# Table of Contents

# XUSOM Clinical Training Manual

## Section One

### Introduction

The Clinical Training Manual serves three 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.

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 in response to accrediting agencies, residency and licensing requirements, clinical faculty input and the cumulative experience of XUSOM 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

The mission of Xavier University School of Medicine is to prepare physicians to practice compassionate primary care medicine of the highest standard. The Xavier trained physician shall be an excellent clinician and advocate for public health wherever they practice.

### Clinical Training Sites

Xavier University School of Medicine (XUSOM) provided high-quality clinical education for over 10 years.

One of the unique opportunities afforded to students at XUSOM 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 around, doing some rotations in the US, some in India , some in suburban hospitals and some in inner-city hospitals. Students who make full use of all of XUSOM clinical partnerships will graduate having experienced medicine as it is practiced and taught in the US.

XUSOM students are expected to travel during their 3rd and 4th year across the US to meet their required core and elective rotations, all core rotation are done either in New York, Baltimore, or Chicago.

Appendix “A” provides information about all clinical centers, major affiliated hospitals and limited affiliated hospitals in the US. 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.

### Role of the Affiliated Hospitals

A formal affiliation agreement between XUSOM 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.

The hospital and its 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 University teaching program as outlined and detailed in the latest edition of the Curriculum.

Based on the appropriate qualifications and recommendation from the hospital, XUSOM appoints a Program Director, some to whom also serve as appointed clinical Chairs, who are responsible for the XUSOM student program and is the liaison with the School of Medicine. These designees receive formal appointments to the

School of Medicine's faculty that 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 Faculty Handbook. Numerous members of the hospital's medical staff, as well as its house staff, play an active role in the teaching of XUSOM's students; many also have clinical faculty appointments at XUSOM. This group of clinical teachers gives orientations, lectures and conferences. They conduct rounds, teach clinical and manual 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, XUSOM clinical faculty participate in the University'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 as to whether or not to advance a student to the next level within the medical school, to fail or pass the student, to determine remediation if necessary or to grant the individual 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 hospitals; 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 XUSOM'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 library and other ancillary facilities and supervising involvement with patients.

# Assignment of Students to Hospitals

All students are scheduled and graduate on time unless they take extended leaves of absence, or placed on a Monitored Academic Status or have academic difficulties. XUSOM continues to have enough clinical places to make sure that all students can complete their clinical curriculum and graduate on time. 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 a student's academic record and personal characteristics. The placement of the student in a clinical rotation at a particular hospital, or the order in which they do rotations does not play a significant role when compared to United States Medical Licensing Exam (USMLE) Step I and II performance, 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 to assure that all students are placed, that they are all afforded an opportunity for clinical training and that agreements with our affiliated hospitals are fulfilled. XUSOM considers all of 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.

Prior to Orientation the school sends students a list of available US hospitals to the class, by geographical area that is available for placement. Only the hospitals on that list are available to each class for starting core rotations. Students that do not start on time and take a leave of absence (LOA), will be placed based on hospital availability. However, taking an LOA instead of starting on time will be recorded in students' transcripts and MSPE. Residency program directors may look unfavorably on LOA's.

Students can indicate on Student Management System their rotation preference. The Office of Clinical Science will attempt to accommodate these requests on an individual basis.

## U.S. CLINICAL PLACEMENT

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

- After Passing USMLE Step 1, XUSOM student will receive an email from our clinical department to welcome them into the clinical rotation; a webinar orientation will be scheduled shortly after Students will receive an invitation email to register for the clinical orientation webinar.
- The students can then request their clinical rotation through SMS.
- All clinical students will start with four weeks of an FM1/IM1 elective located at Jackson Park Hospital for hands on clinical introduction to the US health care system.
- Under no circumstances should a student arrive at any hospital until receiving a confirmation email; to do so is contrary to school and hospital policy and, in some cases, they violate state regulations.
- Students assigned to a NY hospital must submit completed NYS paperwork to the Office of Clinical Science. This consists of:
    - NYS Infection Control Certificate
    - $30 Check or Money order, payable to the NYSED
    - NYSED Letter of Eligibility Application Form

Xavier University School of Medicine currently is NOT approved by New York State Education Department for rotations longer than 12 weeks, although we are in the process of reapplying, at this time, XUSOM cannot guarantee a post graduate training opportunity or licensing in the state of New York.

Once you receive your Step 1 score, you need to contact ECFMG to mail us a copy of your score. Once we have received all required clinical documents, and they are uploaded in SMS, you will receive a confirmation email about your next assignment.

The Office of Clinical science assigns all students rotations. We cannot guarantee that your placement will be according to your requests. In all cases the clinical placement coordinators will review the information and make a decision based on availability and your records.

Students who fail USMLE Step I or take an LOA should notify the Office of Clinical Science 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.

## THE CONFIRMATION PROCESS

After satisfactorily completing all Basic Science requirements, students must:

- Be in financial good standing
- Have health insurance
- Have their XUSOM clinical documents cleared by the Clinical science department. All documents must be completed and uploaded into SMS prior to starting any rotation.

All students must complete national criminal background check. For students who have a US Social Security number, we recommend using Integrascan, an online instant background check.

As described above, students placed in NY hospitals must complete additional paperwork which will be included with your placement notification.

## FINAL NOTE

Please continually check your XUSOM email account for updates and instructions. Students who do not start on time must stay in contact with the Office of Clinical Science, regarding the entire placement process.

# Clinical Program Administration and Staff

## CLINICAL DEANS

Dean of Clinical Science:
Richard Pestell, MD, MBA, PHD

Assistant Dean of Clinical Science:
Sergey Kunkov MD, MS, MBA

## CLINICAL DEPARTMENT CHAIRS

Internal Medicine (Regional Chair)
Dr. Richard Pomerantz

Surgery
Dr. Madhu Rangraj

Pediatrics
Dr. Gagandeep Goyal

OB/GYN
Dr. Paul Liu

Psychiatry
Dr. Ronald Brenner

Family Medicine (Regional Chair)
Dr. Lakshmi Dodda

Internal Medicine
Dr. Parvez Mir

## CONTACT INFORMATION

### Office of the Dean

Any general questions or problems that arise in the clinical training program can be addressed to:

- Specific questions can be addressed to: clinicals@xusom.com
- Assistant Dean of Clinical Science: skunkov@xusom.com
- Clinical Coordinator: rbrelsford@xusom.com
- Clinical Coordinator: sgreaves@xusom.com

Faculty appointment or hospital affiliation assistance inquiries should be addressed to:

- Soleil Greaves: sgreaves@xusom.com

## CLINICAL PLACEMENT TEAM

For clinical clerkship placement inquiries, please contact:

- For core & elective rotations contact: clincials@xusom.com

## CLINICAL COORDINATORS

The clinical student coordinators are responsible for tracking each individual clinical student. 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. Clinical Student Coordinator contacts are:

Rebecca Brelsford rbrelsford@xusom.com

Soleil Greaves sgreaves@xusom.com

## MSPE Team

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

- You may contact: registrar@xusom.com

## OTHER RESOURCES:

For information referable to licensure in any US jurisdiction, please visit www.fsmb.org.

- You can reach the registrar at: registrar@xusom.com

### Medical Student Research Institute

***Xavier student currently conduct a 12 week research elective at the Baruch S. Blumberg Institute in Pennsylvania.*** This program is designed as a mini-research project by Xavier University School of Medicine (XUSOM) in collaboration with Baruch S Blumberg Institute (BSBI). The BSBI is known as a hub for biotechnology development with high quality research infrastructure and a focus on clinical translation of research discoveries, currently ranked third in the USA for new value creation. This program will consider that the student's research experience is developed with the intention of providing professional research experiences with hypothesis driven research, and, if possible, contribution to a publication or at least abstract and poster that can be given at a national scientific meeting.

The research project will be bench work based, discovery science in a molecular biology laboratory. However, students will have the option to choose a public health research track or component, in which scholarly questions relating to public health are addressed. The training structure and schedule of the public health and lab research track are the same (and can be combined where appropriate), except that lab tracked students spend their practicum time in a life sciences lab, whereas public health students may be in the field, at the desk.

In either track, during the clerkship, the student will participate in lab meetings, where research progress is discussed, critically reviewed, and where problems are solved and new hypotheses are formulated. The student will also attend and participate in journal clubs, scholarly and business seminars, and hear from, and meeting thought leading scientists and entrepreneurs.

The students will also be exposed to startup companies in the life sciences, and get a chance to see entrepreneurship at its earliest stage, where idea launching, business planning and proofs of concept occur.

Field trips to area research facilities at universities and companies and, if time and logistics permit, area hospitals and their labs, are planned.

At the end of the clerkship, students will be expected to make an oral presentation of their research experience to the faculty and other students.

Students may also be invited to participate in drafting of scholarly publications and abstracts, should that be appropriate, but this is optional.

Taken together, after successful completion of the clerkship, the student will have also gained experience in:

- Scientific study design, implementation, analysis, interpretation and dissemination of results
- Professional development, scientific writing and oral presentation
- Critical analysis and review of scientific literature
- Scientific entrepreneurship and the interface of science, public health, academia, innovation and business.

**Additional programs are currently in development: A Masters in Biotechnology or MD/MS Biotechnology** is currently in development. The Biotechnology Master's Program is a uniquely integrative research program that provides students with hands-on training in state-of-the-art molecular, genomic, proteomic, cellular and imaging techniques combined with a solid basis in the theoretical knowledge of biomedical sciences and laboratory research design. The total length of the program is 2 years.

This rigorous educational program trains future laboratory professionals to undertake biomedical research in academic research laboratories or in the biotechnology and pharmaceutical industries.

This will be a joint program offered by Xavier University School of Medicine in Aruba and the Baruch S. Blumberg Institute in Doylestown, PA. It will offer a unique opportunity of completing the majority of the classroom hours at Xavier University while obtaining hands on research experience at the Blumberg Institute which is the nation's leading nonprofit research organization dedicated to hepatitis B and liver cancer.

For the first 1 year students will attend classes at Xavier University School of Medicine. Classes will be focused on the following 8 topics. 1) Molecular Biology, 2) Advanced Cell Biology, 3) Human Genetics, 4) Principles of Immunology 5) Microbiology, 6) Molecular Pharmacology 7) Biostatistics, and 8) Bioinformatics. These courses are designed to provide the student with an advanced scientific education and prepare them scientifically for careers in biotechnology. Medical Students who wish to obtain a dual MD/MS degree can apply at least 10 appropriate credits of the MD degree to contribute to the 34 credit MSc part of the dual degree. The Bioinformatics/Biostatistics graduate level course will be an extra course medical students will have to take during their medical program to finish the dual degree.

# Presentation Reimbursement Policy

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. In order to be approved the student must clearly be identified on the heading of the poster or abstract as being from. Students must request preliminary approval for reimbursement before they attend by sending a copy of the conference invitation to the Office of the clinical Dean along with a copy of the abstract or poster. After the conference, students should fax or send electronically the receipts for your travel, lodging, meals, and miscellaneous associated expenses, as well as a current mailing address and the student ID number. XUSOM 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.

# The Clinical Curriculum

The 72 weeks of clinical education encompass 48 weeks of core rotations and 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, family medicine. The third year is a structured educational experience similar for all students. The Office of Clinical Sciences along with the affiliated hospitals controls the scheduling of the third year. The fourth year consists of four weeks of each elective. XUSOM allows two sub internship that can be done at hospital settings.

There is no optimal sequence of core rotations. They are generally completed before taking sub internships, additional requirements or electives.

- All core rotations must be done at affiliated hospitals.

- All electives are four weeks at a time, except for the research elective, which is 12 weeks.
- Final grades for FM, IM, and Pediatrics must be entered into SMS in order to receive clearance for the Step 2 CS exam.
- Completion of Kaplan online and in person assessment is required before taking USMLE Step 2 CS.
- ALL core rotations must be completed and a minimum passing score of 76 must be achieved on the Comprehensive Clinical Science Exam (CCSE) before students can take USMLE step 2 CK.

## The Clinical Curriculum Breakdown

## Core Rotations

- **Internal Medicine:**
  12 Weeks
- **Obstetrics and Gynecology:**
  6 Weeks
- **Pediatrics:**
  6 Weeks
- **Psychiatry:**
  6 Weeks
- **Family Medicine:**
  6 Weeks
- **Surgery:**
  12 Weeks
- **Electives:**
  24 Weeks

**TOTAL: 72 weeks**

## 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 and communication skills and professional behavior as well as serving as a role model. 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 program Director 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 clerkship. The hospital DME's, Department Chairs and XUSOM administration have access to the students responses which are all confidential.

The basis for senior faculty evaluation is the on-going process required by postgraduate accreditation agencies which includes peer review. Informal "word of mouth" 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 program Director is responsible to assure that:

- 1. The faculty teaching the XUSOM students is of high quality.
- 2. The faculty teaching the XUSOM students at each hospital is evaluated appropriately.
- 3. Feedback to the faculty is timely.

## 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 the patient, formulate different diagnosis, suggest different diagnostic evaluations (workups) and treatment plan. The students 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; 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 and written certification documented in the Logbook of Manual Skills as permitted by hospital policy and governmental regulations. Students working in hospitals are protected by liability insurance. 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 XUSOM 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 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 consist of approximately 50% patient care activates, about 20% conferences, lectures and/or preceptor sessions and about 30% protected academic time for independent learning.

All students during the last week of their medicine and surgery cores will be given at least 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 at least 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.

## Medical Knowledge and Competencies

The clinical years of the XUSOM 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 milieu. 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. Conceptual 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.

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

The six ACGME competencies are:

1. Patient Care
2. Medical Knowledge
3. Practice Based Learning and Improvement
4. Systems Based Practice
5. Professionalism
6. Interpersonal Skills and Communication

## 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. Indeed, the student often spends more time with the patient than does the resident or attending, establishes rapport, gains the patient's confidence and might be in the best position to advise, comfort, give solace, explain and answer the patient's questions.

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 work-up 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

SMS (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, most importantly, assesses students' commitment to documentation as well as patient involvement. The Clinical department also monitors each student's electronic log to ensure that the each student has seen patients required by each clerkship. Gaps in students' "must see list" can be filled in during other rotations or during the fourth year, or through online case files.

# Reading and Web-Based Education Resources

The importance of reading and studying in the clinical years cannot be underestimated. The faculty decided the weight of the NBME clinical subject exams given at the end of each clerkship should count as 10% 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. 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:

- Students must read and study about the patients and illnesses 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 other 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 up-to-date 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 judgment. These are skills needed for the NBME exam.
- A student will not see all of the important and major disorders within a six or twelve-week core 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 University requires 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
- By having the NBME end-of-clerkship subject exam weight 10% 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.
- At the beginning of a students clinical tenure, they will receive Kaplan Step 2 CK text books, as well as online access to study material and questions banks. This will be available for 12 months from its start. Students will also select a time frame to take the Kaplan Step 2 CS online course, as well as in person assessment. After completion of the CS online course, study materials will be available for 12 months.
- These resources are available to improve test-taking ability as well as medical knowledge. The clinical department 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.

## Required Web-based Courses

These 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 SMS. SMS is the University's student management system. Each core clerkships have corresponding web-based courses which students must complete.

- USMLE World: 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:
- The questions are separated into subjects as follows:

| Subject | Number of questions |
|---|---|
| Internal Medicine | 1416 |
| Ob/Gyn | 205 |
| Pediatrics | 304 |
| Psychiatry | 150 |
| Surgery | 155 |

**Communication Skills Course:** This course consists of 41 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 when you start your 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. Each of the clerkship requirements are included in the curriculum of each clerkship in.

## Pre-clerkship placement requirements:

- Family Medicine 1/Internal Medicine 1
- Infection Control Course (online)

## Clerkship requirements:

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

1. Communication skill modules
2. USMLE World Step 2 Question Bank
3. eCoach Interactive Books
4. Access Medicine
5. Elsevier eLibrary

# 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 student portal. The log has nine fields that students must complete for each patient encounter: rotation, hospital, date, chief complaint, primary diagnosis, secondary diagnoses, clinical setting, and level of responsibility and category of illness. The log also has a optional comment section. Students can use the comment section to note relevant Communication Skills Modules, 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 Clinical Deans. Students are asked to remain HIPPA compliant by not using any patient identifiers, such as names, initials, date of birth, medical record numbers, or pictures.

## 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 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

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. We feel 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.
2. To do additional reading about them, including some research or review articles. If relevant, students can study and log a communication skills module.

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 through online access medicine files on their own.

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.

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.

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 XUSOM 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.

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".

The NBME Clinical Subject Exams at the end of the clerkship is not based on the log but on topics chosen by the NBME.

We encourage students to maintain this log throughout their 72 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 Program Director or faculty member reviews and assesses 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 Clinical Dean. The Office of the Clinical 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, like "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 excellent and comparable clinical 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 asked to remediate this deficiency by supplemental online cases or future electives.

## Instructions to Students for Access and use of the Logs

To access your electronic patient log, from our main website www.Xusom.com then you can select student management service, enter your username and password, from the left menu you select clinical log, you click on that and a list of dates will appear. Make sure the correct date is selected, then you enter your patient demographics, then you select the system with chief complaints, then you chose from a diagnostic list. Students are required to document each level of assignment or can enter questions and/or comments for other cases not listed above.

# Communication Skills

The basic science and clinical faculty at XUSOM 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 XUSOM. In addition, the Caribbean Accreditation Authority for Education in

Medicine (CAAM-HP), the New York State Education Department and the US Department of Education all require formal training and assessment in communication skills throughout medical school. Lastly, USMLE Step 2 CS is, to a great extent, a measure of communication skill.

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.

## Student Evaluations of Core Clerkships

The University uses an electronic questionnaire to collect student feedback on the core rotations. These questionnaires are accessible through SMS towards the end of each rotation. Data from these questionnaires provides documentation enabling the Deans, department Chairs, Program Directors to monitor and improve the educational program in each clerkship at each hospital based on student experience and opinion.

## Senior Year

This year is used for students to broaden and deepen clinical education after the core rotations, to continue core experience at a higher level involving more responsibility, to establish clinical competence within the training standards of an approved residency program in order to facilitate acceptance into a post-graduate training program, and to choose a group of electives that best serves the academic needs of the student and is suitable for the student's career choice.

Sub internships and electives at clinical centers or other affiliated hospitals with appropriately related postgraduate programs can be arranged by the Office of Clinical Science.

Many electives are offered by clinical centers and affiliated hospitals; these can be found by emailing the clinical department. A spreadsheet called "Elective Opportunities" 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 Clinical Science dept.

University policy allows students to enroll in up to eight weeks of elective rotations in out of network hospitals. 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 XUSOM network, prior written approval must be obtained from the clinical 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 XUSOM 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.

**Graduation Survey** - Before and After Graduation: XUSOM 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.

## The Optimal Educational Track

Most students complete the Doctor of Medicine MD Program at XUSOM on an optimal track that can lead to graduation in less than four 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 basic science requirement, students are eligible to enter the clinical program. XUSOM does 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.

## PROMOTION AND GRADUATION

During the clinical terms, promotion depends on passing clerkships, sub internships 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.

# No Student Left Behind - Mentoring Program

This is a student mentoring program designed to help students at the start of their clinical rotations. This program will assign a mentor to each student beginning clinical rotations, in an effort to help minimize any stress or uncertainty during this period of their medical career.

**How Does the Program Work?**

Students will either chose their mentor, or one will be assigned based on the rotations they are taking (location, preceptor, subject). Mentors will provide information, and assist with any questions new clinical students may have about the specific rotation experience.

**How to Become a Mentor**

To become a mentor, you must:

1) Have finished **all** core rotations.

2) Be willing to dedicate a minimum of two hours to each mentee during each core rotation.

3) Be in good academic standing with XUSOM.

4) Agree to be honest, provide useful information, tips and tricks that will benefit the mentee.

5) Agree to take on at least three mentees at one time.

**Mentor Responsibilities**

A mentor must be a reliable source of guidance to their mentee. They are there to share knowledge and useful tips to aid in the students success. This may include:

- Providing information for useful study materials to use in each rotation.
- Scheduling one on one meetings prior to the start of the rotation, at mid rotation, and/or whenever the student request. This will be set up by the mentor, based on each others schedules.

**Other Important Notes**

The mentor is there to help guide new clinical students, as they have recently gone through the same process themselves. Keep in mind that each student's experience is different, and study techniques can vary. A mentor is not a preceptor or professor, but is a friendly guide that will offer feedback and advice on core rotations.

Always be respectful of each other's schedules, and methods. If a student feels that they are not a good match with their mentor, they can reach out to the Clinical Office and request a change.

# Suitability for the Practice of Medicine

The following section presents principles of professional behavior relevant to medical students. Students should take this opportunity to review the Honor Code that they signed when they started medical school as well as the competencies of Professional Behavior listed in the Outcome Objectives of the MD Program in Section 2. Achieving these competencies will affect your clinical grades and MSPE. In addition, the administration and faculty of have approved the principles expressed below. We expect these principles to be positive examples that define professional behavior and provide guidelines for the growth and behavior of medical students. Students who violate any of these principles can be subject to disciplinary action including dismissal from has adopted the following from “Recommendations and Guidelines for Students” from the Organization of Student Representatives of the Association of American Medical Colleges.

Students are expected to demonstrate dedication to acquiring knowledge, skills, both cognitive and non-

cognitive, and attitudes necessary to provide competent medical care. Students are expected to be responsible for their medical education and take an active role in the planning of their medical education. A student shall be dedicated to providing competent medical service with compassion and respect for human dignity. In all instances, the student must maintain the dignity of the person, including respect for the patient's modesty and privacy.

## Nondiscrimination:

It is unethical for a student to refuse to participate in the Care of a person based on race, religion, ethnicity, socioeconomic status, gender, age, or sexual preference. It is also unethical to refuse to participate in the care of a patient solely because of medical risk, or perceived risk, to the student. It is not, however, unethical for the pregnant student to refuse to participate in activities that pose a significant risk to her fetus.

## Confidentiality:

The patient's right to the confidentiality of his or her medical record is a fundamental tenet of medical care. The discussion of problems or diagnoses of a patient by professional staff/medical students in public violates patient confidentiality and is unethical. Under no circumstances can any medical record be removed from the institution, nor is photocopying of the record permitted. For presentations or rounds, students are permitted to extract information but not copy wholesale parts of the chart.

## Professional Demeanor:

The student should be thoughtful and professional when interacting with patients and their families. Inappropriate behavior includes the use of offensive language, gestures, or remarks with sexual overtones.

Students should maintain a neat and clean appearance, and dress in attire that is generally accepted as professional by the patient population served.

Despite fatigue, professional stress or personal problems, students should strive to maintain composure. The student should seek supportive services when appropriate.

## Misrepresentation:

A student should accurately represent herself or himself to patients and others on the medical team. Students must never introduce themselves as "Doctor" as this is clearly a misrepresentation of the student's position, knowledge and authority.

## Honesty:

Students are expected to demonstrate honesty and integrity in all aspects of their education and in their interactions with patients, staff, faculty and colleagues. They may not cheat, plagiarize or assist others in the commission of these acts. The student must assure the accuracy and completeness of his or her part of the medical record and must make a good-faith effort to provide the best possible patient care. Students must be willing to admit errors and not knowingly mislead others or promote himself or herself at the patient's expense. The student is bound to know, understand and preserve professional ethics and has a duty to report any breach of these ethics by other students or health care providers through the appropriate channels. The student should understand the protocol of these channels.

## Consultation:

Students should seek consultation and supervision whenever their care of a patient may be inadequate because of lack of knowledge and/or experience.

## Conflict of Interests:

When a conflict of interest arises the welfare of the patient must at all times are paramount. A student may challenge or refuse to comply with a directive if its implementation would be antithetical to his or her own ethical principles when such action does not compromise patient welfare. Gifts, hospitality or subsidies offered by medical equipment, pharmaceutical or other manufacturers or distributors should not be accepted if acceptance would influence the objectivity of clinical judgment. Student interactions with Commercial interests should conform to the American Medical Association (AMA) guidelines.

## Sexual Misconduct:

The student will not engage in romantic, sexual or other nonprofessional

Relationships with a patient, even at the apparent request of a patient, while the student is involved with the patient's care. The student is not expected to tolerate inappropriate sexual

Behavior on the part of other medical personnel or patients. Professional relations among all members of the medical community should be marked with

civility. Thus, scholarly contributions should be acknowledged, slanderous comments and acts should be avoided, and each person should recognize and facilitate the contributions of others to the community.

## Impairment:

The student will not use alcohol or drugs in a manner that could compromise patient care. It is the responsibility of every student to protect the public from an impaired colleague and to assist a colleague whose capability is impaired because of ill health. The student is obligated to report persons of the health care team whose behavior exhibits impairment or lack of professional conduct or competence or who engage in fraud or Deception. Such reports must conform to established institutional policies.

## Criticism of Colleagues:

It is unethical and harmful for a student to disparage without good evidence the professional competence, knowledge, qualification or services of a colleague to a review (judicial) body, staff, students or a patient. It is also unethical to imply by word, gesture or deed that a patient has been poorly managed or mistreated by a colleague without tangible evidence.

The medical student will deal with professional, staff and peer members of the health team in a cooperative and considerate manner

## Research:

The basic principle underlying all research is honesty. Scientists have a responsibility to provide research results of high quality, to gather facts meticulously, to keep impeccable records of work done, to interpret results realistically, not forcing them into preconceived molds or models, and to report new knowledge through appropriate channels. Co-authors of research reports must be well-enough acquainted with the work of their co-workers that they can personally vouch for the integrity of the study and validity of the findings and must have been active in the research itself. Plagiarism is unethical. To consciously incorporate the words of others, either verbatim or through paraphrasing, without appropriate acknowledgement is unacceptable in scientific literature.

## Evaluation:

Students should seek feedback and actively participate in the process of evaluating their teachers (faculty as well as house staff). Students are expected to respond to constructive criticism by appropriate modification of their behavior. When evaluating faculty performance, students are obliged to provide prompt, constructive comments. Evaluations may not include disparaging remarks, offensive language or personal attacks, and should maintain the same considerate, professional tone expected of faculty when they evaluate student performance.

## Teaching:

The very title “Doctor” - from the Latin “Docere”, “to teach” - implies a responsibility to share knowledge and information with colleagues and patients. It is incumbent upon those entering this profession to teach what they know of the science, art and ethics of medicine. It includes communicating clearly with and teaching patients so that they are properly prepared to participate in their own care and in the maintenance of their health. The following are not specific responsibilities of students; they are physicians’ responsibilities, although students are frequently asked to take these on.

## Disclosure:

In general, full disclosure is a fundamental ethical requirement. The patient must be well informed to make health care decisions and work intelligently in partnership with the medical team. Information that the patient needs for decision making should be presented in terms the patient can understand. If the patient is unable to comprehend, for some reason, There should be full disclosure to the patient’s authorized representative.

## Informed Consent:

Students are to understand the importance of the obligation to obtain informed consent from patients, but are not responsible for obtaining such consent. It is the physician’s responsibility to ensure that the patient or his/her surrogate be appropriately informed as to the nature of the patient’s medical condition, the objectives of proposed treatment alternatives and risks involved. The physician’s presentation should be understandable and unbiased. The patient’s or surrogate’s concurrence must be obtained without coercion.

Medical students who fail to maintain the highest degree of personal and professional integrity or whose behavior is not in keeping with achieving both cognitive and non-cognitive skills will be subject to review, disciplinary action and possible dismissal from the College of Physicians and Surgeons.

Violations of these standards are considered to be very serious breaches of professional conduct. Examples of such violations include substance abuse, harassment of patients, faculty, staff or other students, breach of patient confidentiality, falsification of records, unexcused absence, refusal to participate in the care of a patient, and abuse of civil law, hospital rules and University rules governing conduct. Examples of abuse of civil law include sexual harassment, assault, or any other unprofessional behavior.

Students must obey all civil laws at all times. Behavior both inside and outside the institution will be held to the same high standards.

Students shall be punctual, reliable and conscientious in fulfilling their professional duties, including attendance at lectures, examinations and all parts of all clinical clerkships.

## GUIDELINES FOR STUDENTS DURING PATIENT ENCOUNTERS

| **Patients Rights** | **Students' Code of Conduct** | **Behavioral Examples** |
|---|---|---|
| The patient has a right to know who the provider of care is. | The student should dress professionally, wear a name tag (specifying name and medical student) and introduce him/ herself. | Unless told otherwise, the patient will assume the provider is a physician. |
| The patient has the right to be addressed by his or her name. | The student should address the adult patient by the surname, the child by the first name. The student may also address adult patients by Ms. or Sir. | Do not use patronizing titles, e.g., grandpa, mom, dear, cutie, etc. |
| The patient has a right to know what to expect during the interview and to refuse to answer questions. | The student should preface questions about sensitive issues. | e.g., "I need to ask you certain questions about..." |
| The patient has the right to be interviewed and examined in a comfortable, professional environment. | The student should appear respectful and empathic. | Put patient at ease. Watch your body language: sit down, appear relaxed and talk to patient at eye level. Avoid threatening behaviors such as hovering or staring. Avoid casual touching, e.g., hands on back or shoulder of patient. |
| The patient has a right to know what to expect during the physical examination and to refuse to be examined. | It should be explained to the patient what part of the body will be examined (before undressing). | No peeking techniques, e.g., pulling up bra to examine heart . No surprises. Always warn: "I will now examine your groin area for lymph nodes." |
| The patient has a right to modesty. | The patient should be given a gown and privacy to undress. | Do not undress or help undress patient, regardless of age. |
| The patient has a right to a Chaperoned examination. | All exams must be chaperoned. | e.g., "Do you want your mother or relative in the room while I examine you?" Be particularly careful when examining children and teenagers. |

# Attendance and Time Off Policies

## General

Clinical rotations require a full-time commitment by students. The educational component of the 3rd and 4th years of medical school consist of involvement with patient care as part of the healthcare team, 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 and loss of credit for any rotation.

The scheduling of clinical clerkships requires a great deal of work by the Office of Clinical Sciences and hospitals. Requests for change cannot be accommodated without disrupting the schedule of hospitals and other students and will rarely be approved. 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 Sciences and the DME at the hospital at once. Core rotations cannot be cancelled except for emergency reasons.

## 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 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.

Students are permitted to have up to three days off in order to take Step 2 CS during their clerkships. However, this time must be made up by additional night and/or weekend duties.

## Residency Interviews

Senior rotations, once approved by the hospital, may not be cancelled by the student without consent of the hospital and XUSOM dean. XUSOM 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 may lead to problems that 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 sub-internships.

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 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 students' OCGSD advisors.

## Cancellation Policy

A student must give Clinical Science department notification of cancellation at least 12 week ahead of the start date of the rotation. XUSOM is not responsible for the hospital fees. If cancelled less than twelve weeks, the student will be responsible for all fees for the cancelled rotation. The student will lose their tuition payment for that rotation, be required to submit tuition again and will receive a letter of reprimand from the Dean for unprofessional behavior. The student must write a letter of apology to hospital.

A second cancellation may lead to suspension from the school and mention of the suspension in the students' MSPE.

**Cancellation of a sub-internship is not allowed**

- If a student cancels, the student is responsible for full tuition for the cancelled rotation.
- Hospitals should not cancel electives. Students should notify the Office of Clinical Sciences if a hospital cancels.

**APPEALS to cancel will be reviewed but only for serious reasons.** All appeals should be sent to Dr. Sergey Kunkov skunkov@xusom.com.

## Illness Policy for NBME Clinical Subject Exams

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.

Any student who is sick must submit a Medical Excuse Form as detailed in the Student Manual with an additional email to Dr. Sergey Kunkov, SKunkov@xusom.com. 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. All make-up exams are subjected to the rescheduling fee.

## Overview

Over 50 clinical faculty based at over 7 affiliated hospitals are responsible for the clinical training of XUSOM students. Additionally, and as described above, numerous 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 the US residency application process. To further augment the educational program the school has developed an extensive student support structure to provide career guidance, residency application assistance, academic advice and behavioral health/wellness programs. These programs and the ones described below concentrate on US residencies.

## Medical Student Performance Evaluation (MSPE)

The Clinical Science department and the Office of the Registrar compose 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. Richard Pestell, Clinical 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 6 week solicitation period in Jan-Feb of the year prior to graduation (e.g. Jan-Feb 2018 for 2019 grads). MSPE's are composed based on anticipated graduation year, NOT anticipated Match participation year.

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. 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.

*You can reach your MSPE coordinator:*
*Yaal@xusom.com*

## Healthcare - All Clinical Students Are Required to Have Health Insurance

While in their clinical training, students should contact the program Director 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 Sciences 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 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. "Needle-stick" incidents require an ED visit depending on hospital policy.

## 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 XUSOM administration can be contacted any time by email. In addition, Dr. Ronald Brenner, a psychiatrist and Clinical Chair can be contacted by any student at Rbrenner@aol.com. These contacts will be confidential.

**Psychological, Physical and Sexual Harassment of Students**

Psychological, physical and sexual harassment of students cannot and will not be tolerated. If a student feels at any time that he or she is the subject of any type of harassment at any time while in clinical rotations, they should contact XUSOM administration at the following confidential email address:

Confidential@xusom.com

## On-site Advisors

The School has begun the process of appointing on-site advisors/mentors 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. This program will be expanded to other hospitals in the near future.

## Academic Advice

Clinical Faculty, DMEs and Clerkship Directors are all available for academic advice. Also, students can contact Dr. Sergey Kunkov, Assistant Dean of Clinical Sciences of the School of Medicine, for advice regarding Step 2 CS and CK. In addition, important information about the timing of and preparation for Step 2 CS & CK is available on the OCG website.

## 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. Advice information about hospitals' housing, parking permits, meal tickets and similar local issues are provided by the hospital's medical education coordinators who assist XUSOM students at clinical centers and affiliated hospitals. 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.

## 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

**Financial department is located at:**

1000 Woodbury Road in Suite 109, Woodbury NY
Phone Number: (516) 333-2224
Email address: studentfinance@xusom.com

# Section Two

## Introduction

Section Two describes the requirements that form the foundation of the third and fourth years. These include the 6 core rotations, and electives. 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.

## 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 additional web-based courses and quizzes that students must complete during the rotation. The courses consist of the:

- E-coach and Access Medicine
- USMLE World assigned questions
- Communication Skills Course required module

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.

## 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 Inter-professional 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 XUSOM 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. XUSOM 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.

# Medical Knowledge

Apply the multidisciplinary body of basic sciences to clinical analysis and problem solving using:

1. The knowledge of normal structure, function, physiology and metabolism at the levels of the whole body, organ systems, cells, organelles and specific bio-molecules including embryology, aging, growth and development.
2. The principles of normal homeostasis including molecular and cellular mechanisms.
3. 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.
4. 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.
5. 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.
6. Apply the theories and principles that govern ethical decision making in the management of patients.
7. Evaluate and apply clinical and translational research to the care of patient populations.

# Clinical Skills

Communicate effectively with patients, their families and members of the health care team. Obtain a comprehensive and/or focused medical history on patients of all categories.

1. Perform physical and mental status examinations on patients of all categories appropriate to the patient's condition.
2. Document pertinent patient health information in a concise, complete and responsible way.
3. Select appropriate investigations and interpret the results for common and important diseases and conditions.
4. Recognize and communicate common and important abnormal clinical findings.
5. Develop a problem list and differential diagnosis based on the history, physical findings and initial investigations.

6. Apply effective problem solving strategies to patient care.
7. Perform routine and basic medical procedures.
8. Provide patient education for all ages regarding health problems and health maintenance.
9. Identify individuals at risk for disease and select appropriate preventive measures.
10. Recognize life threatening emergencies and initiate appropriate primary intervention.
11. Outline the management plan for patients under the following categories of care: preventive, acute, chronic, emergency, end of life, continuing and rehabilitative.
12. Continually reevaluate management plans based on the progress of the patient's condition and appraisal of current scientific evidence and medical information.

# Professional Behavior

1. Establish rapport and exhibit compassion for patients and families and respect their privacy, dignity and confidentiality.
2. Demonstrate honesty, respect and integrity in interacting with patients and their families, colleagues, faculty and other members of the health care team.
3. Be responsible in tasks dealing with patient care, faculty and colleagues including health-care documentation.
4. Demonstrate sensitivity to issues related to culture, race, age, gender, religion, sexual orientation and disability in the delivery of health care.
5. Demonstrate a commitment to high professional and ethical standards.
6. React appropriately to difficult situations involving conflicts, non-adherence and ethical dilemmas.
7. Demonstrate a commitment to independent and life-long learning including evaluating research in healthcare.
8. Demonstrate the willingness to be an effective team member and team leader in the delivery of health care.
9. Recognize one's own limitations in knowledge, skills and attitudes and the need for asking for additional consultation.
10. Participate in activities to improve the quality of medical education, including evaluations of courses and clerkships.

# 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. The purpose of this assessment is to verbally provide students with qualitative feedback early enough in the clerkship to allow time for remediation of 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.

# The Summative Final Clerkship Evaluation

## 1. Grading Policy for the Clerkships

The Program Director completes a final assessment form for each student in a core clerkship. The form requires narrative comments, grades in individual components and a final summative grade. 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 after they complete the student feedback questionnaire. The evaluation forms are available to print from SMS.

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

1. Clerkship Evaluation 90%
2. NBME Clinical Subject Exam grade 10%

The students take the NBME Clinical Subject Exam during the final week of their clerkship. The Office of Clinical Sciences receives the scores from the NBME and update the grades shortly afterwards.

Students who fail the NBME exam but receive a passing grade on their final evaluation will have to retake and pass the NBME exam. Students are given two attempts before remediation is suggested by the clinical Dean.

# 1. Internal Medicine Core Clerkship

## Mission and Introduction

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 results, x-rays and imaging studies, 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 patho-physiology 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.

# Guidelines

- Twelve weeks.
- 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.
    - 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 curriculum and the goals and expectations of the clerkship as a comprehensive learning experience.
    - The XUSOM Program 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.

- 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.
    - Attending rounds for house staff and students at least three times per week.
    - A full schedule of teaching conferences including grand rounds, sub-specialty conferences and didactic sessions pertinent to the needs of the students.

- Preceptor sessions at least four hours per week to include case presentation by students and beside rounds. These sessions should include a teaching physician and students only. At least one hour should be structured as a question based session (MKSAP).
- Students are expected to complete 600 IM U-World questions over the course of the 12 week rotation.
- 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.
- A mid-rotation 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.
- A formal oral communication assessment, conducted by the preceptor (or his/her designee), will be scheduled during the last 2 weeks of the rotation.

## 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.
- Demonstrate knowledge of the indications for and the ability to interpret standard diagnostic tests, e.g.; CBC, chemistries, blood gases, 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 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, naso-gastric 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 CT scans)
- 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)

## Professional Behavior

- Demonstrate a regimen of independent learning through the reading of suggested basic texts, research via the Internet and through other electronic resources, maintenance of the patient encounter log and completion of the web-based educational program requirements.
- Demonstrate a commitment to quality, 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 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, nutritionists and social workers / discharge planners to obtain optimal, seamless multidisciplinary care for their patients, both during the hospitalization and after discharge.

## Core Topics and 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.

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

Patients with a symptom, sign or abnormal laboratory value

- Abdominal pain
- Altered mental status
- Anemia
- Back pain
- Chest pain
- Cough
- Chronic pain
- Dyspepsia
- Dyspnea
- Dysuria
- Fever
- Fluid, electrolyte, and acid-base disorders
- GI bleeding
- Hemoptysis
- Irritable bowel
- Jaundice
- Knee pain
- Rash
- Upper respiratory complaints
- Weight loss

Patients presenting with a known medical condition

- Acute MI
- Acute renal failure and chronic kidney disease
- Asthma
- Common cancers
- COPD
- Diabetes mellitus
- Dyslipidemia
- CHF
- HIV
- Hypertension
- Inflammatory bowel disease
- Liver disease
- Nosocomial infection
- Obesity
- Peptic ulcer disease
- Pneumonia
- Skin and soft tissue infections
- Substance abuse

- Thyroid disease
- Venous thromboembolism
- Geriatric Issues
- Cognitive Impairment
- Osteoporosis
- Polypharmacy
- Incontinence
- Falls, gait and balance problems
- Failure to thrive
- Pressure ulcers
- Sensory impairments
- Sleep disorders
- Depression
- Pain
- Elder abuse and neglect
- End-of-life

## 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. They are 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.

## 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 their portal to see these assignments. The department of Clinical Medicine monitors student performance on these assignments. The clinical faculty feels these assignments are excellent preparation for the NBME clinical subject exams as well as Step 2.

# 2. Obstetrics and Gynecology Core Clerkship

## Mission and Introduction

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.

- E-coach and access medicine
- 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 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.

**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.
- 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.

## Guidelines

- Length: minimum six weeks.
- 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.
- 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 XUSOM 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.
- 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.
- 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.
    - 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.
    - 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 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.

- 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.
- 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 program Director with a signature acknowledgement by the student.
- Each student will maintain an electronic log of all patients with diagnosis they admit, evaluate or follow.
- All students must take the NBME Clinical Subject Examination in ON/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. If you do not take the exam, you have to take it within one week.

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.)

## Educational Objectives*

## Medical Knowledge:

*The student will learn:*

- 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.
- Acute and chronic conditions common in women's general and reproductive health, including their diagnosis and treatment.
- Principles of physiology and pharmacology applicable to women from puberty through their reproductive life and menopause, especially pregnancy and age-related changes.
- 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:*

- **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.
- **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.
- **Clinical Problem Solving:** Using data from history, physical, labs and studies to define problems, develop a differential diagnosis, and identify associated risks.
- **Clinical Decision Making:** Incorporating patient data with patient needs and desires when formulating diagnostic and therapeutic plans incorporating cultural and ethical issues.
- **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.
- **Self - Education:** Recognizing knowledge deficits and learning needs through a reflective self-assessment process, plan or seek assistance in remediation of knowledge deficits, develop key critical thinking and problem solving skills. Seek feedback.

## Professional Behavior:

The student will be expected to:

- Demonstrate compassion, empathy and respect toward patients, including respect for the patient's modesty, privacy, confidentiality and cultural beliefs.
- Demonstrate communication skills with patients that convey respect, integrity, flexibility, sensitivity and compassion.
- Demonstrate respect for patient attitudes, behaviors and lifestyle, paying particular attention to cultural, ethnic and socioeconomic influences and values.
- Function as an effective member of the health care team, demonstrating collegiality and respect for all members of the health care team.
- 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.
- Identify and explore personal strengths, weaknesses and goals.

## Core topics

### *General*

- History
- Physical exam
- Patient write up
- Differential Diagnosis and management plan
- Preventive care
- Professional behavior and communication skills
- Domestic violence and sexual assault

### *Obstetrics*

- Maternal-fetal physiology
- Preconception care
- Antepartum care
- Intrapartum care
- Care of Newborn in labor and delivery
- Postpartum care
- Breastfeeding
- Abortion (spontaneous, threatened, incomplete, missed)
- Hypertensive disorders of pregnancy
- Isoimmunization
- Multifetal gestation
- Normal and abnormal labor
- Preterm labor
- Preterm rupture of membranes
- Third trimester bleeding
- Postpartum hemorrhage
- Postdates pregnancy
- Fetal growth restriction
- Antepartum and intrapartum fetal surveillance
- Infection
- Ectopic pregnancy
- Contraception c. Sterilization
- Abortion
- Sexually transmitted diseases
- Endometriosis
- Chronic pelvic pain
- Urinary incontinence
- Breast disease
- Vulvar disease and neoplasm
- Cervical disease and neoplasm
- Uterine disease and neoplasm
- Ovarian disease and neoplasm

### *Endocrinology and Infertility*

- Menarche
- Menopause
- Amenorrhea
- Normal and abnormal uterine bleeding
- Infertility
- 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 and 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 their portal to see these assignments. The Office of the Dean monitors student performance on these assignments. The clinical faculty feels these assignments are excellent preparation for the NBME clinical subject exams as well as Step 2.

# 3. Pediatric Core Clerkship

## Mission and Introduction

The clerkship in pediatrics provides a learning experience that fosters the highest standards of professional behavior based on principals 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. asthma, 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

- Length: minimum of six weeks.
- Sites: general pediatric unit, ambulatory care unit, pediatric emergency department, nursery, NICU, PICU, private office practice, additional sites, as available. At the start of the clerkship an orientation is given. The 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.
- The student must participate in the night, weekend, and holiday on-call schedules.
  The clerkship director will set the number and timing of calls.
  The student must attend scheduled clinical conferences, grand rounds, sub-specialty conferences, and learning sessions.
  Approximately 30% of the clerkship should be allocated to protected academic time for teaching conferences and structured independent study.
  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.
  The student is involved in all patient care activities in the out-patient facility and inpatient unit.
  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. 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 gastrointestinal illness, such as dehydration
- a child with a neurological or neurodevelopmental problem
- a child with a respiratory and/or cardiac problem (chronic illness is preferable)
- 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.

The student will give, at a minimum, one major presentation during the rotation. The presentation will be evaluated by the preceptor.

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.

- 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.
- 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.

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:

- vision and hearing screening
- otoscopy
- administration of inhalation therapy
- throat culture
- immunizations: intramuscular injection, subcutaneous injection.
- nasopharyngeal swab
- peak flow measurement

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.

The student will complete the web-based assignments.

The final written examination will be the National Board of Medical Examiners Clinical Subject Examination, given at designated sites.

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. 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.

## *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 remediate 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

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

## Well Child Care

- Immunizations
- Routine screening tests
- Anticipatory guidance
- Nutrition

## Growth and Development

- Developmental milestones (when and how to evaluate)
- Failure to thrive
- Short stature
- Obesity

## Neonatology

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

## Common Childhood Illnesses and Their Treatments

- Ear Nose and Throat (ENT) and pulmonary disorders
- Upper Respiratory Infection (URI)
- Pharyngitis
- Otitis media
- Sinusitis
- Cervical adenitis
- Croup/epiglottitis
- Bronchiolitis
- Asthma
- Foreign body
- Pneumonia
- Cystic fibrosis
- Tuberculosis
- Fever without focus

## Eyes

- Conjunctivitis
- Ocular trauma
- Amblyopia
- Strabismus

## Cardiac

- Fetal circulation.
- 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.
- Acquired heart disease: Rheumatic Fever (RF), myocarditis
- Hypertension

## Gastrointestinal Disorders (G.I.)

- Gastroenteritis
- Constipation/Hirschsprung's disease
- Acute abdomen (appendicitis, intussusception, volvulus)
- Inflammatory bowel disease
- Gastroesophageal reflux disease (GERD)

## Endocrine

- Diabetes, Diabetic Ketoacidosis (DKA)
- Thyroid disease
- Adrenal disease
- Congenital Adrenal Hyperplasia (CAH)
- Failure to Thrive
- Obesity
- Metabolic Syndrome

## Neurology

- Seizures
- Meningitis
- Head trauma
- Cerebral palsy
- Tumors

## Hematology/Oncology

- Anemias/hemoglobinopathies

- Pediatric malignancies (Acute Lymphoblastic Leukemia, lymphomas, neuroblastoma, Wilm's tumor)
- Immune thrombocytopenic purpura (ITP)

## Renal and Genitourinary (G.U.)

- Urinary tract infections (UTI's)
- Nephritis/nephrosis
- Fluid and electrolyte balance
- Congenital anomalies

## Dermatology

- Seborrheic dermatitis
- Atopic dermatitis
- Impetigo
- Fungal Infections
- Exanthems
- Neurocutaneous stigmata (neurofibromatosis, etc.)

## Ingestions and Toxidromes

- Lead poisoning
- Salicylate, acetaminophen
- Iron
- Opiates

## Common Pediatric Orthopedic Problems

- Developmental dysplasia of the hip
- Osgood Schlatter disease
- Slipped Capital Femoral Epiphysis
- Transient synovitis
- Legg-Calve-Perthes disease
- Subluxated radial head,(Nursemaid's elbow)
- Fractures

## Musculoskeletal System

- Osteomyelitis/septic arthritis
- Muscular dystrophies

## Adolescence

- Tanner staging
- Precocious/delayed puberty
- Stages of adolescent development
- Sexually transmitted infections
- Pregnancy/menstrual irregularities
- Vaginal discharge

## Child Maltreatment Syndrome

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect
- Munchausen by proxy syndrome

## Genetics

- Down Syndrome, # 21 trisomy
- #13 trisomy
- #18 trisomy
- Turner Syndrome
- Klinefelter Syndrome

## Collagen Vascular

- Juvenile Rheumatoid Arthritis
- Systemic Lupus Erythematosus
- Henoch Schonlein purpura
- Kawasaki disease
- Hemolytic Uremic Syndrome

## Behavioral Issues

- Temper tantrums
- Discipline issues
- Sleep disorders
- Attention Deficit Disorders
- Hyperactivity issues
- Learning disabilities
- Oppositional defiant disorders
- Parasomnias

## Immunology

- Human Immunodeficiency Virus infection (HIV)
- Congenital Immunodeficiency Syndromes

## Ethical Principles

- Respect for persons (privacy, confidentiality, informed consent, inclusion of patient/parent in decision making, provision for identity and culture, disclosure).
- Medical beneficence (concern for the patient's best interest).
- Non-maleficence (not harming).
- Utility (balancing potential benefit to potential harm).
- 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 their portal to see these assignments. The Office of the Dean monitors student performance on these assignments. The clinical faculty feels these assignments are excellent preparation for the NBME clinical subject exams as well as Step 2.

# 4. Psychiatry Core Clerkship

## Mission and Introduction

The mission of the core clerkship in psychiatry is to provide students a clinical experience that will prepare them to understand, evaluate and treat the entire spectrum of mental disorders in a context defined by an **attitude** that displays professionalism, compassion and cultural sensitivity. The clerkship builds on a foundation of medical **knowledge**; adding **clinical and communication skills** enables the student to understand behavioral problems using the bio-psychosocial-cultural model and to construct viable treatment plans.

After completion of the six week core clerkship during the third year, students will demonstrate sufficient strength in three domains – medical knowledge, clinical skills and professional behavior – required to evaluate and participate in providing care for people with mental disorders in a multidisciplinary setting. Additionally, students are expected to take from the psychiatric clerkship an appreciation of the multi-factorial aspects of health and illness in general and the relationship between biological, psychological, psychosocial, cultural and medical aspects of health and illness that will enhance proficiency in clinical situations with all patients. Finally, the clerkship offers students the opportunity to decide if a career in psychiatry is right for them and offers guidance on succeeding in residency training and in professional development.

## Educational Objectives

Educational objectives are met by engaging in a combination of didactic study and supervised clinical experience. The specifics of the clinical experience are described more fully below. Essentially, students are assigned to one or more interdisciplinary clinical teams during their clerkship and will learn to perform a psychiatric evaluation, to construct a diagnosis and to formulate a treatment plan by participating in these activities along with other members of the team and under the direction of their preceptors.

Didactic study will include multiple activities, including classroom activities such as lectures, seminars, and student presentations, as well as self-directed learning activities such as reading and working from the Department's web-based curriculum. Approximately 30% of the Clerkship should be allocated to protected academic time for teaching conferences and structured independent study. The curriculum includes an introduction and orientation to the clerkship and requirements of the clerkship; a review of the mission, goals, educational objectives and study topics described in this manual; study material and links to useful websites for further study; quizzes and practice tests; a description of the mid-core assessment and the written exam.

## Medical Knowledge

- Identify and define a broad spectrum of psychopathology, taking into account multiple factors including age, phase of life, sex, ethnicity, culture, religious beliefs, co-morbidities and experiences of trauma including abuse.
- Construct a formulation and comprehensive differential diagnosis using a bio-psychosocial-cultural approach and applying principles of critical thinking to clinical material. Include a

consideration of the direct impact of physical problems and substance abuse as well as of secondary psychological effects of these.
- Demonstrate knowledge of the major indications for the use and side effects of commonly prescribed psychiatric medications. Demonstrate knowledge of behavioral side effects of commonly prescribed medications and substances of abuse. Demonstrate awareness of principles of safe prescribing. Demonstrate knowledge of appropriate laboratory tests to be ordered.
- Demonstrate basic knowledge of concepts of psychotherapy, including supportive, psychodynamic and cognitive-behavioral.
- Demonstrate knowledge of when to make referral to psychiatry and how to utilize the input of the consultant.
- Demonstrate an awareness of system failures and disparities in health care delivery, for example, the influence of gender, race, immigration status and economic status on diagnosis and access to health care.
- Demonstrate knowledge of bioethical issues arising in psychiatry such as privacy, confidentiality and professional boundaries.
- Demonstrate knowledge for obtaining appropriate consents for treatments and procedures.
- Demonstrate knowledge of how to evaluate a patient's capacity in meeting the requirements of everyday life.

## Clinical Skills

- Conduct a diagnostic psychiatric interview demonstrating empathy and an ability to form a therapeutic alliance, to elicit valid and reliable information, including in potentially sensitive areas such as sexual history or history of trauma.
- Demonstrate ability to utilize a patient centered approach to care.
- Organize and present a full psychiatric history and mental status examination, including using critical thinking to construct a formulation, differential diagnosis and treatment plan.
- Evaluate and participate in the management of psychiatric emergencies, including the assessment of suicidal, dangerousness, intoxication and withdrawal syndromes. Demonstrate understanding of safety/risk assessment.
- Communicate with patients and families, as well as with other health care professionals, in an empathic, informative and professional manner.
- Function effectively as a member of the multidisciplinary treatment team.

## Professional Behavior

- Demonstrate cultural competency and sensitivity to differences in all aspects such as race, ethnicity, immigration status, sex, sexual orientation and socioeconomic status.
- Demonstrate compassion towards patients and their families, even when presented with significantly disturbed behavior and verbalizations.
- Demonstrate awareness of one's own limits and biases and ways in which these may affect relationships with patients and staff and delivery of patient care.
- Demonstrate awareness of and willingness to seek consultation and supervision and to incorporate these into future practice.
- Demonstrate a commitment to life long and independent learning.
- Demonstrate awareness of need to advocate for patients and to seek to reduce stigma associated with mental illness.
- Demonstrate behavior consistent with the setting and maintenance of professional boundaries.

## Guidelines

In addition to general requirements expected of students in any rotation, students in psychiatry are expected to:

- Length: Six Weeks
- Attend all assigned clinical activities
- Attend all assigned educational activities, including in their clinical area, e.g., rounds, and in the department, e.g., Grand Rounds
- Be on call as assigned
- Complete two to four comprehensive case write-ups and one focused write-up, as assigned by the preceptor and submit them in a timely manner

## Study Topics

The following list of study topics is intended as a guide for the student to supplement the basic curriculum of lectures. It is not intended to be an exhaustive or exclusive list.

# Evaluation and assessment

- Bio-psychosocial-cultural model
- Psychiatric interview; collateral sources of information
- Mental status exam

- Capacity and competency with regard to medical decision making
- Indications for and interpretation of relevant laboratory testing, e.g., substance screening, endocrinological tests, and consultations with other physicians
- Medical and neurologic assessment
- Indications for and use of results of psychological and/or neuropsychological testing

## Psychopathology

- Psychopathology of major disorders, including substance use disorders
- Classification systems and differential diagnosis

## Management

- Psychopharmacology
- Psychotherapeutic approaches
- ECT
- Interdisciplinary treatment team
- Psychiatric emergencies, including assessment of suicidal and dangerousness
- Intoxication/withdrawal syndromes.
- Civil commitment and treatment refusal
- Management of psychiatric disorders in medical/surgical patients

## Communication

- Communication in layman's language and patient/family education
- Empathy, rapport, therapeutic alliance
- Communication with the interdisciplinary treatment team

## Professional behavior

- The impact of culture and self-awareness
- Professional ethics, informed consent, confidentiality and privacy
- Professional boundaries

### *Reading*

The most recent editions of the following textbooks are recommended:

- **Synopsis of Psychiatry**, Kaplan and Kaplan, Lippincott, Williams & Wilkins
- **Introductory Textbook of Psychiatry**, Andreason and Black, APPI
- **Oxford Textbook of Psychiatry**, Gelder et al., Oxford Medical Publications
- **Psychiatry**, (second edition), Cutler and Marcus, Oxford University Press
- **DSM V**, American Psychiatric Association, APPI

Students are encouraged to seek additional reading, including journals such as the American Journal of Psychiatry as well as web-based resources and recommendations from their preceptors.

### *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 their student portal to see these assignments. The Office of the Dean monitors student performance on these assignments. The clinical faculty feels these assignments are excellent preparation for the NBME clinical subject exams as well as Step 2.

# 5. Surgery Core Clerkship

### *Mission and Introduction*

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.

## Guidelines

- Length: twelve weeks
- An orientation at the start of the clerkship should be provided by the Clerkship Director. This should include a discussion of the expectations and responsibilities of the clerk, an overview of the department and facilities of the site, the student schedule and assignments to residency teams and preceptors. The curriculum should be provided as a reference

within the orientation process. A review of the Goals and Objectives, Clerkship Guidelines and evaluation process should be conducted.

- Site: predominately general surgical wards with inclusion of ICU, OPD and ED experience as well as those subspecialty experiences that are available. Students must attend operations performed on their patients.
    - The twelve week rotation should include exposure to the subspecialties of urology, anesthesia and orthopedic surgery as well as others that may be available, including ENT and ophthalmology.
    - Students must take night, weekend, and holiday call with their teams.
    - Attending rounds for house staff and students should be conducted at least three times a week.
    - The clerkship must include a schedule of teaching conferences, both in conjunction with and parallel to the educational opportunities of the residents/registrars, including grand rounds, subspecialty conferences and didactic sessions.

## Protected Study Time

There should be direct preceptor supervision of the students at least three hours per week to include case presentations by the students with bedside rounds, when appropriate including physical examination and interactive sessions.

**A minimum of five clinical write-ups or formal presentations are required.** The exercise should be structured to address the development of Clinical Skills through a defined problem solving approach with data gathering based on:

- clinical history,
- physical examination and
- laboratory, imaging and other ancillary studies in order to develop a rank-order differential diagnosis list and concluding with a primary working diagnosis that will direct treatment and/or further investigation.

- Formative feedback on the exercise must be part of the process.
- Electronic patient logs are to be maintained and up to date at all times.
- Electronic patient logs should be periodically inspected by the Program 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 clinical 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.

## *Educational Objectives*

## 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.

## 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.

## 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.
- Students will be responsible for the review of basic anatomy, pathology and physiology of all surgical problems encountered.
- Students will be responsible for the requirements and recommendations in the Log Book of Manual Skills and Procedures

## Study Topics

### *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 Program Director (or their designate) at the approximate mid-point of the clerkship.

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 Program 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 Program 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. Medical Knowledge (20%) 2.

### *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*

- Define the types of shock: hypovolemic, distributive (septic, and anaphylactic) neurogenic and cardiogenic.
- Describe the clinical signs of hypovolemic shock and relate them to the underlying patho-physiological process.
- Describe the critical objective measurements used to monitor the patient in shock.
- Describe the initial clinical management and resuscitation of the patient in shock.
- 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.
- Describe the initial evaluation, stabilization, resuscitation and management of the patient with blunt and penetrating abdominal and thoracic trauma.
- Describe the initial evaluation, resuscitation and management of the patient with an isolated splenic injury.

### *Module 3: Head Injuries*

- Explain the Glasgow coma score.
- Describe the principles of evaluation and treatment of head injuries including epidural and subdural hematoma.
- Classify burns according to the depth of injury and etiology.
- Estimate the area of burn injury using the rule of nines.

- Describe the resuscitation of the burn patient using the Parkland Formula.
- Outline the basic principles of burn wound care.
- Outline the pathophysiology, clinical presentation and consequences of acute peritonitis, both localized and generalized.
- Describe the diagnosis and treatment of acute appendicitis, acute diverticulitis and acute perforated peptic ulcer.
- 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.
- Describe the diagnosis and treatment of commonly occurring causes of the acute abdomen in infants and children including pyloric stenosis, intussusception and midgut volvulus.
- Differentiate large and small intestinal obstruction and list common causes of each condition.
- Differentiate intestinal obstruction from a dynamic (also referred to as paralytic) ileus.
- Explain the pathophysiology of fluid and electrolyte disturbances associated with small intestinal obstruction.
- 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.
- List the common etiologies of upper and lower gastrointestinal hemorrhage.
- Describe of the emergency diagnosis (including clinical examination, endoscopy and radiologic imaging), resuscitation and management of acute gastrointestinal hemorrhage.
- List the indications for surgical intervention in upper and lower gastrointestinal hemorrhage.
- Describe the pathophysiology of portal hypertension and the principles of management.
- List the common etiologies of upper and lower gastrointestinal hemorrhage.
- Describe of the emergency diagnosis (including clinical examination, endoscopy and radiologic imaging), resuscitation and management of acute gastrointestinal hemorrhage.
- List the indications for surgical intervention in upper and lower gastrointestinal hemorrhage.
- Describe the pathophysiology of portal hypertension and the principles of management.

## *Module 8: Common Gastrointestinal and Cutaneous Malignancies*

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

## *Module 9: Hernias*

- Define hernia and describe the different types of abdominal wall hernias.
- Demonstrate an understanding of the incidence, etiology, and complications, operative risks and rate of recurrence in the management of abdominal wall hernias.
- Outline the fundamental principles in the surgical management of inguinal, umbilical and ab abdominal incisional hernia.
- Define the terms related to abdominal wall hernias: reducible, irreducible, incarcerated, obstructed and strangulated.
- Discuss the evaluation and management of common benign diseases of the breast.
- 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.
- 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*

- Describe signs and symptoms of acute ruptured abdominal aortic aneurysm and describe the diagnosis, resuscitation and surgical management.
- Describe the pathophysiology and diagnosis, both non-invasive and invasive, and treatment of peripheral arterial occlusive disease.
- Describe the diagnosis and treatment of acute and chronic limb ischemia.

- 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.
- Describe the clinical course of mesenteric thromboembolic disease and discuss the approach to diagnosis and treatment.
- 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.
- List the principles of management of varicose veins associated with venous insufficiency.
- Explain the pathophysiology of venous stasis ulcers of the extremities and the principles of their treatment.
- Describe the diagnosis and treatment of deep vein thrombosis (DVT), pulmonary embolism (PE) and the post-phlebitic syndrome.
- Develop an understanding of the evaluation of a solitary lung nodule seen on chest imaging.
- List an overview of tumors commonly seen in the chest by location.
- Delineate the principles of surgical management of lung cancer.
- Develop an understanding of the commonly seen benign and malignant esophagea disorders including esophageal malignancy, achalasia and gastro-esophageal reflux disease (GERD).

## Module 15: Transplant Surgery

- Develop an understanding of the status of transplant surgery in the USA and worldwide.
- Develop an understanding of the immunological aspects of transplant surgery including commonly used immunosuppressive medications and the side effects of immune-suppressive therapy.
- Define the terms, anatomic and biologic, used in the description of transplant donors and recipients.
- Identify the comparative benefits and risks of laparoscopic surgery in comparison to open surgical procedures.
- Develop an understanding of advanced laparoscopic techniques and robotic surgery.

## Module 17: Bariatric Surgery

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

## Module 18: Endocrine Surgery

- Describe the symptoms, signs and management of hyperthyroidism.
- Discuss the evaluation of a thyroid nodule.
- Discuss the differential diagnosis and treatment of the patient with hypercalcemia.
- Discuss the pathophysiology of primary, secondary and tertiary hyperparathyroidism.
- Discuss the diagnosis and management of pheochromocytoma.
- Discuss the features of Multiple Endocrine Neoplasia (MEN) syndromes and their surgical treatment.
- Discuss the diagnosis and treatment of disorders of the pituitary adrenal axis.
- Describe the principles of medical ethics applied to surgery including the concepts of patient advocacy, un-masking of economic influences and the duty to relieve suffering and ease pain with dignity.
- Describe the fundamental elements of the patient-physician relationship.
- Describe the responsibilities of the patient and the physician.
- 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*

- 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

- 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.

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:

- 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.
- Describe the use of certified interpreters and language interpretation services in the process of informed consent for surgical procedures.
- 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.
- Learn to work effectively as a member or leader of a health care team in surgery.
- Describe the consultative role of the surgeon to other physicians and health professionals.
- Learn to maintain comprehensive, timely, and legible medical records associated with surgical care.

## *Reading*

## 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 their portal to see these assignments. The Clinical Science department monitors student performance on these assignments. The clinical faculty feels these assignments are excellent preparation for the NBME clinical subject exams as well as Step 2.

# 6. Family Medicine Clerkship

## Mission and Introduction

The clerkship in family medicine will 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.

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.

The clerkship will emphasize the importance of integrity and medical knowledge in providing patients with the highest quality medical care.

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.

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:

- Length: Six Weeks
- Site: Hospital Medical Floors and Family Medicine Outpatient Facilities, residency programs, emergency rooms and family medicine community preceptor's offices.
- 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.
- Schedule: Clinical faculty will work with students precepting patient visits, attending teaching rounds, and attending didactic lectures
- 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.
- Patient Log: Students will be expected to keep an electronic log of patient encounters and be able to present these cases to Clinical Preceptor. 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

- The normal psychosocial development of patients of all ages
- The role of nutrition, exercise, healthy lifestyles, and preventive medicine in promoting health and decreasing risk of disease in individuals and populations.
- 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.
- The knowledge of and provision of effective patient education for the common patient education topics encountered in the outpatient setting.
- 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

- The ability to understand and utilize evidence-based decision making in clinical practice.
- The ability to identify and develop management strategies for the psychosocial issues underlying a patient's visit.
- The ability to perform and present a focused patient history and a focused physical examination for common problems encountered in family medicine.
- The ability to use the information gained from the history and physical examination to diagnose and to manage patients in a family medicine office.
- 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.
- The ability to identify and understand the principles of End of Life Care, Hospice Care, and Palliative Care

### Professional Behavior

- Demonstrate empathy and respect irrespective of people's race, ethnicity, cultural background, social and economic status, sexual orientation or other unique personal characteristics.
- Demonstrate self accountability, dependability, responsibility, recognition of limitations and the need to seek help while continuing life-long learning.

- Demonstrate humility, compassion, integrity and honesty when dealing with patients, colleagues and the healthcare team.
- Promote self care and wellness for ourselves, our patients and colleagues.
- 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

- Abdominal pain
- Allergic rhinitis
- Altered mental status
- Asthma
- Anxiety
- Back pain
- Chest pain
- Depression
- Dermatitis (including acne)
- Diabetes mellitus
- Ear infection
- Headache
- Hypertension
- Osteoarthritis
- Respiratory tract infection (including bronchitis, sinusitis, pharyngitis)
- Somatoform disorder
- Urinary tract infection
- Vaginitis
- Well adult exam
- Well child exam

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

## Patient Education Topics

- Adult health maintenance
- Hypertension, patient control
- Asthma management
- Nutrition guidelines, including
- Diabetes mellitus, new & cholesterol and weight loss controlled diagnosis
- Safe sex and contraceptive choices
- Depression
- Smoking cessation
- Exercise
- Stress management

## WEB-BASED RESOURCES

***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/

***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/tscelc.html

***Knowledge of development and changes across the lifespan***

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

***An understanding of nutrition in health and disease***

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

***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/

***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

***An understanding of the principles of environmental medicine***

- http://www.acoem.org/
- http://oem.bmjjournals.com/
- http://dmi-www.mc.duke.edu/oem/
- http://www.joem.org/

***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

***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/

***Knowledge of substance use disorders and other addictions.***

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

***Text books***

- Lange current Diagnosis and Treatment
- Family Medicine, 2nd Edition South-Paul, Matheny, Lewis
- 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 their portal to see these assignments. The Office of the Dean monitors student performance on these assignments. 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.

# 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.

## SUBINTERN 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.

# 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 XUSOM 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.

## 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 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 curriculum.

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 and provide an objective assessment of competency in communication.

- Pediatric Management of Asthma
- Adult Management of Pneumonia
- Adult Management of Chest Pain
- Understanding of Laceration Repair
- Splinting and Casting

## Educational Objectives

## 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

## 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 (EPA3)
- 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
- Form clinical questions and use information technology to advance patient care (EPA 7)
- Critically appraise medical literature and apply it to patient care

## 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 (EPA9)
- 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, laboratory workshops, and 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.

- Abdominal/pelvic pain
- Altered mental status/loss of consciousness
- Back pain
- CVA/stroke
- Chest pain
- Fever/SIRS/Sepsis
- Gastrointestinal bleeding
- Geriatric Emergencies
- Headache
- Respiratory Distress
- Shock/Resuscitation
- OB/GYN Emergencies
- Trauma/musculoskeletal/limb injuries
- 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.

## 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.

- Arterial blood gas and interpret pulse oximeter
- ECG
- Foley catheter placement
- Interpretation of cardiac monitoring/rhythm strip
- Nasogastric tube placement
- Peripheral intravenous access
- Splint application
- Wound Care: laceration repair (simple), incision and drainage (abscess)
- 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.

## 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.

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

## Online Lessons

## 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.

# Section Three

# Appendix A: Core Clinical Centers and Affiliated Hospitals

## Core Clinical Centers and Affiliated Hospitals

## NEW YORK

- Southampton Hospital
- Brookhaven Memorial Hospital
- Wyckoff Heights Medical Center
- Montefiore New Rochelle
- Mercy Medical Center
- Peconic Bay Medical Center

## Maryland

- St. Agnes Hospital
- Sinai Hospital of Baltimore
- Northwest Hospital

## Illinois

- Weiss Memorial Hospital
- Jackson Park Hospital

# Appendix B: Health Requirements for Clinical Rotation

## HEALTH REQUIREMENTS FOR CLINICAL ROTATION

In order for the student to start their clinical rotations they need to complete the follow, keep in mind some hospital may require additional paperwork

## Part II: PHYSICAL EXAM

Students must have a physical examination completed within six-12 months prior to the start of their first clinical rotation., dated and signed by your personal physician, nurse practitioner or physician assistant.

## Part III: TB SCREENING AND IMMUNIZATION RECORD

- 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 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.

## 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 vaccines as child, that vaccine date may be used as proof of one of the two required varicella vaccines.

Completion of the hepatitis B series (3 vaccinations) 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.

- **Tdap vaccination within five years is mandatory**
- **Completing the meningococcalis mandatory**

## C. ADDITIONAL VACCINATIONS

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

## E. ANNUAL REQUIREMENTS

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

- 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,
- 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.
- PPD Screening
- 10 Panel Drug Screen
- Physical Exam
- National Background Screening
- HIPPA Certification

# Appendix C: Visas for the Clinical Program

## VISAS FOR THE CLINICAL PROGRAM

### *VISA INFORMATION FOR CLINICAL TRAINING IN THE US*

The majority of the University's clinical programs are in the US. Students who are not nationals will need visas to enter these countries for the purpose of clinical training. The Office of Clinical Science will provide students, at the time of hospital placement, with the most current supporting documentation (I-94 letter) 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 science 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, Xavier University is unable to issue Form 1-20 A/B to support an application for an F-1 student visa. XUSOM 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

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.

## 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. XAVIER 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 Science. These letters are issued only when placement is confirmed. The letters are:

- The visa support letter from, 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 XUSOM 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 visa support letters from the school and hospital andwith 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 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: The Logbook of Manual Skills and Procedures

### *The Logbook of Manual Skills and Procedures*

By the end of their core rotations all students must be able to perform routine and basic medical procedures. The acquisition of these skills must be certified, and their monitored by a physician. The certifying physician must be an attending, consultant or postgraduate trainee. The certifying physician should be a member of the XUSOM faculty.

Within jurisdictional and individual hospital policy, students may perform procedures on patients but always under the supervision of a physician and only after proper training and written certification. In all such patient contacts, students must identify themselves as students to the patient.

Students should print the section below called Required Manual Skills and have the eight required skills certified. This only has to be done once. When complete, students should email a copy to their clinical coordinators in the Office of Clinical Science. They should keep a permanent copy for themselves as long as they are a student. Students cannot enter their senior year until documentation of these eight procedures is received in the Office of Clinical Studies.

In addition to the Required Manual Skills the clinical departments have developed a more extensive list of procedures that students should be familiar with. If students do perform any of them, e.g. arterial blood samples or lumbar puncture, they must be certified as above for regulatory reasons. We do not require students to perform any of these procedures, although students should make every effort to observe as many of these tests and procedures as possible. It is not necessary to send any documentation relevant to these procedures to the Office of Clinical Studies.

The importance of infection control cannot be overstated and hand washing should occur before, after and between all patient contacts.

Detailed protocols about selected manual skills can be found on the Clinical Website.

**REQUIRED MANUAL SKILLS**

**Student Name** _____
**(Please print)**

**Student ID#** _____

**Certification**

| Procedure | Signature | Title | Date |
|---|---|---|---|
| Perform a vein-puncture and blood draw | | | |
| Start an intravenous line | | | |
| Place and remove sutures | | | |
| Insert a nasogastric tube | | | |
| Insert a urinary catheter: | | | |
| Male | | | |
| Female | | | |
| Remove a urinary catheter: Male | | | |
| Female | | | |
| | | | |

## OPTIONAL MANUAL SKILLS AND OBSERVED PROCEDURES

**Student Name**

_____

Arterial blood sample
Central venous line
Pulmonary wedge catheter
Endotracheal intubation
Lumbar puncture
Thoracentesis
Arthrocentesis
Pneumothorax drainage
Peritoneal dialysis catheter
Bone marrow biopsy and aspirate
CPR, adult
Suprabubic bladder aspiration

## Pediatrics

Neonatal resuscitation
Immunizations: intramuscular injection, subcutaneous injection
Mantoux testing: PPD
Vision and hearing screening tests.
Heel stick of neonate
Circumcision of neonate
Throat culture
Nasopharyngeal swab
Pneumatic-otoscopy
Peak Flow measurement
Administration of inhalation therapy: Metered Dose Inhaler (MDI)/Spacer/Nebulizer

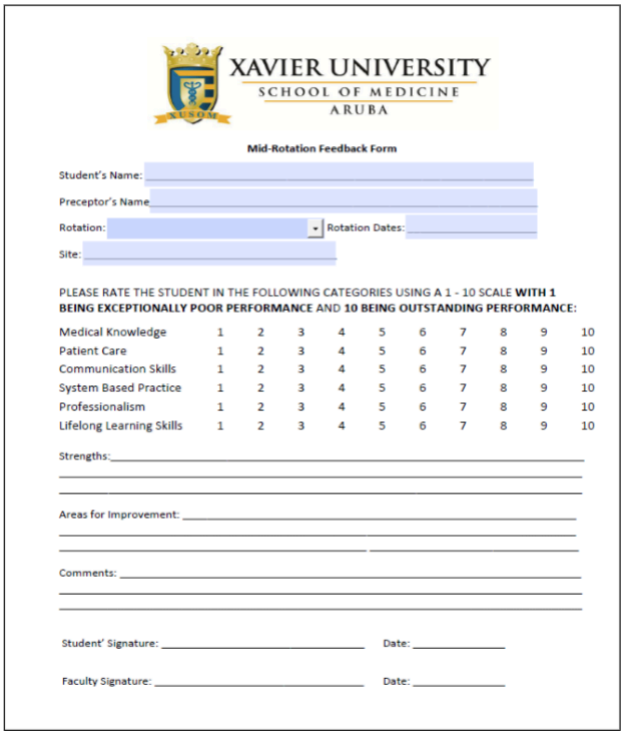
## Obstetrics and Gynecology

Pap smear
Cesarean section
Vaginal delivery
Episiotomy repair
Manual removal of placenta
Cerclarge placement
External cephalic version
Abdominal (open) tubal ligation
Laparoscopic tubal ligation
Hysteroscopic tubal ligation
Hysteroscopy
Dilation and curettage (non obstetric)
Dilation and curettage (obstetric)
Vaginal hysterectomy
Abdominal hysterectomy
Oophorectomy
Salpingectomy/salpingostomy
I and D/marsupialization bartholin cyst
LEEP of cervix
Colposcopy
Vulvectomy
Fistula repair
Vaginal sling procedure
Birch procedure
Appendectomy
Breast cyst aspiration
IUD insertion

## Surgery

Spinal/epidural anesthesia
Exploratory laparotomy
Diagnostic laparoscopy
Laparoscopic cholecystectomy
Laparoscopic appendectomy
Colon resection
Breast procedures
Cystoscopy
Joint arthroplasty
Fracture fixation
Endovascular procedure
Strabismus surgery
Cataract surgery

## Student Mid-Rotation Evaluation Form



XAVIER UNIVERSITY
SCHOOL OF MEDICINE
ARUBA

**Mid-Rotation Feedback Form**

Student's Name:
Preceptor's Name
Rotation: Rotation Dates:
Site:

PLEASE RATE THE STUDENT IN THE FOLLOWING CATEGORIES USING A 1 - 10 SCALE **WITH 1 BEING EXCEPTIONALLY POOR PERFORMANCE** AND **10 BEING OUTSTANDING PERFORMANCE:**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Medical Knowledge | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Patient Care | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Communication Skills | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| System Based Practice | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Professionalism | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Lifelong Learning Skills | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Strengths:

Areas for Improvement:

Comments:

Student' Signature: Date:

Faculty Signature: Date:

## GUIDELINES FOR EVALUATING STUDENTS

Required Narrative Summary: This section enables the faculty to provide evaluative information qualifying the letter grade. The narrative summary will be quoted in the Medical Student Performance Evaluation (MSPE) (formerly known as the Dean's Letter). Comments intended for the student's personal development but are NOT intended for the MSPE can be included in the Constructive Comments section.

## GRADES

## Policy

The final grade in the clerkship represents a semi-quantitative average of five components. The first four reflect subjective faculty evaluations. Students should be evaluated based on the following:

Medical Knowledge (20%) – knowledge of basic, clinical and social sciences; the pathophysiology of

disease; clinical signs, symptoms and abnormal laboratory findings associated with diseases and the mechanism of action of pharmaceuticals.

Clinical Skills (20%) – diagnostic decision making, case presentation, history and physical examination, communication and relationships with patients and colleagues, test interpretation and therapeutic decision making. Students must be observed and evaluated at the bedside.

Professional Behavior (20%) – their interaction with staff and patients, integrity, sensitivity to diversity and attendance.

Communication Skills (10%) – as they relate to physician responsibilities, including communication with patients, families, colleagues, other health professionals and resolution of conflicts."

The written examination (30%) – students take the NBME Clinical Subject Exam. The school returns the grades to the hospital.

## Definitions

(See the Clinical Training Manual)

**A+ (honors)** requires all A's and an A+ on the NBME exam. A+ (honors) is given to the exceptional student who exceeds our requirements. The number of students who receive an A+ on the NBME cannot exceed 10% for statistical reasons. For this reason the A+ (honors) grade is not subject to grade inflation.

**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 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 may need remedial work or counseling.

**F** is given to those students whose continuation in medical school is problematic. An 'F' in any component of the evaluation precludes a student from getting credit for the rotation until remediation is successfully completed.

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

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

A+ = exceptional

A = good

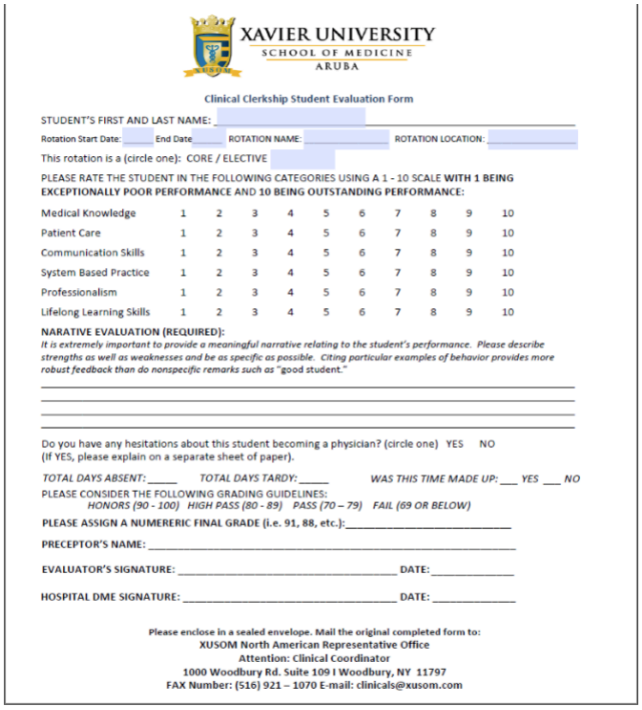
B = adequate

C = minimal

F = failing

We expect that about 60% of our students will get A's, about 30% B's and about 5-10% honors (A+). C's and F's 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.

### Clinical Clerkship Student Evaluation Form



XAVIER UNIVERSITY
SCHOOL OF MEDICINE
ARUBA

**Clinical Clerkship Student Evaluation Form**

STUDENT'S FIRST AND LAST NAME: _____

Rotation Start Date: _____ End Date: _____ ROTATION NAME: _____ ROTATION LOCATION: _____

This rotation is a (circle one): CORE / ELECTIVE

PLEASE RATE THE STUDENT IN THE FOLLOWING CATEGORIES USING A 1 - 10 SCALE **WITH 1 BEING EXCEPTIONALLY POOR PERFORMANCE AND 10 BEING OUTSTANDING PERFORMANCE:**

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Medical Knowledge | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Patient Care | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Communication Skills | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| System Based Practice | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Professionalism | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Lifelong Learning Skills | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**NARRATIVE EVALUATION (REQUIRED):**
*It is extremely important to provide a meaningful narrative relating to the student's performance. Please describe strengths as well as weaknesses and be as specific as possible. Citing particular examples of behavior provides more robust feedback than do nonspecific remarks such as "good student."*

_____
_____
_____
_____

Do you have any hesitations about this student becoming a physician? (circle one) YES NO
(If YES, please explain on a separate sheet of paper).

*TOTAL DAYS ABSENT:* ____ *TOTAL DAYS TARDY:* ____ *WAS THIS TIME MADE UP:* ___ *YES* ___ *NO*

PLEASE CONSIDER THE FOLLOWING GRADING GUIDELINES:
*HONORS (90 - 100) HIGH PASS (80 - 89) PASS (70 – 79) FAIL (69 OR BELOW)*

**PLEASE ASSIGN A NUMERERIC FINAL GRADE (i.e. 91, 88, etc.):** _____

**PRECEPTOR'S NAME:** _____

**EVALUATOR'S SIGNATURE:** _____ **DATE:** _____

**HOSPITAL DME SIGNATURE:** _____ **DATE:** _____

**Please enclose in a sealed envelope. Mail the original completed form to:**
**XUSOM North American Representative Office**
**Attention: Clinical Coordinator**
**1000 Woodbury Rd. Suite 109 I Woodbury, NY 11797**
**FAX Number: (516) 921 – 1070 E-mail: clinicals@xusom.com**

# Appendix E: Clinical Chair Site Visits

## Chair's Site Visit

| | | |
|---|---|---|
| **Hospital:** | **Date of Visit:** | |
| **Department:** | **Reviewer:** | |
| **Clerkship Director:** | **Chair:** | |
| **DME:** | **Med-Ed Coordinator:** | |
| **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:**

_____

**Rate the following on a scale of 1-5**

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

- **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:

- **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:

- **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:

- **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:

- **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:

- **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:

- **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:

- **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:

- **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:

- **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:

- **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:

- **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:

**Meeting with students:**

- Issues raised by students:

**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:**

**Weaknesses:**

**Corrective Actions:**

**Summary & Conclusions:**

**Miscellaneous Comments:**

**Print Name:**

**Date:**

SURGERY SITE VISIT FORM

CHAIR'S SITE VISIT REPORT

Prepared BY: _____
Signature: _____

Site of Visit: _____ Date of Visit: _____

Address:
_____

Program Director: _____
Number of students: _____

## • 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:
_____

## • ORIENTATION INTERVIEW:

Interview Conducted: Yes No

Conducted By: Program Director Other Faculty Both

Aims Objectives Outlined: Yes No Schools Manual Used: Yes No

Comments:

## • 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

Comments:
_____

What did you think of the structure of the rotation?

| Gen Surgery | Anesthesia | ENT | G.U. | Ophthalmology | Orthopedics | Trauma | Vascular | S |
|---|---|---|---|---|---|---|---|---|
| 3 weeks | 1 week | 1 week | 1 week | ___Weeks | _____Weeks | ____Weeks | ____Weeks | 1 W |

Comments:_____

## VI. ON-CALL SCHEDULE/ ACTIVITIES:

On Call every ____ Days | 24 hours call: Yes No | Weekends Weekdays

Stay Overnight: Yes No | Morning Report Presentations: Yes No

Teaching: Excellent Very Good Good Fair Poor

---

## VI. General Surgery, Clinic And O.R. Exposure

## General Surgery

| | Excellent | Very Good | Good | Fair | Poor | Hands On | Good Teaching | Variety & Volume | Student Friendly | Structured |
|---|---|---|---|---|---|---|---|---|---|---|
| **Clinical** | | | | | | | | | | |
| **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 skills

**DIDACTIC LECTURE & INTERACTIVE SESSION**

- per week

(2) Scheduled: Variable: (3) Curriculum covered: No Yes

(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:

**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 Supervised by: (a)

(3) 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

**NARRATIVE ANALYSIS**

STRENGTHS:

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

**RECOMMENDATIONS**

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

# Appendix F: Communication Skills Oral Exam Form

## COMMUNICATION SKILLS ORAL EXAM FORM

- **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

- **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 G: Electives that Fulfill 4th Year Requirements

## 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

Research

# Appendix H: Communication and Interpersonal Skills

**(Modified from the NBME website)**

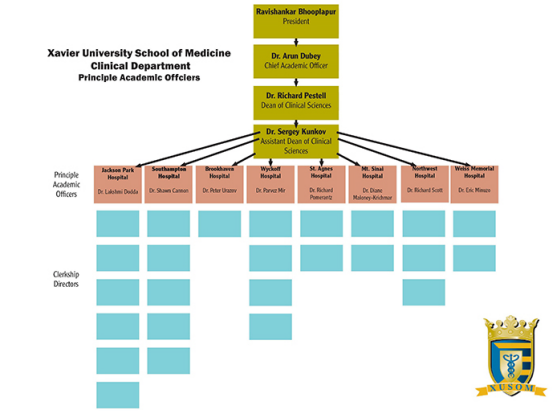
## Communication and Interpersonal Skills

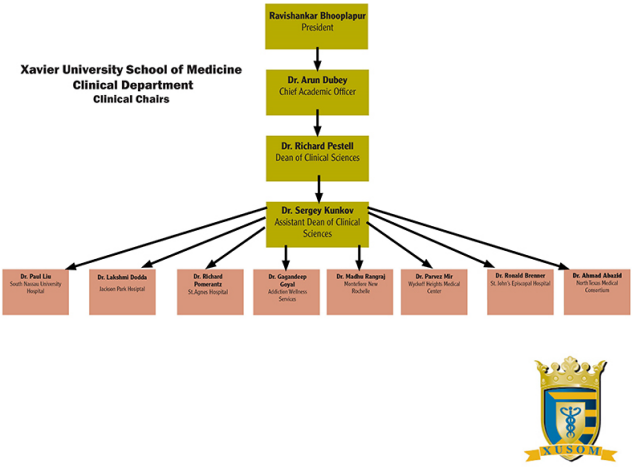
### Behavior List

| Functions | Sub-Functions |
|---|---|
| **1. Fostering the Relationship** | • Expressed interest in the patient as a person<br>• Treated the patient with respect<br>• Listened and paid attention to the patient |
| **2. Gathering Information** | • Encouraged the patient to tell his/her story<br>• Explored the patient's reaction to the illness or problem |
| **3. Providing Information** | • Provided information related to the working diagnosis<br>• Provided information on next steps |
| **4. Making Decisions: Basic** | • Elicited the patient's perspective on the diagnosis and next steps<br>• 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 |

# Appendix I: Clinical Structure Flow Charts

## XUSOM Clinical Flow Charts

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## Xavier University School of Medicine Clinical Department