CLINICAL TRAINING MANUAL

ST. GEORGE’S UNIVERSITY
SCHOOL OF MEDICINE

Rev June/2017
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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 over thirty years in response to accrediting agencies, residency and licensing requirements, clinical faculty input and the cumulative experience of thousands of SGU medical students who have successfully completed the clinical terms. We hope that students and faculty use this Manual to help them with both long range educational goals and day-to-day functioning. We recommend that students read this Manual carefully and use it as a reference. This Manual is subject to change and continuously revised and updated as necessary.

THE DOCTOR OF MEDICINE PROGRAM

MISSION

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

WELCOME TO THE CLINICAL YEARS

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

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

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

During the clinical years, however, you will still be expected to learn written factual information and do well on written exams. You must also now learn to conduct yourself in a professional role as a physician, something that is quite different from anything in your previous educational experience. That role includes shifting your own self-image from that of a student, with the license and freedom that often entails, to a doctor with serious responsibilities which may significantly curtail many aspects of the lifestyle you have previously enjoyed. Instead of being responsible only for yourself, you will now be personally responsible for the health and often the lives of others. You will still be expected to pass exams, but you will also be judged on your ability to take responsibility, to relate to and work harmoniously with professional colleagues, to exhibit maturity in the way you conduct yourself on the wards and to demonstrate that you are successfully acquiring all of the qualities of a full-fledged and qualified physician.
The clinical years are demanding, more so than any previous experience in your life and probably more than you can conceive or appreciate at this time. These demands will consume almost one hundred percent of your time. You may have difficulty in adequately meeting the requirements placed on you if you also have to cope with demanding personal problems. Your clinical supervisors must judge you on the basis of your performance as you would be judged as a practicing physician. Little allowance can be made for what is going on in your personal life. If you are having personal problems that interfere with your ability to function as a clinical student, you should seek help. The Office of the Dean, Office of Clinical Studies, Dean of Students, Directors of Medical Education (DME), Clerkship Directors (CD) and faculty are available to help.

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

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

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

Stephen Weitzman, MD
Dean, School of Medicine
SECTION ONE

I. GENERAL INFORMATION

A. Clinical Training Sites

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

One of the unique opportunities afforded to students at SGU 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 the UK, some in Canada, some in Grenada, some in suburban hospitals and some in inner-city hospitals. Students who make full use of all of SGU’s clinical partnerships will graduate having experienced medicine as it is practiced and taught in Grenada, the US and the UK. For those who would prefer to do all their clinical training in one area, SGU has developed the “Clinical Centers”. These are affiliated teaching hospitals, or groups of affiliated teaching hospitals, that offer four or five clinical cores, subinternships and electives. Students can spend all or most of their required two years of clinical training at clinical centers. This innovation reduces the need for students to change hospitals, permits the clinical curriculum to be more effectively standardized and enables the development of a stronger and individually-tailored fourth year.

Major affiliated hospitals provide some of both third and fourth year requirements. The school also has affiliated hospitals which provide only fourth year rotations and electives (limited affiliates).

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

B. Role of the Affiliated Hospitals

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

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 Clinical Training Manual (CTM).
Based on the appropriate qualifications and recommendation from the hospital, SGU appoints a Director of Medical Education (DME) who is the hospital administrator responsible for the SGU student program and is the liaison with the School of Medicine. These designees receive formal appointments to the School of Medicine’s faculty that are commensurate with their qualifications and duties. Their principal role is to supervise the clinical program and ensure its quality and its conformity with the University’s guidelines as described in the CTM and the Faculty Handbook. Numerous members of the hospital’s medical staff, as well as its house staff, play an active role in the teaching of St. George’s students; many also have clinical faculty appointments at SGUSOM. This group of clinical teachers 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, SGU’s 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 SGU’s standards. They must demonstrate a continuing commitment to medical education and furnish the necessary infrastructure to provide a successful clinical training program: integrating medical students into the health care team, providing access to the library and other ancillary facilities and supervising involvement with patients.

C. Assignment of Students to Hospitals

GENERAL COMMENTS

All students are scheduled and graduate on time unless they take extended leaves of absence, are placed on a Monitored Academic Status or have academic difficulties. SGU 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 particular hospital in which students train or the order in which they do rotations are insignificant when compared to United States Medical Licensing Exam (USMLE) Step I and II performance, grades, letters of recommendation (LOR), Medical Student Performance Evaluation (MSPE), personal statements and interviews.

While the school appreciates that some assignments or schedules may be inconvenient, our priorities are assuring that all students are placed, that they are all afforded an opportunity for clinical training
and that agreements with our affiliated hospitals are fulfilled. SGU considers 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. Student’s have the opportunity to explain this on the Electronic Placement Information Form (EPIF).

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

**Electronic Placement Information Form (EPIF)**

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

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

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

**US CLINICAL PLACEMENT**

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

1. Five to six weeks after completing Term 5 students must email the placement coordinators at clined@sgu.edu confirming the month they intend to begin clinical rotations and the date they expect to take Step I.

2. One month before starting clinical training the placement coordinators email notification of each student’s clinical assignment based on information provided by the student to date. This email notification does not give students permission to contact the hospital. Under no circumstances should a student arrive at any hospital until receiving a confirmation letter; to do so is contrary to school and hospital policy and, in some cases, they violate state regulations. Students assigned to a NY hospital must submit completed NYS paperwork to the Office of Clinical Studies. This consists of:
   - NYS Application
   - NYS Infection Control Certificate
   - A $20 check payable to NYSDOE

A passing Step 1 score is also required for NYS paperwork and must be submitted to clined@sgu.edu.
3. Once you receive your assignment notification, you can plan on travel and housing arrangements. However, keep in mind if you change your plans, for example, postpone Step 1 past the recommended date to take the exam or fail to meet the NYS deadlines, your assignment could change and may result in a different assignment or different start date at the same hospital. Therefore, take this into consideration before finalizing your arrangements and living accommodations.

THE CONFIRMATION PROCESS

I. FOR ALL CLINICAL PLACEMENTS.

After satisfactorily completing all Basic Science requirements, students must:

a. be in financial good standing.

b. have health insurance.

c. have their St. George’s University School of Medicine (SGUSOM) health forms cleared by the department of Student Health Records Management (sconway@sgu.edu). Students will receive a separate memo with details about health form clearance.

d. request a criminal background check to be done by SGU by emailing Ms. Leslie Marino (lmarino@sgu.edu) with the statement “I give permission for SGU to complete a criminal background check”.

e. NYS approved Infection Control Training course. Submit a certificate to clined@sgu.edu attesting to completion of a course. (Instructions about the web based courses will be sent to the class after completing the 5th term).

f. Read the Clinical Training Manual located on the SGU website under School of Medicine, Academic Programs, Quick Links and then affirm statement in CourseEval that you have read and understood the Clinical Training Manual.

g. Complete the following web based assignments in SAKAI.

   • Cultural Competency review course
   • Communication Skills Course A
   • Emergency Medicine Course

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

II. US CLINICAL PLACEMENT

Once you receive your Step 1 score, email the two page PDF of your Step 1 score immediately to clined@sgu.edu. If you’ve competed all the above, the Office of Clinical Studies will email a confirmation letter with orientation information to you. This confirmation letter validates and finalizes your email assignment.

The Office of Clinical Studies assigns all students. We cannot guarantee that your placement will be according to any of your requests. In general, students’ grades, USMLE Step 1 score or citizenship do not determine priority. The placement process starts by trying to accommodate all students’ requests. This is often not possible. In all cases the clinical placement coordinators will review the information and make a decision. Final determination is frequently made by lottery.
After starting at a US hospital, students must do all third year rotations available to them in that hospital program. The Office of Clinical Studies will subsequently schedule any remaining third year rotations not available at the starting hospital on an individual basis. For fourth year rotations, students can apply to any of our affiliated hospitals listed in the CTM.

III. OPTIMAL STEP 1 TIMETABLE
For those students who wish to train in the US, a passing score on the USMLE Step I is required. Most students take about 8 weeks to prepare for USMLE Step I after leaving Grenada. After taking Step I, please email a copy of your test appearance receipt to (clined@sgu.edu) in the Office of Clinical Studies. Scores take approximately 3 weeks to be returned to students. Please forward the two page PDF file they receive from ECFMG to clined@sgu.edu in the Office of Clinical Studies. Students should not wait until receiving their Step I score before completing the other requirements (A-H above).

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

IV. UK Clinical Placement
Students who wish to go to the United Kingdom should indicate that on the EPIF. The Clinical Placement Coordinators will then send you additional details and instructions. You can start clinical training in the UK provided you have a passing score on the BSCE 2. The UK office will send placement confirmation notification once the requirements mentioned above are met.

V. UK/US PLACEMENT
A program which we started last year encourages students to start in the UK, complete 18 weeks of rotations then return to the US to the hospital of their choice.

VI. A FINAL NOTE
Please continually check your SGUSOM email account for updates and instructions. Students who do not start on time must stay in contact with the Office of Clinical Studies, regarding the entire placement process.
D. Clinical Program Administration and Staff

1. DEANS

DEAN, SCHOOL OF MEDICINE
Stephen Weitzman, MD

DEAN OF CLINICAL STUDIES – US
Daniel D. Ricciardi, MD

DEAN OF CLINICAL STUDIES – UK
Rodney Croft, MChir, MA, MB, FRCS

ASSOCIATE DEAN OF CLINICAL STUDIES – US
Orazio Giliberti, MD

ASSOCIATE DEAN OF CLINICAL STUDIES – CARIBBEAN
Dolland Noel, MD

ASSOCIATE DEAN OF STUDENTS – US
DIRECTOR OF THE OFFICE OF CAREER GUIDANCE AND STUDENT DEVELOPMENT
John Madden, MD

ASSOCIATE DEAN OF ACADEMIC AFFAIRS – UK
Michael Clements, BSc, MRCS, MD, FRCP

ASSOCIATE DEAN OF CLINICAL STUDIES – UK
Nicholas Wilson, BSc, MBBS, FRCS, MS

ASSISTANT DEAN, SCHOOL OF MEDICINE
Chris Magnifico, MD

ASSISTANT DEANS OF CLINICAL STUDIES - US
Gary Ishkanian, MD – NY
Sherry Singh, MD - NY

ASSISTANT DEAN OF STUDENTS
Laurence Dopkin, MD
Armand Asarian, MD
2. CLINICAL DEPARTMENT CHAIRS

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

A staff of over fifty student coordinators, administrators and clinical counselors are based in the Office of the Dean, Office of Clinical Studies, UK Clinical Offices, Office of the Dean of Clinical Studies, the Dean of Students Office and the Office of Career Guidance and Student Development (OCGSD) and Student Support Services. This staff is available to help students in all aspects of their clinical terms, requirements for graduation and career counseling. This staff remains in frequent contact with all affiliated hospitals to coordinate the administrative details of the clinical program. The recommended contact with the US and the UK clinical offices is by SGU e-mail. Announcements from The Office of Clinical Studies are communicated through the student’s SGU assigned e-mail account and official Clinical Website. Starting in 2017 the school will utilize designated onsite advisors at major US hospitals to provide in-person student support.

4. CONTACT INFORMATION

OFFICE OF THE DEAN

Any general questions or problems that arise in the clinical training program can be addressed to: OfficeoftheDeanSGUSOM@sgu.edu

Specific questions can be addressed to:
Leslie Marino, Assistant to the Dean, at lmarino@sgu.edu
Deborah Saccente, Administrative Assistant to the Dean, at dsaccent@sgu.edu
For health records:
Susan Conway, RN, MBA, Director of Student Health Records Department, at sconway@sgu.edu

**OFFICE OF CLINICAL STUDIES**
Leslie Marino, at lmarino@sgu.edu

**FACULTY SUPPORT**
Coordinator of annual faculty meetings and special projects:
Charline Peterson, Supervisor, at cpeterson@sgu.edu
Faculty appointment or hospital affiliation assistance inquiries should be addressed to:
Ruth Krowles at rkrowles@sgu.edu
Pauline Sims at psims@sgu.edu

Clinical Assistants
Laurent Castro at lcastro@sgu.edu
Juan Alvarado at jalvarad@sgu.edu

**CLINICAL PLACEMENT TEAM**
For clinical clerkship placement inquiries, please contact:
Theresa Gaynor, Supervisor, \ clined@sgu.edu
Julie Hammer
Kimberly Castaldini
Mary Kiechlin

**CLINICAL COORDINATORS**
The clinical student coordinators are responsible for tracking each individual clinical students from term 6 through 10. They ensure that all of the following requirements are correct and complete: sending students their permanent placement letters, reviewing evaluations, grades and graduation requirements and updating rotation schedules. Students must maintain contact with their coordinators via email throughout their clinical terms until graduation. Clinical Student Coordinator contacts are:
Terry Lee Partridge at tpartridge@sgu.edu
Camille Eiden at ceiden@sgu.edu
Kira Micheli at kmicheli@sgu.edu
Carolyn Toscani at ctoscani@sgu.edu
Dawn Sperling at dsperli1@sgu.edu
Jackie Picard, Supervisor at jpicard@sgu.edu
Meena Gilani at mgilani@sgu.edu
Amanda Kuhlmeier at akuhlmei@sgu.edu
A, B-BOY
C – E
F – I
J – LEV
LEW – LZ, M, N - NGUYEN
BR – BZ, NGW – NZ, O & P
O, R, S – SOLY
SOM – SZ, T - Z
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:

Christiana Pironti at cpironti@sgu.edu  A - F
Cathy O’Neill at coneill@sgu.edu  G - L
Steven Orkin, Supervisor at sorkin@sgu.edu  M - Q
Bernadette Farruggio at bfarruggio@sgu.edu  R – Z
Alyse Leotta (Department Assistant) aleotta@sgu.edu  ALL

OTHER RESOURCES:
Questions or problems relative to the clinical training program in the UK should be e-mailed to:
UK Office c/o Allison Allen via e-mail ukclinical@sgu.edu
For information referable to licensure in any US jurisdiction:
Helen Cannizzaro, Department of the Registrar hcannizzaro@sgu.edu  1-800-899-6337 ext. 1239
For NBME Examinations:
Jennifer O’Hagan, Director of NBME Examinations johagan@sgu.edu

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

The MSRI offers two tracks for students:

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

- **Research Member**
  This is available to students who have completed term 5 with at least a B average. Students in their clinical terms can select from a variety of research projects and faculty mentors and begin a unique mentored experience in clinical research.

Both tracks are available only to students who have a strong academic record. The faculty has established these criteria because they believe that the primary responsibility of all medical students is to master the material in their basic science courses and clinical rotations and strive for academic excellence. Students can also do research independently. However, as important as research is, students cannot let it interfere with their academic performance.
We encourage interested students to review the selection criteria and required documents needed to become a member of the MSRI. Students are able to obtain more detailed information on the MSRI website. The University will award students who publish manuscripts and meet the MSRI criteria an “MD with Distinction in Research” at the time of graduation.

F. Presentation Reimbursement Policy
The School of Medicine offers clinical students a one time 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 SGUSOM. Students must request preliminary approval for reimbursement before they attend by sending a copy of the conference invitation to the Office of the Dean along with a copy of the abstract or poster. After the conference, students should fax or send electronically the receipts for your travel, lodging, meals, and miscellaneous associated expenses, as well as a current mailing address and your student ID#. SGU will not reimburse for tips and alcohol or charges/amounts deemed unreasonable by The Office of the Dean. Students should receive a check in about four weeks after submitting expenses.

Students should submit an article about their work for publication in the University newsletter to cmccann@sgu.edu.
II. CLINICAL YEARS

A. The Clinical Curriculum

The 80 weeks of clinical education in terms 6-10 encompass forty-two weeks of core rotations, 12-14 weeks of additional required rotations and 22-24 weeks of electives. The core rotations define the third year of medical school and include twelve weeks of internal medicine, twelve weeks of surgery and six weeks each of pediatrics, obstetrics/gynecology, psychiatry and, frequently, family medicine. (Students who do not complete family medicine in the 3rd year must do so in the 4th year). The third year is a structured educational experience similar for all students. The Office of Clinical Studies along with the affiliated hospitals controls the scheduling of the third year. The fourth year consists of four weeks of family medicine (if not done in the 3rd year), four weeks of a subinternship in medicine, and four weeks of a medicine elective and 22-24 weeks of electives of student choice. Each student can schedule the fourth year based on individual educational interests and career choice. The Graduate Assessment Board (GAB) may require a more structured fourth year for some students.

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

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

The Clinical Curriculum

(6th through 10th Term)

<table>
<thead>
<tr>
<th>Core Rotations</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine</td>
<td>12</td>
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<tr>
<td>Obstetrics and Gynecology</td>
<td>6</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>6</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>6</td>
</tr>
<tr>
<td>Surgery</td>
<td>12</td>
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</tbody>
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Additional Requirements

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Medicine subinternship</td>
<td>4</td>
</tr>
<tr>
<td>Medicine elective (appendix J)</td>
<td>4</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>4 - 6</td>
</tr>
</tbody>
</table>

Electives

<p>| | |</p>
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<thead>
<tr>
<th></th>
<th></th>
</tr>
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<tbody>
<tr>
<td>22 - 24</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL:** 80
B. Supervision of the Clerkships

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

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

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

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

C. The Role of Preceptors and Clinical Faculty

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

Discussion revolves around a critical review of the patient’s history, physical examination findings, imaging studies and laboratory results. The preceptors assess students medical knowledge, clinical 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 SGU CD, by their peers and by students on a daily basis. The basis for student evaluation of faculty is the confidential electronic questionnaire that all students complete at the end of each core clerkship. The hospital DME, SGU Department Chairs and SGU administration have access to the students responses which are all confidential.

The basis for senior faculty evaluation is the on-going process required by 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 DME is responsible to assure that:

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

D. The Clinical Clerk

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

An essential feature of the clerkship consists of in-depth contact with patients; students are strongly encouraged to make the most of such opportunities. Students take histories, examine the patient, propose diagnostic and therapeutic plans, record their findings, present cases to the team, perform minor procedures under supervision, attend all scheduled lectures and conferences, participate in work rounds and teaching rounds with their peers and teachers, maintain a patient log and should then 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 which is carried by SGU. Students must soon become familiar with the electronic medical record or patients’ charts and know where to locate its individual components. Students are responsible for patient workups and might also write daily progress notes as stipulated by the SGU clerkship curriculum and hospital policy.

Clinical clerks are expected to be on duty throughout the hospital workday, Monday through Friday. Evenings, 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 are to 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 the these rotations. While all clerkship directors must comply with this policy, they do have the option of allowing additional time off for study.

E. Medical Knowledge and Competencies

The clinical years of the SGU curriculum aim to transform students who have learned the basic sciences into students who can deal with patients and their problems in a hospital or outpatient 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.

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

The six ACGME competencies are:
- Patient Care
- Medical Knowledge
- Practice Based Learning and Improvement
- Systems Based Practice
- Professionalism
- Interpersonal Skills and Communication

F. Involvement with Patients

Students are encouraged to make the most of the opportunity to learn about, learn from and spend time with their patients. A student frequently becomes involved with a small group of patients, on the average of 2-4 per week. 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 electronic patient log book (see below). The clerkship director reviews the patient encounter log at the mid-core formative assessment and when completing the final clerkship evaluation form. This review, most importantly, assesses students’ commitment to documentation as well as patient involvement. The Office of the Dean also monitors each student’s electronic log to ensure that 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.

G. Reading and Web-Based Education Resources

1. Reading
The importance of reading and studying in the clinical years cannot be underestimated. The faculty has recently decided to increase the weight of the NBME clinical subject exams given at the end of each clerkship to 30% of the clerkship grade. These NBME exams primarily assess medical knowledge. Students interested in applying for a US residency must realize the importance of their Step 2 CK score. Step 2 CK also assesses medical knowledge. 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:

i. 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 judgement. These are skills needed for the NBME exam.

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

2. Required Web-based Courses

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 Sakai. Sakai is the University’s on-line course management software system. Each core clerkship as well as family medicine have a corresponding web-based course which students must complete.

i. USMLE World

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

The questions are separated into subjects as follows:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Number of questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine</td>
<td>1416</td>
</tr>
<tr>
<td>Ob/Gyn</td>
<td>205</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>304</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>150</td>
</tr>
<tr>
<td>Surgery</td>
<td>155</td>
</tr>
</tbody>
</table>

ii. Firecracker

During the first week of your first clerkship you will also receive an email from Firecracker. This is software program designed to distribute core specific curriculum and track students’ participation and progress. The software identifies individual strength and weaknesses with an algorithmic process to improve clinical knowledge and retention. The program will be distributed during all third year clerkships and deploy a daily curriculum to each student with a weekly exam to assess topic retention. A clinical knowledge (CK) like exam will be administered at the end of each core rotation. The students individual scores will be displayed on a nomogram to help identify preparedness for the CK exam.

iii. 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.

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

v. Overview of Web-based Courses

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

Pre-clerkship placement requirements
1. Communication skills
2. Emergency medicine
3. Infection control
4. Cultural Competency

Clerkship requirements (details found in section IV. THE CORE CLERKSHIPS)
Each clerkship has required web based courses which students must complete. These courses fall into three groups:
1. Communication skill modules
2. UWorld questions (not in family medicine)
3. Firecracker

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

H. Electronic Patient Encounter Log

All students must keep a daily electronic log of the patients encountered during their clinical rotations. The log centers around a “must see list” developed by the faculty. This log is web-based and accessed through “Carenage” (details below). The log has nine fields that students must complete for each patient encounter: rotation, hospital, date, chief complaint, primary diagnosis, secondary diagnoses, clinical setting, 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 Office of the Dean. Please remain HIPPA compliant by not using any patient identifiers, such as names, initials, date of birth, medical record numbers, pictures and others.
Rationale
During the clinical years students need to develop the clinical competencies required for graduation and postgraduate training. These competencies are assessed in many different ways: by faculty observation during rotations, by communication skills assessments, by completion of web based assignments and by NBME clinical subject exams. In order to develop many of these competencies and meet the objectives required for graduation, the school needs to ensure that each student sees enough patients and an appropriate mix of patients during their clinical terms. For these reasons, as well as others discussed, below the school has developed this log.

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

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

For students
a. The lists of symptoms (chief complaints) and diagnoses serve as guidelines for the types of patients the clinical faculty think students should see over two years of clinical training. 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 and to do additional reading about them, including some research or review articles. If relevant, students can study and log a communication skills module.
2. If, at the end of the third year, students discover they have not seen some of the clinical entities on the list during the core rotations, they can arrange to see these problems in the fourth year or learn about them in other ways on their own.

b. The different fields in the log should stimulate students to look for and document the complexities of clinical encounters when appropriate. Many patients present with multiple medical problems. For example, an elderly patient admitted with pneumonia (primary diagnosis) may also have chronic lung disease, hypertension and depression (secondary diagnoses). The patient may have fears about death that need to be discussed. We hope by keeping the log students will develop a more profound understanding of many patient encounters.

c. Students may, and many times should, review and edit the log (see “Instructions to access and use the log” below). The original entry might require additions if, for example a new diagnosis is discovered, the patient moves from the ED to the OR to the wards or a patient presenting with an acute condition deteriorates and presents end-of-life issues. These developments require a return to the original entry for editing.

d. The chief complaint and diagnosis lists do not include every possible diagnosis or even every diagnostic entity students must learn about. The list reflects the common and typical clinical entities that the faculty feels SGU students should experience. The same list of diagnoses is presented in two ways - alphabetically and by specialty. Both lists contain the same diagnoses and students can use whichever one is easier. If students encounter a diagnosis not on the list, they should choose the most related diagnosis from the list. By looking at “standard” diagnoses, the school can monitor the overall clinical experiences students are having at different affiliated hospitals.

e. Students must learn more than they will experience during clinical rotations. The log does not reflect the totality of the educational objectives during the core clerkships. Clinical experience is an important part, but only a part, of your clerkship requirements. Students need to commit themselves to the extensive reading and studying during the clinical years. “Read about patients you see and read about patients you don’t see”.

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

g. We encourage students to maintain this log throughout their 80 weeks of clinical training. The University requires that the logs be formally evaluated only during the clerkships. However, the list reflects those entities the faculty thinks students should encounter during their entire clinical experience in medical school, not just during the clerkships. To this end the Office of the Dean monitors student logs throughout the clinical terms assure compliance with the required encounters.
Assessment

1. Hospital Oversight
A clerkship director or faculty member reviews and 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 Dean. The Office of the Dean collects, collates and analyzes logs from all of the students and uses this data in two ways:
   a. To monitor and evaluate the clinical experience at different hospitals. In this way, the central administration of the school will be able to answer questions, for example, 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 required to correct this deficiency by scheduling an appropriate 4th year elective.

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

Enter a new patient encounter
Review or Edit my encounter logs

When you select Enter a new patient encounter, you will see pull down selections for all of the fields except “Comments”. Make your selections and click Submit My Log. Entry in all of the fields is required.
The main menu selection **Review or Edit your encounter logs** will take you to a screen which lists all of your logs. Select the one you’d like to see or change. The **Edit This Log** button will allow you to make changes to the individual log.

If a printed copy is requested, Select **print your logs** from the menu to prepare a printer-friendly formatted table of your logs. Select the logs to include for printing, and click **Print Selected Logs**. On the next page, click **Print this Page** to receive your output. Bring this printed record to the mid-core evaluation and end-of-core assessment.

I. **Communication Skills**
The basic science and clinical faculty at SGUSOM have identified competency in communication as a critical clinical skill that students must develop during medical school. As part of our educational program, communication skills are a major outcome objective that defines a graduate of SGU. In addition, the Caribbean Accreditation Authority for Education in Medicine (CAAM), 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.

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

**Internal Medicine** – Modules 33 Giving Bad News & 32 Advance Directives
**Surgery** – Modules 17 “Informed Decision-Making” & 35 “Discussing Medical Error”
**Psychiatry** – Modules 13 “Responding to Strong Emotions” & 15 “Cultural issues In the Interview”
**Pediatrics** – Modules 21 “Communication and Relationships with Children and Parents” & 22 “The Adolescent Interview”
**Ob/Gyn** – Modules 18 “Exploring Sexual Issues” & 28 “Domestic Violence”
**Family Medicine** – Modules 25 “Diet/Exercise” & 29 “Alcoholism Diagnosis and Counseling”
**Emergency Medicine** – Modules 33 “Giving Bad News” & 38 “Communication within Health Care Teams”
In addition to the above assignments students must complete all remaining modules. These remaining modules do not have to be done at one time. Students can work at their own pace. As a graduation requirement students must complete all 42 modules.

J. The Logbook of Manual Skills and Procedures

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

- Basic cardiopulmonary resuscitation (CPR)
- Bag and mask ventilation
- Venipuncture
- Inserting an intravenous line

Competency in CPR and bag and mask ventilation should be developed during the basic science years. In addition, students need to be certified in order to perform venipuncture (drawing blood) and IV insertion. This certification needs to be documented in the Logbook of Manual Skills which is a paper log. (Appendix E). Students must be certified in writing by a physician in order to perform these procedures. The certification needs to be done only once and can be done on any service during any rotation. However, the surgery clerkship takes the primary responsibility for this certification. Once certified, students can continue to perform these procedures without additional documentation but always under supervision. The documentation process is in accordance with New York Codes, Rules, and Regulations (NYCRR) of the Health Department, Section 405.4(h) but is relevant to all geographic sites.

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

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

- Demonstrate the technical (motor) skills required for the procedure.
- Understand and explain the anatomy, physiology, indications, risks, contraindications, benefits, alternatives, and potential complications of the procedure.
- Communicate with the patient/family to ensure pre- and post-procedure explanation and instructions.
- Manage post-procedure complications.
- Demonstrate confidence that puts patients and families at ease.
K. Student Evaluations of Core Clerkships
The university uses an electronic questionnaire to collect student feedback on the core rotations. These questionnaires are in Appendix G and will be sent to you automatically after the clerkship is over. Each department has modified the questionnaire to measure the extent that a specific clerkship rotation meets the departmental guidelines and objectives. Data from these questionnaires provides documentation enabling the deans, department chairs, DME’s and clerkship directors to monitor and improve the educational program in each clerkship at each hospital based on student experience and opinion.

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

L. Senior Year
This portion of the clinical program has four main goals:

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

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

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

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

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

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

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

August Entry – Optimal Track Time Line
1. Students complete basic sciences in May of the second year following their matriculation, i.e., no leaves of absence (LOA) nor alternate programs.
2. Students who wish to start clinical training in the US take USMLE Step 1 by the first week in July and start in August or September, approximately two years after matriculation.
3. Students who wish to start clinical training in the UK do not have to take USMLE Step 1 and can start in the UK in July/August.

Students complete the clinical curriculum no later than June in the second year following the commencement of clinical training, i.e., clinical training begins July, August or September 2017 and ends no later than June 2019 in time for graduation. This is less than four years after matriculation. Please note that terms 6-10 represent an intensive educational experience. Students who start in September have approximately ninety weeks to complete an eighty week curriculum. During this time, students interested in a US residency also study for and take USMLE Step 2, CK and CS, and apply for residencies.

January Entry – Optimal Track Time Line
1. Students complete basic sciences in December of the second year following their matriculation, i.e., no LOA nor decelerated programs.
2. Students who wish to start clinical training in the US take USMLE Step 1 in March and start clinical training in May/June of their third year.
3. Students who wish to start clinical training in the UK do not have to take Step 1 and can start in February/March.
While students can graduate in December in the second year after starting clinical training, most students choose to graduate in June, approximately two years after starting clinical training. This program offers about 100 weeks to complete the 80 week clinical curriculum, study for USMLE Step 2 and apply for postgraduate training positions.

B. Alternate Paths
The Optimal Track is not a requirement nor is it the best track for all students. The medical school administration feels it is more important to establish a solid academic record and graduate later rather than try to make the optimal graduation date with a poor academic record. The Graduation Assessment Board (GAB) will identify students having academic difficulty and may require completion of additional fourth year rotations and exams to document a satisfactory level of competency. (Details are presented below).

C. Promotion and Graduation
During the clinical terms, promotion depends on passing clerkships, subinternships 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.

Passing courses and clinical rotations satisfies retention and promotion criteria. However, passing, in and of itself, may not meet graduation requirements. Effective for all students graduating in 2018 and after, the requirement for graduation will be the “satisfactory” completion of the curriculum. Students will not have to pass a graduation exam, the USMLE Step 2 CS or CK or the Final Clinical Competency Exam (FCCE) to graduate. Instead of a final assessment we are instituting a continuous assessment process. However, the “satisfactory” completion of the curriculum requires explication. This new graduation requirement departs from a simple binary approach to assessment (pass/fail) to a more nuanced and competency-based assessment similar to the AAMC Entrustable Professional Activities (EPA) paradigm and the ACGME Milestone model. In essence, passing is good enough to stay in medical school, but barely passing is an indicator that additional structured training during the fourth year will help students reach the desired level of competency and meet graduation requirements. In particular, students who do poorly or fail one or more of the NBME clinical subject exams may still pass the clerkship but will not be approved for graduation until they have reached the desired level of competency in the relevant clinical subject. This may require completion of a specified four week rotation in the relevant subject area which includes an examination at its conclusion.

Similarly, students with a grade of C or F in clinical skills will be required to take one or more rotations to strengthen their clinical skills competencies. The assessment of their level of competency may require an OSCE (FCCE) that will be administered at the conclusion of the rotation(s).

The Graduation Assessment Board (GAB) evaluates the performance of all students as they progress towards graduation. The Curriculum Committee and the SOMCOD establish the assessment method and expected or “satisfactory” level of competency for each of the Outcome Objectives throughout the MD Program. The GAB continuously reviews the academic records of all students as they complete
the basic sciences, as they enter the clinical years and at the end of the clerkship year to determine if students have reached the desired level of competency in the Outcome Objectives. Based on past experience, most students make satisfactory academic progress and achieve the required level of competency by the end of the third year. A smaller group of students will have passed all courses and clerkships but have had difficulty in medical school. The GAB identifies these students who have passed all courses and clerkships but have shown insufficient competency in one or more areas and are at risk of not meeting graduation requirements, namely, the satisfactory completion of the curriculum.

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

D. Postponing USMLE Step 2
The analyses of many students over the years provides the Office of Career Guidance with predictive data that can identify students who are at risk for not doing well on Step 2 CK and CS and not obtaining a postgraduate training position in the US. The OCG uses the following criteria to identify students who should postpone Step 2 until they complete additional training and assessment. These criteria are not chosen arbitrarily but reflect the standards of the faculty and deans which define the level of competency required for graduation.

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

These students should consider delaying Step 2 CK until completing a specialized fourth year program that the school will arrange for no extra tuition. These students who meet these criteria have not achieved a satisfactory level of competencies in medical knowledge and test-taking skills and should complete additional rotations and exams. These exams may include an NBME Clinical Subject Exam and/or the NBME Comprehensive Clinical Science Exam (CCSE). The School will develop an individualized program of additional fourth year requirements for these students who can then enter into the next residency pool with a stronger academic profile by utilizing the fourth year as a preparation for Step 2. These students can still graduate at the end of their fourth year. Alternatively, they can postpone graduation and remain in medical school for a fifth year for no additional tuition. In this fifth year students can enter a dual degree program, such as the Master of Public Health (MPH), Master of Business Administration (MBA) or Master of Science in Biomedical Research (MScBR). The school can also arrange up to eight weeks of additional electives, an advance subinternship, other research opportunities or teaching assistantships.
IV. PROFESSIONAL CONDUCT AND RESPONSIBILITY

A. 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 SGU 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 SGU 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 SGU. SGU has adopted the following from “Recommendations and Guidelines for Students” from the Organization of Student Representatives of the Association of American Medical Colleges. This was found on the Columbia University P & S student handbook website.

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.

Under pressure of 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 be 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.

• **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.

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.

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 must be punctual and reliable and maintain a neat and clean appearance with dress and attire that is accepted as professional. 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. |
B. Attendance Standards and Time off Policies

1. 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 Studies 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 Studies and the DME at the hospital at once. Core rotations cannot be cancelled except for emergency reasons.

2. Policy for 3rd year Students
   a. 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.
   b. 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.

3. Policy for Senior Students and Residency Interviews
   a. General principles
   Senior rotations, once approved by the hospital, may not be cancelled by the student without consent of the hospital. SGUSOM has a policy for senior students taking time off during clinical rotations, including electives. Students must take this policy into consideration when scheduling residency interviews in the months leading up to the match. Failure to do so in the past has led to problems that have jeopardized students’ graduation dates. Our policy above states that "Unexcused absences are not permitted while doing a clinical rotation." An appointment for a residency interview does not qualify as an "excused absence". An "excused absence" means the student has permission from an attending physician (DME, Clerkship Director or Preceptor) to take time off for the interview. This needs to be discussed ahead of time, preferably even before the rotation starts. Absences from a rotation without such permission, even for interviews, can be grounds for an incomplete or failure in that rotation. The reason for this is that DMEs, clerkship directors and/or preceptors must certify that the student has attended the rotation for the designated number of weeks. From a legal and regulatory point of view, a week is defined as five
full days. If students travel to interviews and miss several days of the rotation, asking that the evaluation form attest to a full rotation without making up that time would be fraudulent. Any days off or lost clinical time from rotations must be made up by utilizing additional on-call or weekend time at the discretion of the clerkship director. Educational projects, such as a research assignment and/or presentation of a topic, could also be used by the clerkship director to make up time away from the rotation. No time off is permitted during 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 (see the OCGSD website under 3rd year) to see if they can take the time off without jeopardizing their graduation timeline. Students who cannot take any time off should try to plan their interview season so that interviews are dispersed among the four months of "interview season," if possible. Any questions about this policy should be referred to the students' OCGSD advisors.

b. Cancellation Policy
- A student must give the hospital and the Office of Clinical Studies notification of cancellation at least 12 weeks ahead of the start date of the rotation.
  - If less than twelve weeks, the student will be responsible for hospital fees for the cancelled rotation and receive a letter of reprimand from the Dean for unprofessional behavior
- The student must 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 subinternship is not allowed
- If a student cancels, the student is responsible for full tuition for the cancelled rotation and will not receive credit for any rotation for that same time period

HOSPITALS should not cancel electives. Students should notify the Office of Clinical Studies if a hospital cancels

APPEALS to cancel will be reviewed but only for serious reasons.
  - US students – send appeal to Dr. Laurence Dopkin at ldopkin@sgu.edu
  - UK students – send appeal to Mr. Rodney Croft at rcroft@sgu.edu

4. 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. Daniel Ricciardi at dricciardi@sgu.edu. Only one such excuse is permitted during the third year; a second medical excuse results in a mandatory medical LOA. Unless the proper medical excuse procedure is followed, any student who does not take the clinical subject exam as scheduled can receive a failing grade or be cited for unprofessional behavior. Students who have a medical excuse must take the exam within two weeks but cannot take time-off from any subsequent rotation to do so. These make-up exams must be taken on a weekend.
V. STUDENT SUPPORT SERVICES

A. Overview
Over 1500 clinical faculty based at over 70 affiliated hospitals are responsible for the clinical training of SGU students. Additionally, and as described above, over 50 administrators, physicians and staff employed by the University place students in affiliated hospitals and guide them through the third and fourth year of medical school and 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. The school also provides support for students interested in postgraduate training in other countries.

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

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

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

In the clinical years, the OCGSD informs students of various deadlines having to do with external examinations and residency applications. Building upon the OCGSD talks presented in students’ Basic Sciences year, the OCGSD continues with additional live webinar presentations intended to give in-depth guidance on the residency application process. The OCGSD provides multiple presentations of the OCG-3 talk, encompassing these topics, in the winter of each year for third year students to discuss the residency application and interview process. Each year several presentations are given at our major hospital affiliations which can include live webinar sessions offered on line to allow students to ask questions.
The OCGSD counsels students about the road to a US residency via the NRMP/ERAS as well as the occasional opportunity to sign outside the match (also known as All Out programs). SGU places great value on its relationship with all participating hospitals.

In addition, the OCGSD has advisors who provide advice concerning the postgraduate training application process for Canada, the UK and EU countries.

The OCGSD also maintains a robust website which is frequently updated. Students are advised to visit the website on a regular basis to be informed about any changing regulations.

In March each year the OCG website has a Current Available Positions (CAPS) section as a resource for residency programs to list their available positions. Graduates and students who are looking for a residency position post-match should review this site frequently. The OCGSD offers a webinar about the Supplemental Offer and Acceptance Program (SOAP) prior to the match for students and grads who had a difficult residency application process, only a few interviews or were ineligible for the NRMP. A live SOAP webinar Q&A is held the Monday of match week to assist students in the process. After the match, the OCG has a live webinar with a panel to discuss options available to unmatched students such as obtaining an MPH, MBA, doing additional elective rotations etc. After an unmatched student participates in this webinar, appointments are made with a senior OCG advisor to discuss what is best for the student to improve their chances of getting a residency in the next NRMP cycle. Students are encouraged to call upon the expertise of the OCGSD Advisors and its website. Refer to Section I for contact information.

The Office of Career Guidance and Student Development (OCGSD) help students with residency selection and procurement, the National Resident Matching Program (Match) and Electronic Residency Application Assistance (ERAS). Please refer to the OCGSD website:

http://www.sguocg.net/yal1ng13nnahs4sd8ruYYGsmN/

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

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

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

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

The main source for PB information is the commentary students receive during rotations but disciplinary issues during basic sciences and general interactions with hospital and SGUSOM faculty, administration, and staff throughout students’ studies can also contribute to the EL.

What this means is that a B student with exceptional evaluation comments and/or notable feedback from faculty/staff may earn a higher EL than their grades alone dictate. Conversely, an A+ student with problematic comments/interactions will not receive the highest EL.

Other factors that can lower the EL include suspensions, probations, or multiple LOA’s. USMLE scores are included in the MSPE but do not constitute significant EL criteria.

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

MSPE’s are uploaded to ERAS and other matching services in late summer-early fall. They can be emailed on request to individual, “all-out” programs that do not participate in the matching services after 10/1, the MSPE’s official release date. Students must provide detailed contact information for all-out programs (Name, Title, Department, Hospital, City/State, Email Address).

MSPE Coordinators are also responsible for sending transcripts to matching services and individual programs, as well as SGU Department Chair Letters directly to students that require them.

MSPE’s and transcripts sent to matching services are NOT updated automatically. Students must contact their MSPE Coordinator to request newer versions containing additional core grades.

Similarly, students who go unmatched in their anticipated graduating year must request an updated MSPE and transcript from their MSPE Coordinator after they reopen their ERAS account in the subsequent year. The versions that will initially appear in their account are those that were sent during the previous match cycle.

Further details about the MSPE process can be found in the MSPE section of the Clinical website. [https://mycampus.sgu.edu/group/sgu-clinical/mspe-deans-letter-transcripts-lors]
The MSPE Team can be contacted based on student last names:

- Christiana Pironti (cpironti@sgu.edu)  A-F
- Cathy O’Neill (coneill@sgu.edu)  G-L
- Steven Orkin, Supervisor (sorkin@sgu.edu)  M-Q
- Bernadette Farruggio (bfarruggio@sgu.edu)  R-Z
- Alyse Leotta (MSPE Assistant) (aleotta@sgu.edu)  ALL

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

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

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

Students are not to use the Emergency Department 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.

**E. Psychological Services**

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

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

The School has begun the process in 2017 of appointing on-site advisors at our major hospitals. These advisors are physicians based at our clinical centers and major affiliated hospitals who are available to students for career, academic and wellness advice and support. As of the Spring of 2017 this student support service has been established at several NY and NJ areas. This program will be expanded to other hospitals in the near future.

G. Academic Advice

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

H. Food and Housing

All clinical centers and affiliated hospitals provide information about access to food and housing. Food and housing vary from site to site but remain the student’s responsibility. Advice about housing in Miami can be obtained from the University (sgthouse@sgu.edu). Information about hospitals’ housing, parking permits, meal tickets and similar local issues are provided by the hospitals medical education coordinators who assist SGU students at clinical centers and affiliated hospitals. A listing of hospitals offering meal tickets and parking permits can be found on the official clinical website. Departing students and the student coordinators at each hospital provide listings of available housing, which is helpful to the students. Students are responsible for their own transportation to and from their hospital.

I. Financial Services

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

VI. EXTRACURRICULAR ACTIVITIES

The school supports a number of extracurricular activities. These include the Medical Student Research Institute, the Gold Humanism Honor Society, additional research and scholarly activity and dual degree programs. The dual degree programs include MD/MPH (Masters of Public Health), MD/MBA (Masters of Business Administration-Health) and MD/MScBR (Masters in Biomedical Research). Details can be found on our website.
SECTION TWO

I. ACHIEVING COMPETENCE

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

B. Independent Study and Lifelong Learning
In order to become life-long learners, students must develop skills for self-directed learning, an essential task of medical student education. Before starting a clerkship, a student should ask and be able to answer the questions, “What should I learn in this clerkship?” and “How will I learn it?” In general, the answers to these questions will be found in multiple domains: medical knowledge, clinical skills and professional behaviors. Knowledge will be acquired during didactic activities, such as general and patient-specific reading, lectures, conferences, etc. To guide students, this section provides lists of specific core topics that should be learned during the clerkships and web-based educational programs that students must complete. In addition, students must maintain an electronic patient encounter log containing lists of symptoms and diseases that the faculty feels students should become familiar with. Students must also recognize different categories of diseases. These include the important aspects of preventive, emergency, acute, chronic, continuing, rehabilitative and end-of-life care. Clinical skills and professional behaviors will be developed during supervised and observed patient encounters and during interaction with senior physicians, everywhere that care is delivered. Measurement of the student’s knowledge, skills and professional behavior against defined benchmarks determines the student’s progress through the academic program. Importantly, the patients that students see and document in the patient log should form the basis for active and independent learning. In this patient-centered process students should develop the ability to independently identify, analyze and synthesize relevant information. Students should also strive to critically appraise the credibility of information sources they use. These competencies will be evaluated during discussions about patients at the bedside and in conferences and as part of students’ write-ups. Each student’s log becomes part of each student’s performance evaluated at the end of clerkship.
Each of the core clerkships have three web-based courses and quizzes that students must complete during the rotation. The courses consist of the:

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

**C. Competency**

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

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

**EPAs**

1. Gather a History and Perform a Physical Examination
2. Prioritize a Differential Diagnosis Following a Clinical Encounter
3. Recommend and Interpret Common Diagnostic and Screening Test
4. Enter and Discuss Orders/Prescriptions
5. Document a Clinical Encounter in the Patient Record
6. Provide an Oral Presentation of a Clinical Encounter
7. Form Clinical Questions and Retrieve Evidence to Advance Patient Care
8. Give or Receive a Patient Handover to Transition Care Responsibility
9. Collaborate as a member of an Interprofessional Team
10. Recognize a Patient Requiring Urgent or Emergent Care, & Initiate Evaluation & management.
11. Obtain Informed Consent for Tests and/or Procedures
12. Perform General Procedures of a Physician
13. Identify System Failures and Contribute to a Culture of Safety and Improvement.
In order to ensure that every graduate of SGUSOM is able to function at the highest possible professional level, it is necessary for us to define exactly what we mean by “competent”. Multiple models have been used to accomplish this. SGUSOM groups its competencies, or outcome objectives, into three domains – medical knowledge, clinical skills and professional behavior. The outcome objectives presented below provide an overarching guide for the curriculum.

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

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

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

i. Establish rapport and exhibit compassion for patients and families and respect their privacy, dignity and confidentiality.

ii. Demonstrate honesty, respect and integrity in interacting with patients and their families, colleagues, faculty and other members of the health care team.

iii. Be responsible in tasks dealing with patient care, faculty and colleagues including health-care documentation.

iv. Demonstrate sensitivity to issues related to culture, race, age, gender, religion, sexual orientation and disability in the delivery of health care.

v. Demonstrate a commitment to high professional and ethical standards.

vi. React appropriately to difficult situations involving conflicts, nonadherence and ethical dilemmas.

vii. Demonstrate a commitment to independent and life long learning including evaluating research in healthcare.

viii. Demonstrate the willingness to be an effective team member and team leader in the delivery of health care.

ix. Recognize one’s own limitations in knowledge, skills and attitudes and the need for asking for additional consultation.

x. Participate in activities to improve the quality of medical education, including evaluations of courses and clerkships.
III. Assessment and Grading

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

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

The final grade in the clerkship represents a semi-quantitative average of five components:
1. medical knowledge 20%
2. clinical skills 20%
3. professional behavior 20%
4. communication skills 10%
5. NBME Clinical Subject Exam grade 30%

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

The students take the NBME Clinical Subject Exam during the final week of their clerkship. The Office of Clinical Studies receives the scores from the NBME and sends the grades to the hospital shortly afterwards.
The NBME Clinical Subject Exams will be graded as follows:

- 75 or greater = A+ (Honors)
- 70 – 74 = A
- 65 – 69 = B
- 60 – 64 = C
- 59 or below = F

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

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

2. Definitions of Grades

**A+ (honors)** requires all As and an A+ on the NBME exam. A+ (honors) must be given to students with these grades. The number of students who receive an A+ on the NBME is unlikely to exceed 10% for statistical reasons. Therefore, 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 only adequately develop the required competencies and whose overall performance is acceptable.

**C** is given to those students who barely meet minimum requirements. This grade is, in fact, a “warning” grade and identifies a student who is struggling in medical school and 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 assessment precludes a student from meeting graduation requirements until the GAB determines that the student has reached the required level of competency in that component(s). A final grade of F leads to a recommendation for dismissal from medical school.

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

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

- A+ = exceptional
- A = good
- B = adequate
- C = minimal
- F = failing

**Components of the Assessment**

**Clinical Performance (70%)**

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

- Medical Knowledge includes the knowledge of basic, clinical and social sciences; the pathophysiology of disease; the clinical signs, symptoms and abnormal laboratory findings associated with diseases and the mechanism of action of pharmaceuticals.
- Clinical Skills includes diagnostic decision making, oral and written case presentations, history and physical examination, test interpretation and therapeutic decision making. Students must be observed and evaluated at the bedside.
- Professional Behavior include the interaction with staff and patients, integrity, sensitivity to diversity, attendance and a commitment to life long learning and independent study.
- Communication Skills “as they relate to physician responsibilities, including communication with patients, families, colleagues, other health professionals and resolution of conflicts.” (See appendix K for the NBME approach to communication skills).

**NBME End of Clerkship Exam Policies and Procedures**

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

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

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

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

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

A formal mechanism exists for identifying and helping a student whose achievement is not up to standard. If preceptors or attending physicians judge a student to be marginal, the clerkship director is notified. The student shall be informed as early as possible during the core clerkship and given assistance and counseling. Depending upon the seriousness of the problem, the department chair, the DME, and a Dean may be involved.

Thus, a three-tiered system for dealing with student problems exists at all clinical sites. Initially a student’s preceptor and/or clerkship director discusses a student’s behavior or attitude with the student. This is done at the time of the mid-core assessment or at any other time that is appropriate. Many times counseling the student is sufficient. If the problem recurs, a pattern develops or a single problem appears serious, the clerkship director notifies the DME. The DME might meet with and counsel the student. If the problem is serious enough, the DME notifies the Deans’ offices. The Dean of Students and the Dean of the School of Medicine have the ultimate responsibility for dealing with students’ problems.
IV. THE CORE CLERKSHIPS

A. INTERNAL MEDICINE CORE CLERKSHIP

1. MISSION AND INTRODUCTION

Description of the Core Clerkship in Internal Medicine

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

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

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

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

2. GUIDELINES

i. Length: twelve weeks.

ii. Site: in-hospital medical services and out-patient facilities. Students may also rotate through nursing homes, sub-acute nursing facilities or other similar places where healthcare is delivered.

iii. Orientation at the start of the clerkship: this should include an introduction to the key faculty and coordinators, a tour of the facilities, distribution of schedules, discussion of the expectations and responsibilities of the clerk, the general department and student schedule and the assignment to residency teams and preceptors. Students should be
made aware of the contents of the CTM and the goals and expectations of the clerkship as a comprehensive learning experience. The SGU Clerkship Director in Medicine and preceptors are responsible to review and discuss the educational goals and objectives of the clerkship set forth in this manual before each rotation. In addition there must be emphasis on developing communication skills, discussion of manual skills requirements and discussion of professional behavior.

iv. Schedule: all day Monday through Friday; night, weekend and holiday call with residency teams as assigned. Approximately 30% of the Clerkship should be allocated to protected academic time for teaching conferences and structured independent study.

v. Attending rounds for house staff and students at least three times per week.

vi. A full schedule of teaching conferences including grand rounds, subspecialty conferences and didactic sessions pertinent to the needs of the students.

vii. Preceptor sessions at least four hours per week to include case presentation by students and 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).

viii. Students are expected to complete 600 IM UWorld questions over the course of the 12 week rotation.

ix. Six comprehensive write-ups are required over the course of the clerkship. These write-ups should include a comprehensive history, a physical exam, a review of relevant laboratory and imaging data, and a comprehensive problem list, with diagnostic, therapeutic and educational plans. This assessment should require considerable supplementary reading. The preceptor must read and critique these write-ups and return them to the student in a timely fashion. This timely interaction among faculty and student is an essential and core responsibility of the preceptor faculty. In addition students must submit 2 “focused” write-ups – max 2 pages – based on clinical situations where a new problem arises in the course of hospitalization. These write-ups should include key historical features, relevant physical exam, pertinent laboratory data; and diagnostic assessment and plan for the patient.

x. A mid-term evaluation of each student’s performance is an important part of the rotation. This must include a review of the student’s patient log, a review of the student evaluations submitted by residents and attending who have had contact with the student, and a thorough discussion of the student’s strengths and weaknesses with advice as to how the student may improve. Students will also be expected to take a “practice” NBME shelf exam (self-evaluated) at the midpoint of the clerkship.

xi. A formal oral communication assessment, conducted by the preceptor (or his/her designee), will be scheduled during the last 2 weeks of the rotation. This assessment counts for 5% of the final grade.

xii. Components of the Grade:

A. Medical Knowledge 30% = NBME Internal Medicine Subject Exam
   20% = a composite of subjective assessments by preceptor, attendings and residents

B. Clinical Skills 20% = a composite assessment by preceptor, attendings and residents
C. Professional Behavior 10% = fulfillment of required components, including attendance, write-ups, UWorld and Firecracker

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

D. Communication Skills 10% = composite preceptor, attendings and residents = 5%

Formal Communication Assessment = 5%

3. EDUCATIONAL OBJECTIVES

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

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

MEDICAL KNOWLEDGE

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

Demonstrate knowledge of the indications for and the ability to interpret standard diagnostic tests, e.g.; CBC, chemistries, chest x-rays, urinalysis, EKGs, as well as other relevant specialized tests. Recognize unusual presentations of disease in elderly patients and demonstrate understanding of the complexity of providing care for the chronically ill with multiple medical problems. This should include an understanding of end of life issues, as well as bioethical, public health and economic considerations which arise in our health care system.

Demonstrate knowledge of the indications for various levels of care post-discharge, e.g., short and long term rehabilitation, long-term skilled nursing facility care, hospice, home care, etc.
**CLINICAL SKILLS**
Take a comprehensive history and perform a complete physical exam. Formulate a comprehensive problem list, differential diagnosis; and articulate a basic therapeutic plan, employing concern for risks, benefits, and costs.

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

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

**COMMUNICATION SKILLS**
Verbal:
- Basic competence in comprehensive case presentation
- Basic competence in focused case presentation
- Basic competence in explaining to a patient a simple diagnostic and therapeutic plan (e.g.; Community Acquired Pneumonia in a healthy 40 yr. old)
- Basic informed consent scenario for a procedure (e.g.; contrast enhanced CTS)
- Basic competence in safe transitions of care (i.e., sign outs, rounds and transfer of care)

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

Drexel Modules: 33 Giving Bad News
32 Advance Directives

**PROFESSIONAL BEHAVIOR**
- Demonstrate a regimen of independent learning through the reading of suggested basic texts, research via the Internet and through other electronic resources, e.g., Up-To-Date, maintenance of the patient encounter log and completion of the web-based educational program requirements.
- 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.
- 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.
4. **CORE TOPICS & PATIENTS**

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

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

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

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

C. Patients presenting with a known medical condition.

1. Acute MI
2. Acute renal failure and chronic kidney disease
3. Asthma
4. Common cancers
5. COPD
6. Diabetes mellitus
7. Dyslipidemia
8. CHF
9. HIV
10. Hypertension
11. Inflammatory bowel disease
12. Liver disease
13. Nosocomial infection
14. Obesity
15. Peptic ulcer disease
16. Pneumonia
17. Skin and soft tissue infections
18. Substance abuse
19. Thyroid disease
20. Venous thromboembolism
21. Geriatric Issues
22. Cognitive Impairment
23. Osteoporosis
24. Polypharmacy
25. Incontinence
26. Falls, gait and balance problems
27. Failure to thrive
28. Pressure ulcers
29. Sensory impairments
30. Sleep disorders
31. Depression
32. Pain
33. Elder abuse and neglect
34. End-of-life

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

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

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

Message from the Chair Dr. Paul Kastell:

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

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

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

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

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

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

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

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

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

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

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

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

a. Length: minimum six weeks.

b. Site: Labor and delivery suite including ob triage, the operating room, gynecology inpatient units and the ante-partum, post-partum and post-operative units, outpatient clinics, private MD offices and the Emergency Department.

c. At the start of the clerkship, an orientation is given. This includes a discussion of the expectations and responsibilities of the students and their schedules and assignments to residency teams and preceptors. The SGU clerkship director for Obstetrics and Gynecology and the student coordinator participate in this orientation. During the Orientation students will be advised how to obtain scrubs, lab coats, and ID Badges and a tour of the Ob/Gyn areas including call rooms.

d. Students take night call no more than every third night, and one weekend call not to exceed 24 hours or one night float schedule, not to exceed residents’ hours on call. The student will do a maximum of 6 calls during the 6 week rotation.

e. Students participate in attending rounds for house staff and students at least once a week and work rounds with house staff at least twice a week.

f. A schedule of teaching conferences including staff conferences, residents’ conferences, grand rounds, subspecialty conferences and didactic sessions pertinent to the needs of the students is presented at the orientation. Approximately 30% of the clerkship should be allocated to protected academic time for teaching conferences and structured independent study.

g. Each student is required to complete a minimum of two clinical write-ups, including one obstetrical and one gynecological case. Each write-up must include the admission history, physical examination, review of laboratory and imaging studies impression, assessment and diagnostic/therapeutic plan. The history must include any cultural issues that may affect the patient’s treatment and compliance. Students must include a discussion of the patient’s social supports and any recognizable limits of the doctor-patient relationship, e.g. beliefs. The write-up should also mention any limitation of the patient: mental, physical, financial or emotional. When pertinent, the labor and delivery record, operative findings, post-operative progress notes, and pathology should be included. Each clinical write-up will include a one page summary of the topic chosen by the student on any aspect of the clinical case study. This requires a literature search to respond to the clinical question posed by the student. Critiques of the write-ups are provided to the student by the preceptor. Each student will do a case presentation based on an interesting topic that was encountered during her/his rotation.

h. Direct preceptor/faculty supervision of the students for at least 3-4 hours per week should include case presentations by the students, bedside rounds, physical examinations and interactive sessions.

i. A formal one-on-one mid core evaluation is required. The student is required to bring all case evaluations and the student log to the meeting. This is required to be reported to the DME with a signature acknowledgement by the student.

j. Each student will maintain an electronic log of all patients with diagnosis they admit, evaluate or follow.

k. All students must take the NBME Clinical Subject Examination in ob/gyn during the last week of the rotation. They must have the day off prior to the exam as well as the day of the exam. The school sends the grades on these exams to the hospital for incorporation into the final evaluation. If you do not take the exam, you have to take it within one week.
I. Special emphasis is placed on the development of certain skills. By the completion of the clerkship, the student should be able to competently perform a complete history relevant to the obstetric/gynecologic patient and a physical examination of the breast and pelvis. (These examinations must always be performed only when a “chaperone” is present.)

3. EDUCATIONAL OBJECTIVES *

Medical Knowledge: The student will learn:

a. Health maintenance and preventive care for women, including age-related issues in cancer screening, screening for other common adult-onset illnesses, nutrition, sexual health, vaccination and risk factor identification and modification.

b. Acute and chronic conditions common in women’s general and reproductive health, including their diagnosis and treatment.

c. Principles of physiology and pharmacology applicable to women from puberty through their reproductive life and menopause, especially pregnancy and age-related changes.

d. Prenatal, intra-partum and post-partum care of normal pregnancy and common pregnancy-related complications as well as the care of women with acute or chronic illness throughout pregnancy.

Clinical Skills: The student will demonstrate competence in:

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

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

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

b. History Taking: patients in more complex situations such as in the emergency and labor setting, collecting complete and accurate information and focusing appropriately. Describe how to modify the interview depending on the clinical situation—inpatient, outpatient, acute and routine settings including Physical Exams which are complete and focused depending on the indication and condition.

c. Clinical Problem Solving: Using data from history, physical, labs and studies to define problems, develop a differential diagnosis, and identify associated risks.

d. Clinical Decision Making: Incorporating patient data with patient needs and desires when formulating diagnostic and therapeutic plans incorporating cultural and ethical issues.
e. **Evidence-Based Medicine:** Ability to conduct an evidence-based search surrounding a specific clinical question and to appropriately evaluate the literature to answer such question.

f. **Self-Education:** Recognizing knowledge deficits and learning needs through a reflective self-assessment process, plan or seek assistance in strengthening knowledge deficits, develop key critical thinking and problem solving skills. Seek feedback.

**Professional Behavior:** The student will be expected to:

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

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

**CORE TOPICS**

**General**

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

**Obstetrics**

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

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

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

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

**Required**
Obstetrics/Gynecology for the Medical Student
Beckman, et al Lippincott Williams & Wilkins

**Supplementary**
Williams Obstetrics
Cunningham et al, Appleton

Danforth’s Obstetrics and Gynecology
Scott et al Lippincott, Williams and Wilkins

Clinical Gynecologic Oncology
DiSaia & Creasman, Mosby

Gynecology by Ten Teachers and Obstetrics by Ten Teachers
Monga & Baker, Arnold

Problem Based Obstetrics and Gynecology
Groom and Cameron, Blackwell

Reproductive Endocrinology
Speroff et al, Lippincott Williams and Wilkins

**Other Helpful Review Texts:**
OB/GYN Mentor: Your Clerkship and Shelf Exam Companion
M. Benson, F. A. Davis Company

First Aid for the Wards: Insider Advice for the Clinical Years
Le et al, Appleton & Lange

First Aid for the USLME Step 2 CK and CS
Le et al, McGraw-Hill

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

**On Line References**
APGO Website: APGO.edu
OBGYN 101: Introductory Obstetrics and Gynecology": obgyn-101.org

MDConsult: mdconsult.net

Up To Date: UpToDateOnline.com

These two are particularly good at indicating how the patient presents:
WebMD.com
Eneducube.com
WEB BASED EDUCATIONAL ASSIGNMENTS FOR INDEPENDENT LEARNING

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

MISSION AND INTRODUCTION

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

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

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

GUIDELINES

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

a. a gastrointestinal illness, such as dehydration  

b. a child with a neurological or neurodevelopmental problem  

c. a child with a respiratory and/or cardiac problem (chronic illness is preferable)  

d. a child with fever

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

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

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

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

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

11. A minimum of four complete clinical write-ups is required per student. These write-ups will be critiqued by the preceptor and returned to the student in a timely manner. It is preferable that the patients selected for these write-ups be examples of the case mix listed in guideline #9 above. The write-ups will be handed in at intervals during the rotation and returned promptly so that the student can improve their written expression.

12. The student will keep a Patient Encounter Log. The log will list all of the patients that the student has had direct contact with. The log should reflect a commitment to accurate record keeping and reflect knowledge of the case.

13. Each student will have a formative mid-core evaluation with a review of their Patient Encounter Log to the session. The Log will be reviewed for completeness, quality and mix of cases. The student’s professional behavior will be addressed, as well as progress in attaining the knowledge and skills required to evaluate a patient. There will be appropriate comments and suggestions given to the student to guide them toward improvement. The preceptor will submit a written assessment of the Mid-Core evaluation.
14. The student will maintain a log of Manual Skills and Procedures that lists the procedures performed or witnessed.

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

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

15. The students are responsible for completing the introductory modules of the Communication Skills course prior to the start of the 3rd year core rotations. In addition, the modules required for the pediatric rotation are:

#22. The Adolescent Interview.

16. The student will complete the web-based assignments listed in Sakai.

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

18. The Department of Pediatrics places special emphasis on professional behavior, as well as knowledge, interviewing skills, clinical problem solving and the ability to communicate information.

19. The final grade is compiled from information gathered from preceptors, residents and staff Members who have evaluated the student’s professional behavior, knowledge, ability to communicate and clinical skills. The grade on the final written examination constitutes 30% of the final grade.

There are 5 components of the grade:

- Medical Knowledge
- Clinical Skills
- Professional Behavior
- Communication Skills
- Written Examination – The student need to score one standard deviation above the mean on the written examination to qualify for an A+ grade on the written examination.

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

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

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

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

**Professional Behavior**

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

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

Well Child Care
a. Immunizations
b. Routine screening tests
c. Anticipatory guidance
d. Nutrition

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

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

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

2. Eyes
   a. Conjunctivitis
   b. Ocular trauma
   c. Amblyopia
   d. Strabismus

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

4. Gastrointestinal Disorders (G.I.)
   a. Gastroenteritis
   b. Constipation/Hirschsprung’s disease
   c. Acute abdomen (appendicitis, intussusception, volvulus)
   d. Inflammatory bowel disease
   e. Gastroesophageal reflux disease (GERD)

5. Endocrine
   a. Diabetes, Diabetic Ketoacidosis (DKA)
   b. Thyroid disease
   c. Adrenal disease
   d. Congenital Adrenal Hyperplasia (CAH)
   e. Failure to Thrive
   f. Obesity
   g. Metabolic Syndrome
6. **Neurology**
   a. Seizures
   b. Meningitis
   c. Head trauma
   d. Cerebral palsy
   e. Tumors

7. **Hematology/Oncology**
   a. Anemias/hemoglobinopathies
   b. Pediatric malignancies (Acute Lymphatic Leukemia, lymphomas, neuroblastoma, Wilm’s tumor)
   c. Immune thrombocytopenic purpura (ITP)

8. **Renal and Genitourinary (G.U.)**
   a. Urinary tract infections (UTI’s)
   b. Nephritis/nephrosis
   c. Fluid and electrolyte balance
   d. Congenital anomalies

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

10. **Ingestions and Toxidromes**
    a. Lead poisoning
    b. Salicylate, acetaminophen
    c. Iron

11. **Common Pediatric Orthopedic Problems**
    a. Developmental dysplasia of the hip
    b. Osgood Schlatter
    c. Slipped Capital Femoral Epiphysis
    d. Torsions
    e. Legg-Calve-Perthes disease
    f. Dislocated radial head,(Nursemaid’s elbow)
    g. Fractures
12. **Musculoskeletal System**
   a. Osteomyelitis/septic arthritis
   b. Muscular dystrophies

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

14. **Child Maltreatment Syndrome**
   a. Physical abuse
   b. Sexual abuse
   c. Emotional abuse
   d. Neglect

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

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

17. **Behavioral Issues**
   a. Temper tantrums
   b. Discipline issues
   c. Sleep disorders
   d. Attention Deficit Disorders
   e. Hyperactivity issues
   f. Learning disabilities
   g. Oppositional defiant disorders
18. **Immunology**
   a. Human Immunodeficiency Virus infection (HIV)
   b. Congenital Immunodeficiency Syndromes

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

Suggested Approach to Reading for Medical Student Pediatric Rotations

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

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

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

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

Students should use the most recent edition of the following:

**Required**

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

**Comprehensive Textbooks**

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
- The Spirit Catches you and You Fall Down; A Hmong Child, Her American Doctors, and the Collision of Two Cultures. By Anne Fadiman. Farrar, Straus.

Journals
Pediatrics
Journal of Pediatrics
Academic Pediatrics
Pediatrics in Review
Pediatric Clinics
Journal of Pediatric Infectious Disease

Internet Sites
www.comsep.org - Provides curriculum and lists topics in pediatrics. This site is primarily for faculty members, but has relevant sections for students
There is an excellent video demonstrating how to perform a physical examination on a child
www.aap.org - Offers access to all American Academy of Pediatrics Policies and Guidelines
www.brightfutures.aap.org - Offers information about developmental milestones, anticipatory guidance, and mental health
www.geneclinics.org - Sponsors a database for genetic diseases and newborn screening methodologies

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

Core Clerkship

1. Mission and Goals
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 biopsychosocial-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.

2. 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 web-based 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.

At the completion of this core clerkship, the student will be able to:
Medical Knowledge

a. 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.

b. Construct a formulation and comprehensive differential diagnosis using a biopsychosocial-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.

c. 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.

d. Demonstrate basic knowledge of concepts of psychotherapy, including supportive, psychodynamic and cognitive-behavioral.

e. Demonstrate knowledge of when to make referral to psychiatry and how to utilize the input of the consultant.

f. 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.

g. Demonstrate knowledge of bioethical issues arising in psychiatry such as privacy, confidentiality and professional boundaries.

h. Demonstrate knowledge for obtaining appropriate consents for treatments and procedures.

i. Demonstrate knowledge of how to evaluate a patient’s capacity in meeting the requirements of every day life.

Clinical Skills

a. 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.

b. Demonstrate ability to utilize a patient centered approach to care.

c. Organize and present a full psychiatric history and mental status examination, including using critical thinking to construct a formulation, differential diagnosis and treatment plan.

d. Evaluate and participate in the management of psychiatric emergencies, including the assessment of suicidality, dangerousness, intoxication and withdrawal syndromes. Demonstrate understanding of safety/risk assessment.

e. Communicate with patients and families, as well as with other health care professionals, in an empathic, informative and professional manner.

f. Function effectively as a member of the multidisciplinary treatment team.
**Professional Behavior**

a. Demonstrate cultural competency and sensitivity to differences in all aspects such as race, ethnicity, immigration status, sex, sexual orientation and socioeconomic status.

b. Demonstrate compassion towards patients and their families, even when presented with significantly disturbed behavior and verbalizations.

c. 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.

d. Demonstrate awareness of and willingness to seek consultation and supervision and to incorporate these into future practice.

e. Demonstrate a commitment to life long and independent learning.

f. Demonstrate awareness of need to advocate for patients and to seek to reduce stigma associated with mental illness.

g. Demonstrate behavior consistent with the setting and maintenance of professional boundaries.

**3. Guidelines**

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

- 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
- Complete assigned activities from the Department’s web-based curriculum
- Complete other assignments given by the preceptor, e.g., class presentations
- Complete modules 13 – Managing Strong Emotions and 15 – Culture in the Clinical Interview of the Drexel Communication Curriculum, doc.com
- Keep the electronic log current and bring a copy to the mid-core evaluation
- Do well on the final written exam

**4. 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.

A. Evaluation and assessment

i. Biopsychosocial-cultural model

ii. Psychiatric interview; collateral sources of information

iii. Mental status exam

iv. Capacity and competency with regard to medical decision making

v. Indications for and interpretation of relevant laboratory testing, e.g., substance screening, endocrinological tests, and consultations with other physicians

vi. Medical and neurologic assessment

vii. Indications for and use of results of psychological and/or neuropsychological testing
B. Psychopathology
   i. Psychopathology of major disorders, including substance use disorders
   ii. Classification systems and differential diagnosis

C. Management
   i. Psychopharmacology
   ii. Psychotherapeutic approaches
   iii. ECT
   iv. Interdisciplinary treatment team
   v. Psychiatric emergencies, including assessment of suicidality and dangerousness
   vi. Intoxication/withdrawal syndromes.
   vii. Civil commitment and treatment refusal
   viii. Management of psychiatric disorders in medical/surgical patients

D. Communication
   i. Communication in layman’s language and patient/family education
   ii. Empathy, rapport, therapeutic alliance
   iii. Communication with the interdisciplinary treatment team

E. Professional behavior
   i. The impact of culture and self-awareness
   ii. Professional ethics, informed consent, confidentiality and privacy
   iii. Professional boundaries

5. 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, The British Journal of Psychiatry, as well as web-based resources and recommendations from their preceptors.

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E. Surgery

Core Clerkship

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

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

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

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

COURSE GOALS and OBJECTIVES

1. MEDICAL KNOWLEDGE
   To apply and reinforce knowledge of the basic sciences, especially anatomy and physiology

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

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

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

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

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

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

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

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

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

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

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

3. **PROFESSIONAL BEHAVIOR**

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

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

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

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

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

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

1. Length: twelve weeks
2. 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 SGU CTM should be provided as a reference within the orientation process indicating the location on the SGU website. A review of the Goals and Objectives, Clerkship Guidelines and evaluation process should be conducted.
3. 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.
4. 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.
5. Students must take night, weekend, and holiday call with their teams.
6. Attending rounds for house staff and students should be conducted at least three times a week.
7. The clerkship must include a schedule of teaching conferences, both in conjunction with and parallel to the educational opportunities of the residents/registrar, including grand rounds, subspecialty conferences and didactic sessions that address the Core topics of the CTM.

**Protected Study Time**

1. 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, appropriate, including physical examination and interactive sessions.
2. 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: 1) clinical history, 2) physical examination and 3) laboratory, imaging and other ancillary studies in order to develop 4) a rank-order differential diagnosis list and concluding with 5) a primary working diagnosis that will direct treatment and/or further investigation. Formative feedback on the exercise must be part of the process.
3. Electronic patient logs are to be maintained and up to date at all times. (Instructions regarding the log are found in Section One of the CTM)
4. Electronic patient logs should be periodically inspected by the Clerkship Director and at mid-rotation in order to monitor the types of patients or clinical conditions that students encounter and modify them as necessary to ensure that the objectives of the education program are met. The patient logs may also be used by the Dean and the Chair of Surgery in order to monitor the types of patients or clinical conditions that students encounter in order to determine if the objectives of the medical education program are being met.
12. Students will be responsible for the review of basic anatomy, pathology and physiology of all surgical problems encountered.

13. Students will be responsible for the requirements and recommendations in the Log Book of Manual Skills and Procedures (Appendix E, page 118 of the CTM).

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

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

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

The final summative feedback evaluation will determine the grade for the clerkship and will be based on five components weighted as follows: 1. Medical Knowledge (20%) 2. Clinical Skills (20%) 3. Professional Behavior (20%) 4. Communication Skills (10%) and 5) end-of-core written examination (30%).

**CORE TOPIC GOALS and OBJECTIVES**

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

**Module 1: Shock**
   a. Define the types of shock: hypovolemic, septic, neurogenic, anaphylactic and cardiogenic.
   b. Describe the clinical signs of hypovolemic shock and relate them to the underlying pathophysiological process.
   c. Describe the critical objective measurements used to monitor the patient in shock.
   d. Describe the initial clinical management and resuscitation of the patient in shock.

**Module 2: Trauma**
   a. Explain the ATLS teaching of primary and secondary survey in the initial evaluation and treatment of acutely injured patients and define the classes of hemorrhage used in estimating loss of circulating blood volume.
   b. Describe the initial evaluation, stabilization, resuscitation and management of the patient with blunt and penetrating abdominal and thoracic trauma.
   c. Describe the initial evaluation, resuscitation and management of the patient with an isolated splenic injury.
Module 3: Head Injuries
a. Explain the Glasgow coma score.
b. Describe the principles of evaluation and treatment of head injuries including epidural and subdural hematoma.

Module 4: Burns
a. Classify burns according to the depth of injury and etiology.
b. Estimate the area of burn injury using the rule of nines.
c. Describe the resuscitation of the burn patient using the Parkland Formula.
d. Outline the basic principles of burn wound care.

Module 5: Acute Abdomen
a. Outline the pathophysiology, clinical presentation and consequences of acute peritonitis, both localized and generalized.
b. Describe the diagnosis and treatment of acute appendicitis, acute diverticulitis and acute perforated peptic ulcer.
c. Develop a detailed understanding of the diagnosis and treatment of common biliary tract-associated causes of the acute abdomen including acute and chronic cholecystitis, cholangitis and acute pancreatitis.
d. Describe the diagnosis and treatment of commonly occurring causes of the acute abdomen in infants and children including pyloric stenosis, intussusception and midgut volvulus.

Module 6: Intestinal Obstruction
a. Differentiate large and small intestinal obstruction and list common causes of each condition.
b. Differentiate intestinal obstruction from a dynamic (also referred to as paralytic) ileus.
c. Explain the pathophysiology of fluid and electrolyte disturbances associated with small intestinal obstruction.
d. Describe the diagnosis, initial resuscitation and management options in the treatment of intestinal obstruction, including partial small intestinal obstruction, complete small intestinal obstruction, and colonic obstruction.

Module 7: Gastrointestinal Hemorrhage
a. List the common etiologies of upper and lower gastrointestinal hemorrhage.
b. Describe of the emergency diagnosis (including clinical examination, endoscopy and radiologic imaging), resuscitation and management of acute gastrointestinal hemorrhage.
c. List the indications for surgical intervention in upper and lower gastrointestinal hemorrhage.
d. Describe the pathophysiology of portal hypertension and the principles of management.

Module 8: Common Gastrointestinal and Cutaneous Malignancies
a. Outline the steps involved in the clinical diagnosis and management of cutaneous malignancies.
b. Outline the steps involved in the clinical diagnosis and management of gastrointestinal malignancies.
c. Demonstrate an understanding of the relevant anatomy that determines the strategy and extent of resection employed in the surgical management of gastrointestinal malignancies.
d. Acquire an overview of the staging and prognosis of the common malignancies noted above.
**Module 9: Hernias**

a. Define hernia and describe the different types of abdominal wall hernias.

b. Demonstrate an understanding of the incidence, etiology, and complications, operative risks and rate of recurrence in the management of abdominal wall hernias.

c. Outline the fundamental principles in the surgical management of inguinal, umbilical and abdominal incisional hernia.

d. Define the terms related to abdominal wall hernias: reducible, irreducible, incarcerated, obstructed and strangulated.

**Module 10. Surgery of the Breast**

a. Discuss the evaluation and management of common benign diseases of the breast.

b. Describe the risk factor analysis, clinical examination, diagnosis and surgical management (both breast-conserving and breast-sacrificing) of in-situ and invasive malignancy of the breast.

c. Describe the rationale for and technical approach to axillary lymph node management, including sentinel lymph node biopsy, in the surgical management of malignancy of the breast.

**Module 11: Benign Colo-rectal Disorders**

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

**Module 12: Peripheral Arterial Disease**

a. Describe signs and symptoms of acute ruptured abdominal aortic aneurysm and describe the diagnosis, resuscitation and surgical management.

b. Describe the pathophysiology and diagnosis, both non-invasive and invasive, and treatment of peripheral arterial occlusive disease.

c. Describe the diagnosis and treatment of acute and chronic limb ischemia.

d. Describe the signs and symptoms of cerebral transient ischemic attacks and outline the available diagnostic modalities, non-invasive and invasive, used in the evaluation of carotid artery disease.

e. Describe the clinical course of mesenteric thromboembolic disease and discuss the approach to diagnosis and treatment.

**Module 13: Venous Disease**

a. Review the venous system of the lower extremity and develop an understanding of the effect of tissue pressure, the significance of the muscle pump and the effect of valvular insufficiency.

b. List the principles of management of varicose veins associated with venous insufficiency.

c. Explain the pathophysiology of venous stasis ulcers of the extremities and the principles of their treatment.

d. Describe the diagnosis and treatment of deep vein thrombosis (DVT), pulmonary embolism (PE) and the post-phlebitic syndrome.

**Module 14: Thoracic Surgery**

a. Develop an understanding of the evaluation of a solitary lung nodule seen on chest imaging.

b. List an overview of tumors commonly seen in the chest by location.

c. Delineate the principles of surgical management of lung cancer.

d. Develop an understanding of the commonly seen benign and malignant esophagea disorders including esophageal malignancy, achalasia and gastro-esophageal reflux disease (GERD).
Module 15: Transplant Surgery
a. Develop an understanding of the status of transplant surgery in the USA and worldwide.
b. Develop an understanding of the immunological aspects of transplant surgery including commonly used immunosuppressive medications and the side effects of immune-suppressive therapy.
c. Define the terms, anatomic and biologic, used in the description of transplant donors and recipients.

Module 16: Laparoscopic Surgery
a. Identify the comparative benefits and risks of laparoscopic surgery in comparison to open surgical procedures.
b. Develop an understanding of advanced laparoscopic techniques and robotic surgery.

Module 17: Bariatric Surgery
a. Define obesity and morbid obesity based on the body mass index (BMI).
b. List the co-morbid conditions associated with morbid obesity.

Module 18: Endocrine Surgery
a. Describe the symptoms, signs and management of hyperthyroidism.
b. Discuss the evaluation of a thyroid nodule.
c. Discuss the differential diagnosis and treatment of the patient with hypercalcemia.
d. Discuss the pathophysiology of primary, secondary and tertiary hyperparathyroidism.
e. Discuss the diagnosis and management of pheochromocytoma.
f. Discuss the features of Multiple Endocrine Neoplasia (MEN) syndromes and their surgical treatment.
g. Discuss the diagnosis and treatment of disorders of the pituitary adrenal axis.

Module 19: Ethical and Legal Issues in Surgery
a. Describe the principles of medical ethics applied to surgery including the concepts of patient advocacy, un-masking of economic influences and the duty to relieve suffering and ease pain with dignity.
b. Describe the fundamental elements of the patient-physician relationship.
c. Describe the responsibilities of the patient and the physician.
d. Discuss those aspects of medical ethics of particular concern to the surgeon:
   1) “Futile” care.
   2) Organ procurement.
   3) Transplantation guidelines.
   4) Withholding or withdrawing care.
   5) HIV testing.
   6) Referral of patients.
   7) Confidentiality.
   8) Fee splitting.
   9) Informed consent.
   10) Substitution of surgeon.
   11) Disputes between medical supervisors and trainees.
   12) New medical and surgical procedures.
Module 20: Surgery in the Elderly

a. Describe and explain the effect of the following factors on wound healing and recovery from illness, injury and operative treatment in elderly patients:
   1) Nutrition.
   2) Metabolic state (including diabetes mellitus).
   3) Collagen synthesis and deposition.
   4) Pharmacologic manipulation.
   5) Physical activity/mobility.
   6) Physiologic reserve and frailty.
   7) Immune competence

b. Develop an understanding of the unique physiology and risk factors seen in the elderly in relation to the management of shock, trauma, head injuries, burns, the acute abdomen, intestinal obstruction, common GI malignancies, hernias, surgery of the breast, venous disease, thoracic surgery, transplant surgery, laparoscopic and robotic surgery, bariatric surgery and endocrine surgery.

Module 21: Communication Skills in Surgery

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

(1) Learn to communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds particularly in regard to the concept of informed consent for surgical procedures

(2) Describe the use of certified interpreters and language interpretation services in the process of informed consent for surgical procedures.

(3) Describe the unique aspects of effective communication with physicians, other health professionals, and health related agencies in association with surgical treatment and follow-up surgical care.

(4) Learn to work effectively as a member or leader of a health care team in surgery

(5) Describe the consultative role of the surgeon to other physicians and health professionals.

(6) Learn to maintain comprehensive, timely, and legible medical records associated with surgical care.
SURGICAL SUBSPECIALTIES

ANESTHESIOLOGY:
Discuss the Pre-operative evaluation of the surgical patient in association with commonly occurring comorbid conditions.
Discuss the intra-operative factors associated with anesthetic management including: Intubation and airway management
Care and monitoring of the unconscious patient
Blood and fluid management
Local, regional and general anesthesia
Discuss the postoperative care of the surgical patient including:
Monitoring in the post-anesthesia care unit (PACU)
Pain management
Early and late complications
Discuss the toxicity of local anesthetics agents

ORTHOPEDICS:
Discuss the process of fracture healing.
List common seen fractures of the long bones and pelvis.
Outline the principles of immobilization of bones and joints in trauma.
Delineate the diagnosis and treatment of low back pain and sciatica.

UROLOGY:
List the common symptoms in the presentation of urinary problems.
List the common urological problem encountered in clinical practice.
Identify the methods used to treat ureteric and renal stones.
Outline the diagnosis and management of benign and malignant prostate disease.

OPHTHALMOLOGY:
Describe a normal fundoscopic examination and list the fundoscopic changes associated with common clinical conditions such as hypertension, diabetes and glaucoma.
Describe the anatomy and pathophysiology of pupillary size and reactions in the diagnosis of neurologic abnormalities and head injury.
  • Describe the symptoms and signs of glaucoma.
  • Describe the management of minor eye trauma including subconjunctival hemorrhage and corneal abrasion.

OTORHINOLARYNGOLOGY:
Review the relevant clinical anatomy of ear/nose/throat.
Outline the diagnosis and management of common conditions of the ear including cerumen impaction, foreign body removal, and perforation of the tympanic membrane, Otitis externa and Otitis media.

Develop an understanding of the common conditions of nose and sinuses including deviated septum, hyper-trophic turbinates, acute sinusitis and chronic sinusitis.
Develop an understanding of common surgically treated conditions of the throat including tonsillitis (and the indications for tonsillectomy) and obstructive sleep apnea (OSA).

**SURGERY READING LIST**

**REQUIRED**

**Print:**

 Essentials of General Surgery and Essentials of Surgical Specialties  
 Lawrence, Williams and Wilkins

**RECOMMENDED**

 Suggested additional print and on-line sources are:

**Books:**

 Code of Medical Ethics Current Opinions with Annotations, AMA press.  
 Early Diagnosis of the Acute Abdomen  
 Cope, Oxford University Press  
 Essentials of Diagnosis and Treatment in Surgery  
 (Lange Current Essentials Series)  
 The Ethics of Surgical Practice Cases, Dilemmas and Resolutions, Jones JW, McCullough LB and Richman BW, Oxford University Press.  
 Lecture Notes: General Surgery  
 Ellis and Calne, Blackwell  
 Principles of Surgery  
 Schwartz, McGraw Hill  
 The ICU Book  
 Marino, Williams and Wilkins

**Journals:**

 Journal of the American College of Surgeons  
 Elsevier  
 British Journal of Surgery  
 Wiley-Blackwell

**Surgical Organizations:**

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

**WEB BASED EDUCATIONAL ASSIGNMENTS FOR INDEPENDENT LEARNING**

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

Mission and Introduction
The clerkship in family medicine will:

1. Introduce students to the aspects of family medicine that are applicable to all fields of medical practice including the comprehensive and continuous care provided by family physicians to patients of all ages.

2. The curriculum will enhance the students’ ability to recognize the importance of family systems and the impact of chronic illness on patients and their families. The health of individual family members, cultural issues, family systems, and their cumulative effect on health outcomes will be highlighted.

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

4. The family medicine curriculum will promote the highest standards of professional behavior and clinical competence while preparing students for the practice of family medicine in diverse patient populations.

5. The curriculum will enhance student’s knowledge and awareness of the impact of cultural issues and family systems.

Family Medicine Guidelines
The family medicine curriculum will utilize the following guidelines:

1. Length: Four to Six Weeks

2. Site: Hospital Medical Floors and Family Medicine Outpatient Facilities, residency programs, emergency rooms and family medicine community preceptor’s offices.

3. Before the start of the clerkship students are required to access the corresponding Online family medicine course in Sakai. Students will be required to take the NBME exam.

4. Orientation: The first day of the clerkship the student will meet with a faculty member to discuss the expectations and responsibilities of the student during the rotation. The schedule for work hours and mandatory lectures will be reviewed.

5. Schedule: Clinical faculty will work with students precepting patient visits, attending teaching rounds, and attending didactic lectures.

6. Evaluations: Each student will have a mid-rotation evaluation with feedback and an end of rotation evaluation with feedback on performance of clinical skills such as history and physical exam, communication and medical knowledge.

7. Patient Log: Students will be expected to keep an electronic log of patient encounters and be able to present these cases to Clinical Preceptors.

8. A special emphasis will be placed on continuity of care, communication skills, and integration of medical care, preventive medicine and problem solving skills.
Educational Objectives
The family medicine curriculum will assist students in achieving the following educational objectives

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

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

Professional Behavior
1. Demonstrate empathy and respect irrespective of people’s race, ethnicity, cultural background, social and economic status, sexual orientation or other unique personal characteristics.
2. Demonstrate self accountability, dependability, responsibility, recognition of limitations and the need to seek help while continuing life long learning.
3. Demonstrate humility, compassion, integrity and honesty when dealing with patients, colleagues and the healthcare team.
4. Promote self care and wellness for ourselves, our patients and colleagues.
5. The ability to identify and understand the principles of ethics including: i. autonomy, ii. responsibilities, iii. beneficence, iv. nonmaleficence, v. equality.
Core Topics:
Students are responsible for knowing the presenting signs and symptoms and management of these problems regardless of whether any patients have been seen in the preceptor ship.

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

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

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

A. Recognition of the clinically relevant differences between the genders
Describe the nutritional needs of men and women.
- http://www.mcw.edu/gradschool/
- http://www.umassmed.edu/gsbs/
- http://www.gsbs.utmb.edu/
- http://www.smbs.buffalo.edu/

B. Knowledge and application of strategies for effective learning and improvement
- http://www.ursuline.edu/stu_serv/asc/strategies.htm
- http://www.crlt.umich.edu/tstrategies/tscelc.html

C. Knowledge of development and changes across the lifespan
- http://www.nichd.nih.gov/

D. An understanding of nutrition in health and disease
- http://www.fshn.uiuc.edu/
- http://www2.swmed.edu/humannutrition/
- http://www.fcs.iastate.edu/fshn/

E. An understanding of the science and management of pain
- http://www.aapainmanage.org/
- http://www.painmed.org/
- http://www.aspmn.org/
- http://www.ampainsoc.org/

F. An understanding of the concept of chronic illness.
- http://nursing.unc.edu/crci/
- http://www.pbs.org/fredfriendly/whocares/
- http://www.healingwell.com/pages/

G. An understanding of the principles of environmental medicine
- http://www.acoem.org/
- http://oem.bmjjournals.com/
- http://www.joem.org/

H. Comprehension of normal human sexual function and sexual dysfunction
- http://jama.ama-assn.org/cgi/collection/womens_sexual_function (requires password)
- http://pubs.ama-assn.org/cgi/collection/mens_sexual_function (requires password)
I. Preventive Medicine Web Resources
   • http://www.ahcpr.gov/clinic/uspsfix.htm
   • http://www.acpm.org/
   • http://www.elsevier.com/locate/issn/0091-7435
   • http://www.atpm.org/

J. Knowledge of substance use disorders and other addictions.
   • http://www.samhsa.gov/
   • http://www.casacolumbia.org/
   • http://www.cesar.umd.edu/

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

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

A. SUBINTERNSHIP IN MEDICINE
(The following is adopted from the Clerkship Directors of Internal Medicine)

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

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

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.

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

Objective:
To provide the student with the opportunity for an intensive experience in a subspecialty.
To expose the student to the commonly encountered patients as well as the complex diagnostic and management conditions in this discipline.
To better understand the basis of consultation for and breathe of this discipline.

Learning experience:
Under the supervision of the attending staff, the student will function as member of the subspecialty health care team and attend daily rounds. As appropriate, the student will undertake the initial history and physical exam, present patients to the health care team, observe and assist in procedures and surgeries and acquire experience in requesting and interpreting appropriate imaging studies. By the end of the four week rotation the student should aim to develop both consultative skills and an understanding of management principles through self directed learning using standard texts and electronic resources.
**Evaluation**
The responsible preceptor will complete the SGU elective evaluation form using feedback from as many members of the health care team as possible. The preceptor will grade the student on medical knowledge, clinical skills and professional attitude. A narrative description of the student’s strengths and weakness is required.

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

**GUIDELINES**

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

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

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

A. Medical Knowledge - Students will demonstrate medical knowledge sufficient to:
   • Identify the acutely ill patient
   • Suggest the appropriate interpretation of tests and imaging data
   • Develop a differential diagnosis which includes possible life or limb threatening conditions along with the most probable diagnoses
   • Describe an initial approach to patients with the following ED presentation: chest pain, shortness of breath, abdominal pain, fever, trauma, shock, altered mental status, GI bleeding, headache, seizure, overdose (basic toxicology), burns, gynecologic emergencies, and orthopedic emergencies
   • Actively use practice-based data to improve patient care

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

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

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

A. Clinical experience.

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

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

This list is not meant to identify the only types of patients a student will encounter or negate the importance of many other patient presentations.
B. Procedures.
Certain procedures to be taught under appropriate supervision during the emergency medicine rotation are listed below. Procedures were selected based on clinical relevance, level of student training and availability within the ED.

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

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

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

#### D. Testing and Evaluation

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

A. UNITED STATES

I. CLINICAL CENTERS

NEW YORK
THE BROOKLYN HOSPITAL CENTER
CONEY ISLAND HOSPITAL
FLUSHING HOSPITAL AND MEDICAL CENTER
KINGSBROOK JEWISH MEDICAL CENTER
KINGS COUNTY HOSPITAL CENTER
LINCOLN MEDICAL AND MENTAL HEALTH CENTER
NYU LUTHERAN MEDICAL CENTER
NEW YORK METHODIST HOSPITAL
NYC HEALTH & HOSPITALS / ELMHURST AND QUEENS
RICHMOND UNIVERSITY MEDICAL CENTER
WOODHULL MEDICAL AND MENTAL HEALTH CENTER

NEW JERSEY
HACKENSACK MERIDIAN HEATHL
JERSEY CITY MEDICAL CENTER
OVERLOOK HOSPITAL
SAINT BARNABAS HEALTH CARE SYSTEM
SAINT BARNABAS MEDICAL CENTER
NEWARK BETH ISRAEL MEDICAL CENTER
MONMOUTH MEDICAL CENTER
ST. JOSEPH REGIONAL MEDICAL CENTER
TRINITAS REGIONAL MEDICAL CENTER

MICHIGAN
ST. JOHN HOSPITAL AND MEDICAL CENTER

CALIFORNIA
ARROWHEAD REGIONAL MEDICAL CENTER
SAN JOAQUIN GENERAL HOSPITAL

OHIO
MERCY ST. VINCENT MEDICAL CENTER

FLORIDA
LARKIN COMMUNITY HOSPITAL
GEORGIA
  DEKALB REGIONAL HEALTH SYSTEM

NEVADA
  RENOWN HEALTH

ILLINOIS
  NORWEGIAN AMERICAN HOSPITAL

2. MAJOR AFFILIATED HOSPITALS
   NEW YORK
     MANHATTAN PSYCHIATRIC CENTER
     METROPOLITAN HOSPITAL CENTER
     MONTEFIORE MOUNT VERNON
     MONTEFIORE NEW ROCHELLE

   NEW JERSEY
     BERGEN REGIONAL MEDICAL CENTER
     MORRISTOWN MEDICAL CENTER

   CALIFORNIA
     ALAMEDA HEALTH SYSTEMS (HIGHLAND CAMPUS)

   MARYLAND
     HOLY CROSS HOSPITAL
     SHEPPARD PRATT HEALTH SYSTEM
     SPRING GROVE HOSPITAL CENTER

   FLORIDA
     NICKLAUS CHILDREN’S HOSPITAL
     CENTER FOR HAITIAN STUDIES

   CONNECTICUT
     ST. MARY’S HOSPITAL

   OHIO
     THE JEWISH HOSPITAL

   WISCONSIN
     MERCY HEALTH SYSTEM
3. **LIMITED AFFILIATED HOSPITALS**

**NEW YORK**
- MAIMONIDES MEDICAL CENTER
- SOUTHSIDE HOSPITAL

**NEW JERSEY**
- JFK MEDICAL CENTER
- MOUNTAINESE HOSPITAL
- ST. MICHAEL’S MEDICAL CENTER
- RUTGERS NEW JERSEY MEDICAL SCHOOL

**MICHIGAN**
- PONTIAC GENERAL HOSPITAL
- PROVIDENCE HOSPITAL

**WASHINGTON, DC**
- MEDSTAR NATIONAL REHABILITATION HOSPITAL

**FLORIDA**
- CLEVELAND CLINIC - FLORIDA
- UNIVERSITY OF FLORIDA

**CALIFORNIA**
- BORREGO COMMUNITY HEALTH FOUNDATION

**B. CANADA**

**LIMITED AFFILIATED HOSPITAL**
- VANCOUVER GENERAL HOSPITAL – DEPARTMENT OF PSYCHIATRY AND
  VANCOUVER COMMUNITY MENTAL HEALTH SERVICES

**MAJOR AFFILIATED**
- University of Saskatchewan
C. UNITED KINGDOM

1. CLINICAL TRAINING CENTRES
   NORTH MIDDLESEX UNIVERSITY HOSPITAL
   WATFORD GENERAL HOSPITAL
   IPSWICH HOSPITAL
   NORFOLK & NORWICH UNIVERSITY HOSPITAL
   NORFOLK & SUFFOLK NHS FOUNDATION TRUST
   NORTH HAMPSHIRE HOSPITAL
   QUEEN ELIZABETH THE QUEEN MOTHER HOSPITAL
   WILLIAM HARVEY HOSPITAL
   RUSSELS HALL HOSPITAL
   POOLE HOSPITAL NHS FOUNDATION TRUST
   ROYAL HAMPSHIRE COUNTY HOSPITAL

2. LIMITED AFFILIATED HOSPITALS
   KENT & CANTERBURY HOSPITAL
   ST. ANN’S HOSPITAL, LONDON
   ST. ANN’S HOSPITAL, POOLE
   ST. MARTIN’S HOSPITAL
   STOKE MANDEVILLE HOSPITAL

D. ADDRESSES AND DIRECTORS OF MEDICAL EDUCATION (DME)

1. US HOSPITALS

   NEW YORK

   THE BROOKLYN HOSPITAL CENTER
   DME: Dr. Daniel Ricciardi
   121 DeKalb Avenue
   Brooklyn, NY 11201
   Cores: Medicine, Ob/Gyn, Pediatrics, Surgery, Family Medicine

   CONEY ISLAND HOSPITAL
   DME: Dr. Terence Brady
   2601 Ocean Parkway
   Brooklyn, NY 11235
   Cores: Medicine, Ob/Gyn, Pediatrics, Psychiatry, and Surgery

   NYC HEALTH & HOSPITALS / ELMHURST AND QUEENS
   DME: Dr. Tita Castor
   79-01 Broadway
   Elmhurst, NY 11373
   Cores: Medicine, Ob/Gyn, Pediatrics, Psychiatry, and Surgery
FLUSHING HOSPITAL MEDICAL CENTER  
DME: Dr. Neil Mandava  
4500 Parsons Boulevard  
Flushing, NY 11355-1033  
Cores: Medicine, Ob/Gyn, Pediatrics, and Surgery

KINGS COUNTY HOSPITAL CENTER  
DME: Dr. Ninad Desai  
451 Clarkson Ave  
Brooklyn, NY 11203  
Cores: Medicine, Psychiatry, Pediatrics and Surgery

KINGSBROOK JEWISH MEDICAL CENTER  
DME: Dr. Emmanuel Valery  
585 Schenectady Avenue  
Brooklyn, NY 11203  
Cores: Psychiatry, Family Medicine, Medicine and Surgery

LINCOLN MEDICAL & MENTAL HEALTH CENTER  
DME: Dr. Tranice Jackson  
234 W. 149th Street  
Bronx, NY 10451  
Cores: Medicine, Ob/Gyn, Pediatrics, Psychiatry, Surgery, Emergency Medicine

NYU LUTHERAN MEDICAL CENTER  
DME: Dr. Claudia Lyon  
150 55th Street  
Brooklyn, NY 11220  
Cores: Medicine, Ob/Gyn, Surgery, and Family Medicine

MAIMONIDES MEDICAL CENTER  
DME: Dr. Vijay Shetty  
4802 Tenth Avenue  
Brooklyn, New York 11219  
Electives Only

MANHATTAN PSYCHIATRIC CENTER  
DME: Dr. Naomi H. Gwynn  
600 East 125th Street  
Wards Island Complex  
New York, NY 10035  
Cores: Psychiatry
METROPOLITAN HOSPITAL CENTER  
**DME:** Dr. Ronnie Swift  
1901 First Avenue  
New York, NY 10029  
**Cores:** Psychiatry

MONTEFIORE MOUNT VERNON HOSPITAL  
**DME:** Dr. Gary Ishkanian  
12 North 7th Avenue  
Mt. Vernon, NY 10550  
**Cores:** Medicine

MONTEFIORE NEW ROCHELLE  
16 Guion Place  
New Rochelle, NY 10802  
**Cores:** Medicine, Pediatrics, Surgery and Family Medicine

NEW YORK METHODIST HOSPITAL  
**DME:** Dr. Todd Simon  
506 Sixth Street  
Brooklyn, NY 11215  
**Cores:** Medicine, Ob/Gyn, Pediatrics, Surgery & Psychiatry

RICHMOND UNIVERSITY MEDICAL CENTER  
**DME:** Dr. Lyudmila Rubinshteyn  
355 Bard Ave  
Staten Island, NY 10310  
**Cores:** Medicine, Pediatrics, Ob/Gyn, Psychiatry, & Surgery

SOUTHSIDE HOSPITAL  
**DME:** Dr. Tochi Iroku-Malize  
301 East Main Street  
Bay Shore, NY 11706  
**Rotation:** Family Medicine

WOODULL MEDICAL AND MENTAL HEALTH CENTER  
**DME:** Dr. Paul Kastell  
760 Broadway  
Brooklyn, NY 11206  
**Cores:** Medicine, Ob/Gyn, Pediatrics and Surgery
NEW JERSEY
ATLANTICARE REGIONAL MEDICAL CENTER
DME: Dr. John Lorenzetti
1925 Pacific Avenue
Atlantic City, NJ 08401
Cores: Medicine, Psychiatry and Surgery

OVERLOOK MEDICAL CENTER
DME: Dr. Jeff Levine
99 Beauvoir Avenue
Summit, NJ 07902
Cores: Family Medicine, Medicine, Ob/Gyn and Surgery

MORRISTOWN MEDICAL CENTER
DME: Dr. Jeff Levine
100 Madison Avenue
Morristown, NJ 07960
Cores: Medicine, Pediatrics, Surgery

BERGEN REGIONAL MEDICAL CENTER
DME: Dr. Edward Hall
230 East Ridgewood Avenue
Paramus, NJ 07652
Cores: Psychiatry

HACKENSACK MERIDIAN HEALTH
DME: Dr. Joseph Feldman
30 Prospect Ave
Hackensack, NJ 07601
Cores: Medicine, Surgery, Pediatrics, Ob/Gyn, Psychiatry and Emergency Medicine

JERSEY CITY MEDICAL CENTER
DME: Dr. Rao Mikkilineni
355 Grand Street
Jersey City, NJ 07302
Cores: Medicine, Ob/Gyn, and Surgery

JFK MEDICAL CENTER
DME: Dr. Robin Winter
65 James Street
Edison, NJ 08818
Rotation: Family Medicine
HACKENSACKUMC MOUNTAINSIDE
DME: Dr. Everett Schlam
799 Bloomfield Avenue
Verona, NJ 07044
Rotation: Family Medicine

SAINT BARNABAS MEDICAL CENTER
DME: Dr. Henry Rosenberg
94 Old Short Hill Road
Livingston, NJ 07039
Cores: Medicine, Ob/Gyn, Pediatrics, and Surgery

MONMOUTH MEDICAL CENTER
DME: Joseph Jaeger, MPH
300 Second Avenue
Long Branch, NJ 07740
Cores: Medicine, Ob/Gyn, Pediatrics, and Surgery

NEWARK BETH ISRAEL MEDICAL CENTER
DME: Dr. Joshua Rosenblatt
201 Lyons Avenue
Newark, NJ 07112
Cores: Medicine, Ob/Gyn, Pediatrics, and Surgery

RUTGERS NEW JERSEY MEDICAL SCHOOL
DME: Dr. Christin M. Traba
185 South Orange Avenue
Newark, New Jersey 07103
Cores: Pediatric Electives Only

ST. JOSEPH’S REGIONAL MEDICAL CENTER
DME: Dr. Stanley Bernstein
703 Main Street
Paterson, NJ 07503
Cores: Medicine, Ob/Gyn, Pediatrics, Surgery, Psychiatry, Family Medicine

ST. MICHAEL’S MEDICAL CENTER
DME: Dr. Jack Boghossian
111 Central Avenue
Newark, NY 07102
Cores: Medicine
TRINITAS REGIONAL MEDICAL CENTER
DME: Dr. Clark B. Sherer
225 Williamson St
Elizabeth, NJ 07207
Cores: Medicine, Ob/Gyn, Psychiatry & Surgery

CONNECTICUT
ST. MARY’S HOSPITAL
DME: Dr. Philip Corvo
56 Franklin St
Waterbury, CT 06706
Cores: Surgery and Medicine

MARYLAND
HOLY CROSS HOSPITAL
DME: Dr. Imad Mufarrij
1500 Forest Glen Rd
Silver Springs, MD 20910
Cores: Ob/Gyn

SHEPPARD PRATT HEALTH SYSTEM
DME: Dr. Ellen Mongan
6501 N. Charles Street
Baltimore, MD 21285
Core: Psychiatry

SPRING GROVE HOSPITAL CENTER
DME: Dr. Elizabeth R. Tomar
55 Wade Avenue
Catonsville, MD 21228
Cores: Psychiatry

MICHIGAN
PONTIAC GENERAL HOSPITAL
DME: Dr. Junaed Haq
461 West Huron Street
Pontiac, MI 48341
Rotation: Family Medicine

PROVIDENCE HOSPITAL
DME: Dr. Paul Lessem
16001 W Nine Mile Rd
Southfield, MI 48075
Cores: Electives Only
ST. JOHN HOSPITAL AND MEDICAL CENTER
DME: Dr. Steven Minnick
22101 Moross Road
Detroit, MI 48236
Cores: Medicine, Ob/Gyn, Pediatrics, Surgery, Psychiatry and Family Medicine

CALIFORNIA
ALAMEDA HEALTH SYSTEM, HIGHLAND CAMPUS
DME: Colin Feeney
1411 East 31st Street
Oakland, CA 94602
Cores: Medicine

ARROWHEAD REGIONAL MEDICAL CENTER
DME: Dr. Emily Ebert
400 North Pepper Ave
Modular #2
Colton, CA 92324
Cores: Surgery, Family Medicine, Medicine, Pediatrics, Ob/Gyn, Emergency Medicine and Psychiatry

BORREGO COMMUNITY HEALTH FOUNDATION
DME: Dr. John A. Heydt
955 Harbor Island Drive
San Diego, CA 92101
Core: Family Medicine

SAN JOAQUIN GENERAL HOSPITAL
DME: Dr. James Saffier
500 West Hospital Road
P.O. Box 1020
French Camp, CA 95201
Cores: Medicine, Surgery
**FLORIDA**

**CENTER FOR HAITIAN STUDIES**
DME: Dr. Michael J. Dodard  
8260 NE 2nd Avenue  
Miami, FL 33138  
**Cores:** Family Medicine, Medicine, Pediatrics, Psychiatry and Ob/Gyn

**CLEVELAND CLINIC – FLORIDA**
DME: Dr. Lara C. Than  
2950 Cleveland Clinic Blvd.  
Weston, FL 33331  
**Cores:** Medicine

**LARKIN COMMUNITY HOSPITAL**
DME: Gary M. Levin, PharmD  
5996 SW 70th Street  
Miami, Florida 33138  
**Cores:** Medicine, Psychiatry and Surgery

**NICKLAUS CHILDREN’S HOSPITAL**
DME: Dr. Jefry Biehler  
3100 SW 62nd Avenue  
Miami, FL 33155  
**Cores:** Pediatrics

**THE UNIVERSITY OF FLORIDA**
DME: Dr. Daniel Tucker  
840 37th Place  
Suite 2  
820 Medical Suites  
Vero Beach, FL 32960  
**Cores:** Psychiatry Cores Only

**OHIO**

**Mercy St. Vincent Medical Center**
DME: Dr. Randall Schlievert  
2213 Cherry Street, DEC  
Toledo, OH 43608  
**Cores:** Emergency Medicine, Family Medicine, Internal Medicine, Ob/Gyn, Pediatric & Surgery

**The Jewish Hospital**
DME: Dr. Donald L. Wayne  
4777 East Galbraith Road  
Cincinnati, OH 45236  
**Cores:** Medicine and Surgery
GEORGIA
DeKalb Regional Health System
DME: Dr. Joseph Bover
2712 N. Decatur Road
Decatur, GA 30033
Cores: Medicine, Pediatrics, Psychiatry, Ob/Gyn, Surgery and family Medicine

WISCONSIN
Mercy Health System
DME: Dr. Joseph D. Wheeler
849 Kellogg Avenue
Janesville, WI 53546
Cores: Family Medicine, Pediatrics, Psychiatry and Ob/Gyn

ILLINOIS
Norwegian American Hospital
DME: Dr. Shrilakshmi Maguluri
1044 North Francisco
Chicago, IL 60622
Cores: Family Medicine, Medicine, Pediatrics, Psychiatry, Ob/Gyn and Surgery

WASHINGTON, DC
National Rehabilitation Hospital
DME: Dr. Curtis Whitehair
102 Irving Street NW
Washington, DC 20010
Cores: PM & R Only

NEVADA
Renown Health
DME: Dr. Douglas G. Merrill
1155 Mill Street
Reno, NV 89502
Cores: Medicine and Family Medicine
CANADIAN HOSPITALS

VANCOUVER GENERAL HOSPITAL – DEPARTMENT OF PSYCHIATRY AND VANCOUVER COMMUNITY MENTAL HEALTH SERVICE
Vancouver General Hospital
DME: Dr. Soma Ganesan
Psychiatry Administration
4th Fl – 715 W 12th Ave
Vancouver BC, Canada
V5Z 1M9
Electives only: Psychiatry & Family Medicine

University of Saskatchewan
DME: Dr. Gil White
1440 14th Avenue
Regina, SK
S4P 0W5
Cores: Medicine, Ob/Gyn, Pediatrics, Psychiatry, Surgery & Family Medicine

E. UNITED KINGDOM HOSPITALS

IPSWICH HOSPITAL NHS TRUST
DME: Dr. Gerard Rayman
Heath Road
Ipswich, Suffolk IP4 5PD
Electives only

KENT & CANTERBURY HOSPITAL
DME: Mr. Nitin Shrotri
Ethelbert Road
Canterbury, Kent
CT1 3NG
Electives only

NORFOLK & NORWICH UNIVERSITY HOSPITAL
DME: Dr. Mark Dyke
Colney Lane
Norwich
Norfolk NR4 7UY
Cores: Medicine, Ob/Gyn, Pediatrics, and Surgery
NORFOLK & SUFFOLK NHS FOUNDATION TRUST
Hellesdon Hospital
DME: Dr. Jon Wilson
Drayton High Road
Norwich, NR6 5BE
Cores: Psychiatry

NORTH HAMPSHIRE HOSPITAL
DME: Miss Amara Sohail
Aldermaston Road, Basingstoke,
Hampshire RG24 9NA
Cores: Medicine, Ob/Gyn, Pediatrics, Psychiatry, and Surgery

NORTH MIDDLESEX UNIVERSITY HOSPITAL
DME: Mr. Paul Maxwell
Sterling Way, Edmonton
London N18 1QX
Cores: Medicine, Ob/Gyn, Pediatrics, Surgery

POOLE HOSPITAL NHS FOUNDATION TRUST
DME: Dr. Simon Crowther
Longfleet Road, Poole
Dorset BH15 2JB
Cores: Medicine, Ob/Gyn, Pediatrics, and Surgery

QUEEN ELIZABETH THE QUEEN MOTHER HOSPITAL
DME: Mr. Graham Ross
St Peter’s Road
Margate, Kent
CT9 4AN
Cores: Medicine, Ob/Gyn, Pediatric, Surgery

ROYAL HAMPSHIRE COUNTY HOSPITAL
DME: Mr. Nick Wilson
Romsey Road
Winchester, Hampshire
SO22 5DG
Cores: Medicine, Ob/Gyn, Pediatrics and Surgery

RUSSELLS HALL HOSPITAL
DME: Dr. Sauid Ishaq
Dudley, West Midlands
DY1 2HQ
Cores: Medicine, Ob/Gyn, Pediatrics, Psychiatry, and Surgery
ST. ANN’S HOSPITAL (LONDON)
DME: Dr. Julia Cranitch
St Ann’s Road, London, N15 3TH
Cores: Psychiatry

ST. ANN’S HOSPITAL (POOLE)
DME: Dr. Sudipto Das
69 Haven Road
Canford Cliffs
Poole BH13 7LN
Cores: Psychiatry

St Martin’s Hospital
DME: Dr. Richard Brown
Kent & Medway NHS & Social Care Partnership Trust
Littlebourne Road
Canterbury, Kent
CT1 1TD
Cores: Psychiatry

STOKE MANDEVILLE HOSPITAL
DME: Dr. Christopher Durkin
Mandeville Road,
Aylesbury, Buckinghamshire
HP21 8AL
Electives only

WATFORD GENERAL HOSPITAL
DME: Dr. Arla Ogilvie
Vicarage Road
Watford, Hertfordshire
WD18 0HB
Cores: Medicine, Ob/Gyn, Pediatrics, Psychiatry, and Surgery

WILLIAM HARVEY HOSPITAL
DME: Dr. Timothy Newson
Kennington Road, Willesborough
Ashford, Kent
TN24 0LZ
Cores: Medicine, Ob/Gyn, Pediatrics and Surgery
APPENDIX B
HEALTH REQUIREMENTS FOR CLINICAL ROTATION

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

SGU health requirements have three parts:

**Part I: HEALTH HISTORY**
Students are required to complete and sign a current personal history form within six months prior to the start of clinical rotations.

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

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

The 2 step PPD consists of 2 PPD skin test administered 1 – 3 weeks apart. The PPD must be indicated in millimeters. If you choose the 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 antituberculosis therapy are not excluded from this requirement.

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

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

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

   2. Hepatitis B
      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.

   3. Tdap vaccination within five years is mandatory
   4. Completing the meningococcal form is mandatory

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

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

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

E. ANNUAL REQUIREMENTS

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

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

Name (Print) ______________________________________________________________

Date of Birth __________________________ Social Security No._____________________

Male ________ Female________ Home Telephone No.______________________________

E-Mail Address: _______________________________________________________________

Home Address

Number Street

City/Town State/Country Zip Code

Person to be notified in case of emergency:

Name __________________________ Relationship _____________________________

Home Telephone No. _____________________________ Business Telephone No. __________________________

Address

Number Street

City/Town State/ Country Zip Code

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sore Throats</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fevers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin Infections</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Night Sweats</td>
<td></td>
<td></td>
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<tr>
<td>Rash</td>
<td></td>
<td></td>
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<tr>
<td>Weight Loss</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Nausea</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shortness of Breath</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Vomiting</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Hemoptysis</td>
<td></td>
<td></td>
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<tr>
<td>Diarrhea</td>
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</tbody>
</table>

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

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________
PART I - HEALTH HISTORY (continued)

Name____________________________________________________

Last              First              Middle

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

A. Has your physical activity been restricted or your education interrupted for medical, surgical or psychiatric reasons during the past three years?  
   Yes_________ No _________

B. Do you have any physical disabilities or handicaps

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

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

E. List any medications you are taking regularly

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

G. List any allergies and reaction

H. Do you have any significant problems with your health at the present time?  No_____________ Yes________

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

Date: ___________________________  Signature: ___________________________
PART II - PHYSICAL EXAMINATION

NAME ________________________________________________________________

Last    First    Middle

To the Examining Physician:

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

Height ____________________ Weight ____________________ Blood Pressure ____________________ Pulse ____________________

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

<table>
<thead>
<tr>
<th>System</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyes</td>
<td></td>
</tr>
<tr>
<td>ENT</td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
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<td>Breast</td>
<td></td>
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<tr>
<td>Abdomen</td>
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<tr>
<td>Rectum</td>
<td></td>
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<tr>
<td>Nervous System</td>
<td></td>
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<tr>
<td>Genitalia</td>
<td></td>
</tr>
<tr>
<td>Extremities</td>
<td></td>
</tr>
</tbody>
</table>

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

________________________________________                    _________________________________________________________

Date                             Signature of Examining Physician

Country or State License #   ________________________                     _________________________________________________________

Physician’s Name (Please Print)

Address: ________________________________________________________________________________________________

City: ____________________________ State/Country: ____________________________ Zip Code: ____________________________
PART III - IMMUNIZATION RECORD

Name ____________________________________________________________
                       Last                      First                      Middle

Date of Birth __________________________  Social Security No. _______________________________________

Permanent Address

____________________________________________________________________________________________

Number                                Street

City/Town                                           State/Country                      Zip Code

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

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

1. Intermediate PPD (STU Mantoux Test)

   Date: ________________  Product Name_________________________  Lot No: ________________
   Result: _______________ mm. (Please indicate mm of induration)
   PHYSICIAN/ REGISTERED NURSE SIGNATURE: ___________________________
   License #: ____________________ State/Country: ______________________

2. Intermediate PPD (STU Mantoux Test)

   Date: ________________  Product Name_________________________  Lot No: ________________
   Result: _______________ mm. (Please indicate mm of induration)
   PHYSICIAN/ REGISTERED NURSE SIGNATURE: ___________________________
   License #: ____________________ State/Country: ______________________

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

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

Physician Signature: ___________________________  License# ___________________  Date: ______________

Print Name: ______________________________________ State/ Country___________________________
PART III - IMMUNIZATION RECORD (continued)

NAME ______________________________________________________________________________________________

Last First Middle

B. OTHER MANDATORY REQUIREMENTS:

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

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

<table>
<thead>
<tr>
<th>Hepatitis B</th>
<th>Date</th>
<th>Manufacturer &amp; Lot</th>
<th>Signature of Healthcare Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three immunizations at 0, 1 month and 6 months</td>
<td>1. ______</td>
<td>____________________</td>
<td>_________________________</td>
</tr>
<tr>
<td>2. ______</td>
<td>____________________</td>
<td>_________________________</td>
<td></td>
</tr>
<tr>
<td>3. ______</td>
<td>____________________</td>
<td>_________________________</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Booster (if serum antibody titer is negative)</th>
<th>Date</th>
<th>Manufacturer &amp; Lot</th>
<th>Signature of Healthcare Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Tdap (Adecel) Booster within the last</td>
<td>Date</td>
<td>Manufacturer &amp; Lot</td>
<td>Signature of Healthcare Provider</td>
</tr>
</tbody>
</table>

4. **Meningococcal Meningitis Vaccine:**
   Information regarding this vaccine may be reviewed at **www.cdc.gov/ncidod/dbmd/diseaseinfo**.

   Check one box and sign below:
   [ ] I have read the information regarding meningococcal meningitis disease. I will obtain the vaccine against meningococcal meningitis within 30 days from my private health care provider.

   [ ] I have read the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I will not obtain immunization against meningococcal meningitis disease.

   [ ] I have had the meningococcal meningitis immunization (**Menomune TM**) within the past 5 years. Date received: ___________________

Student Signature ___________________________ Date ____________________
PART III - IMMUNIZATION RECORD (continued)

Name
__________________________________________________________________________________________

Last                                                       First

C. RECOMMENDED IMMUNIZATIONS:
1. Polio
   a. Completed primary series of polio immunizations

   Dates: ___________________           ___________________                ________________________________

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

   ___________________           ___________________                ________________________________

   Date                           Manufacturer & Lot #                Signature of Healthcare Provider

2. Hepatitis A
   a. Two vaccinations at least 6 months apart.
      1) ___________________           ___________________                ________________________________
      2) ___________________           ___________________                ________________________________

   or
   b. Positive serum antibody titer ___________________           ___________________                ________________________________

   Date                           Lab Result                       Signature of Healthcare Provider

D. ADDITIONAL REQUIREMENTS:

UK additional requirements:
   1. Proof of a Polio IPV vaccine received within the past 10 years.
   2. A lab copy of a Hepatitis b surface antigen test (negative result).
   3. A lab copy of a Anti-HCV test (negative result).
ST. GEORGE’S UNIVERSITY SCHOOL OF MEDICINE
PART IV - ANNUAL HEALTH SELF ASSESSMENT AND MANDATORY TUBERCULOSIS SCREENING

Name: ____________________________ Telephone Number____________________________
Address __________________________________________________________________________
Social Security No. ________________________________________________________________
E-Mail Address ____________________________________________________________________
Notify in case of Emergency: _______________________________________________________
Address: _________________________________________________________________________
Telephone Number: __________________________________________________________________

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

1. TUBERCULOSIS SCREENING: Intermediate PPD (5TU Mantoux Test)
   Date: ____________ Product Name________________ Lot No: ________________
   Result: ________mm. (Please indicate mm of induration)

PHYSICIAN OR REGISTERED NURSE SIGNATURE: _________________________________________
License #: _____________________________________________

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

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

Date_______Physician Signature: _________________________________Lic. # ___________

B. SELF ASSESSMENT HEALTH FORM

Has there been any major change in your health status during the past year? Yes______ No_______
If yes, explain: ____________________________________________________________________
_________________________________________________________________________________

Have you had any illnesses, accidents, operations or injuries during the past twelve months?
Yes ______ No________ If yes, Explain________________________________________________
_________________________________________________________________________________

Were you hospitalized for any medical, surgical or psychiatric problems during the last 12 months?
Yes___ No______ if yes, please specify_________________________________________________________________________________

Do you have any significant problems with your health at the present time? Yes____ No___ If yes,
please specify ___________________________________________________________________________________________
Are you taking any medications on a regular basis? Yes ____ No _____ If yes, please specify ______
________________________________________________________________________________
________________________________________________________________________________

Do you use drugs or substances which alter behavior? Yes___ No___ If so, please specify ______
________________________________________________________________________________
________________________________________________________________________________

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough</td>
<td></td>
<td></td>
<td>Sore Throats</td>
<td></td>
</tr>
<tr>
<td>Fevers</td>
<td></td>
<td></td>
<td>Skin Infections</td>
<td></td>
</tr>
<tr>
<td>Night Sweats</td>
<td></td>
<td></td>
<td>Rash</td>
<td></td>
</tr>
<tr>
<td>Weight Loss</td>
<td></td>
<td></td>
<td>Nausea</td>
<td></td>
</tr>
<tr>
<td>Shortness of</td>
<td></td>
<td></td>
<td>Vomiting</td>
<td></td>
</tr>
<tr>
<td>Hemoptysis</td>
<td></td>
<td></td>
<td>Diarrhea</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Date: _________ Student Signature: __________________________________________________________

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

Alyse Leotta at aleotta@swgu.edu. Ms. Leotta is a member of this department. In the subject area please enter “AHCF Yearly Requirement”
APPENDIX C
VISAS FOR THE CLINICAL PROGRAM

VISA INFORMATION FOR CLINICAL TRAINING IN THE US AND UK

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

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

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

Canadian students apply for the US visitor visa at the border crossing or the airport. You do not apply at the US Consulate or Embassy in Canada for this visa.

Canadian students who plan to reside in Canada while training in Michigan may want to look into the NEXUS Pass for expedited border crossings. For information go to:


For clinical training in the UK, St. George’s International School of Medicine (SGISM), in the UK, has been issued Tier 4 Sponsor License by the UK Border Agency. This means that SGUSOM clinical students, seeking placement in SGU’s UK Clinical Program can be sponsored by SGISM, pursuant to the new UK immigration regulations, for a UK student Visa.

There is no guarantee that a visa will be issued. Visa determinations are granted at the discretion of the individual immigration officers in the various embassies, border crossings and airports. Incomplete or missing documentation can jeopardize a student’s visa application.

Visit the Official Clinical Website and the UK Clinical Materials portion of the University website for additional information regarding visas for clinical training in the US and UK.
International students who enroll in a USMLE preparatory course conducted in the US may qualify for sponsorship for a US student visa by the educational institution running the preparatory course. St. George’s students who enter the US on a student visa need to apply for a change of visa classification while in the US to continue into their clinical training.

Do not apply for your visa or attempt to enter the US for your clinical training without the 3 required letters from the Office of Clinical Studies. These letters are issued only when placement is confirmed. The letters are:
- The permanent placement letter.
- The visa support letter from Dr. Weitzman, Dean, School of Medicine.
- The visa support letter from the hospital.
These letters state that the student is a bona fide student in good standing at SGUSOM and explain the program in medicine. They also state the dates and hospital information.

An immigration officer’s main concern may be that medical students wish to earn a salary and thus not leave the US. It is important that students stress that they will not be earning a salary while in the US for their clinical training and that they have strong ties and/or obligations to return to their home country. In addition, students will need to provide proof of financial support for duration of stay in the US and proof of intent to return to home country upon graduation.

Once you receive your visa, be sure to have your visa support letters from the school and hospital and the permanent placement letter with you whenever you cross the border/enter the country. Although a student may hold a valid visa, an immigration officer may not be aware that it is the appropriate visa classification when questioning the student about the purpose of the visit.

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

US CITIZENS

VISA INFORMATION FOR CLINICAL TRAINING IN CANADA

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

http://www.cic.gc.ca/english/study/study-who.asp
APPENDIX D

SINGLE ELECTIVE AFFILIATION AGREEMENT

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

______________________________________________

(Student Name) is a matriculated student in good standing and

has satisfactorily completed all basic science courses, introduction to clinical sciences and appropriate core clinical training rotations and further represents he/she is fully prepared to begin elective clinical training.

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

Name of institution: ______________________

(Name of ACGME or AOA program location and sponsoring institution)

Address: __________________________________

The institution represents it has an ACGME or AOA approved residency program in ____________ and will allow this medical student to do an elective rotation under the supervision of Dr. ________________________________ an authorized and/ or appointed member of its physician staff.

Upon completion of the rotation the supervising physician will complete and sign the SGUSOM evaluation form and return to the Dean at the address below.

Contact Person: ___________________________ E-mail: ___________________________

Phone: ___________________________ Fax: ___________________________

Elective Name: ___________________________________________________________________

Please note the following:

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

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

By: _________________________________ By: _________________________________

St. George’s University School of Medicine (Name of Institution)

Stephen Weitzman, MD, Dean, School of Medicine Authorized Representative

Please return this form to: Stephen Weitzman, MD, Dean, School of Medicine

NORTH AMERICAN CORRESPONDENCE, c/o University Support Services, LLC

3500 Sunrise Hwy., Bldg. 300, Great River, NY 11739

9/10/2012
APPENDIX E
The Logbook of Manual Skills

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 performance monitored by a physician. The certifying physician must be an attending, consultant or postgraduate trainee.

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 two required skills certified. This only has to be done once. They should keep a permanent copy for themselves as long as they are a student at SGU.

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# ________________________________**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Signature</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform a vein-puncture and blood draw (required)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start an intravenous line (required)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place and remove sutures (optional)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insert a nasogastric tube (optional)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insert a urinary catheter: (optional)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remove a urinary catheter: (optional)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
Cerclage 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
Appendix F

Student Clerkship Final Evaluation Form

Review of the Patient Encounter Log by Clerkship Director

<table>
<thead>
<tr>
<th>Questionnaire</th>
<th>Narrative Summary for use in MSPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medical Knowledge</td>
<td>Comments should be substantive and address the student's professional</td>
</tr>
<tr>
<td>2. Clinical Skills</td>
<td></td>
</tr>
<tr>
<td>3. Communication Skills</td>
<td>Constructive/Developmental Comments (not for use in MSPE)</td>
</tr>
<tr>
<td>4. Professional Behavior</td>
<td>Comments should be substantive and address the student's professional</td>
</tr>
<tr>
<td>5. NBME Exam</td>
<td></td>
</tr>
<tr>
<td>Final Grade</td>
<td>Select Preceptor(s)</td>
</tr>
</tbody>
</table>

Preceptor Name
Student Midcore Evaluation Form

Name & Title of Evaluator: Enter name & title of evaluator

- Medical Knowledge
  - Satisfactory
  - Unsatisfactory

- Clinical Skills
  - Satisfactory
  - Unsatisfactory

Has the DME and the Office of Clinical Studies been notified of the Unsatisfactory Evaluation?  
  - Yes
  - No

- Professional Attitude
  - Satisfactory
  - Unsatisfactory

- Patient Log Book Check
  - Satisfactory
  - Unsatisfactory

Feedback for students: (Required if any unsatisfactory Evaluation)
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:

1. 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.
2. 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.
3. Professional Behavior (20%) – their interaction with staff and patients, integrity, sensitivity to diversity and attendance.
4. Communication Skills (10%) – as they relate to physician responsibilities, including communication with patients, families, colleagues, other health professionals and resolution of conflicts.”
5. 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 can not 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. A final grade of F leads to a recommendation for dismissal from medical school. An F in any single component of the evaluation but a final passing grade leads to a recommendation from GAB for additional fourth year rotations and/or exams.

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.

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ST. GEORGE'S UNIVERSITY SCHOOL OF MEDICINE

CERTIFICATION OF COMPLETED
FAMILY MEDICINE, SUBINTERNSHIP OR ELECTIVE ROTATION

STUDENT’S NAME ____________________________________________________________

HOSPITAL NAME ____________________________________________________________ ADDRESS ____________________________(City & State)

ELECTIVE __________________________ POSTGRAD PROGRAM ____________________

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

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Constructive Comments (not for use in MSPE):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

MEDICAL KNOWLEDGE

CLINICAL SKILLS

PROFESSIONAL BEHAVIOR

FINAL GRADE: (circle one) PASS FAIL

EVALUATOR __________________________________________ Name and Title (Please Type or Print)

Affix Official Hospital Seal

Signature __________________________________________________________ Date __________

Director of Medical Education ______________________________________________

Name and Title (Please Type or Print)

Over Signatures OR Notarize Here

Signature __________________________________________________________ Date __________

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

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

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## APPENDIX G
CONFIDENTIAL STUDENT QUESTIONNAIRE

**Medicine**

<table>
<thead>
<tr>
<th>Scale**</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Not Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>How well were the clerkship goals, objectives and requirements explained to you at orientation?</td>
</tr>
<tr>
<td>2</td>
<td>How well were you instructed in the performance of a patient work-up?</td>
</tr>
<tr>
<td>3</td>
<td>How consistent was feedback on your performance?:</td>
</tr>
<tr>
<td>4</td>
<td>How was your mid-core evaluation?</td>
</tr>
<tr>
<td>5</td>
<td>How was your final oral exam?</td>
</tr>
<tr>
<td>6</td>
<td>How was the review of your patient logs?</td>
</tr>
<tr>
<td>7</td>
<td>How were your teaching sessions for students only?</td>
</tr>
<tr>
<td>8</td>
<td>How would you rate the quality of teaching?</td>
</tr>
<tr>
<td>9</td>
<td>How would you rate the volume and mix of clinical cases?</td>
</tr>
<tr>
<td>10</td>
<td>How well were you integrated with the health care team?</td>
</tr>
<tr>
<td>11</td>
<td>How well did the clerkship fulfill the goals and objectives described at orientation?</td>
</tr>
<tr>
<td>12</td>
<td>How would you rate your overall experience of the clerkship?</td>
</tr>
</tbody>
</table>

Comments (required): Please describe, in your own words, the strengths and weaknesses of the teaching faculty and interactions with residents. We would appreciate knowing your impression of the extent that the clerkship helped you develop your medical knowledge, clinical skills and professional behavior. Did you feel you developed better communications skills and a deeper understanding of bio-ethics in this clerkship?
<table>
<thead>
<tr>
<th>#</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>How well were the clerkship goals, objectives and requirements explained to you at orientation?</td>
</tr>
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<td>2</td>
<td>How well were you instructed in the performance of a patient work-up?</td>
</tr>
<tr>
<td>3</td>
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</tr>
<tr>
<td>11</td>
<td>How was your experience in the operating room?</td>
</tr>
<tr>
<td>12</td>
<td>How well did the clerkship fulfill the goals and objectives described at orientation?</td>
</tr>
<tr>
<td>13</td>
<td>How would you rate your overall experience of the clerkship?</td>
</tr>
<tr>
<td>14</td>
<td>If you are not specifically interested in Ob/Gyn, how valuable was your clerkship experience?</td>
</tr>
<tr>
<td>15</td>
<td>How many deliveries did you participate in during the rotation?</td>
</tr>
<tr>
<td>16</td>
<td>How many pelvic examinations did you do during your rotation?</td>
</tr>
<tr>
<td>17</td>
<td>Comments (required): Please describe, in your own words, the strengths and weaknesses of the teaching faculty and interactions with residents. We would appreciate knowing your impression of the extent that the clerkship helped you develop your medical knowledge, clinical skills and professional behavior. Did you feel you developed better communications skills and a deeper understanding of bio-ethics in this clerkship?</td>
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### Scale**

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<tr>
<th></th>
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<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

### Questions

1. How well were the clerkship goals, objectives and requirements explained to you at orientation?

2. How well were you instructed in the performance of a patient work-up?

3. How consistent was feedback on your performance?

4. How was your mid-core evaluation?

5. How was your final oral exam?

6. How was the review of your patient logs?

7. How were your teaching sessions for students only?

8. How would you rate the quality of teaching?

9. How would you rate the volume and mix of clinical cases?

10. How well were you integrated with the health care team?

11. How well did the clerkship fulfill the goals and objectives described at orientation?

12. How would you rate your overall experience of the clerkship?

13. Comments (required): Please describe, in your own words, the strengths and weaknesses of the teaching faculty and interactions with residents. We would appreciate knowing your impression of the extent that the clerkship helped you develop your medical knowledge, clinical skills and professional behavior. Did you feel you developed better communications skills and a deeper understanding of bio-ethics in this clerkship?
# Questions

1. How well were the clerkship goals, objectives and requirements explained to you at orientation?
2. How well were you instructed in the performance of a patient work-up?
3. How consistent was feedback on your performance?
4. How was your mid-core evaluation?
5. How was your final oral exam?
6. How was the review of your patient logs?
7. How were your teaching sessions for students only?
8. How would you rate the quality of teaching?
9. How would you rate the volume and mix of clinical cases?
10. How well were you integrated with the health care team?
11. How well did the clerkship fulfill the goals and objectives described at orientation?
12. How would you rate your overall experience of the clerkship?
13. Comments (required): Please describe, in your own words, the strengths and weaknesses of the teaching faculty and interactions with residents. We would appreciate knowing your impression of the extent that the clerkship helped you develop your medical knowledge, clinical skills and professional behavior. Did you feel you developed better communications skills and a deeper understanding of bio-ethics in this clerkship?
<table>
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<td>1</td>
<td>How well were the clerkship goals, objectives and requirements explained to you at orientation?</td>
</tr>
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<td>2</td>
<td>How well were you instructed in the performance of a patient work-up?</td>
</tr>
<tr>
<td>3</td>
<td>How consistent was feedback on your performance?</td>
</tr>
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<td>4</td>
<td>How was your mid-core evaluation?</td>
</tr>
<tr>
<td>5</td>
<td>How was your final oral exam?</td>
</tr>
<tr>
<td>6</td>
<td>How was the review of your patient logs?</td>
</tr>
<tr>
<td>7</td>
<td>How were your teaching sessions for students only?</td>
</tr>
<tr>
<td>8</td>
<td>How would you rate the quality of teaching?</td>
</tr>
<tr>
<td>9</td>
<td>How would you rate the volume and mix of clinical cases?</td>
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<tr>
<td>10</td>
<td>How well were you integrated with the health care team?</td>
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<tr>
<td>11</td>
<td>How was your experience in the operating room?</td>
</tr>
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<td>12</td>
<td>How was your exposure to surgical sub-specialties?</td>
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<td>13</td>
<td>How well did the clerkship fulfill the goals and objectives described at orientation?</td>
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<tr>
<td>14</td>
<td>How would you rate your overall experience of the clerkship?</td>
</tr>
<tr>
<td>15</td>
<td>Comments (required): Please describe, in your own words, the strengths and weaknesses of the teaching faculty and interactions with residents. We would appreciate knowing your impression of the extent that the clerkship helped you develop your medical knowledge, clinical skills and professional behavior. Did you feel you developed better communications skills and a deeper understanding of bio-ethics in this clerkship?</td>
</tr>
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**Scale**

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Not Done</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
Chair’s Site Visit

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

NBME Average Grade for that Clerkship  ###.

Review of the Student Feedback Questionnaire and Comment on the Strengths and Weaknesses of the Program from the Students’ Point of View: Click to enter text.

Rate the following on a scale of 1-5

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

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

   5  4  3  2  1

   Comments: Click to enter text.

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

   5  4  3  2  1

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

   5  4  3  2  1

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

4. **Quality of Patient Rounds:**
   Are there daily rounds, are they led by a faculty member, is there student participation, are there student presentations, are there input from residents, are students assigned to a team?

   5  4  3  2  1

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

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

   5  4  3  2  1

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

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

   5  4  3  2  1

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

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

   5  4  3  2  1

   **Comments:** [Click to enter text.](#)
8. **Mid-Core Evaluations:**
Are they being done midway through the clerkship or earlier as needed? Are more frequent evaluations done when problems are encountered? Are the evaluations formative? Do they include review of the electronic patient encounter logs and inquiry into manual skills experience? Is there an inquiry into progress on web-based requirements? Are the student’s communication skills being assessed? Is the student made aware of his/her positive/negative behaviors as perceived by the faculty? Are the evaluations being documented and submitted?

5  4  3  2  1

Comments: Click to enter text.

9. **Resident Teaching:**
Are the residents eager to teach, knowledgeable and do they integrate the students into the clinical activities?

5  4  3  2  1

Comments: Click to enter text.

10. **Attending Physicians:**
Are the Attendings available experts in their field and eager to teach? Do they motivate and inspire the students? Are they role models for professional behavior?

5  4  3  2  1

Comments: Click to enter text.

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

5  4  3  2  1

Comments: Click to enter text.

12. **Educational Objectives and Guidelines:**
Overall, how well does the clerkship meet the objectives and follow the guidelines as published in the Clinical Training Manual?

5  4  3  2  1

Comments: Click to enter text.
Meeting with students:
Issues raised by students:  

Issues to be discussed with Faculty:
Discuss issues raised by students and formulate a response from the faculty.
Review and discuss the most recent Student Questionnaire and Comments.
Discuss changes compared to the Student Questionnaire and Comments of prior site visits.
Issues raised by faculty.
Faculty’s familiarity with the stated objectives in the Clinical Training Manuals and grading procedure and are they being followed?
Are the students informed of the course requirements and web-based learning requirements at the start of the rotation?
Are the students being evaluated for communication skills?
Are the students being assessed regarding professional behavior?
Faculty’s impression of student’s preparedness.
Faculty’s knowledge of the process for obtaining faculty appointments and ability to obtain appointments.

Strengths:
Click to enter text.

Weaknesses:
Click to enter text.

Corrective Actions:
Click to enter text.

Summary & Conclusions:
Click to enter text.

Miscellaneous Comments:
Click to enter text.

Click to enter text.
Print Name

Click to enter text.
Date
**SURGERY SITE VISIT FORM**

**ST. GEORGE’S UNIVERSITY SCHOOL OF MEDICINE**  
**CHAIR’S SITE VISIT REPORT**

<table>
<thead>
<tr>
<th>Prepared BY:</th>
<th>Signature:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Site of Visit:</th>
<th>Date of Visit:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Program Director:</th>
<th>Number of students:</th>
</tr>
</thead>
</table>

**I. FACILITIES/ACCOMMODATIONS:**

<table>
<thead>
<tr>
<th>On call rooms</th>
<th>Excellent</th>
<th>Very good</th>
<th>Good</th>
<th>Fair</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Library Facilities</td>
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<td>Very good</td>
<td>Good</td>
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</tr>
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<td>Computer access</td>
<td>Excellent</td>
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<td>Good</td>
<td>Fair</td>
<td>Poor</td>
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Comments:

**II. ORIENTATION INTERVIEW:**

<table>
<thead>
<tr>
<th>Interview Conducted: Yes</th>
<th>No</th>
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<tr>
<td>Conducted By: Program Director</td>
<td>Other Faculty</td>
</tr>
<tr>
<td>Aims Objectives Outlined: Yes</td>
<td>No</td>
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</table>

Comments:

**III. MIDROTATION INTERVIEW:**

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

Comments:

**IV. EXIT INTERVIEW WITH PROGRAM DIRECTOR:**

| EXIT INTERVIEW: Yes | No |

Comments:

**V. STRUCTURE OF ROTATION:**

<table>
<thead>
<tr>
<th>Gen. Surgery</th>
<th>Anesthesia</th>
<th>ENT</th>
<th>G.U</th>
<th>Ophthalmology</th>
<th>Orthopedics</th>
<th>Trauma</th>
<th>Vascular</th>
<th>SICU</th>
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<tbody>
<tr>
<td>3 weeks</td>
<td>1 wk.</td>
<td>1 wk.</td>
<td>1 wks.</td>
<td>___wks.</td>
<td>___wks.</td>
<td>___wks.</td>
<td>___wks.</td>
<td>1 wks</td>
</tr>
</tbody>
</table>

3 weeks – study/library time. 1 week faculty practice. General Surgery includes Bariatric/plastic Surgery/Vascular Cardiothoracic

Comments:
VI. ON-CALL SCHEDULE/ACTIVITIES:

<table>
<thead>
<tr>
<th>On-call every:</th>
<th>24 hrs. call:</th>
<th>Weekends</th>
<th>Week days</th>
</tr>
</thead>
<tbody>
<tr>
<td>day</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Stay overnight: Yes | No
Morning Report: Yes | No

Teaching: Excellent | Very Good | Good | Fair | Poor
Involvement: ER → O.R Yes | No. Present to Attending: Yes | No.

Comments:

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

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<th>Gen. surgery</th>
<th>excellent</th>
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<th>good</th>
<th>fair</th>
<th>poor</th>
<th>Hands-on</th>
<th>good teaching</th>
<th>Variety &amp; volume</th>
<th>Student friendly</th>
<th>Structure</th>
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<tbody>
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<td>(a) Clinic</td>
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<td></td>
<td></td>
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<td>(b) O.R</td>
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Subspecialties

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<tr>
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<th>Very good</th>
<th>good</th>
<th>fair</th>
<th>poor</th>
<th>Hands-on</th>
<th>good teaching</th>
<th>Variety &amp; volume</th>
<th>Student friendly</th>
<th>Structure</th>
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</tbody>
</table>

Comments:

VII. TEACHING SCHEDULE:

SCHEDULE: Didactic lecture, Interactive Sessions, Bedside, H&Ps, and Clinical skills

DIDACTIC LECTURE & INTERACTICE SESSION

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

FORMAL BEDSIDE TEACHING ROUNDS

(1) Done: Yes | No
(3) Excellent | Very Good | Good | Fair | Poor
### COMMENTS: In SICU

#### H&Ps

<table>
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<tr>
<th>(1) Document on charts: Yes</th>
<th>No</th>
<th>(2) per rotation:</th>
<th>Yes</th>
<th>No</th>
<th>(3) Graded:</th>
<th>Yes</th>
<th>No</th>
<th>(4) Countersigned by:</th>
<th>Residents</th>
<th>Attending</th>
<th>P.A.</th>
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#### CLINICAL SKILLS

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<tr>
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<th>(2) Addressed Formally:</th>
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<th>(3) Supervised by:</th>
<th>(a) Residents</th>
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<th>P.A.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(4) Excellent</th>
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Comments:

---

### VIII. EXAMINATIONS AND EVALUATIONS:

<table>
<thead>
<tr>
<th>(1) Examinations and Evaluations By Program Director:</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>(2) One-on-one:</td>
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</table>

### IX. INTERVIEW WITH PROGRAM DIRECTOR:

<table>
<thead>
<tr>
<th>Interview with Program Director:</th>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td>Students Problems Identified:</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### X. NARRATIVE ANALYSIS:

#### STRENGTHS

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

#### RECOMMENDATIONS

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

1. Integrated Clinical Encounter

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

   | A | B | C | F |
---|---|---|---|---|

2. Communications Skills and Interpersonal Relationship

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

   | A | B | C | F |
---|---|---|---|---|

FINAL COMMUNICATION SKILLS EXAM GRADE

   | A | B | C | F |
---|---|---|---|---|
Appendix J

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

Cardiology
Critical Care Medicine
Endocrinology, Diabetes and Metabolism
Gastroenterology
Geriatric Medicine
Hematology
Hematology and Oncology
Infectious Disease
Nephrology
Neurology
Oncology
Outpatient Medicine
Pulmonary Disease
Pulmonary Disease and Critical Care Medicine
Radiology
Rheumatology
### Appendix K
(Modified from the NBME website)

**Communication and Interpersonal Skills**  
**Behavior List**

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

The Final Clinical Competence Examination (FCCE) Aims and Objectives

SGU Graduation requirements
The Graduation Assessment Board (GAB) approves all students for graduation who have successfully completed the curriculum. Students who have not developed the clinical skill competencies required for graduation will be mandated to undergo additional targeted rotations and pass the FCCE. This includes students who have not done well on the OSCEs in the basic science years and/or students who have received poor evaluations in clinical skills during their clinical rotations.

Aims & Objectives of the FCCE
The FCCE is designed for graduation purposes to be a rigorous assessment of the clinical skills of senior medical students. It assesses the candidate’s capacity to take a history, conduct a physical examination, select and interpret investigational data, formulate diagnostic and management plans, communicate effectively with patients, relatives and other health workers, and prescribe medicines safely and accurately.

Structure
The FCCE is a 12-station OSCE examination in clinical skills which is administered by a team of 14 examiners over a period of three hours and thus requires a single morning or afternoon for every 12 applicants. It is held bi-annually in the UK in May and December and in Grenada in February and May as needed.

Standard
The standard of the FCCE is formally defined as the level of attainment of medical knowledge, clinical skills and professional behavior required of newly qualified graduates about to commence postgraduate training.

Format
The 12 OSCE stations of the FCCE are designed to assess the proficiency of candidates in the fundamental skills acquired during their five core clinical rotations;
- taking a history in Medicine, Psychiatry, Pediatrics, Obstetrics & Gynecology
- performing a physical examination of the cardiovascular, respiratory, abdominal and neurological systems
- performing a physical assessment of a surgical patient
- completing an exercise in physical diagnosis by interpreting the history, examination and investigational data findings in an integrated case
- communicating a specific issue to a patient or relative against the background of an ethical dilemma
- ordering or prescribing medicines accurately and safely in a defined clinical scenario

Attributes and attitudes
The aim of undergraduate medical education is to develop postgraduate trainees who possess attributes and attitudes that will ensure they are initially competent to practice safely and effectively and have the basis for further training in any branch of medicine and for lifelong learning. Attributes should be developed to an appropriate level for the graduate’s stage of training.
Clinical skills and professional behavior
In terms of clinical skills assessment the attributes and attitudes defined as outcome objectives in the MD Program are listed below:

Assessment in the FCCE
In the FCCE each station is marked out of 20. The maximum number of marks that can be obtained with an optimal performance in each category at each station is therefore 12 x 20 = 240. Students must obtain a minimum total mark of 140 in order to pass. The regulations require they must also pass a majority of the physical examination and communication stations and a majority of the total stations in order to demonstrate an even distribution of clinical skills. Therefore, in addition to the above, they must obtain a minimum pass mark of 12 (out of 20) on at least 3 of the 5 physical examination stations, 3 of the 5 communication stations and 7 of the 12 total stations.

In light of the outcome objectives outlined above each station is utilized to assess candidates and allocate marks according to the following criteria:

History taking
- interpersonal and communications skills
- ability to direct and adjust questioning
- ability to obtain pertinent facts
- clinical reasoning in relation to diagnosis and management

Physical examination
- interpersonal skills
- examination technique
- ability to elicit and demonstrate physical signs
- ability to interpret the examination findings and form a differential diagnosis and management plan

Communication skills
- initiating the consultation and information gathering
- providing information that is understandable and appropriate
- ability to direct, negotiate and adjust the consultation
- ability to build a relationship and show empathy

Integrated case
- ability to identify key issues in the history
- ability to seek for specific examination findings
- ability to interpret electrocardiograms, radiological images, functional data, hematology and biochemical results with appropriate management

Safe prescribing
- ability to complete all aspects of a drug chart accurately and legibly
- ability to prescribe correct dose, timing, route and duration of medication appropriately
- ability to adjust medication correctly according to defined clinical scenarios
- ability to maintain patient safety at all times