vaccination every year. The vaccine changes annually and is only considered valid for one influenza season. A new vaccine is usually made available in September of every year. Students should be vaccinated before November 1, keep written proof of vaccination and be prepared to present it to hospitals.

SCHOOL OF MEDICINE HEALTH FORM FOR CLINICAL PLACEMENT

PART I - HEALTH HISTORY (Complete this part before going to your physician for an examination)

Name (Print) _____

Last

First

Middle

Date of Birth _____ Social Security No. _____

Male _____ Female _____ Home Telephone No. _____

E-Mail Address: _____

Home Address _____

Number

Street

City/Town

State/Country

Zip Code

Person to be notified in case of emergency:

Name

Relationship

Home Telephone No. _____ Business Telephone No. _____

Address _____

Number

Street

City/Town

State/ Country

Zip Code

Please indicate if you have had any of the following in the past 12 months:

	Yes	No		Yes	No
Cough			Sore Throats		
Fevers			Skin Infections		
Night Sweats			Rash		
Weight Loss			Nausea		
Shortness of Breath			Vomiting		
Hemoptysis			Diarrhea		

If yes to any of the above, please explain details and current status

PART I - HEALTH HISTORY (continued)

Name _____
Last First Middle

Answer Yes or No. If the answer to any question below is yes, provide names and addresses of all physicians or healthcare providers who participated in the diagnosis, referral or treatment. Give details, reasons, and dates as appropriate. Please use additional space below or additional pages, if necessary.

A. Has your physical activity been restricted or your education interrupted for medical, surgical or psychiatric reasons during the past three years?

Yes _____ No _____

B. Do you have any physical disabilities or handicaps _____

C. Have you ever received treatment or counseling for a psychiatric condition, personality, character disorder or emotional problem?

Yes _____ No _____

D. Have you had any illness or injury which required treatment or hospitalization by a physician or surgeon?

Yes _____ No _____

E. List any medications you are taking regularly _____

F. Do you use drugs or substances that alter behavior? _____

G List any allergies and reaction _____

H. Do you have any significant problems with your health at the present time? No _____ Yes _____

I declare that I have had no injury; illness or health condition other than specifically noted above and will notify St. George's University School of Medicine of any changes in my health status.

Date: _____ **Signature:** _____

PART II - PHYSICAL EXAMINATION

NAME _____
Last First Middle

To the Examining Physician:

Please review the student's Health History Form and complete applicable parts of the examination form. Please comment on all positive answers using the back of this page or additional pages.

Height _____ Weight _____ Blood Pressure _____ Pulse _____

Describe any abnormalities of the following systems in the space below:

Eyes	
ENT	
Neck	
Lungs	
Heart	
Breast	
Abdomen	
Rectum	
Nervous System	
Genitalia	
Extremities	

I have determined that _____ is free from any health impairment which is of potential risk to patients or which might interfere with the performance of his/her duties. This includes the habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances that may alter the individual's behavior.

Date

Signature of Examining Physician

Country or State License # _____

Physician's Name (Please Print)

Address: _____

City: _____ State/Country: _____ Zip Code: _____

PART III - IMMUNIZATION RECORD

Name _____
Last First Middle

Date of Birth _____ Social Security No. _____

Permanent Address

Number Street

City/Town State/Country Zip Code

To be completed and signed by a healthcare provider. All dates should include month and year. Include the manufacturer's name and lot number whenever possible.

- A. Evidence of TWO tuberculosis screenings completed within the 90 days prior to expected clinical start date. We accept the Mantoux skin test (PPD) or the QuantiFERON blood test. The PPD must be indicated in millimeters. Students with a history of BCG vaccination or anti-tuberculosis therapy are not excluded from this requirement.

1. Intermediate PPD (5TU Mantoux Test)

Date: _____ Product Name _____ Lot No: _____

Result: _____ mm. (Please indicate mm of induration)

PHYSICIAN/ REGISTERED NURSE SIGNATURE: _____

License #: _____ State/Country: _____

2. Intermediate PPD (5TU Mantoux Test)

Date: _____ Product Name _____ Lot No: _____

Result: _____ mm. (Please indicate mm of induration)

PHYSICIAN/ REGISTERED NURSE SIGNATURE: _____

License #: _____ State/Country: _____

If your QuantiFERON test or PPD is positive (> 10mm) now or by history, you need not repeat these. In this case, the following statement must be signed and dated by a physician and submitted along with the official report of a recent chest x-ray. The exam and the chest x-ray must be done within three months before your expected clinical start date.

"I have been asked to evaluate the above named student because of a positive PPD. Based on the student's history, my physical exam and recent chest X-ray (date _____), I certify that the student is free of active tuberculosis and poses no risk to patients."

Physician Signature: _____ License# _____ Date: _____

Print Name: _____ State/ Country _____

NAME _____

 Last First Middle

1.

Measles
Mumps
Rubella
Varicella

All students **must submit copies of laboratory results** of serum IgG antibody titers to measles, mumps, rubella (MMR) and varicella. Immunization records are **NOT** accepted as proof of immunity. Any laboratory results which indicate non-immunity require proof of additional vaccine administration.

Documentation of three doses of hepatitis B vaccine and followed by a positive hepatitis B surface antibody titer. Alternatively, immunity may be documented by a positive hepatitis B core antibody. For training in the UK students must also submit have a negative test for hepatitis B surface antigen (HBsAg).

	<u>Date</u>	<u>Manufacturer & Lot #</u>	<u>Signature of Healthcare Provider</u>
Hepatitis B			
Three immunizations at	1. _____	_____	_____
0, 1 month and 6 months	2. _____	_____	_____
	3. _____	_____	_____

Add new HBV vaccine followed by a serum antibody titer. Students must submit a copy of a hepatitis B surface antibody test.

Booster (if serum antibody titer is negative)	<u>Date</u>	<u>Manufacturer & Lot #</u>	<u>Signature of Healthcare Provider</u>
3. Tdap (Adecel)	<u>Date</u>	<u>Manufacturer & Lot #</u>	<u>Signature of Healthcare Provider</u>
Booster within the last			

Information regarding this vaccine may be reviewed at www.cdc.gov/ncidod/dbmd/diseaseinfo.

Check one box and sign below:

- ☐ I have read the information regarding meningococcal meningitis disease. I will obtain the vaccine against meningococcal meningitis within 30 days from my private health care provider.
- ☐ I have read the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I will not obtain immunization against meningococcal meningitis disease.
- ☐ I have had the meningococcal meningitis immunization (Menomune **TM**) within the past 5 years. Date received:

Student Signature _____ **Date** _____

PART III - IMMUNIZATION RECORD (continued)

Name

Last	First	Middle
------	-------	--------

C. RECOMMENDED IMMUNIZATIONS:

1. Polio

a. Completed primary series of polio immunizations

Dates: _____

b. Inactivated polio vaccine (IPV) booster within the 10 years is required in the UK

2. Hepatitis A

**a. Two vaccinations at least
6 months apart.**

Date	Manufacturer & Lot #	Signature of Healthcare Provider
1) _____	_____	_____
2) _____	_____	_____

or

Date	Lab Result	Signature of Healthcare Provider
------	------------	----------------------------------

b. Positive serum antibody titer _____

D. ADDITIONAL REQUIREMENTS:

UK additional requirements:

1. Proof of a Polio IPV vaccine received within the past 10 years.
2. A lab copy of a Hepatitis b surface antigen test (negative result).
3. A lab copy of an Anti-HCV test (negative result).

ST. GEORGE'S UNIVERSITY SCHOOL OF MEDICINE
PART IV - ANNUAL HEALTH SELF ASSESSMENT AND MANDATORY TUBERCULOSIS SCREENING

Name: _____ Telephone Number _____
Address _____
Social Security No. _____
E-Mail Address _____
Notify in case of Emergency: _____
Address: _____
Telephone Number: _____

A. EVIDENCE OF TUBERCULIN SCREENING COMPLETED WITHIN THE LAST THIRTY DAYS

1. TUBERCULOSIS SCREENING: Intermediate PPD (5TU Mantoux Test)

Date: _____ Product Name _____ Lot No: _____
Result: _____ mm. (Please indicate mm of induration)

PHYSICIAN OR REGISTERED NURSE SIGNATURE: _____
License #: _____

If your PPD is positive (>10mm) now or by history, the following statement must be signed by a physician and submitted. Students with a history of BCG vaccination or anti-tuberculosis therapy are not excluded from this requirement.

2. I have been asked to evaluate the above named student because of a positive PPD.
Based on the student's history, my physical exam and recent chest X-ray (date _____)

I certify that the student is free of active Tuberculosis and poses no risk to patients.

Date _____ Physician Signature: _____ Lic. # _____

B. SELF ASSESSMENT HEALTH FORM

Has there been any major change in your health status during the past year? Yes _____ No _____
If yes, explain: _____

Have you had any illnesses, accidents, operations or injuries during the past twelve months?
Yes _____ No _____ If yes, Explain _____

Were you hospitalized for any medical, surgical or psychiatric problems during the last 12 months?
Yes _____ No _____ if yes, please specify _____

Do you have any significant problems with your health at the present time? Yes _____ No _____ If yes, please specify _____

Are you taking any medications on a regular basis? Yes ____ No ____ If yes, please specify _____

Do you use drugs or substances which alter behavior? Yes ____ No ____ If so, please specify _____

In the past 12 months have you had any of the following?

	Yes	No		Yes	No
Cough			Sore Throats		
Fevers			Skin Infections		
Night Sweats			Rash		
Weight Loss			Nausea		
Shortness of			Vomiting		
Hemoptysis			Diarrhea		

If YES to any of the above, please explain details and current status. _____

I declare that I have had no injury; illness or health condition other than specifically noted above and will notify St. George's University School of Medicine of any changes in my health status.

Date: _____ Student Signature: _____

After completion of this form, it must be scanned into PDF image and email to the following:

ClinicalHealthForms@sgu.edu

APPENDIX C VISAS FOR THE CLINICAL PROGRAM

VISA INFORMATION FOR CLINICAL TRAINING IN THE US , UK AND GRENADA

The majority of the University's clinical programs are in the US and the UK. Students who are not nationals will need visas to enter these countries for the purpose of clinical training. The Office of Clinical Studies will provide students, at the time their hospital placement is confirmed, with the most current supporting documentation necessary to facilitate the pertinent visa application process. Students should not apply for a visa for the purpose of clinical training without first following guidelines issued by the Office of Clinical Studies and securing the appropriate supporting documentation from the school.

For clinical training in the US, the appropriate classification is the B1 (Visitor for Business) Visa. As a non-US school, St. George's University is unable to issue Form 1-20 A/B to support an application for an F-1 student visa. SGUSOM clinical students qualify for the B1 visa in the category of a medical student studying at a foreign medical school who seeks to enter the US temporarily in order to take a medical clerkship at a SGU affiliated hospital without remuneration. The US hospital must be affiliated with a US medical school. Students should be aware that this is a temporary visa classification that has a limit on the duration of stay (generally six months) once the student enters the country.

For entry into the US, it is always easier to obtain a visa from one's home country.

Canadian students apply for the US visitor visa at the border crossing or the airport. You do not apply at the US Consulate or Embassy in Canada for this visa. Canadian students who plan to reside in Canada while training in Michigan may want to look into the NEXUS Pass for expedited border crossings. For information go to:

http://www.cbp.gov/xp/cgov/travel/trusted_traveler/nexus_prog/nexus.xml

SGUSOM clinical students who wish to train in the UK for longer than 6 months can be sponsored by SGISM Ltd to obtain a Tier 4 (General) visa. SGUSOM clinical students who wish to train in UK for less than 6 months will need **either** a Short Term Study Visa **or** No visa.

Further details can be found on the University website under Clinical UK Program.

There is no guarantee that a visa will be issued. Visa determinations are granted at the discretion of the individual immigration officers in the various embassies, border crossings and airports. **Incomplete or missing documentation can jeopardize a student's visa application.** Visit the Clinical Website and the UK Clinical Program portion of the University website for additional information regarding visas for clinical training in the US and UK.

RECOMMENDATIONS

International students who enroll in a USMLE preparatory course conducted in the US may qualify for sponsorship for a US student visa by the educational institution running the preparatory course. St. George's students who enter the US on a student visa need to apply for a change of visa classification while in the US to continue into their clinical training.

Do not apply for your visa or attempt to enter the US for your clinical training without the 3 required letters from the Office of Clinical Studies. These letters are issued only when placement is confirmed. The letters are:

- The permanent placement letter.
- The visa support letter from Dr. Weitzman, Dean, School of Medicine.
- The visa support letter from the hospital.

These letters state that the student is a bona fide student in good standing at SGUSOM and explain the program in medicine. They also state the dates and hospital information.

An immigration officer's main concern may be that medical students wish to earn a salary and thus not leave the US. It is important that students stress that they will not be earning a salary while in the US for their clinical training and that they have strong ties and/or obligations to return to their home country. In addition, students will need to provide proof of financial support for duration of stay in the US and proof of intent to return to home country upon graduation. Once you receive your visa, be sure to have your updated visa support letters from the school and hospital with you whenever you cross the border/enter the country. Although a student may hold a valid visa, an immigration officer may not be aware that it is the appropriate visa classification when questioning the student about the purpose of the visit.

The B1 Visa may be issued for a number of years and may allow multiple entries. However, the entry permit (I-94) for the visa has a finite lifespan of usually no more than six months. It is very important that students remember to renew the visa and/or entry permit before it expires. Students in the US on an expired visa are considered officially "out of status" and can be banned from the country for up to 10 years.

US CITIZENS VISA INFORMATION FOR CLINICAL TRAINING IN CANADA

US Citizens do not require any kind of study visa to enter Canada for the purpose of clinical training provided their stay is less than 6 months. For more information:

<http://www.cic.gc.ca/english/study/study-who.asp>

APPENDIX D
SINGLE ELECTIVE AFFILIATION AGREEMENT & ROTATION DESCRIPTION

St. George's University School of Medicine hereby certifies that:

_____ is a matriculated student in good standing and
(Student Name)
has satisfactorily completed all basic science courses, introduction to clinical sciences and appropriate core clinical training rotations and further represents he/she is fully prepared to begin elective clinical training.

St. George's University acknowledges that this student has been medically examined. No condition has been found which would preclude patient contact. The University attests that malpractice insurance is provided. The Dean will review the rotation description below to insure its academic standards are in conformity with its own program and will provide written acknowledgement of approval/disapproval before the program may begin.

Name of Institution: _____
(Name of program, location and sponsoring institution)

Address: _____

The institution represents that it has an approved Postgraduate Training Program in _____
_____ and will allow this medical student to do an elective rotation under the supervision of _____ MD/DO/MBBS, an authorized and/or appointed member of its physician staff. Upon completion of the rotation the supervising physician will complete and sign the SGUSOM evaluation form and return to the Dean at the address below.

Contact Person: _____ E-mail: _____

Phone: _____ Fax: _____

Elective Name: _____

Please note the following:

- ◆ Participating Student is responsible for any/all program fees
- ◆ This Single Elective Affiliation Agreement may not be amended

This agreement will begin on the _____ day of _____, 20____, the first day of the rotation, continue in effect during the clerkship and will terminate when the program is completed.

By: St. George's University School of Medicine By: _____
(Name of Institution)

Stephen Weitzman, MD, Dean School of Medicine Authorized Representative


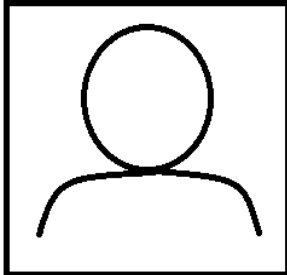
*Please return this form to: Stephen Weitzman, M.D., Dean School of Medicine
NORTH AMERICAN CORRESPONDENCE, c/o University Support Services, LLC
3500 Sunrise Hwy., Bldg. 300, Great River, NY 11739*

APPENDIX E

CORE CLERKSHIP STUDENT EVALUATION FORM
(See reverse for guidelines)

CRN #: _____

ID #: _____

 St. George's University <small>THINK BEYOND</small> <small>Grenada, West Indies</small>		Clinical Evaluation									
<div> <div> <p> Evaluate Students</p> <p> Mid-Core Evaluation</p> <p> Questions & Grades</p> <p> Manage Templates</p> <p> Rotation Evaluation</p> </div> <div> <p>Mid core Evaluation</p> <div>  <div> <p>Clerkship: Ob/Gyn - Core</p> <p>Hospital: Mercy St Vincent Med Ctr, 2213 Cherry Street, Toledo, OH, 43608</p> <p>Rotation Start Date: 01/01/2018</p> <p>Projected Completion Date: 08/16/2019</p> </div> </div> </div> </div>											
<p align="center">Student Photograph</p> <p>Name & Title of Evaluator:</p> <div></div>											
<table border="0"> <tr> <td>1. Clinical Reasoning Assessment?</td> <td><input checked="" type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory</td> </tr> <tr> <td>2. Clinical Skills Assessment?</td> <td><input checked="" type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory</td> </tr> <tr> <td>3. Patient Encounter Log Check?</td> <td><input checked="" type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory</td> </tr> <tr> <td>4. Professional Attitude Assessment?</td> <td><input checked="" type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory</td> </tr> </table>				1. Clinical Reasoning Assessment?	<input checked="" type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory	2. Clinical Skills Assessment?	<input checked="" type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory	3. Patient Encounter Log Check?	<input checked="" type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory	4. Professional Attitude Assessment?	<input checked="" type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory
1. Clinical Reasoning Assessment?	<input checked="" type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory										
2. Clinical Skills Assessment?	<input checked="" type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory										
3. Patient Encounter Log Check?	<input checked="" type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory										
4. Professional Attitude Assessment?	<input checked="" type="radio"/> Satisfactory <input type="radio"/> Unsatisfactory										
<p>Select Preceptor(s)</p> <div> <div>Email</div> <div>Fax</div> <div>Print Form</div> </div>											
<p>Feedback for student: (Required for any unsatisfactory evaluations)</p> <div>No concerns. Doing well on service. Team player. Knowledge appropriate. Continue to improve fund of knowledge.</div>											

**ST. GEORGE'S UNIVERSITY SCHOOL OF MEDICINE
CERTIFICATION OF COMPLETED
SUBINTERNSHIP OR ELECTIVE ROTATION**

SGU OFFICE USE ONLY

CRN #: _____

ID #: _____

STUDENT'S NAME _____

HOSPITAL NAME _____ ADDRESS _____
(City & State)

ELECTIVE _____ POSTGRAD PROGRAM _____

DATES OF ROTATION _____ to _____ # OF WEEKS _____
(Month/Day/Year) (Month/Day/Year)

Using specific examples, comment on the student's academic performance, professional behavior, rapport with staff and Patients, motivation, attendance and any other aspects of their performance during the rotation:

Constructive Comments (*not for use in MSPE*): _____

MEDICAL KNOWLEDGE		
CLINICAL SKILLS		
PROFESSIONAL BEHAVIOR		

FINAL GRADE: (circle one)

PASS

FAIL

EVALUATOR _____

Name and Title (*Please Type or Print*)

*Affix Official
Hospital Seal* Signature _____ Date _____

Director of Medical Education _____

Over Signatures

Name and Title (*Please Type or Print*)

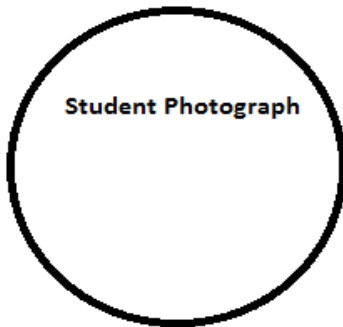
OR

Notarize Here Signature _____ Date _____

Please note that students have the right to view the contents of this evaluation.

Return this Form to: Office of Clinical Studies, University Support Services, LLC. 3500 Sunrise Hwy, Bldg. 300, Great River, NY 11739

Midcore Evaluation



Student Photograph

Student Name

Clerkship: Ob/Gyn - Core

Hospital: Mercy St Vincent Med Ctr,
2213 Cherry Street, Toledo, OH, 43608

Rotation Start Date: 01/01/2018

Projected Completion Date: 08/16/2019

Name & Title of Evaluator:

M DO, Clerkship Director

- 1. Clinical Skills Assessment? ☒ Satisfactory ☐ Unsatisfactory
- 2. Medical Knowledge Assessment. ☒ Satisfactory ☐ Unsatisfactory
- 3. Patient Encounter Log Check? ☒ Satisfactory ☐ Unsatisfactory
- 4. Professional Attitude Assessment? ☒ Satisfactory ☐ Unsatisfactory

Select Preceptor(s)

M

Feedback for student: (Required for any unsatisfactory evaluations)

No concerns. Doing well on service. Team player. Knowledge appropriate. Continue to improve fund of knowledge

APPENDIX F
CONFIDENTIAL STUDENT QUESTIONNAIRE

	Medicine Questionnaire
#	Questions
1	How well were the clerkship goals, objectives and requirements explained to you at orientation?
2	How well were you instructed in the performance of a patient work-up?
3	How consistent was feedback on your performance?
4	How helpful was your midcore evaluation?
5	How was your end of the rotation communication skills and final assessment evaluation?
6	How was the review of your patient logs?
7	How were your teaching sessions for students only?
8	How would you rate the quality of teaching?
9	How would you rate the volume and mix of clinical cases?
10	How well were you integrated with the health care team?
11	How well did the clerkship fulfill the goals and objectives described at orientation?
12	How would you rate your overall experience of the clerkship?
13	Please name and rate with a comment (in text box below) on the attending(s) you worked with most. If you worked with multiple Attendings please write a ranking number (0 - 5) next to their name

	OB/Gyn Questionnaire
#	Questions
1	How well were the clerkship goals, objectives and requirements explained to you at orientation?
2	How well were you instructed in the performance of a patient work-up?
3	How consistent was feedback on your performance?
4	How Helpful was your mid-core evaluation?
5	How was your end of the rotation communication skills and final assessment evaluation?
6	How was the review of your patient logs?
7	How were your teaching sessions for students only?
8	How would you rate the quality of teaching?
9	How would you rate the volume and mix of clinical cases?
10	How well were you integrated with the health care team?
11	How was your experience in the operating room?
12	How well did the clerkship fulfill the goals and objectives described at orientation?
13	How would you rate your overall experience of the clerkship?
14	If you are not specifically interested in Ob/Gyn, how valuable was your clerkship experience?
15	How many deliveries did you participate in during the rotation?
16	How many pelvic examinations did you do during your rotation?
17	Please name and rate with a comment (in text box below) on the attending(s) you worked with most. If you worked with multiple Attendings please write a ranking number (0 - 5) next to their name.

Pediatrics Questionnaire	
#	Questions
1	How well were the clerkship goals, objectives and requirements explained to you at orientation?
2	How well were you instructed in the performance of a patient work-up?
3	How consistent was feedback on your performance?
4	How helpful was your midcore evaluation?
5	How was your end of the rotation communication skills and final assessment evaluation?
6	How was the review of your patient logs?
7	How were your teaching sessions for students only?
8	How would you rate the quality of teaching from Attendings?
9	How would you rate the volume and mix of clinical cases?
10	How well were you integrated with the health care team?
11	How would you rate the quality of teaching from residents?
12	How well did the clerkship fulfill the goals and objectives described at orientation?
13	How would you rate your overall experience of the clerkship?
14	Please name and rate with a comment (in text box below) on the attending(s) you worked with most. If you worked with multiple Attendings please write a ranking number (0 - 5) next to their name.

Psychiatry Questionnaire	
#	Questions
1	How well were the clerkship goals, objectives and requirements explained to you at orientation?
2	How well were you instructed in the performance of a patient work-up?
3	How consistent was feedback on your performance?
4	How helpful was your midcore evaluation?
5	How was your final assessment of communication skills?
6	How was the review of your patient logs?
7	How were your teaching sessions for students only?
8	How would you rate the quality of teaching?
9	How would you rate the volume and mix of clinical cases?
10	How well were you integrated with the health care team?
11	How well did the clerkship fulfill the goals and objectives described at orientation?
12	How would you rate your overall experience of the clerkship?
13	Please name and rate with a comment (in text box below) on the attending(s) you worked with most. If you worked with multiple Attendings please write a ranking number (0 - 5) next to their name.

Surgery Questionnaire
Questions
How well were the clerkship goals, objectives and requirements explained to you at orientation?
How well were you instructed in the performance of a patient work-up?
How consistent was feedback on your performance?
How helpful was your midcore evaluation?
How was your final assessment of communication skills?
How was the review of your patient logs?
How were your teaching sessions for students only?
How would you rate the quality of teaching?
How would you rate the volume and mix of clinical cases?
How well were you integrated with the health care team?
How was your experience in the operating room?
How was your exposure to surgical sub-specialties?
How well did the clerkship fulfill the goals and objectives described at orientation?
How would you rate your overall experience of the clerkship?
Please name and rate with a comment (in text box below) on the attending(s) you worked with most. If you worked with multiple Attendings please write a ranking number (0 - 5) next to their name.



St. George's University APPENDIX G

Chair's Site Visit

Hospital:	Click to enter text.	Date of Visit:	Click to enter text.
Department:	Click to enter text.	Reviewer:	Click to enter text.
Clerkship Director:	Click to enter text.	Chair:	Click to enter text.
DME:	Click to enter text.	Med-Ed Coordinator:	Click to enter text.
Number of Students	###.	3rd year:	###.
		4th year:	###.

NBME Average Grade for that Clerkship [###.](#)

Review of the Student Feedback Questionnaire and Comment on the Strengths and Weaknesses of the Program from the Students' Point of View: [Click to enter text.](#)

Rate the following on a scale of 1-5

5 = Excellent, 4 = Very Good, 3 = Good, 2 = Fair, 1 = Poor, 0 = Not Done

1. Orientation to the department

Does it include; an introduction to the key faculty and coordinators, tour of the department's service areas and facilities, distribution of schedules, confirmation that students are familiar with the clinical training manual, an explanation of course objectives, introduction to web-based learning requirements, emphasis on developing communication skills, discussion of manual skills requirements, discussion of professional behavior?

5 4 3 2 1

Comments: [Click to enter text.](#)

2. Daily Schedule

Is there an appropriate amount of time allotted for experience in inpatient, outpatient, and sub-specialty, urgent or emergency care?

5 4 3 2 1

Comments: [Click to enter text.](#)

3. Supervision:

Is the experience appropriately supervised in all areas of the rotation? Are the students given schedules? Are the students taught the foundations of patient care and manual skills? Are students allowed to document charts or do they use alternative methods for documenting clinical information? Do the students participate in adequate night and weekend calls?

5 4 3 2 1

Comments: [Click to enter text.](#)

4. Quality of Patient Rounds:

Are there daily rounds, are they led by a faculty member, is there student participation, are there student presentations, are there input from residents, are students assigned to a team?

5 4 3 2 1

Comments: [Click to enter text.](#)

5. Lectures, Clinical Discussions and Preceptor Sessions:

Are they adequate in number, interactive, relevant to the curriculum, include students as presenters and discussion leaders? Is there feedback to students when they are presenters or discussion leaders? Is the web-based department curriculum being completed? Are the required Drexel modules being completed, is USMLE world being utilized?

5 4 3 2 1

Comments: [Click to enter text.](#)

6. Write – ups:

Is the required number being submitted in a timely manner? Are the write-ups being critiqued and returned to students in a timely manner so that students can achieve ongoing improvement in their written expression?

5 4 3 2 1

Comments: [Click to enter text.](#)

7. Facilities:

Are the students given access to electronic medical records and laboratory data utilizing personal identification numbers? Do they have access to a library with appropriate reference material and internet access? Do they have lockers or a safe place to leave their belongings?

5 4 3 2 1

Comments: [Click to enter text.](#)

8. Mid-Core Evaluations:

Are they being done midway through the clerkship or earlier as needed? Are more frequent evaluations done when problems are encountered? Are the evaluations formative? Do they include review of the electronic patient encounter logs and inquiry into manual skills experience? Is there an inquiry into progress on web-based requirements? Are the student's communication skills being assessed? Is the student made aware of his/her positive/negative behaviors as perceived by the faculty? Are the evaluations being documented and submitted?

5 4 3 2 1

Comments: [Click to enter text.](#)

9. Resident Teaching:

Are the residents eager to teach, knowledgeable and do they integrate the students into the clinical activities?

5 4 3 2 1

Comments: [Click to enter text.](#)

10. Attending Physicians:

Are the Attendings available experts in their field and eager to teach? Do they motivate and inspire the students? Are they role models for professional behavior?

5 4 3 2 1

Comments: [Click to enter text.](#)

11. Integration into Clinical Activities:

Are the students integrated into the care team? Have they developed interactive relationships with the nursing staff, physician assistants, nurse practitioners, technicians and social workers? Is the staff welcoming to the students and have the students learned to seek out these relationships? Do the students dress appropriately? Do the students; behave professionally, are they punctual, responsible, understand and complete their assignments, offer their assistance to patients and peers to accomplish improved patient outcomes?

5 4 3 2 1

Comments: [Click to enter text.](#)

12. Educational Objectives and Guidelines:

Overall, how well does the clerkship meet the objectives and follow the guidelines as published in the Clinical Training Manual?

5 4 3 2 1

Comments: [Click to enter text.](#)

Meeting with students:

Issues raised by students: [Click to enter text.](#)

Issues to be discussed with Faculty:

Discuss issues raised by students and formulate a response from the faculty.

Review and discuss the most recent Student Questionnaire and Comments.

Discuss changes compared to the Student Questionnaire and Comments of prior site visits.

Issues raised by faculty.

Faculty's familiarity with the stated objectives in the Clinical Training Manuals and grading procedure and are they being followed?

Are the students informed of the course requirements and web-based learning requirements at the start of the rotation?

Are the students being evaluated for communication skills?

Are the students being assessed regarding professional behavior?

Faculty's impression of student's preparedness.

Faculty's knowledge of the process for obtaining faculty appointments and ability to obtain appointments.

Strengths:

[Click to enter text.](#)

Weaknesses:

[Click to enter text.](#)

Corrective Actions:

[Click to enter text.](#)

Summary & Conclusions:

[Click to enter text.](#)

Miscellaneous Comments:

[Click to enter text.](#)

[Click to enter text.](#)

Print Name

[Click to enter text.](#)

Date

SURGERY SITE VISIT FORM
ST. GEORGE'S UNIVERSITY SCHOOL OF MEDICINE
CHAIR'S SITE VISIT REPORT

Prepared BY: _____ Signature: _____

Site of Visit: _____ Date of Visit: _____

Address: _____

Program Director: _____ Number of students _____

I. FACILITIES/ACCOMMODATIONS:

On call rooms	Excellent	Very good	Good	Fair	Poor
Library Facilities	Excellent	Very good	Good	Fair	Poor
Computer access	Excellent	Very good	Good	Fair	Poor

Comments: _____

II. ORIENTATION INTERVIEW:

Interview Conducted: Yes	No				
Conducted By:		Program Director		Other Faculty	Both
Aims Objectives Outlined: Yes	No		Schools Manual Used: Yes	No	

Comments: _____

III. MIDROTATION INTERVIEW:

(1) Interview Conducted: Yes	No	(2) Conducted By Program Director: Yes	No
(3) With Documentation: Yes	No	(4) One-on-one: Yes	No

Comments: _____

IV. EXIT INTERVIEW WITH PROGRAM DIRECTOR:

EXIT INTERVIEW: Yes	No
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Comments: _____

V. STRUCTURE OF ROTATION :

General Surgery 3 wks	Anesthesia 1 wk	ENT 1 wk	G.U 1 wk	Ophthalmology ___ wk	Orthopedics ___ wk	Trauma ___ wk	Vascular ___ wk	SICU 1 wk
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**3 weeks – study/library time. 1 week faculty practice. General Surgery
includes Bariatric/plastic Srgery/Vascular Cardiothoracic**

Comments: _____

VI. ON-CALL SCHEDULE/ACTIVITIES:

On-call every: ____ day	24 hrs. call: Yes	No	Weekends	Week days
Stay overnight: Yes	No	Morning Report presentation: Yes	No	
Teaching: Excellent	Very Good	Good	Fair	Poor
Involvement: ER → O.R	Yes	No	Present to Attending: Yes	No

Comments: _____

VI. GENERAL SURGERY, CLINIC, AND O.R. EXPOSURE

Gen. surgery:	excellent	Very good	good	fair	poor	Hands-on	Good teaching	Variety & volume	Student friendly	Structured
(a) Clinic										
(b) O.R										
Subspecialties	excellent	Very good	good	fair	poor	Hands-on	Good teaching	Variety & volume	Student friendly	Structured
Anesthesia										
Orthopedics										
ENT										
Urology										
ICU										
Vascular / Trauma										

Comments: _____

VII. TEACHING SCHEDULE:**SCHEDULE:** Didactic lecture, Interactive Sessions, Bedside, H&Ps, and Clinical kills**DIDACTIC LECTURE & INTERACTICE SESSION**

- (1) per week
 (2) Scheduled: Variable: (3) Curriculum covered: Yes No
 (4) Conducted By: Program Director Faculty Residents
 (5) Excellent Very good Good Poor

FORMAL BEDSIDE TEACHING ROUNDS

- (1) Done: Yes No
 (3) Excellent Very Good Good Fair Poor

COMMENTS: In SICU

H&Ps

(1) Document on charts: Yes No (2) per rotation (3) Graded: Yes No
(4) Countersigned by: Residents Attending P.A.

CLINICAL SKILLS

(1) Done: Yes No (2) Addressed Formally: Yes No
(3) Supervised by: (a) Residents Attending P.A.
(4) Excellent Very Good Good Fair Poor

Comments: _____

VIII. EXAMINATIONS AND EVALUATIONS:

(1) Examinations and Evaluations By Program Director: Yes No
(2) One-on-one: Yes No

IX. INTERVIEW WITH PROGRAM DIRECTOR :

Interview with Program Director: Yes No
Students Problems Identified: Yes No

X. NARRATIVE ANALYSIS:

STRENGTHS

- Teaching
- Autonomy-hands/on
- Volume of cases
- Clinics

RECOMMENDATIONS

1. Study time requires structure & supervision-mixed revisions.
2. Word of caution about autonomy to be kept in check.
3. Improve on-call experience to allow all students to see acute patients and then follow to O.R.

APPENDIX H

COMMUNICATION SKILLS ORAL EXAM FORM

1. Integrated Clinical Encounter

A student should be graded on their ability to discuss a patient by integrating the history, physical exam findings, laboratory results into an impression and plan. Grading should assess the student's understanding of pathophysiology, work-up, management, problem solving and critical thinking. If appropriate, a student understands of ethical issues and cultural problems should be explored.

A

B

C

F

2. Communications Skills and Interpersonal Relationship

Students should be graded on their quality of the oral presentation and their response to questions. The examiner should include "challenging" questions as well as traditional "scientific" ones. The examiner, as a simulated patient, needs to grade students on their interpersonal relationship.

A

B

C

F

FINAL COMMUNICATION SKILLS EXAM GRADE

A

B

C

F

Appendix I

Electives that fulfill the 4th year “Medicine Elective” requirement

Cardiology
Critical Care Medicine
Endocrinology, Diabetes and Metabolism
Gastroenterology
Geriatric Medicine
Hematology
Hematology and Oncology
Infectious Disease
Nephrology
Neurology
Oncology
Outpatient Medicine
Pulmonary Disease
Pulmonary Disease and Critical Care Medicine
Radiology
Rheumatology

Appendix J
(Modified from the NBME website)

Communication and Interpersonal Skills
Behavior List

Functions	Sub-Functions
1. Fostering the Relationship	Expressed interest in the patient as a person
	Treated the patient with respect
	Listened and paid attention to the patient
2. Gathering Information	Encouraged the patient to tell his/her story
	Explored the patient's reaction to the illness or Problem
3. Providing Information	Provided information related to the working diagnosis
	Provided information on next steps
4. Making Decisions: Basic	Elicited the patient's perspective on the diagnosis and next steps
	Finalized plans for the next steps
5. Supporting Emotions: Basic	Facilitated the expression of an implied or stated emotion or something important to him/her