Clinical Education - Clerkship Guide

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A Message from the Associate Dean of Clinical Education

On behalf of the Office of Clinical Education and the Clerkship Directors/Coordinators, welcome to Years 3 and 4. We look forward to working closely with you as you progress through the clinical years. We are committed to providing you with an excellent clinical education that will give you a solid foundation for your post-graduation plans and support the mission, vision and values of the Geisel School of Medicine. As a graduate of the Geisel School of Medicine myself, I remain deeply devoted to our school and firmly invested in its future.

You will find the clinical years to be exhilarating, fulfilling, challenging, educational, exhausting, and at times confusing. This is normal. We are here to help.

The third year will likely be the most rigorous of your Geisel experience. You will be asked to perform long, demanding clinical hours as you join teams that care for the spectrum of patients from the most critically ill to the healthiest newborn. This year will provide you with the only opportunity to explore and experience the wide range of care provided by physicians before you differentiate yourself in the fourth year. Although the primary focus will always be on the patient, your other major focus will be to assure your ongoing education. You will be challenged to find time to study in between OR cases and in the evening after returning from a full day at the clinic or on the wards. However, this will be essential to your ongoing development as a physician presently and in the future. More importantly it is our shared responsibility to the public we serve and what defines our profession.

In the words of Sir William Osler, “He who studies medicine without books sails an uncharted sea, but he who studies medicine without patients does not go to sea at all.” During the clinical years, we will help you to understand the charts and sail the seas. This guide is the first step in that process and I hope that you find it to be a useful resource. I ask that you pay particular attention to the course objectives and essential conditions/skills listed under each clerkship to get sense of what you will be learning in the coming years.

We look forward to helping you develop into the well rounded physicians that Geisel is known for producing. Please do not hesitate to ask for help as you progress along this great journey.

Sincerely,

John F. Dick, III, MD (G’2003)

Associate Dean for Clinical Education
## Important Dates for Year 3 2014-15

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation/ICE</td>
<td>June 23, 24, 25</td>
<td>Mon-Wed</td>
</tr>
<tr>
<td>Block One Begins</td>
<td>June 26</td>
<td>Thursday</td>
</tr>
<tr>
<td>Independence Day</td>
<td>July 4</td>
<td>Friday</td>
</tr>
<tr>
<td>Thanksgiving Break</td>
<td>Nov 24-30</td>
<td>Monday-Sunday</td>
</tr>
<tr>
<td>Winter Break</td>
<td>Dec 17-Jan 4</td>
<td>19 Days</td>
</tr>
<tr>
<td>January ICE</td>
<td>Jan 5-7</td>
<td>Monday –Wed</td>
</tr>
<tr>
<td>Memorial Day</td>
<td>May 25</td>
<td>Monday</td>
</tr>
<tr>
<td>Final ICE</td>
<td>June 24, 25, 26</td>
<td>Wed-Fri</td>
</tr>
</tbody>
</table>

### Six Week Block Guide
*(FM, OBGYN, PSYCH)*

<table>
<thead>
<tr>
<th>Block 6.1</th>
<th>Block 6.2</th>
<th>Block 6.3</th>
<th>Block 6.4</th>
<th>Block 6.5</th>
<th>Block 6.6</th>
<th>Block 6.7</th>
<th>Block 6.8</th>
</tr>
</thead>
</table>

### Eight Week Block Guide
*(MED, SURG, PEDS)*

<table>
<thead>
<tr>
<th>Block 8.1</th>
<th>Block 8.2</th>
<th>Block 8.3</th>
<th>Block 8.4</th>
<th>Block 8.5</th>
<th>Block 8.6</th>
</tr>
</thead>
</table>

### Four Week Block Guide
*(NEURO, GAM, ELECTIVE)*

<table>
<thead>
<tr>
<th>Block 6.1</th>
<th>Block 6.2</th>
<th>Block 6.3</th>
<th>Block 6.4</th>
<th>Block 6.5</th>
<th>Block 6.6</th>
<th>Block 6.7</th>
<th>Block 6.8</th>
</tr>
</thead>
</table>
What is Needed PRIOR to Starting Year 3

The following items are needed prior to the start of your Year 3 clerkships. The majority are required by the affiliated hospitals and practices that you will be rotating through. They will not be able to precept you unless these are completed and reported to them prior to your start date.

1) BLS Certification (you to need to arrange via DHMC)
2) Background Check (you will receive email with specifics from CERTIPHI in late April, and check must be completed no later than June 1st)
3) VA Fingerprinting and Background check (Scheduled for late April/early May in conjunction with IV and phlebotomy classes at DHMC)
4) PPD (yearly)
5) Arrange for your photo ID before June start date (Location: DHMC Level 5 above Rotunda on Mondays, Wednesdays and Thursdays from 1-2PM)
6) Respiratory Mask Fit Test (will be done at Year 3 Orientation)
7) OSHA training (will be done at Year 3 Orientation)
8) USMLE Step I – take and pass
9) Complete and Pass all courses from Years 1 and 2
# Who to Contact for What

<table>
<thead>
<tr>
<th>Issues</th>
<th>Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>For questions regarding <strong>clerkship specific issues</strong> such as “When does the surgery orientation start? What do I need to bring to my Family Medicine site? How should I make travel arrangements for CPMC? Where do I get apartment keys? Who should I let know if I need time off for a health appointment?”</td>
<td>Specific Clerkship Coordinator (see list below)</td>
</tr>
<tr>
<td><strong>1)</strong> Changing clerkships</td>
<td>Dr. John Dick</td>
</tr>
<tr>
<td><strong>2)</strong> Academic difficulties</td>
<td></td>
</tr>
<tr>
<td><strong>3)</strong> Elective Choice</td>
<td></td>
</tr>
<tr>
<td><strong>4)</strong> Request for leave of absence/split,</td>
<td></td>
</tr>
<tr>
<td><strong>5)</strong> ICE, OSCEs,</td>
<td></td>
</tr>
<tr>
<td><strong>6)</strong> Any concerns regarding your clerkship/elective experiences that you are uncomfortable discussing with a specific course director.</td>
<td></td>
</tr>
<tr>
<td>For concerns with non-academic issues such as mental health concerns, Dick’s House, health issues</td>
<td>Student Affairs</td>
</tr>
<tr>
<td>For questions regarding <strong>elective choice,</strong> <strong>career and residency advising.</strong></td>
<td>Dr. Harper</td>
</tr>
<tr>
<td>Financial Issues</td>
<td>Dino Koff</td>
</tr>
<tr>
<td>To schedule appointments with Dr. Dick or Dr. Harper</td>
<td>Diane Chamberlain</td>
</tr>
<tr>
<td>Visiting Student Application Service (VSAS)</td>
<td>Polly Moran</td>
</tr>
<tr>
<td>Electronic Residency Application System (ERAS)</td>
<td>Polly Moran</td>
</tr>
<tr>
<td><strong>1)</strong> Shared apartment concerns (Those in Concord, Nashua, Bedford and CPMC),</td>
<td>Polly Moran</td>
</tr>
<tr>
<td><strong>2)</strong> Student Lockers</td>
<td></td>
</tr>
<tr>
<td><strong>3)</strong> Student Lounge Issues</td>
<td></td>
</tr>
<tr>
<td><strong>4)</strong> Lost Pager</td>
<td></td>
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<tr>
<td>Pager Batteries</td>
<td>DHMC Communications</td>
</tr>
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</table>
Clerkship Contact Listing  
Office of Clinical Education

<table>
<thead>
<tr>
<th>Department</th>
<th>Director</th>
<th>Coordinator</th>
<th>HB</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Dean, Clinical Education</td>
<td>John F. Dick III, MD</td>
<td>Diane Chamberlain</td>
<td>7015</td>
<td>650-8803</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fax</td>
<td></td>
<td>650-0560</td>
</tr>
<tr>
<td>Program Manager, Clinical Education</td>
<td>Polly Moran</td>
<td>Diane Chamberlain</td>
<td>7015</td>
<td>650-8803</td>
</tr>
<tr>
<td>ICE</td>
<td>John F. Dick III, MD</td>
<td>Polly Moran</td>
<td>7015</td>
<td>650-8802</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>Cathy Morrow, MD</td>
<td>Sandi Cragin</td>
<td>7015</td>
<td>650-4920</td>
</tr>
<tr>
<td></td>
<td>Tanya Luttinger, MD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scottie Eliassen, MPH</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicine (Inpatient)</td>
<td>Hilary Ryder, MD</td>
<td>Holly Harrison</td>
<td>7500</td>
<td>653-3519</td>
</tr>
<tr>
<td></td>
<td>Amanda Ratliff, MD (VA)</td>
<td></td>
<td></td>
<td>653-3554</td>
</tr>
<tr>
<td></td>
<td>L. Campbell Levy, M.D. (DH)</td>
<td></td>
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<td></td>
<td>David Jacobson, M.D. (CPMC)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicine (Outpatient)</td>
<td>Mary Beth Durkin, MD</td>
<td>Holly Harrison</td>
<td>7500</td>
<td>653-3519</td>
</tr>
<tr>
<td></td>
<td>Roshini Pinto-Powell, MD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurology</td>
<td>Morris Levin, MD</td>
<td>Rose Kenny</td>
<td>7999</td>
<td>650-8401</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fax</td>
<td></td>
<td>650-7617</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>E. Rebecca Pschirrer, MD, MPH</td>
<td>Lori L. Avery</td>
<td>7420</td>
<td>653-9295</td>
</tr>
<tr>
<td></td>
<td>Paul Hanissian, MD</td>
<td></td>
<td></td>
<td>650-0906</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Adam Weinstein, MD</td>
<td>Sharon French</td>
<td>7450</td>
<td>653-6076</td>
</tr>
<tr>
<td></td>
<td>Alison Holmes, MD</td>
<td></td>
<td></td>
<td>653-6050</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Matthew Duncan, MD</td>
<td>Chris Bolka</td>
<td>6143</td>
<td>650-5820</td>
</tr>
<tr>
<td></td>
<td>Julie Frew, MD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>Gina Adrales, MD</td>
<td>Terri Nicholson</td>
<td>7800</td>
<td>650-7693</td>
</tr>
<tr>
<td></td>
<td>Andrew Crockett, MD</td>
<td></td>
<td></td>
<td>650-6061</td>
</tr>
</tbody>
</table>
Year 3 and Year 4 Curriculum

• Overall: Year 3 is made up of 3 six week clerkships (Family Medicine, OB/GYN & Psychiatry) and 3 eight week clerkships (Medicine, Surgery & Pediatrics) which allows all students the opportunity for six weeks of electives in Year 3.

• Orientation: Year 3 at Geisel School of Medicine begins with a required three-day ICE/Introduction to Year 3 which runs from Monday through Wednesday, June 23-25. This session covers both clinical and administrative topics required prior to the start of clerkships. The clerkships will begin on Thursday.

• Clerkship Start and End Dates: The clerkships start on a Thursday and end on a Tuesday. The Thursday start allows clerkship orientation and activities such as simulation exercises to occur prior to travel to more distant sites. At the end of the block students will come together at Geisel for end-of-clerkship exams, presentations and feedback unless otherwise specified. Orientations and Wrap-up sessions are mandatory. Due to the geographic spread of our sites, these provide valuable time for you to interact with the clerkship directors and the group as a whole.

• Elective Time: In the remaining 6 weeks one or two electives can be done, or the Neurology or Geriatrics and Ambulatory Medicine clerkship can be completed if scheduling permits. One or more weeks of vacation are also encouraged during the Elective block. Clerkships are scheduled through a lottery system which takes place during April of Year 2.

- Year 3 electives may be done in any discipline where the departmental pre-requisites have been met and where there is capacity. Students will have the opportunity to sign up for electives after the clerkship lottery in April of Year 2.

- Delay of 3rd year clerkship to 4th Year: On occasion students may have to delay a clerkship into Year 4, though with the 6 week and 8 week curriculum structure this should be uncommon. If it does occur, the Medicine and Surgery clerkships need to be completed by the end of August for inclusion of those evaluations on the MSPE letter. Pediatrics, OB-GYN, Family Medicine and Psychiatry need to be completed by the end of the clerkship block ending in December of Year 4.

- ICE: A course called Interdisciplinary Clinical Exercises (ICE) includes topics not uniformly covered in any specific clerkship. OSCEs (see below) are also part of this course. These sessions will be held during the introduction to Year 3, immediately after the winter vacation break and over a few days at the end of Year 3. Students are required to attend all ICE sessions. The course is Pass-Fail, and carries 2 credits on the transcript. There will be periodic assessments of knowledge, which take the form of self-study web-based quizzes to be done after certain ICE topics. All requirements of the ICE course must be completed by June 30 after the end of Year 3. A more detailed description of this course can be found later in this handbook.
• **Year 3 OSCEs:** OSCE sessions occur twice a year during ICE after winter break and at the end of Year 3 in June. Students are assigned OSCE cases depending on the clerkships completed over the previous clerkship blocks. Feedback goes to students on areas of strength and weakness, and to clerkship directors so they can see how well their clerkships are covering necessary skills. OSCE performance is assessed on a Pass-Fail basis.

• **Year 4:** Most students will take the following requirements in the 4th year. *Based on elective time in Year 3, a few students may be able to complete some of the following prior to Year 4.*
  a) Geriatric & Ambulatory Medicine (GAM) (4 weeks)
  b) Neurology (4 weeks)
  c) Sub-internship (4 weeks)
  d) Electives (16-32 weeks)
  e) Year 4 coursework (Clinical Pharmacology, Health Society and the Physician, Advanced Medical Sciences, ACLS/PALS). This is done in February-March of Year 4.

• **GAM Clerkship:** GAM is a 4 week required clerkship with orientation on the Monday that the clerkship begins. GAM must be completed by May of Year 4.

• **Neurology Clerkship:** Neurology is a 4 week required clerkship with orientation on the Monday that the clerkship begins. Neurology must be completed by May of Year 4.

• **Sub-Internship:** The sub-internship must be at least 4 weeks in length and is done in Year 4. Specific information on sub-internship requirements are on the Geisel web site.
Years 3/4 Graduation Requirements for the Class of 2016

Year 3 - Complete the following clerkships and ICE:

- Family Medicine (CFM 306 - 6 weeks)
- Inpatient Medicine (MEDI 301 - 8 weeks)
- OB/GYN (OBGY 304 - 6 weeks)
- Pediatrics (PDES 305 - 8 weeks)
- Psychiatry (PSCH 302 - 6 weeks)
- Surgery (SURG 303 - 8 weeks)
- Interdisciplinary Clinical Exercises (ICX 308 - 2 weeks)

Year 4 - Complete the following clerkships:

- Neurology (NEUR 401 - 4 weeks)
- Geriatrics/Ambulatory Med. (MEDI 307 - 4 weeks)

Year 4 - Complete a Sub-internship (4 weeks)

Year 3 and 4 - Complete Electives (16 weeks).

- Students must complete a minimum of 6 credits outside their chosen specialty.
- Minimum of 12 weeks of Clinical Electives

Year 4 - Complete the required year 4 courses:

- Health, Society and the Physician (HSP) CFM 404
- Clinical Pharmacology and Therapeutics PHAR 405
- Advanced Medical Sciences MDED 406
- Advanced Cardiac Life Support MDED 407 OR Pediatric Advanced Life Support PEDS 408

Note: All students must take HSP, CPT, AMS and either ACLS or PALS. Only students with a specialization in Pediatrics or Family Medicine have the option of completing PALS. All others should plan to take ACLS.

Complete the USMLE Examinations:

- USMLE Step 1 (passing score required)
- USMLE Step 2 CS (Clinical Skills) by November 15th of Year 4
- USMLE Step 2 CK (Clinical Knowledge) by December 15th of Year 4
Diversity Expectation

The Medical Education Committee has established an expectation that all Geisel medical students complete four weeks or more of a clinical experience at a site that offers patients who differ significantly in cultural, ethnic, socioeconomic, or other backgrounds from patients more commonly seen in northern New Hampshire and Vermont.

Eligible experiences include some required clerkships and some clinical electives. Established clerkship sites that meet this expectation include:

- Family Medicine sites in Arizona, New Mexico, San Francisco, CA and Valdes, AK
- OB-GYN sites in Hartford, CT, Nashua, NH, and California Pacific Medical Center, San Francisco, CA
- Pediatrics site in California, New Mexico and Arizona
- Inpatient Medicine- California Pacific Medical Center, San Francisco, CA
- Neurology- California Pacific Medical Center, San Francisco, CA
- Psychiatry- California Pacific Medical Center, San Francisco, CA

The Associate Dean for Clinical Education, John Dick, III, MD, can provide advice about whether other elective sites selected by students meet the diversity expectation.

It is recognized that it may be a hardship for a few students in each class to fulfill this expectation. An example might be a single parent with young children who is unable to leave the local area for a prolonged period. Concerns about the costs of travel to distant sites have been raised, and have been addressed by enhancements to the financial aid package. If you feel you are unable to meet this diversity expectation before graduation from Geisel, you should arrange a discussion with the Associate Dean for Clinical education.
Policy on Absences from Clerkships

It is an expectation that students will be present for all scheduled activities during their clinical clerkships, but there are events in all our lives that sometimes result in the need to miss one or more days from a clerkship. The purpose of this policy is to clarify and standardize which reasons for absences are considered to be potentially excused absences and which are not, to explain the process of requesting absences, and to describe how lost time may be made up.

The guidance contained in this policy covers a large majority of reasons for student absences observed over many years, but is not meant to be all inclusive. There are other events that may cause a student to be absent, and there are also extenuating circumstances that may occur. In those cases the individual clerkship will be called on to make fair and well-reasoned decisions.

This policy was prepared with the recognition that Geisel medical students are hard-working professionals with a strong vested interest in their own learning.

Communications

Timely communication between the student and clerkship director is essential to any episode of student absence from clerkship activities.

For events that can be planned well in advance, such as a wedding, the advance planning should ideally begin prior to the lottery where clerkships are chosen in order to pick a clerkship or elective block that does not have night or weekend call at the time of the event. This will avoid missing any clerkship time. The Family Medicine clerkship, GAM, Neurology and most electives do not have night or weekend call.

For other events that can be planned in advance, but become known after the clerkship schedule is set, students should make a request to the clerkship director regarding the proposed absence as soon as the dates of the event are known. Call schedules can sometimes be adjusted to free up a given weekend day or night.

For unforeseen events such as an illness or family emergency, students are expected to notify their preceptor / ward team and the clerkship office of any missed time and its duration as soon as possible.
## Excused vs non-excused absences

<table>
<thead>
<tr>
<th>Event</th>
<th>Absence Excused?</th>
<th>Make Up Time Needed?</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>8 or 6 week clerkship</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If &gt; 2 days missed</td>
</tr>
<tr>
<td>Student illnesses, including infections that could put patients or other staff at risk:</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Illness or death of a close family member or close friend</td>
<td>Yes</td>
<td>If &gt; 2 days missed</td>
</tr>
<tr>
<td>Presentation at a medical conference</td>
<td>Yes, if notification &gt;2 months ahead</td>
<td>If &gt; 2 days missed</td>
</tr>
<tr>
<td>Religious or cultural holidays</td>
<td>Yes</td>
<td>If &gt; 2 days missed</td>
</tr>
<tr>
<td>Wedding (student is bride or groom)</td>
<td>Yes, if notification &gt;2 months ahead</td>
<td>If &gt; 2 days missed</td>
</tr>
<tr>
<td>Residency interview</td>
<td>Yes</td>
<td>If &gt; 2 days missed</td>
</tr>
<tr>
<td>NBME exam – Skills exam in Year 4</td>
<td>Yes</td>
<td>If &gt; 2 days missed</td>
</tr>
<tr>
<td>Personal days (such as a birthday)</td>
<td>No</td>
<td>Yes – for all days missed</td>
</tr>
<tr>
<td>Vacations</td>
<td>No</td>
<td>Yes – for all days missed</td>
</tr>
<tr>
<td>Family or school reunions</td>
<td>No</td>
<td>Yes – for all days missed</td>
</tr>
<tr>
<td>Attending a medical conference</td>
<td>No</td>
<td>Yes – for all days missed</td>
</tr>
<tr>
<td>Attending a wedding</td>
<td>No</td>
<td>Yes – for all days missed</td>
</tr>
</tbody>
</table>
Making up missed time

Geisel Year 3-4 policy is that students may have up to two days of excused absence on a six or eight week clerkship before make-up time is required, and up to one day for a four week clerkship. Unexcused absences will always require make-up time, and in addition have the potential for being regarded as a breach of professionalism which could be referred to in grade narratives and could affect a student’s overall grade. It is the student’s responsibility to work with the clerkship director to plan any necessary make-up time.

Consequences of unexcused absences

An unexcused absence is a potentially serious matter and may be looked upon as a breach of professionalism. It is expected that the student would be counseled by the clerkship director about such an episode, and that it would be an important element in the assessment of the student’s professionalism competency in the clerkship grade narrative prepared for the student.

Other potential consequences of unexcused absences will depend on the seriousness of the matter and might include inability to receive an honors grade on the clerkship, reduction of a clerkship grade, failure of a clerkship, counseling by the Associate Dean for Clinical Education or a formal Letter of Concern for the student’s file, particularly if there is a pattern of absences across clerkships.
Clerkship Grading/Evaluation Policy

Students are evaluated by their preceptors and clerkship directors based on student performance in the following areas of competency:

- Medical Knowledge
- Patient Care
- Interpersonal and Communication Skills
- Continuous Personal Learning and Improvement
- Professionalism
- Practicing Medicine in a Complex Health Care System

Grades are assigned by each clerkship based on the results of evaluations by preceptors, exams, projects and other assignments given by the clerkship director.

Individual clerkship evaluation and grading policies can be found on the individual clerkship Canvas site.

Clerkships, sub-internships and electives in Years 3 and 4 are graded on an Honors – High Pass – Pass – Fail basis, with Honors reserved as a grade of distinction.

Use of NBME Subject Matter (“Shelf”) Exams in Clerkship Grading

Medical knowledge is an important competency to be assessed in the evaluation and grading of medical students. One means of assessing medical knowledge is through the use of clerkship-specific NBME shelf exams. These exams are very commonly used in US medical schools, and at the Geisel School of Medicine at Dartmouth most clerkships administer them as well. While clerkships are free to establish how exams are weighted and incorporated into the final grade, the School supports standardization in determining passing or failing exam performances and their consequences. The policy at the Geisel School on the use of shelf exams in clerkship grading is as follows:

Shelf exam results at the 11th percentile or higher represent a passing grade, with the results incorporated into the clerkship grade based on the clerkship grading policy.

Results from the 6th to the 10th percentile represent a zone of discretion. In this range the clerkship director(s) may elect to allow a student to repeat the shelf exam prior to determining the final clerkship grade, with the grade carried as Incomplete until the results of the repeat exam are known. If the student’s performance was sufficiently strong on other measures of the knowledge competency, such as preceptor evaluations or other clerkship exams, then repeating the shelf exam may be allowed. If performance on other measures of the knowledge competency was not sufficiently strong, then a shelf exam score in this range will result in a failing grade for the clerkship and the student will be discussed at the Committee on Student Performance and Conduct (CSPC) to develop a plan for remediation.

Shelf exam results at the 5th percentile or lower represent a failure of the knowledge competency and therefore a clerkship failure and the student will be discussed at the CSPC to develop a plan for remediation.

When determining the percentile score for shelf exam results, clerkships should take the raw score and use tables provided by the NBME to determine the percentile score among all students who took the exam last year, and also determine the percentile score among students who took the exam in the same quarter of the last year. The higher of the two percentile scores should be used as the student score.
Grade Appeal Policy

Each course or clerkship director will determine a student’s grade. If the student believes a grade is unfair, the student may request reconsideration directly from the course or clerkship director. Each student is entitled to an explanation of exactly how the final grade was determined and to view the results of component quizzes, examinations, and evaluations that contributed to the final grade.

If the student still believes that the grade assigned by the director is unfair, the student should next approach the Department Chair for department-based courses. If the student is still not satisfied with the outcome of the decision, the student may then appeal to the Senior Associate Dean for Medical Education in writing stating the reasons why the grade is unfair.

For courses that are not departmentally based, the student may appeal in writing directly to the Senior Associate Dean for Medical Education. The Senior Associate Dean for Medical Education is the final authority for grades.
Third and Fourth Year Student Learning/Work Hour Policy

The primary educational goals for third and fourth year clerkships is to help medical students learn about the evaluation and management of patients with a variety of medical conditions, and expand their levels of mastery in a number of important competency domains. A second important goal is for students to have the opportunity to learn more about each discipline as a potential career choice, from both residents and attendings. The MEC recognizes that some of the best opportunities for learning occur on nights and weekends, while “on call”.

The MEC regulates student hours “on call” during clerkships and electives in order to provide the optimum learning experience in order to help students achieve a healthy balance of study and personal time during the clerkships. All clinical rotations and electives must adhere to the medical student learning/work hour policy as follows:

1. The frequency of on-call experiences for each clerkship will be established by the respective clerkship directors, with the intent of optimizing the total educational experience for each student. No student should be on call more often than one night in three.

2. On average, at least one 24 hour period every week will be free of all patient care and scheduled educational activities, and should be spent outside the hospital.

3. Students must work no more than 80 hours per week in the hospital/clinic.

4. Students must work no more than 30 hours consecutive hours in the hospital/clinic.

5. If the clerkship allows, a student may switch call days during the course of the clerkship if an event of significant educational opportunity is at a time when the student is scheduled to be post-call. However, the student must complete the total number of required call nights for the clerkship.

6. Didactic conferences should be scheduled so that as many students as possible can attend. Post-call students should attend required teaching conferences if occurring within the above-outlined learning/work hours. However, post-call students may be required to miss didactic conferences in order to abide by the learning/work hour restrictions.

7. On-call rooms at DHMC will be available twenty-four hours a day for post-call students wishing to take a nap prior to driving home after their nights on call, if they feel too tired to drive home safely. The Office for Clinical Education should work with other affiliated hospitals that have night call for Geisel students, and try to arrange a similar arrangement for having rooms available to students during the afternoon while they are post-call.

The implementation of this policy includes the following:
- Clerkship directors must arrange the clerkship schedule (i.e. didactics) to comply with this proposal
- Clerkship directors must announce this policy to all attendings and residents who work with students (including the contact physicians at away sites)
- Clerkship directors must announce this policy at all clerkship orientations
- The work hours policy will be easily accessible on the Geisel website
- Students will be queried on work hours on evaluations as appropriate to monitor the policy. Students should keep track of their own work hours.
Scrub Attire Policy
Geisel School of Medicine at Dartmouth

Wearing scrub attire (scrubs) is essential in certain areas of the hospital, such as operating rooms, and is common practice when students are on call. It is also widely recognized that scrubs may have the potential to adversely affect infection control within a hospital, so they must be used appropriately.

The purpose of this policy is to define the appropriate use of scrub attire for Geisel medical students while serving on clinical rotations at Dartmouth-Hitchcock Medical Center. This policy reflects the Dartmouth-Hitchcock policy on wearing scrub attire, which applies to faculty, house staff and students. Students doing clinical clerkships and electives at other sites should follow the local scrub attire policy at the site of their rotation.

1) Scrub attire is provided by Dartmouth-Hitchcock for use only in the following areas of the hospital:
   a. Operating rooms
   b. PACU
   c. Same Day Program
   d. Radiology
   e. Endoscopy
   f. Cardiac cath lab
   g. Birthing pavilion
   h. IVF lab
   i. Central Sterile Reprocessing

2) When possible, students should change in and out of scrubs in the clinical area where they are being worn, and should put used scrubs in designated laundry bins for cleaning.

3) If there are no student lockers in an area where scrub use is allowed, then students can use the Zimmerman Lounge for changing. Used scrubs should be placed in the laundry hamper in the Zimmerman Lounge for cleaning.

4) Students may wear their own scrubs when on call, but not in the areas listed in item 1 of this policy where DHMC scrubs are to be used. Students are responsible for cleaning their own scrubs.

5) Neither DHMC nor student-owned scrubs may be worn when entering or leaving the hospital for infection control reasons. Students should change into clean scrubs after arriving at the hospital, and out of scrubs prior to leaving.
**Geisel Housing Policy**

Geisel provides an on-call facility at DHMC, and both the Clinical Education office and several clerkships maintain apartments where students may stay while doing clerkships away from the local area. Students sometimes also stay in bed and breakfast facilities or motels while doing clerkships at some sites. The following policies apply to use of these facilities.

1) At Geisel sponsored apartments distant from Geisel personal guests, family members and other visiting Geisel students may stay over for short periods of time (a weekend for example) only if there are no other students scheduled to use the apartment. Neither students nor guests may use Geisel apartments during vacations or other times that Geisel is not in session, or during times when they are not specifically assigned to be in the apartment.

2) If bed and breakfast or motel accommodations are used, Geisel (or the clerkship) will fund the necessary number of nights each week for a student to be at the clerkship site, but will not provide extra funding for family members or guests, such as the added cost of double occupancy.

3) Assignments to apartments are made in a way to maximize student comfort to the extent possible. In keeping with this premise, students must stay in the apartment where they are assigned. If a student wants to move to a different Geisel apartment s/he must clear it with the Clinical Education office or the clerkship (for clerkship sponsored housing) first.

4) If students elect not to use Geisel sponsored housing they will need to arrange and pay for the alternative housing.

5) Each student is responsible for the conduct of any family member or guest invited by that student and staying in Geisel sponsored housing.

6) Pets are not allowed in housing facilities.

7) Apartments must be left clean and in good repair, both as a matter of professionalism and to avoid excessive cleaning costs being passed on to the most recent occupants. Specific ground rules regarding upkeep are posted at the apartments, and a checklist to assess condition when you move in is provided. No smoking is allowed in Geisel housing.

8) The on-call facility at DHMC which is located on level 5 can be used only by students who are taking call on a specific night. Students must sign up for rooms on the day they are on call and then vacate the next morning. Guests are not allowed to sleep in the DHMC on-call facility and are not allowed access to this area. Access to the area is by a key pad using your DHMC ID.
**Transportation Policy**

Each Geisel medical student is responsible for her/his transportation to and from Geisel learning sites, including sites for On Doctoring in Years 1 and 2 and those for clinical clerkships and electives in Years three and four. Geisel School of Medicine is not responsible for transporting students and out of fairness to all students will not make site assignments or curricular adjustments for individual students based on transportation preferences. Public transportation in the Upper Valley is limited, serving only a few clinical sites such as DHMC and the VA, and even these sites are generally not served during the early morning, late evening and weekend hours often required when doing clerkships. As a result, all students are strongly urged to have a valid driver’s license and access to a car while at Geisel School of Medicine.
Policy on Exposure to Blood Borne Pathogens (BBP) and other Occupational Exposures or Injuries

Steps to take in case of BBP exposure

1. If an exposure should occur, the exposure site should first be thoroughly washed and/or irrigated. If you think you may have had an exposure but are not sure, you should be evaluated. There is absolutely no such thing as a low risk patient. Contact Occupational Medicine at 653-3850 to discuss your concerns with a clinician.

2. You should then promptly report the incident to your supervising attending or resident, and immediately seek evaluation by the staff / facility designated for your clinical site to provide evaluation and treatment of health care workers who have sustained a BBP exposure. Time may be critical for preventive measures. Have your insurance information available unless accessing it would delay your evaluation.

*At DHMC the designated staff/facility is Occupational Medicine during normal working hours. Occupational Medicine at DHMC is open Monday through Friday from 8:00 am until 5:00 pm and is always staffed by a health care provider with training in evaluating potential BBP exposures. The department phone number is 653-3850. At DHMC you can also call the BUZZ Hotline at 650-6000 at any time to expedite your blood borne exposure work-up evaluation. At DHMC when Occupational Medicine is closed, these same services are provided by the House Supervisor (formerly ACOS). Page the House Supervisor and they will instruct you how to proceed.

It is important to call the House Supervisor (formerly ACOS) as they will make all efforts to investigate the “source” of your exposure. You may not need an ED visit once the House Supervisor prior to going to the emergency room to expedite and coordinate your care. If the “source” of your exposure is unknown, please page the House Supervisor to discuss. In this case, an ED evaluation may be warranted.

*Students at the White River VA Hospital and students at clerkship sites near Hanover and Lebanon may also utilize the Occupational Health Services at DHMC for initial evaluations. Effective management of HIV exposure may require the administration of antiviral drugs within hours of exposure. Obviously in cases where there is an emergency situation students would always seek the nearest emergency evaluation to their clerkship site. Students should cooperate with the evaluation, treatment and follow up recommendations made at the time of their exposure assessment. All follow-up visits for students at the White River VA Hospital and at nearby clerkship sites will be done at Occupational Medicine at DHMC.

*For students at sites distal to Lebanon / Hanover: In the very rare circumstance that an attending or resident is unsure of where you should seek evaluation call student services at
Geisel during day hours or the Dean on Call at other times (numbers and schedule in the student handbook on line and through Dartmouth Safety and Security 603-646-4000).

3. **The exposure must also be reported by the student by calling student services (603-650-1509). This reporting is mandatory.** All staff members in student services are trained to take this report. They will verbally review the process including payment information, answer questions, and send each student a check list. All students will have received a laminated card which attaches to their nametags at year three orientation which summarizes this process.

Even in situations where payment is not requested, students should report ALL such accidental occupational exposures to BBPs to the Student Affairs Office. Any concerns or questions regarding this policy may be addressed by contacting Dino Koff, Assistant Dean of Student Services. The office of student affairs tracks all such incidents experienced by all of our students at any of our affiliate teaching institutions or at other nonaffiliated teaching sites (such as during off-site electives).

**Student services will pay for all costs related to occupational exposures that are not covered by a student’s insurance.** Student has several options. The vast majority will find option one to be more desirable: Students should submit the bill of all costs not covered by insurance to student services and student services will directly pay your care provider. The alternative option is for students to pay out of pocket for services not covered by their insurance provider and request funding from Financial Aid to cover this expense until they receive reimbursement money from Geisel (3-6 weeks). Documentation of insurance billing is required prior to reimbursement from student services.

4. Follow-up appointments for students who are in or near the Hanover/Lebanon area will be done at DHMC Occupational Medicine regardless of where the student sustained the exposure. If a student is due for follow-up and not near Hanover/Lebanon then follow-up will be managed at the distal site. Any questions should be directed to the staff in student services. It is important for students to take their insurance information to all follow-up visits.

**Components of exposure evaluation**

Your post exposure evaluation should include a risk assessment of the potential for HIV transmission based on the type of body substance involved, as well as the route and severity of the exposure. In addition, arrangements should be made to evaluate the person whose blood or body fluid was the source of your exposure. This is generally done through established institutional protocols that will be initiated by the health care provider evaluating your exposure, and may include serological assessment of Hepatitis B, Hepatitis C, and HIV infection. In the absence of known source HIV status, clinical information about the source, if known, will be used to suggest or rule out possible HIV infection. Using an algorithm established by the public health service, the risk assessment of both the severity of your exposure and the HIV status of the source will be used to determine whether post exposure prophylaxis (PEP) for HIV is recommended. If indicated, PEP should be initiated as soon as
possible after an exposure (i.e., within a few hours), thus emphasizing the importance of prompt post exposure evaluation. If HIV PEP is initiated then medical follow up, further lab studies, and additional counseling should occur.

You might undergo baseline testing for susceptibility to BBPs at the time of your exposure including antibody to HIV. The treating clinician will determine this need based on source information and or lab results. The need for and appropriate interval for follow up testing will depend to some degree on the source patient's test results as well as your baseline status. It is important to note that there is no recommended post exposure prophylaxis for Hepatitis C which is a more prevalent blood borne pathogen than HIV. Thus follow up testing after an exposure to a source infected with Hepatitis C is extremely important.

Resources for occupational exposure to blood:

* BUZZ Exposure Hotline 650-6000.
* DHMC Occupational Medicine, 603-653-3850.
* Clinicians Post-Exposure Hotline, 888-448-4911

http://www.nccc.ucsf.edu/

**Background information and prevention**

Students may be exposed to blood borne pathogens (BBPs) in the course of their clinical and research duties. These BBPs include the human immunodeficiency virus (HIV), Hepatitis B virus (HBV) and Hepatitis C virus (HVC). An exposure is generally defined as a percutaneous injury (e.g., a needle stick or cut with a sharp object), contact of mucous membrane or non-intact skin with blood, tissue or body fluids that are contaminated with visible blood. Current estimates of average risk of transmission after percutaneous exposure are: HIV 3/1,000 (0.3%), Hepatitis C 1-3%, Hepatitis B 30% (in non-immune).

Observing standard precautions is the single best strategy to reduce the risk of BBP exposure. This includes using adequate barrier protection (gloves, safety glasses, mask) when performing any activities where the potential exists for BBP exposure. Familiarity with and use of safety devices on needles, syringes, and intravenous equipment can also reduce your risk of accidental BBP exposure but will vary between medical institutions. Completion of the Hepatitis B immunization series with documented presence of antibody to Hepatitis B should provide full protection from transmission of this virus.

**Other occupational exposures and injuries**

Students with other occupational exposures or injuries should access evaluation and care by following the same procedures and policy outlined above for BBP. Examples of other occupational exposures and injuries would include exposure to tuberculosis or an injury sustained while caring for a violent patient.
Obviously if a student sustains acute injuries emergency room access would precede calling Occupational Medicine. All exposures and injuries require that a mandatory report is made to any staff member in Student Services (603-650-1509). This allows individualization of care and follow-up for unusual/unique exposures and injuries. In the case of student injury not requiring occupational medicine involvement at DHMC the incident will be reported to Occupational medicine.
OVERVIEW OF THE CLERKSHIPS:
https://geiselmed.dartmouth.edu/admin/clinical_ed/

ICE (INTERDISCIPLINARY CLINICAL EXPERIENCE) (ICX 308)
Length: 3 days prior to clerkships, 3 days after winter break, 2 days at end of Year 3
Credits: 2 credits
Department: Medical Education

Director: John F. Dick III, MD
603-650-8802
Title(s): Associate Dean for Clinical Education
Assistant Professor of Medicine
Education: Geisel School of Medicine, MD 2003
Coordinator: Pauline Moran
603-650-8802
Hinman Box: 7015
Office Location: DHMC, Rubin Level 4

Academic Summary:
Interdisciplinary Clinical Exercises (ICE) is a required two credit course for all students to complete in Year 3. It consists of three days at the start of Year 3, three days at the midpoint, and two days at the end of Year 3.

There are two main parts to the course:
1) A skills-based portion in the form of OSCEs
2) A knowledge-based portion made up of instruction in several core clinical topics. Both parts of the course must be passed in order to receive credit.

Clinical Overview:
As an integral part of Year 3 at Geisel, the ICE course will provide instruction in several clinical topics felt to be important by both faculty and students, and not systematically taught during ward and clinic rotations. Instruction will occur in several formats including lectures, group discussions, interactive computer exercises, and use of simulation.

Expected topics include:
- Palliative Care
- Pain management
- Health Care Team
- Clinical reasoning
- Student mistreatment
- Cultural issues
- Risk management / HIPAA
- Electronic medical record training
- Review of topics for Part 2 of the NBME exam- Ophthalmology, Dermatology
- Medical student occupational health and safety
- Procedure training using simulation
- OR OSHA techniques
- The ICE Days are also good times to get the class together for advising about Year 4 schedules, careers in medicine and the residency application process.

OSCEs:
- OSCEs will be performed twice a year, in January and June.
- OSCEs will be chosen from a group of 8-10 exercises and will be scheduled to be pertinent to the clerkships performed in the preceding clerkship blocks.

Objectives:

1. Apply current medical and clinical knowledge to diagnosis and treatment issues in patient care.
2. Apply current knowledge of disease prevention, risk factor modification, end-of-life and palliative care, pain management, medical ethics, and medical-legal issues to clinical problems.
3. Interview patients skillfully, utilizing a focused history.
4. Examine patients skillfully and respectfully, with appropriate attention to student infection control and patient comfort and privacy.
5. Define and prioritize the patient’s problems accurately and generate an appropriate differential diagnosis.
6. Demonstrate performing common medical procedures in a simulation setting.
7. Explain the indications, complications, limitations, and performance of common tests and procedures.
8. Communicate effectively with patients and families.
9. Communicate effectively and collegially with physician colleagues and other members of the health-care team verbally, in writing and in the electronic medical record.
10. Meet professional responsibilities fully.
11. Adhere to high ethical and moral standards, accept responsibility for personal actions, and respect patient confidentiality.
12. Demonstrate responsibility for one’s own mental and physical health.
13. Demonstrate responsibility for one’s own medical education, and develop the habits of mindfulness and reflection.
14. Describe how to access medical library resources from remote sites.
15. Identify appropriate resources to support patient care and to collaborate effectively with all members of the inter-professional team.

Essential Conditions/Skills: None

Expectations:
The ICE course is analagous in many ways to the required continuing medical education that practicing physicians must perform on an annual basis to maintain licensure and
hospital privileges. Attendance is required at both OSCE's and a minimum of 80% of other sessions. Students must achieve a passing grade on two OSCE's. A student failing an OSCE will meet with the course director for remediation and will complete an additional OSCE during the next OSCE session. Students must complete at least 80% of any on-line quizzes and pass them with a minimum grade of 80%. Students must complete a minimum of 80% of the on-line session evaluation forms.

**Evaluation:**
- The ICE course will be graded on a Pass-Fail basis.
- Both the OSCE portion and the knowledge portion must be passed in order to pass the course.
- Student feedback will be obtained through a series of Blackboard-based evaluation forms. 80% of these must be completed.

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**FAMILY MEDICINE (CFMED306)**

**Length:** 6 weeks  
**Credits:** 6 credits  
**Department:** Community and Family Medicine  
**Contact Information:**

**Directors:** [Cathleen Morrow, MD, Jessie Reynolds, MD, Tanya Luttinger, MD](mailto:emotions@dm.com)  
603-650-4920

**Title(s)**  
Dr. Cathleen Morrow, Director of Family Medicine Clerkship & Predoc Director  
Dr. Jessie Reynolds, Co-Director of Family Medicine Clerkship,  
Dr. Tanya Luttinger, Co-Director of Family Medicine Clerkship  
Scottie Eliassen, Associate Director of Family Medicine Clerkship

**Education:**  
Dr. Morrow: MD, University of Vermont College of Medicine  
Dr. Reynolds: MD, Indiana University School of Medicine  
Dr. Luttinger: MD, University of California at Davis, School of Medicine  
Scottie Eliassen: MS, Dartmouth College

**Coordinator:** [Sandi Cragin](mailto:emotions@dm.com)  
603-650-4920

**Hinman Box:** 7015

**Office Location:** DHMC, Rubin 4th Floor

**Academic Summary:**  
Family Medicine is a required 6 week clerkship taking place through a five-week community-based preceptorship with family physicians in regional and distant teaching sites, online assignments, videoconferences and three onsite seminar days.
Clinical Overview:
During the six week clerkship, students complete a five-week clinical preceptorship at one of our clerkship teaching sites located in New Hampshire, Vermont, California, Arizona, Alaska, New Mexico, Massachusetts, or Maine. Our sites offer a range of precepting models, from working one-on-one throughout the clerkship to changing preceptors each half-day in clinic.

Course goals are achieved through the preceptorship, formal seminars, web-based cases, simulated patient experiences, videoconferences, and assignments. In addition to preceptor feedback on clinical skills, students receive ongoing feedback from clerkship faculty on write-ups, assignments, and learning goals.

Students participate in three days of on-campus seminars, skill sessions, and presentations: two before beginning the clinical preceptorship and one upon completion of the preceptorship. During the preceptorship, students participate in videoconferences with peers and clerkship faculty.

The Family Medicine Clerkship is an outpatient rotation. Students are not expected to take call, although some may choose to do so when their preceptor(s) are on call. In addition, many sites offer evening or weekend hours in which students may be asked to participate.

Objectives:

1. Acquire and apply core basic and clinical science knowledge about common FM conditions.
2. Perform focused and comprehensive physical exams appropriate to common FM complaints and the FM clinical setting.
3. Formulate a well-reasoned problem list, differential diagnoses, assessment, and plan for patients in the office setting.
4. Practice basic office testing skills, including urine dipstick, microscopy, venipuncture, rapid strep testing, EKG testing, and suturing, as opportunities are available.
5. Describe and incorporate into clinical practice the evidence base for FM conditions and discuss the limitations and benefits of applying EBM to clinical practice.
6. State the major guidelines of and describe the approach to preventive, acute, and chronic primary care.
7. Apply population-based guidelines to individual patients, considering culture, preferences, risk factors, and resources, and discuss how the values, preferences, and risk factors of a culture or community may influence the medical decision making process.
8. Develop time management skills for patient interviews and physical exams.
9. Perform succinct yet complete oral patient case presentations.
10. Access resources efficiently, including patient education materials, point of care resources, evidence based guidelines, clinical support staff, and interprofessional colleagues.
11. Describe the role of primary care and population health within the healthcare system.
12. Communicate skillfully and respectfully with all members of the health care team, including interprofessional and specialty colleagues, to facilitate patient care.
13. Advocate for individual patients, including identifying and connecting with needed services, helping to minimize care barriers (education, transportation, cost, etc), and avoiding redundancy and waste of time and resources.
14. Communicate skillfully with patients and their families with attention to relationship and engaged listening and emphasis on accurate history taking, patient illness perspectives, values, and preferences.
15. Recognize opportunities for and practice shared decision making, including eliciting information about knowledge, values, preferences, and resources.
16. Document histories, physicals, assessments, rationales, and plans thoroughly, concisely, and accurately to facilitate coordination and continuity of care.
17. Respect and support peers and faculty by being present, attentive, and active in discussions and assignments.
18. Reflect on personal experiences, background, and bias and how they influence clinical decisions and reactions.
19. Elicit and apply constructive feedback from, and provide effective, appropriate feedback to, peers and faculty.
20. Describe learning goals and write iterative learning plans to attain them.
22. Be exposed to the role of physicians, particularly those in primary care, around public health promotion and population health.

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**Essential Conditions and Skills:**

<table>
<thead>
<tr>
<th>FAMILY MEDICINE CLERKSHIP</th>
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<tbody>
<tr>
<td><strong>ESSENTIAL CLINICAL CONDITION</strong></td>
</tr>
<tr>
<td>Health maintenance patients &gt;18 yo</td>
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<tr>
<td>Chronic pain</td>
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<tr>
<td>Obesity</td>
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<tr>
<td>Hypertension</td>
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<tr>
<td>Back pain</td>
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<tr>
<td>Joint pain, unspecified</td>
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<tr>
<td>Dermatologic conditions (specified)</td>
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<tr>
<td>DM Type I or II</td>
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<tr>
<td>Hyperlipidemia</td>
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<tr>
<td>HEENT conditions (specified)</td>
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<tr>
<td>GI conditions (specified)</td>
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<tr>
<td>Kidney-Urinary conditions (specified)</td>
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<tr>
<td>Depression</td>
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<tr>
<td>Asthma/wheezing</td>
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<tr>
<td>COPD/Emphysema</td>
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</table>
**ESSENTIAL CLINICAL SKILL**

<table>
<thead>
<tr>
<th>Task</th>
<th>Action</th>
<th>Setting</th>
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</thead>
<tbody>
<tr>
<td>HPI relevant to this clerkship</td>
<td>Perform</td>
<td>Outpatient</td>
</tr>
<tr>
<td>HEENT exam</td>
<td>Perform</td>
<td>Outpatient</td>
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<tr>
<td>Musculoskeletal Exam (aggregate of back, extremity, joint, and neck exam)</td>
<td>Perform</td>
<td>Outpatient</td>
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<tr>
<td>Screen for domestic abuse</td>
<td>Perform</td>
<td>Outpatient</td>
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<tr>
<td>Counsel about nutrition and diet</td>
<td>Perform</td>
<td>Outpatient</td>
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<tr>
<td>Counsel about shared decision making</td>
<td>Perform</td>
<td>Outpatient</td>
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<tr>
<td>Counsel about exercise</td>
<td>Perform</td>
<td>Outpatient</td>
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<tr>
<td>Counsel about weight change or weight loss</td>
<td>Perform</td>
<td>Outpatient</td>
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<tr>
<td>Orally present patient at clinic visit</td>
<td>Perform</td>
<td>Outpatient</td>
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<tr>
<td>Prepare SOAP note at clinic visit</td>
<td>Perform</td>
<td>Outpatient</td>
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**Attitude & Behavior:**

Respect for patients, preceptors and staff should always be shown. Conduct should adhere to the code outlined in the student handbook. Attire should be professional and in keeping with the assigned preceptor site. White coats should be taken to preceptor sites the first week, but may not be required at all locations. Name tags should always be worn.

**Evaluation:**

Evaluation in the Family Medicine clerkship includes:
- Preceptor evaluation based on the six competencies (Medical/scientific knowledge, Clinical Skills, Professionalism, Communication/interpersonal skills, Practice-based learning, and Systems-based practice).
- Clerkship faculty evaluation of written assignments, and active engagement in and contributions to the learning community.
- NBME exam

**Site Selection:**

You may choose from a range of distant or regional Family Medicine sites. If you choose a regional site, you will be asked to complete a preference form at a later date and the clerkship office will make your site assignment based on site availability and your learning preferences. If you choose a distant site, you will select the specific site through the lottery.

Distant Family Medicine rotations provide unique opportunities to experience greater cultural, ethnic and socioeconomic diversity. These opportunities include the following sites:
- Belfast, Maine
- Augusta and Fairfield, Maine
- San Francisco, California
- Shiprock, New Mexico
- Ft. Defiance, Arizona
- Valdez, Alaska
Geriatric and Ambulatory Medicine (MEDI 307)

Length: 4 weeks
Credits: 4 weeks
Department: Medicine

Contact Information:
Director: Marybeth Durkin, MD, Roshini Pinto-Powell, MD
802-295-9363/603-653-9500

Education:
Coordinator: Holly Harrison
603-653-3519

Hinman Box: 7505
Office Location: DHMC - Rubin Building, Level 5

Academic Summary/Clinical Overview: Geriatric and Ambulatory Medicine is a required 4 week clerkship completed during the fourth year with the exception of a few third year students. Not all sites are available each 4 week block and openings are determined by preceptor availability. Students, depending on the clerkship site, may work with one preceptor exclusively or with several different preceptors over the course of the 4 weeks. Students will spend 4 days each week at their practice sites and return to DHMC on Fridays for didactic teaching sessions. These sessions are primarily student lead and include case discussions, presentations on core clerkship topics, and journal club reviews.

Objectives:

1. Apply evidence based knowledge to diagnosis and treatment questions in ambulatory and geriatric patient care.
2. Apply current clinical and translational sciences to diagnosis and treatment questions in ambulatory and geriatric patient care.
3. Apply current knowledge of disease prevention, risk factor modification, end-of-life care and quality improvement to clinical problems in ambulatory and geriatric patient care.
4. Apply knowledge about the impact of social, economic, cultural and personal factors on health to clinical problems in ambulatory and geriatric patient care.
5. Establish comfortable and mutually respectful student-patient and student-family relationships with a diverse population and to establish the basis for a future doctor-patient relationship.
6. Interview patients skillfully, utilizing either a comprehensive or a focused history relative to the presenting issues in ambulatory care.
7. Examine ambulatory patients skillfully and respectfully and relative to any potential sensory or cognitive deficits especially in the geriatric population.
8. Identify and prioritize acute and/or chronic problems in ambulatory care with
accuracy, using appropriate differential diagnoses.
9. Correctly identify abnormalities on routine laboratory work and radiographs commonly utilized in ambulatory care.
10. Communicate effectively with patients and families when special barriers to communication exist, including culture, language, education and geriatric sensory and cognitive deficits.
11. Assist patients and their families in understanding their treatment options and prognosis.
12. Communicate, by way of patient presentations to preceptors, patient encounter notes, phone calls and/or emails, effectively and respectfully with physician preceptors and other members of the health care team.
13. Behave respectfully and responsibly towards patients, families, colleagues and other members of the health care team while acknowledging individual concerns, opinions and cultural perspectives.
14. Meet professional responsibilities completely.
15. Adhere to high ethical and moral standards, accept responsibility for personal actions, accept constructive feedback, and respect patient confidentiality.
16. Take responsibility for continued medical education and to identify and critique evidence based literature that guides ambulatory care practices.
17. Describe barriers to access to basic health services and it effect on vulnerable populations.
18. Contribute constructive feedback during peer review.
19. Identify and critically evaluate relevant information about evidence based, cost conscious strategies in the care of patients in the ambulatory setting.
20. Assess the effect of social environment on clinical care and outcomes and to apply the concepts of improving quality of care, patient safety and the value of care in the ambulatory setting.
21. Identify appropriate resources to support patient care and to collaborate effectively with all members of the health care team in the ambulatory setting.
22. Describe how healthcare is currently organized, financed and delivered and the larger environment in which health care occurs and the impact on ambulatory patient care.
23. Identify the role of the physician in addressing the medical consequences of common social and public health factors and to advocate for optimal care in ambulatory settings.

Essential Skills and Conditions:

<table>
<thead>
<tr>
<th>GERIATRICS &amp; AMBULATORY MEDICINE CLERKSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESSENTIAL CLINICAL CONDITION</td>
</tr>
</tbody>
</table>

33
Responsibility

<table>
<thead>
<tr>
<th>Condition</th>
<th>Responsibility</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrhythmia – atrial fib or other</td>
<td>Manage with Assistance</td>
<td>Outpatient</td>
</tr>
<tr>
<td>CHF</td>
<td>Manage with Assistance</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Manage with Assistance</td>
<td>Outpatient</td>
</tr>
<tr>
<td>IHD – all types</td>
<td>Manage with Assistance</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Medication adjustment</td>
<td>Manage with Assistance</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Chest pain – dx unclear</td>
<td>Manage with Assistance</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Chronic pain</td>
<td>Manage with Assistance</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Dizziness</td>
<td>Manage with Assistance</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Manage with Assistance</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Frailty</td>
<td>Manage with Assistance</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Obesity</td>
<td>Manage with Assistance</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Balance problems and falls</td>
<td>Manage with Assistance</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Dementia</td>
<td>Manage with Assistance</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Reflux Esophagitis (GERD)</td>
<td>Manage with Assistance</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Skin lesion (NOS/composite)</td>
<td>Manage with Assistance</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Joint pain – unspecified</td>
<td>Manage with Assistance</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Renal failure or insufficiency</td>
<td>Manage with Assistance</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Urinary incontinence and frequency</td>
<td>Manage with Assistance</td>
<td>Outpatient</td>
</tr>
<tr>
<td>DM Type II</td>
<td>Manage with Assistance</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Hyperlipidemia</td>
<td>Manage with Assistance</td>
<td>Outpatient</td>
</tr>
</tbody>
</table>

Essential Clinical Skill

<table>
<thead>
<tr>
<th>Skill</th>
<th>Perform</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>IADL survey</td>
<td></td>
<td>Outpatient</td>
</tr>
<tr>
<td>Abdominal exam</td>
<td></td>
<td>Outpatient</td>
</tr>
<tr>
<td>Back exam</td>
<td></td>
<td>Outpatient</td>
</tr>
<tr>
<td>Cardiac exam</td>
<td></td>
<td>Outpatient</td>
</tr>
<tr>
<td>Dermatology exam</td>
<td></td>
<td>Outpatient</td>
</tr>
<tr>
<td>Foot exam</td>
<td></td>
<td>Outpatient</td>
</tr>
<tr>
<td>Pulmonary exam</td>
<td></td>
<td>Outpatient</td>
</tr>
<tr>
<td>HPI relevant to clerkship</td>
<td></td>
<td>Outpatient</td>
</tr>
<tr>
<td>Social history</td>
<td></td>
<td>Outpatient</td>
</tr>
<tr>
<td>Disease issues counseling</td>
<td></td>
<td>Outpatient</td>
</tr>
<tr>
<td>Exercise counseling</td>
<td></td>
<td>Outpatient</td>
</tr>
<tr>
<td>Medications counseling</td>
<td></td>
<td>Outpatient</td>
</tr>
<tr>
<td>Smoking cessation, tobacco counseling</td>
<td></td>
<td>Outpatient</td>
</tr>
<tr>
<td>Weight change counseling</td>
<td></td>
<td>Outpatient</td>
</tr>
<tr>
<td>Screening tests counseling</td>
<td></td>
<td>Outpatient</td>
</tr>
</tbody>
</table>

Expectations:
The clerkship coordinator must be notified of any changes to your overall schedule at least eight weeks in advance of your clerkship rotation. If a student needs to change - they must find someone to switch with them.

Attitude & Behavior:
Even though this clerkship is in the fourth year for most of you, it is mandatory - as is
orientation. While the fourth year is a busy time, it is important to give the same amount of energy to this clerkship as you have the others that you have taken. General Internal Medicine builds the foundation for clinical reasoning. You must have a base in medicine before you can develop in any other area. We fully expect the same amount of professionalism, attendance in clinic and didactic sessions and willingness and enthusiasm to learn!

**Evaluation:**
The following components make up your GAM grade:

- Preceptor Evaluation(s) of student: 50%
- Written Exam: 20%
- Clerkship Directors’ Assessments: 30%
- TOTAL: 100%

The Preceptor Evaluations and the Written Exam are weighted to compose numerical scores that are then converted to letter grades - H, HP, P, F.

The Clerkship Directors’ assessments comprise a global evaluation of student performance and progress made during the 4 week clerkship. The assessments are based on the following components:

- Professionalism
- Overall engagement during didactics
- Case and Power Point or Journal Club presentations
- Completion of Logging Clinical Encounters
- Completion of Mid-Clerkship Feedback Form
- Completion of Student Clinical Skills Competency (red) Form
- Completion of online student evaluation of clerkship

**Site Selection:**
A wide variety of sites are available for Outpatient Medicine, including large multi-specialty group practices such as DHMC, VA practice sites, and smaller, more rural sites throughout New Hampshire, Vermont, and Maine. However, these sites are not available at all times. Students will fill out a preference sheet after the lottery, but sites are assigned by the clerkship on the basis of availability.
MEDICINE (INPATIENT) (MEDI 301)

Length: 8 weeks
Credits: 8 credits
Department: Medicine

Contact Information:
Director: Hilary Ryder, M.D., MS, FACP; L. Campbell Levy, M.D.; Amanda Ratliff, M.D.; David Jacobson, M.D.

Title(s):
Dr. Ryder: Clerkship Director, Associate Program Director (DHMC Internal Medicine) Assistant Professor of Medicine
Dr. Levy: DHMC Site Director, Assistant Professor of Medicine
Dr. Ratliff: WRJVA Site Director, Assistant Professor of Medicine
Dr. Jacobson: CPMC Site Director, Assistant Professor of Medicine

Education:
Dr. Ryder: The Dartmouth Institute MS 2013; Internal Medicine Residency, Dartmouth-Hitchcock Medical Center 2004-2007; Yale University School of Medicine MD 2004; The University of Chicago AB Sociology 1999
Dr. Levy: Gastroenterology and Hepatology Fellowship, Dartmouth-Hitchcock Medical Center 2005-08; Internal Medicine Residency Dartmouth-Hitchcock Medical Center 2001-05; Jefferson Medical College, MD 2001
Dr. Ratliff: SUNY at Stonybrook, MD
Dr. Jacobson: Chief Medical Resident, CPMC 2000-2001; Internal Medicine Residency, CPMC 1997-2000; University of Michigan Medical School, M.D. 1997; University of Notre Dame. B.S. Geological Sciences 1992

Coordinator: Holly Harrison
603-653-3519

Hinman Box: 7505
Office Location: DHMC, Rubin Building - Level 5

Academic Summary/Clinical Overview:
Inpatient Medicine is a required 8 week clerkship, with 7 weeks of clinical work, completed by nearly all students in Year 3.

This required core clerkship in inpatient internal medicine is typically taken during the third year at Geisel School of Medicine. Students either spend seven weeks at CPMC, or split time between Dartmouth-Hitchcock Medical Center and the White River Junction VA Hospital.

Students function as an integral member of a ward team caring for patients hospitalized on a general medical service. Opportunity to rotate on inpatient cardiology or hematology
services may also be offered. A minimum of 16 new patient workups is required. Learning objectives include improving skills in history taking, physical examination, and ordering of diagnostic tests, as well as written and verbal case presentations. Students will gain experience in doing basic medical procedures such as arterial blood gas sampling, nasogastric tube placement, and others. Students receive specific instruction in interpreting electrocardiograms and chest radiographs. Clinical reasoning skills used in the evaluation and management of internal medicine patients is stressed, as are the interpersonal skills required to deal with patients and their families.

Objectives:

1. Apply biomedical science knowledge to inpatient care of patients with acute medical conditions.
2. Communicate effectively with patients of different social, economic and cultural backgrounds around individual factors that impact health.
3. Interview patients skillfully, including a comprehensive history.
4. Demonstrate complete and focused physical examination of patients, with appropriate attention to skill, cleanliness, infection control and patient comfort and privacy.
5. Define and prioritize the patient's problems accurately and generate an appropriate differential diagnosis for patients with common acute medical diagnoses.
6. Describe the work up for and explain the treatment for the most common inpatient diagnoses including chest pain, arrhythmia, CHF, COPD, PNA, PE/DVT, delirium, electrolyte abnormalities, acute diabetic complications, GI bleeding, pancreatitis, Acute Kidney Injury, cellulitis, SIRS/sepsis, UTI, cytopenias, common malignancies.
7. Interpret without assistance common abnormalities and urgent findings on common diagnostic tests and studies including chest x-rays, EKGs, complete blood counts and chemistry panels, gram-stain/culture results.
8. Communicate effectively and collegially with physician colleagues and other members of the health-care team verbally, in writing and in the electronic medical record.
9. Behave respectfully and responsibly towards patients, families, colleagues, and all members of the health care team and empathize and be respectful of each patient's concerns, opinions and cultural perspectives.
10. Adhere to high ethical and moral standards, accept responsibility for personal actions, accept constructive criticism and respect patient confidentiality.
11. Take responsibility for his or her own medical education, and develop the habits of mindfulness and reflection.
12. Identify and critically evaluate relevant information about evidence-based, cost-conscious strategies in the care of patients and populations and to apply this to patient care and to continuous updating of skills.
13. Identify and utilize appropriate resources to support patient care and compare the roles of and collaborate with all members of the inter-professional team.
14. Communicate effectively with patients and families, establish mutually respectful relationships, and show ability to help patients understand treatment options.

**Essential Conditions and Skills:**

<table>
<thead>
<tr>
<th>MEDICINE CLERKSHIP</th>
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</thead>
<tbody>
<tr>
<td><strong>ESSENTIAL CLINICAL CONDITION</strong></td>
</tr>
<tr>
<td>Chest pain</td>
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<tr>
<td>Shortness of breath</td>
</tr>
<tr>
<td>Syncope, Presyncope</td>
</tr>
<tr>
<td>Fever (source unknown)</td>
</tr>
<tr>
<td>Bacteremia or Sepsis</td>
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<tr>
<td>Arrhythmia (atrial fib or other)</td>
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<tr>
<td>CHF</td>
</tr>
<tr>
<td>DM (Type I or II)</td>
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<tr>
<td>Hyperlipidemia</td>
</tr>
<tr>
<td>Aggregated Urinary Conditions</td>
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<tr>
<td>Aggregated GI Conditions</td>
</tr>
<tr>
<td>Anemia</td>
</tr>
<tr>
<td>Cancer (unspecified)</td>
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<tr>
<td>Renal failure, acute</td>
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<tr>
<td>Renal failure, chronic</td>
</tr>
<tr>
<td>COPD/Emphysema</td>
</tr>
<tr>
<td>Pneumonia</td>
</tr>
<tr>
<td>Delirium</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ESSENTIAL CLINICAL SKILL</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPI relevant to this clerkship</td>
</tr>
<tr>
<td>Complete PE</td>
</tr>
<tr>
<td>Cardiac exam</td>
</tr>
<tr>
<td>Extremity exam</td>
</tr>
<tr>
<td>HEENT exam</td>
</tr>
<tr>
<td>Pulmonary exam</td>
</tr>
<tr>
<td>Counsel disease issues</td>
</tr>
<tr>
<td>Counsel discharge planning</td>
</tr>
<tr>
<td>Counsel DNR status</td>
</tr>
<tr>
<td>Counsel medications</td>
</tr>
<tr>
<td>Interpret ECG</td>
</tr>
<tr>
<td>Interpret Chest X-Ray</td>
</tr>
<tr>
<td>Oral presentation, inpatient admission</td>
</tr>
<tr>
<td>Oral presentation, inpatient progress</td>
</tr>
<tr>
<td>Written note, inpatient admission</td>
</tr>
<tr>
<td>Written note, inpatient progress</td>
</tr>
</tbody>
</table>

**Expectations:**
Gain an understanding of the practice of inpatient medicine.
Enhance skills in history taking, physical examination, and patient communication.
Become proficient in oral and written case presentation.
Develop the skills to effectively use the medical literature to answer clinical questions.
Adhere to standards of professionalism.

**Attitude & Behavior:**
You are expected to act and dress professionally—white coats with name tags. It is recommended that men wear shirts and ties. Professional and courteous interactions with faculty, staff, peers, patients and their families are expected at all times. All patient information is confidential. Please contact the clerkship director if you have a problem or concern as soon as possible. Orientation and teaching sessions are mandatory. Students must attend and be prompt to each.

**Evaluation:**
Grade Components
50% clinical performance evaluations from ward team (attendings, residents, interns)
25% write-ups, and small group presentation and participation in small group
25% NBME or shelf score
To achieve honors one must score above the 80th percentile on the shelf and honor both the clinical and non-clinical aspects of the clerkship.

**Site Selection:**
Site selection (CPMC versus local sites) is determined in the Lottery. Students who clerk at CPMC will spend all seven weeks at CPMC. For those staying locally, site preferences will be solicited several months prior to the start of the block. Students will have the option to rank VA General Medicine, DHMC General Medicine, and DHMC Cardiology. Occasionally DHMC Hematology will be offered as a site preference. Students will rotate at two of the local sites. We attempt to give students their top choices, but this is not always possible.

**NEUROLOGY (NEUR 401)**
Length: 4 weeks
Credits: 4 weeks
Department: Neurology
Contact Information:
Director: Morris Levin, MD
603-650-7916
Title(s): Professor of Neurology
Program Director - Neurology Residency Program

Education:  
Chicago Medical School, MD 1980  
Stanford University, BS 1976

Coordinator:  
Rose Kenny  
603-650-8401  
Office Location: Neurology - 4th floor

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**Academic Summary:**
Neurology is a 4 week required clerkship completed by a majority of students during Year 4 or Year 3.

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**Clinical Overview:**
All students attend four weeks of neurology and are exposed to both in-patients and out-patients during this time. The emphasis is on recognition, diagnosis and management of neurologic illness involving both the central and peripheral nervous system on a case by case basis and on honing the clinical technique of the neurological examination. Students will complete the required neurology learning within: General/Vascular (two weeks each part), White River Jct., VT, VA, Pedi (only for students with a dedicated interest in pediatrics,) California Pacific Medical Center, or Manchester Hitchcock Clinic.

The basic responsibilities for the Neurology Clerkship are listed below. You will receive a more detailed description when you begin your rotation. If there are questions, please call the Coordinator's Office at 603-650-8401

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**Objectives:**

1. Apply current neuroscience knowledge to diagnosis and treatment questions in patient care.
2. Apply current clinical and translational sciences to diagnosis and treatment questions in patient care.
3. Apply current knowledge of disease prevention, risk factor modification, end-of-life and palliative care, substance abuse, pain management, medical ethics, and medical-legal issues to clinical problems in neurology.
4. Apply knowledge about the impact of social, economic, cultural, and personal factors on health to clinical problems in neurology.
5. Establish comfortable and mutually respectful student-patient and student-family relationships with diverse patients and families and establishing a respectful basis for the doctor-patient relationship.
6. Interview patients skillfully, utilizing a neurologically focused history.
7. Examine neurologic patients skillfully and respectfully, with appropriate attention to student cleanliness, infection control, and patient comfort.
and privacy.
8. Define and prioritize the patient
9. Explain the indications, complications, limitations, and performance of a CT scan, MRI, electrodiagnostic studies (EMG, NCV, evoked potentials and EEG) and lumbar puncture.
10. Correctly identify, and prioritize, common abnormalities on CT, MRI and spinal fluid analysis.
11. Communicate effectively with patients and families when special barriers to communication exist, including cultural, linguistic or those based on a neurologic disorder (e.g. aphasia).
12. Assist patients appropriately in understanding their treatment options.
   To assist patients appropriately in understanding their prognosis.
13. Communicate effectively and collegially with physician colleagues and other members of the health-care team verbally, in writing and in the electronic medical record.
14. Behave respectfully and responsibly towards patients, families, colleagues, and all members of the health-care team and empathize and be respectful of each patient
15. Meet professional responsibilities fully.
16. Adhere to high ethical and moral standards, accept responsibility for personal actions, accept constructive criticism and respect patient confidentiality.
17. Take responsibility for his or her own medical education, and develop the habits of mindfulness and reflection.
18. Describe barriers to access to basic health services and its effect on vulnerable populations.
19. Contribute constructive feedback during peer review.
20. Identify and critically evaluate relevant information about evidence-based, cost-conscious strategies in the care of neurologically ill patients and populations and to apply this to patient care and to continuous updating of skills.
21. Assess the effect of social environment on clinical care and outcomes and apply the concepts of improving quality of care, patient safety, and value of care in neurologically ill patients.
22. Identify appropriate resources to support patient care and to collaborate effectively with all members of the inter-professional team.
23. Describe how healthcare is currently organized, financed, and delivered, and the larger environment in which healthcare occurs and the impact on neurologically ill patients.
24. Identify the role of the physician in addressing the medical consequences of common social and public health factors, and to advocate for optimal care in neurologically ill patients.
Essential Conditions and Skills:

<table>
<thead>
<tr>
<th>ESSENTIAL CLINICAL CONDITION</th>
<th>LEVEL OF STUDENT RESPONSIBILITY</th>
<th>CLINICAL SETTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain Tumor</td>
<td>Manage with Assistance</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Coma, stupor, altered mental status</td>
<td>Manage with Assistance</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Dementia</td>
<td>Manage with Assistance</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Cerebral or SA Hemorrhage</td>
<td>Manage with Assistance</td>
<td>Inpatient</td>
</tr>
<tr>
<td>Headache (all types)</td>
<td>Manage with Assistance</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Multiple Sclerosis</td>
<td>Manage with Assistance</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Peripheral Neuropathy</td>
<td>Manage with Assistance</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Seizure, Epilepsy</td>
<td>Manage with Assistance</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>TIA or Stroke</td>
<td>Manage with Assistance</td>
<td>Inpatient</td>
</tr>
<tr>
<td>Vertigo</td>
<td>Manage with Assistance</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Paralysis (ALS, BGS, etc.)</td>
<td>Manage with Assistance</td>
<td>Inpatient / Outpatient</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ESSENTIAL CLINICAL SKILL</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>HPI relevant to this clerkship</td>
<td>Perform</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Neuro exam</td>
<td>Perform</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Mental status exam</td>
<td>Perform</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>CT Head, Interpret</td>
<td>Assist</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>MRI Head, Interpret</td>
<td>Assist</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>EEG, Interpret</td>
<td>Assist</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>LP (simple)</td>
<td>Assist</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Medications counseling</td>
<td>Perform</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Oral presentation, inpatient admission</td>
<td>Perform</td>
<td>Inpatient</td>
</tr>
<tr>
<td>Oral presentation, ambulatory encounter</td>
<td>Perform</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Admission note</td>
<td>Perform</td>
<td>Inpatient</td>
</tr>
</tbody>
</table>

Expectations:

Students are required to attend all mandatory lectures and conferences. We only allow 1 excused day off away from the service. Any other time off will be approved on a case by case basis dependent on the situation and need. Four graded case write-ups, completed skills checklist form, logging of cases, and completing the observed neurological exam exercise are also required of each student.

Attitude & Behavior:

Students are expected to maintain exemplary professional attitudes and behavior.

Evaluation:

Evaluation is based upon formal evaluations by the attending neurologists and senior residents with whom you work (70%); four graded write-ups (10%) and on the Neurology
Shelf Examination at the end of your clerkship (20%).

**Site Selection:**
Sites include the WRJ VA, DHMC, DH-Pediatrics (only for those committed to going into pediatrics), CPMC and Manchester, NH. A mini-lottery is held in Spring of third year. If site are still available after this, Year 2 students who have appropriately overlapping elective time will be able to enroll.

**OB/GYN (OBGY 304)**
Length: 6 weeks in the block  
Credits: 6 credits  
Department: Obstetrics and Gynecology  
Contact Information:  
Director: [E. Rebecca Pschirrer, MD & Paul D. Hanissian, MD](mailto:603-653-9295)  
Title(s):  
E. Rebecca Pschirrer, Assistant Professor of Obstetrics and Gynecology  
Paul D. Hanissian, Assistant Professor of Obstetrics and Gynecology  
Coordinator: [Lori Avery](mailto:603-653-9295)  
Hinman Box: 7420  
Office Location: Faulkner Building, Level 5

**Academic Summary:**
OB/GYN is a required 6 week clerkship completed by students in Year 3.

**Clinical Overview:**
The Obstetrics & Gynecology Clerkship provides a learning experience in women’s reproductive and general health care for all age groups at a variety of settings: hospital-based surgery, gynecology, and obstetrics services, midwifery program, private offices, rural/urban settings, etc. Students will see patients with obstetrician/gynecologists, family physicians, certified nurse midwives, and nurse practitioners. The longitudinal nature of the course allows students to practice preventive care, observe how patient's circumstances (such as expectations and social support) change over time, and to use time as a diagnostic test and treatment.

Many faculty members are involved in clinical, basic science, educational, epidemiological and other research. Students will have opportunities to see some of the projects in progress and to choose research electives in the future.
Objectives:

1. Apply appropriate reproductive medical science knowledge to patient care.
2. Recognize and incorporate current clinical and translational sciences into delivery of obstetric and gynecologic patient care.
4. Describe the current knowledge of end of life and palliative care in clinical problems in obstetrics and gynecology.
5. Describe the current knowledge of medical ethics and medical legal issues in obstetrics and gynecology.
6. Communicate effectively with patients of different social, economic and cultural backgrounds around individual and group factors that impact reproductive health.
7. Establish comfortable and mutually respectful student-patient and student-family relationships with diverse patients and families and establishing a respectful basis for the doctor-patient relationship.
8. Interview patients skillfully, including a focused gynecologic and obstetric history.
9. Demonstrate pelvic exam skills and suturing skills, with appropriate attention to communication, skill, cleanliness, infection control, and patient comfort and privacy.
10. Define and prioritize the patient acute and chronic problems as they relate to obstetrics and gynecology and general health.
11. Perform and explain the indications, complications, and limitations, of obstetric and gynecologic procedures.
12. Interpret common abnormalities and findings on common gynecologic and obstetric diagnostic tests and studies, such as ultrasound, Pap smears, and wet-preps.
13. Communicate effectively with patients and families.
14. Demonstrate ability to assist patients in understanding their treatment options and motivating them to make healthy reproductive health care choices.
15. Communicate effectively and collegially with physician colleagues and other members of the health-care team verbally, in writing and in the electronic medical record.
16. Behave respectfully and responsibly towards patients, families, colleagues, and all members of the health-care team and empathize and be respectful of each patient.
17. Perform professional responsibilities fully.
18. Adhere to high ethical and moral standards, accept responsibility for personal actions, accept constructive criticism and respect patient confidentiality.
19. Take responsibility for her or his own medical education, and develop the habits of mindfulness and reflection.
20. Describe barriers to access to basic reproductive health services and its effect on vulnerable populations.
22. Critically understand, evaluate, and assess medical and scientific information about important clinical topics and questions in OB/GYN.
23. Identify and utilize appropriate resources to support patient care and compare the roles of and collaborate with all members of the nurse, nurse practitioner, midwife and physician inter-professional team.

24. Discuss how healthcare is currently organized, financed, and delivered, and the larger environment in which healthcare occurs and the impact on female patients.

25. Identify the roles of the physician in addressing the medical consequences of common social and public health factors, and to advocate for optimal reproductive care as pertains to issues such as vaccinations, cervical cancer screening, breast cancer screening and others.

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**Essential Conditions and Skills:**

<table>
<thead>
<tr>
<th>OBSTETRICS/GYNECOLOGY CLERKSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESSENTIAL CLINICAL CONDITION</td>
</tr>
<tr>
<td>Post-op care</td>
</tr>
<tr>
<td>Post-Partum care</td>
</tr>
<tr>
<td>Pre-Natal care, routine</td>
</tr>
<tr>
<td>Abortion, any type</td>
</tr>
<tr>
<td>Abnormal uterine bleeding</td>
</tr>
<tr>
<td>Dysmenorrhea</td>
</tr>
<tr>
<td>Labor and delivery, complicated</td>
</tr>
<tr>
<td>Labor and delivery, normal</td>
</tr>
<tr>
<td>Menopause</td>
</tr>
<tr>
<td>GYN cancer, any site</td>
</tr>
<tr>
<td>Pelvic pain</td>
</tr>
<tr>
<td>Uterine disease, benign</td>
</tr>
<tr>
<td>Vaginitis</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ESSENTIAL CLINICAL SKILL</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPI relevant to this clerkship</td>
</tr>
<tr>
<td>Breast exam</td>
</tr>
<tr>
<td>Gestational age assessment</td>
</tr>
<tr>
<td>Pelvic exam (bimanual and speculum)</td>
</tr>
<tr>
<td>Ultrasound, abdomen/pelvis</td>
</tr>
<tr>
<td>Ultrasound, fetus</td>
</tr>
<tr>
<td>Counsel about Contraception (aggregate)</td>
</tr>
<tr>
<td>Counsel about Breast feeding</td>
</tr>
<tr>
<td>Vaginal delivery (complex)</td>
</tr>
<tr>
<td>Caesarian section</td>
</tr>
<tr>
<td>Pelvic surgery, aggregate</td>
</tr>
<tr>
<td>Vaginal surgery</td>
</tr>
<tr>
<td>Oral presentation, inpatient admission</td>
</tr>
<tr>
<td>Oral presentation, inpatient progress</td>
</tr>
<tr>
<td>Written note, inpatient admission</td>
</tr>
<tr>
<td>Written note, inpatient progress note</td>
</tr>
</tbody>
</table>
Expectations:

Professional Behaviors:

We control our individual and collective professional destiny by adhering to a code of ethics and behaving in a manner that demonstrates high standards. Empathy, sensitivity and compliance with a patient’s wishes are essential.

Specific professional behaviors are expected of medical students during all their clerkships including the OB-GYN clerkship. The principal ones are:

Respect: Demonstrate respect for yourself, for those with whom you work with and study, and for patients. Signs of respect include professional grooming and dress as well as how, where and when you talk about your patients.

Confidentiality: Law and professional codes of conducts dictate keeping written and verbal patient information confidential. You must refrain from accessing patient information (manually or electronically) unless you are a member of the patients' health care team.

Responsibility: As a medical student, you are responsible for your actions, both clinical and academic. You are responsible for your education, including self-directing learning and meaningful participation in group activities. You are responsible for compiling with institutional polices and following institution procedures. Finally, you are responsibly for addressing conflicts or problems as they arise, with involvement of the appropriate personnel as necessary.

Integrity: Be honest with yourself, your colleagues and your patients in intellectual, clinical and personal pursuits.

Timeliness: Being timely in completion of your tasks is a crucial part of being an effective physician. Complete tasks on or before deadlines and respond to pages, emails and other forms of communication as soon as possible. Being on time for lectures and meetings is crucial.

Reflection: Professional behavior requires active reflection of your actions, experiences and emotions. Discussing specific events and your response to them with peers and mentors can be extremely helpful. Expect to make errors, both because you are a learner and because you are human. The key is learning from your mistakes.
Communication: Legible writing enhances patient care. Communication concisely and clearly, both verbally and in writing. Include name and indicate your student status in all of your notes.

**Evaluation:**

There are six competencies that you must be proficient at in order to pass the clerkship.

<table>
<thead>
<tr>
<th>Medical Knowledge</th>
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</thead>
<tbody>
<tr>
<td>Patient Care</td>
</tr>
<tr>
<td>Interpersonal and Communication Skills</td>
</tr>
<tr>
<td>Continuous Personal Learning and Improvement</td>
</tr>
<tr>
<td>Professionalism</td>
</tr>
<tr>
<td>Practicing Medicine in a Complex Health Care System</td>
</tr>
</tbody>
</table>

These competencies are the basis for the following evaluation and grading system. The components of the evaluation will be weighted as follows to compose a numerical score, which will then be converted to an ordinal scale.

**ALL SITES:**

Clinical Performance Evaluation 40%
*NBME Written Exam 35%
Dartmouth Day -Oral Presentation 10%
Homework 10%
Mentor Team 5%

Professionalism** & All required homework includes but not limited to:
- Core cases (2 sets)
- Web based-Provider Performed Microscopy Test (PPM)
- Logging of case exposure
- H&P’s -4 Observed Structured History & Physicals
- Clinical Skills Competency Sheets (Purple and Yellow)
- Items returned on time

*NBME Breakout:

80 percentile and above= Honors
60-79 percentile= High Pass
25-59 percentile= Pass
11-24 percentile= Low Pass- 0 "points" for the 35% of the grade
10 and below= Fail
Professionalism**

Professionalism is very important and contributes to your overall grade. It will be specifically commented on in your summative evaluation for inclusion in your Deans Letter. Concerns of unprofessional behavior may include a pattern of behavior or a significant critical event, each of which will be considered individually, but may be grounds for failure of the clerkship.

Professionalism includes:
• How you interact with patients, colleagues, staff, other students, etc.
• Personal responsibility: attendance, communication, dress
• Timely completion of assignments and evaluations
• Timely arrival to and participation in didactics, rounds, simulations, etc.

Professionalism points: everyone starts with 10 points.
• H = 9-10 points
• HP = 7-8 points
• P = 5-6 points
• F = 0-4 points

Ways to lose professionalism points:
• Concerns from preceptors/residents/patients
• Case-by-case basis
  o We will ask for your perspective

Loss of 1 point each for any and all of the following without prior approval by Clerkship Director:
• Inadequate DMEDs entry
• Late H&Ps
• Late or incomplete computer based homework
  o Core Cases
  o PPM
• PP Presentation submission on time/loaded
• Clinical skills/surgical skills forms incomplete or lost
• Unapproved absences (ALL time off requests from DHMC Clerkship Office)
• Missing evaluations

For late assignments, additional points will be lost for each additional 48 hour delay.

The departmental student education committee will assign the final grade after considering all of the information. Your final grade will be sent to the registrar's office four weeks after the completion of the six-week period.
Site Selection:
Sites are selected by a preference sheet after the lottery is completed. Sites include DHMC, Concord, Nashua, NH, Hartford, CT, Keene, NH and CPMC.

ALL sites have paperwork that MUST be completed before May 15th. If you do not receive a form in the interoffice mail, please contact Lori Avery. Lori will also need a copy of your immunization record and recently placed PPD.

PEDIATRICS (PEDI 305)
Length: 8 weeks
Credits: 8 weeks
Department: Department of Pediatrics
Contact Information:
Director: Adam Weinstein, MD, Alison Holmes, MD, MPH
603-653-6076
Title(s): Weinstein: Assistant Professor of Pediatrics
Section Chief Pediatric Nephrology
Holmes: Assistant Professor of Pediatrics
Assistant Professor of Community and Family Medicine
Education: Weinstein:
Yale New Haven Children's Hospital, Pediatric Nephrology Fellowship
Yale New Haven Children's Hospital, Pediatrics Residency
Weill Medical College of Cornell University, MD
Dartmouth College, BA
Holmes:
University of Rochester School of Medicine and Dentistry, Fellowship in General Academic Pediatrics and MPH
Residency in Pediatrics, University of North Carolina at Chapel Hill
MD, Stanford University School of Medicine
MS, University of Washington
BS, Haverford College
Coordinator: Sharon French
603-653-6076
Hinman Box: 7450
Office Location: DHMC, Rubin Bldg., Level 5

Academic Summary:
Pediatrics is a required 8 week clerkship completed by most students in Year 3.

Clinical Overview:
The Pediatric Clerkship provides learning experiences in both inpatient and outpatient pediatrics.
* This clerkship is rigorous due to the divided nature of the clerkship format
* Addresses issues unique to childhood and adolescence by emphasizing
  ~principles of health supervision
  ~normal and abnormal childhood growth and development
  ~recognition and treatment of common pediatric diseases
  ~the role of the family, community and society on child health and well-being.
* The goal of the clerkship is to provide you with a solid foundation of pediatric knowledge and skills important in your education as a general physician, regardless of whether you ultimately become a pediatrician or geriatrician.

* In the inpatient setting the student will be an integral member of the ward team, providing care for a wide range of hospitalized children.
* In the outpatient setting the student will be in a pediatric office, seeing patients for acute and chronic pediatric problems as well as health maintenance visits.

Objectives:
1. Apply age appropriate and pediatric problem based knowledge to patient care bridging and integrating basic science, clinical science and multi-disciplinary aspects of delivery of patient care.
2. Describe current knowledge of pediatric disease prevention, risk factor modification, medical ethics, and medical-legal issues to clinical problems in children and families.
3. Gather history, counsel and incorporate in the care plan the social, economic, cultural and personal factors which effect the healthcare needs of children and their families, describing barriers for pediatric patients and their families to access to basic health services and its effect on vulnerable populations
4. Establish comfortable and mutually respectful student-patient and student-family relationships with diverse patients and families and establishing a respectful basis for the doctor-patient relationship.
5. Interview and counsel pediatric patients and their families skillfully, utilizing an age appropriate and pediatric problem based history including either a comprehensive or focused history.
6. Demonstrate a complete physical exam of children, with appropriate attention to skill, cleanliness, infection control, patient comfort, privacy and developmental capacity.
7. Define and prioritize the pediatric patient
8. Perform and explain the indications, complications, and limitations, of simple procedures (e.g. throat cultures, hearing tests) in children and to assist with complex
procedures (e.g. lumbar puncture) in children.

9. Assess and interpret abnormalities and findings on common diagnostic tests and studies including chest x-rays, EKGs, blood tests, and urinalysis.

10. Demonstrate ability to inform patients and families and assess their understanding of their treatment options and motivating them to make healthy behavioral and treatment choices.

11. Communicate effectively and collegially with physician colleagues and other members of the health-care team verbally, in writing and in the electronic medical record as it relates to pediatric patients.

12. Behave respectfully and responsibly towards patients, families, colleagues, and all members of the health-care team and empathize and be respectful of each patient.

13. Adhere to high ethical and moral standards, accept responsibility for personal actions, accept constructive criticism and respect patient confidentiality, placing patient interests first, being mindful of personal opinion and bias.

14. Take responsibility for his or her own medical education, and develop the habits of mindfulness and reflection and maintaining one's own health.

15. Incorporate constructive suggestions during peer review.

16. Identify and critically evaluate relevant information about evidence-based, cost-conscious strategies in the care of pediatric patients and populations and to apply this to pediatric patient care and to continuous updating of skills.

17. Identify and utilize appropriate resources to support pediatric patient care and compare the roles of and collaborate with all members of the pediatric interprofessional team.

18. Discuss the larger environment and the physician's role in which healthcare occurs including the effect on underserved population and regional variations in the delivery of healthcare.

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**Essential Conditions and Skills:**

<table>
<thead>
<tr>
<th>PEDIATRICS CLERKSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ESSENTIAL CLINICAL CONDITION</strong></td>
</tr>
<tr>
<td>Health maintenance (13-17)</td>
</tr>
<tr>
<td>Health maintenance (1 mo-12 yo)</td>
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<tr>
<td>Newborn visit (0-30 days)</td>
</tr>
<tr>
<td>Developmental Delay</td>
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<tr>
<td>Failure to thrive</td>
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<tr>
<td>Fever (? Source)</td>
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<tr>
<td>Obesity</td>
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<tr>
<td>Viral syndrome</td>
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<tr>
<td>Murmur</td>
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<tr>
<td>Rash</td>
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<tr>
<td>Headache</td>
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<tr>
<td>Otitis media</td>
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</tbody>
</table>
Expectations:
In the outpatient setting:
* Conduct an appropriate history and physical examination in the assessment of a "well" child.
* For patients presenting with common acute problems, perform a focused history and physical examination and provide an independent assessment and treatment plan.
* For patients presenting with a chronic disease (e.g. asthma, diabetes, ADHD, genetic disorder) perform a focused history and physical examination, or a health maintenance visit, and provide an independent assessment and plan.
* Practice oral presentation skills with your preceptor in a focused and logical manner, incorporating an age and problem appropriate history, physical examination, problem list, appropriate differential diagnosis and diagnostic and treatment plan, including your rationale for each.

In the inpatient setting:
* Perform admission history and physical examinations on patients. This includes general pediatric, pediatric specialty and pediatric surgical admissions. Students are also expected to write admission notes on these patients and present them on rounds.
* Write daily progress notes on patients you have admitted or are following on the inpatient unit. Students should aim to follow up to 3-5 patients at any time.
* Be prepared to present your patients on ward rounds, or to discuss your patients at attending rounds.
* Attend scheduled conferences, and be prepared to actively participate.

Throughout the rotation:
* Active independent learning is a key component of this clerkship.
* This involves computer-assisted instruction using CLIPP cases (http://www.med-u.org/).

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**Attitude & Behavior:**
We expect all students to:
* Be a physician-in-training: the patient's needs always come first, but yours as a learner come a very close second.
* Be an adult learner: Clinical experiences by nature are very diverse. We believe that this clerkship gives you the opportunity and means to learn all of the information that is important, but some of this will require independent study.
* Be responsible for your own behavior: If you exhibit eagerness, self-motivation and active participation, positive comments from faculty, residents and staff reflecting this behavior will likely appear on your evaluation. Conversely, disinterest and lack of participation will also be noted.
* Be professional: We expect that during your pediatric clerkship you will abide by the Geisel School of Medicine Code of Professional Conduct and Honors Code.
* Take initiative to get the most out of the brief rotation as possible.

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**Evaluation:**
Evaluation is based on both clinical performance and academic performance.
* Clinical performance is assessed by feedback from housestaff and clinical preceptors/faculty
* Academic performance is assessed through the final examination (written) and the academic patient write ups.

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**Site Selection:**
- Inpatient sites include DHMC, Concord Hospital, Elliot Hospital, California Pacific Medical Center and Children's Hospital of Orange County, CA.
- Outpatient sites include Pediatric practices throughout New Hampshire and Vermont, California Pacific Medical Center as well as at a Navajo Nation medical facility in Fort Defiance, AZ. Most sites are only available 5-6 times per year, availability determined by preceptors.
- Inpatient sites and non-regional outpatient site selected during lottery
- Regional outpatient sites determined by availability and student preference sheet after the lottery is completed.

**SURGERY (SURG 303)**

Length: 8 weeks  
Credits: 8  
Department: Surgery  
Contact Information:  
Director: Gina L. Adrales, MD / Andrew O. Crockett, MD  
Title(s): Dr. Adrales: Associate Professor of Surgery  
Dr. Crockett: Assistant Professor of Surgery  
Education: Dr. Adrales:  
The Dartmouth Institute MPH 2011; Fellowship Minimally Invasive Surgery, University of KY, 2001-2003; Carolinas Medical Center, 1997-2001; University of Florida, 1996-1997; University of Virginia, MD, 1996; College of William & Mary, BS, 1992  
Dr. Crockett:  
Surgical Critical Care Fellowship, Ohio State University 2008-2009  
General Surgery Residency, Ohio State University 2005-2011  
University of Utah School of Medicine, MD, 2005  
University of Utah, BS, 2001  
Coordinator: Terri J. Nicholson  
603-650-7693  
Hinman Box: 7800  
Office Location: DHMC - Bldg. 3, Level 5

**Academic Summary:**  
Surgery is a required 8 week clerkship, completed in Year 3 by most students.

**Clinical Overview:**  
The Surgical Clerkship consists of two 3.5 week rotations, on two services. Sites include DHMC in Lebanon, NH, VA Hospital in White River Junction, VT, Concord Regional Hospital in Concord, NH, Alice Peck Day in Lebanon, NH or Mt. Ascutney Hospital in Windsor, VT.  

Under guidance of surgical housestaff and faculty, this course offers an experience in
surgical illness and intervention. Utilizing the team approach, this experience provides an environment for enhancement of fundamental clinical competencies. Students encounter common clinical problems germane to all of medicine as well as specific surgical conditions and procedures. Despite the exposure to such specific cases, the surgical housestaff and faculty focus student attention to the principle learning objectives outlined below, with the evaluation process driven by student achievement in these principle learning goals.

### Objectives:

1. Apply appropriate knowledge developed from critically relevant, consensus based literature to the delivery of surgical care.
2. Apply current clinical and translational sciences, outcomes and quality measures in the diagnosis and treatment questions in the delivery of surgical care of the patient.
3. Recognize and define knowledge of surgical diseases that demand risk factor modifications, end of life decisions, palliative care, pain management, medical legal issues and substance abuse.
4. Communicate effectively with patients and families of different social, economic and cultural backgrounds, or when special needs or barriers to communication exist, particularly in the areas of individual health, or factors that may impact health and informed consent.
5. Perform professional responsibilities by establishing respectful relationships; e.g. student-patient, student-family, colleagues, and all members of the health care team. Professionalism also includes respect for diverse patient concerns, opinions and cultural perspectives, with respect to the basis for the doctor-patient relationship.
6. Interview patients skillfully, perform a focused physical exam with attention to infection control, patient comfort and privacy in order define and prioritize the patient's problems and organize a differential diagnosis.
7. Identify, define and perform the indications, complications and limitations of simple clinical procedures; e.g., suturing, Foley placement, etc., and assist in common surgical interventions; e.g., laparoscopy, chest tube placement, abdominal exploration, etc.
8. Interpret without assistance common abnormalities and urgent findings on common diagnostic tests and studies; e.g., chest x-ray, abdominal series, CT scan, ECG, etc.
9. Demonstrate the ability to assist patients in understanding their treatment options and motivating them to make healthy behavioral and treatment choices.
10. Communicate effectively and collegially with physician colleagues and other members of the health-care team verbally, in writing and in the electronic medical record.
11. Demonstrate responsibility for his or her own medical education, develop the habits of mindfulness, reflection, and continuous learning by adhering to high ethical and moral standards, accepting responsibility for personal actions, incorporating constructive criticism and respecting patient confidentiality.
12. Identify and utilize appropriate resources to support patient care and collaborate with
all members of the inter-professional team.

**Essential Conditions and Skills:**

<table>
<thead>
<tr>
<th>SURGERY CLERKSHIP</th>
<th>ESSENTIAL CLINICAL CONDITION</th>
<th>LEVEL OF STUDENT RESPONSIBILITY</th>
<th>CLINICAL SETTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shock or SIRS</td>
<td>Assist</td>
<td>Inpatient</td>
<td></td>
</tr>
<tr>
<td>Fever, post-op</td>
<td>Manage with Assistance</td>
<td>Inpatient</td>
<td></td>
</tr>
<tr>
<td>Pain management</td>
<td>Manage with Assistance</td>
<td>Inpatient</td>
<td></td>
</tr>
<tr>
<td>Surgical evaluation of cancer patient</td>
<td>Assist</td>
<td>Inpatient</td>
<td></td>
</tr>
<tr>
<td>Post-operative care</td>
<td>Manage with Assistance</td>
<td>Inpatient</td>
<td></td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>Manage with Assistance</td>
<td>Inpatient</td>
<td></td>
</tr>
<tr>
<td>Trauma</td>
<td>Assist</td>
<td>Inpatient</td>
<td></td>
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<tr>
<td>Peritonitis or intra-abdominal abscess</td>
<td>Assist</td>
<td>Inpatient</td>
<td></td>
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<tr>
<td>Bowel obstruction, large or small bowel</td>
<td>Assist</td>
<td>Inpatient</td>
<td></td>
</tr>
<tr>
<td>Acute respiratory failure</td>
<td>Assist</td>
<td>Inpatient</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ESSENTIAL CLINICAL SKILL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpret CT scan of the abdomen/pelvis or chest</td>
</tr>
<tr>
<td>Perform</td>
</tr>
<tr>
<td>Inpatient</td>
</tr>
<tr>
<td>Interpret Ultrasound of the abdomen</td>
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<tr>
<td>Perform</td>
</tr>
<tr>
<td>Inpatient</td>
</tr>
<tr>
<td>Interpret X-ray (KUB) of the abdomen</td>
</tr>
<tr>
<td>Perform</td>
</tr>
<tr>
<td>Inpatient</td>
</tr>
<tr>
<td>OR/intra-abdominal surgical procedure</td>
</tr>
<tr>
<td>Assist</td>
</tr>
<tr>
<td>Inpatient</td>
</tr>
<tr>
<td>Trauma resuscitation in the ER</td>
</tr>
<tr>
<td>Assist</td>
</tr>
<tr>
<td>Inpatient</td>
</tr>
<tr>
<td>Insert a foley catheter</td>
</tr>
<tr>
<td>Perform</td>
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<tr>
<td>Inpatient</td>
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<tr>
<td>Inject a local anesthetic</td>
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<tr>
<td>Perform</td>
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<tr>
<td>Inpatient</td>
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<tr>
<td>Place an NG tube</td>
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<tr>
<td>Perform</td>
</tr>
<tr>
<td>Inpatient</td>
</tr>
<tr>
<td>Suturing (simple, skin)</td>
</tr>
<tr>
<td>Perform</td>
</tr>
<tr>
<td>Inpatient</td>
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<tr>
<td>HPI relevant to this clerkship</td>
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<tr>
<td>Perform</td>
</tr>
<tr>
<td>Inpatient</td>
</tr>
<tr>
<td>Abdominal exam</td>
</tr>
<tr>
<td>Perform</td>
</tr>
<tr>
<td>Inpatient</td>
</tr>
<tr>
<td>Trauma exam and evaluation</td>
</tr>
<tr>
<td>Assist</td>
</tr>
<tr>
<td>Inpatient</td>
</tr>
<tr>
<td>Wound evaluation</td>
</tr>
<tr>
<td>Perform</td>
</tr>
<tr>
<td>Inpatient</td>
</tr>
<tr>
<td>Orally present a patient admitted to hospital</td>
</tr>
<tr>
<td>Perform</td>
</tr>
<tr>
<td>Inpatient</td>
</tr>
<tr>
<td>Write an admission note</td>
</tr>
<tr>
<td>Perform</td>
</tr>
<tr>
<td>Inpatient</td>
</tr>
</tbody>
</table>

**Expectations:**
The student is expected to:
1) Become acquainted with the most common disease states which either result in surgery or are a consequence of surgical intervention;
2) Develop in-depth knowledge about the disease and surgical intervention(s) of the patients they follow, as well as basic knowledge about diseases common to general, vascular, and CT surgery practice. These topics are typically covered by independent learning;
3) Spend time in an outpatient clinic to understand the role of preoperative evaluations.

**Attitude & Behavior:**

Just as you assess the attitudes and behaviors of your patients, peers, residents, faculty and other health care providers, those individuals are assessing your attitudes and behaviors as well. Professionalism is a recognized clinical competency and the acquisition of proper attitudes and behavior is as fundamental as any other achievement. Our patients and staff have certain expectations and all health care professionals are charged with meeting those expectations. Feedback about attitudes, behavior, dress, etc. is encouraged as a means of enhancing this educational goal.

**Evaluation:**

Evaluations of each student will be based upon achievement in the Learning Objectives for the clerkship. Since the primary goals of the clerkship are growth in fundamental clinical skills, the largest contribution to the final grade will be the Ward Performance Evaluations accounting for a possible 40% of the total grade. The communications examination accounts for 30% of the grade, and the NBME written exam accounts for 20% of the final grade. Professionalism accounts for 10% of the grade.

1) The Ward Performance Evaluations are scored on a 1-5 scale (1=Failing; 5=Honors) in the six spheres of clinical skills/integration. Evaluations by residents and faculty are given equal weight, and are compiled into a single evaluation by the Rotation Director. The student will be scheduled for a quiz at the end of each rotation consisting of questions based on the service they participated in, and the weekly didactic sessions to date. Performance on the quizzes will be factored into the Ward Evaluation score. Each ward evaluation has a possible total score of 1-40 points.

2) The oral examination assesses verbal communication skills, professional image (non-verbal awareness), problem solving skills and presentation skills, and are graded by two faculty members. One faculty member is the examiner and the other reviews the recorded examination. There is a possible total score of 4-30 points.

3) The NBME shelf examination allows for a possible 20 points toward the final grade.

4) An independent self-assessment will be submitted by each student halfway through the block. The self-assessment will consist of the student's insight into their strengths and weaknesses, evaluation of their involvement and participation to date, and plans for the remainder of the block of how to fulfill and accomplish the required objectives and personal goals. This assessment will be reviewed with the student by the Clerkship Directors.
Site Selection:
Currently, the available sites in the surgery clerkship are DHMC in Lebanon, NH, the VA Hospital in White River Junction, VT, Concord Regional Hospital in Concord, NH, and Mt. Ascutney Hospital in Lebanon, NH. There are sixteen service options for each rotation which include the "general" surgery services of Colorectal, Consult/Trauma, Minimally Invasive, Oncology and General Surgery rotations at the VAMC and Concord Hospital. The “specialty” service rotations include Cardiac and Thoracic Surgery, Pediatric, Vascular, Neurosurgery, Urology, Otolaryngology, Orthopedic, Plastic and Community Surgery options.

Site selections will be made during the lottery in a two step process. You will be required to take one “general” service rotation with the other rotation being a second general or specialty.

PSYCHIATRY (PSCH 302)
Length: 6 weeks
Credits: 6 credits
Department: Psychiatry
Contact Information:
Director: Matthew Duncan MD; Julia Frew, MD
603-650-6711
Title(s): Assistant Professor of Psychiatry
Coordinator: Chris Bolka
603-650-5820
Hinman Box: 7750
Office Location: Psychiatry

Academic Summary:
Psychiatry is a required 6 week clerkship completed by most students in Year 3.

Clinical Overview:
Students are assigned to longitudinal treatment teams which involve inpatient, consultation, and outpatient treatment of patients. Students take both weekday and weekend on-call on a rotating basis.

Careful statistical studies demonstrated that approximately 1 out of every 4 patients seen by non-psychiatric physicians have significant psychiatric problems or a stress related component to their medical disorder. Hence, it is essential for all doctors to be able to identify, understand and effectively handle the majority of such individuals. It is with this aim in mind that the introduction to clinical psychiatry has been designed.
Objectives:
1. Demonstrate and conduct a complete psychiatric history with emphasis on the mental status examination.
2. Identify psychopathology and formulate a differential diagnosis and a treatment plan.
3. Discuss the biological, social, intrapsychic and behavioral aspects of illness whether its etiology and development be medical, emotional, or, as in most cases, both
4. Demonstrate effective and active listening to patients
5. Develop effective and therapeutic doctor patient relationships.
6. Recognize and list different modalities of psychiatric treatment including cost, availability, and accessibility to patients.
7. Compare and contrast the appropriate/inappropriate use of psychotropic medication.
8. Communicate and work effectively on an interdisciplinary team.
9. Discuss the unique principles of ethical conduct with psychiatric patients.
10. Acknowledge the problem of stigmatization of the mentally ill.
11. Explain the relationship between psychosocial factors and behaviors leading to ill health and disability.
12. Explain "the what, when, and how" of appropriate referrals.
13. Describe the different kinds of treatment services outside of the medical center, such as New Hampshire Hospital, Alcoholics Anonymous, day hospital, community outreach programs, and so forth.
14. Discuss the impact of family dynamics in health and illness.
15. Compare and contrast the basis, techniques and delivery of different psychotherapies.
16. Compare and contrast the theoretical basis, techniques and delivery of different biomedical treatment modalities.
17. Relate the difference between competency and capacity to make medical decisions and describe the process of evaluation of capacity.

Essential Conditions and Skills:

**PSYCHIATRY CLERKSHIP**

<table>
<thead>
<tr>
<th>ESSENTIAL CLINICAL CONDITION</th>
<th>LEVEL OF STUDENT RESPONSIBILITY</th>
<th>CLINICAL SETTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Manage with Supervision</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Bipolar affective disorder</td>
<td>Manage with Supervision</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Mania, Hypomania</td>
<td>Manage with Supervision</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>Manage with Supervision</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Psychosis, other</td>
<td>Manage with Supervision</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Post-Traumatic Stress Disorder</td>
<td>Manage with Supervision</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Anxiety Disorder</td>
<td>Manage with Supervision</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Personality disorder, borderline</td>
<td>Manage with Supervision</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Suicide attempt or ideation</td>
<td>Manage with Supervision</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Substance abuse, alcohol</td>
<td>Manage with Supervision</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Substance abuse, other</td>
<td>Manage with Supervision</td>
<td>Inpatient / Outpatient</td>
</tr>
</tbody>
</table>
ESSENTIAL CLINICAL SKILL

<table>
<thead>
<tr>
<th>Task</th>
<th>Action</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform HPI relevant to this clerkship</td>
<td>Perform</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Mental status exam</td>
<td>Perform</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Counsel Alcohol use and abuse</td>
<td>Perform</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Counsel Depression/suicide</td>
<td>Perform</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Counsel Life stressors</td>
<td>Perform</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Counsel Substance abuse</td>
<td>Perform</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Counsel Safety</td>
<td>Perform</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Oral presentation of inpatient admission</td>
<td>Perform</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Written inpatient admission note</td>
<td>Perform</td>
<td>Inpatient / Outpatient</td>
</tr>
<tr>
<td>Written inpatient progress note</td>
<td>Perform</td>
<td>Inpatient / Outpatient</td>
</tr>
</tbody>
</table>

**Evaluation:**
The final grading will be a composite of four individual assessments: Academic Performance, Clinical Performance, Attitude, and Interpersonal Skills, Critical Thinking, the student's ability to convey their knowledge base via the National Board final examination.

**Site Selection:**
Site selection will be made during the Lottery. Options include New Hampshire Hospital in Concord, The VA Hospital in White River Junction, VT, California Pacific Medical Center in San Francisco and DHMC in Lebanon, NH.
Important Resources

• Student Handbook:  
  https://geiselmed.dartmouth.edu/students/resources/policy_handbook/

• Student Clerkship/Drop Add Form and Other Important Information:  
  https://geiselmed.dartmouth.edu/admin/clinical_ed/

• Away and Non-Established Elective/SubI Request:  
  http://geiselmed.dartmouth.edu/admin/registrar/elective_application/

• Elective Database:  
  http://geiselmed.dartmouth.edu/admin/registrar/

• Refrigerator Flyer (Advising and Course scheduling timeline along with recent 
  student peer-to-peer recommendations):  
  https://geiselmed.dartmouth.edu/students/student_info/current/pdf/refrigerator_flyer.pdf

• Career Roadmap (Residency and Career Advising Site)