YEAR III AND IV
CURRICULUM GUIDE
WAYNE STATE UNIVERSITY
SCHOOL OF MEDICINE

2005-2006
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</table>
June 30, 2005

Dear Year III and Year IV Students:

Welcome to the clinical curriculum of medical school, encompassing Years III and IV. Students before you have remembered these years as being the most challenging, yet most rewarding, of their medical education. This is when what you have learned in lectures, seminars, and small groups in Years I and II is finally put to use in caring for patients. The hours may be long and the work schedule is not always within your control. However, it is clear that you possess the foundation that you need to begin learning the art and science of clinical medicine, and you will now use that knowledge as you begin to acquire the clinical skills needed to become a practicing physician.

This academic year, Junior (YR III) Year orientation will be held on Thursday and Friday, June 30th and July 1st. Attendance at orientation is mandatory. These two days will be occupied by sessions that include reviewing certain clinical skills, certification in basic cardiac life support, discussions of how to deal with some of the stresses and pressures of the Junior Year, medical charting and presentations, blood-borne and infectious exposures, evidence-based medicine, and general discussion about YR III and YR IV policies. A timeline of YR III and YR IV will be reviewed, to give you the big picture. And, of course, lunch will be provided both days.

This Guide describes the general policies of the Medical School relative to the Year III and Year IV curricula. Note that each required clerkship in Year III and IV has its own policies—as well as learning goals, objectives, educational philosophy and grading policies—that are described in detail. Use these objectives to organize, structure and focus your studies. You will be evaluated by written examinations (NBME shelf and/or clerkship exams), clinical evaluations from your attendings and residents, and, in some clerkships, other methods. These are clearly outlined in the clerkship descriptions. One hint to success: Voracious reading about everyone and everything you see during your clinical years is one of the keys to excellence in medical school, as well as to becoming a truly excellent physician.

During your junior year you will be exposed to all of the major specialties of medicine, and many of the subspecialties as well. While some students enter medical school with an idea of ‘what type of doctor they want to be’, others are unprepared to make a decision at entry and simply know they want to be a physician but are unsure of what type. Still others change their minds during the course of their medical education. The right choice, and the decision making process to reach that choice, is unique for each of you. Keep your eyes and minds open to all the challenges, advantages and disadvantages that each branch of medicine affords you. Also, as you rotate through the various departments work to develop relationships with faculty and other physicians. Seek out mentors who can help guide your future career choices. Looking to the future, you will need to identify and designate during the senior year planning process an advisor who ‘approves’ your schedule. Don’t wait until the time the forms are due to decide who will help you plan your senior year and start the residency selection process. Keep this in mind as you meet and work with both faculty and private attendings on your clerkships.

For senior students, this will be a year of personal growth as you ‘fine tune’ your general medical skills and begin to explore specialized areas that interest you. As you begin to think about ERAS, residency...
application, career choices and other matters, graduation looms on the not-too-distant horizon. To help you see the big picture, the following graduation requirements should be kept in mind as you plan for and then complete the senior year:

- Complete all required YR III clerkships before the start of any senior work
- From the start of YR III through graduation, complete and receive credit for six (6) electives
- During YR IV, complete three required clerkships
- Take and pass USMLE Step 2 CK Exam (Clinical Knowledge, the written exam)

Deadlines regarding the Electronic Residency Application Service (ERAS) will be discussed by the Office of Student Affairs. In addition, the Administration strongly requires students to take the new USMLE Step 2 CS Exam (Clinical Skills, the ‘OSCE’) during your senior year. The timeline for completion of these exams is contained in this Guide.

Please thoroughly review the information in this guide. Check your email frequently for messages or announcements from your clerkship director or the School of Medicine administration. Remember that email is the official method of communication between the School and you for all issues regarding the clinical curriculum and clinical courses. We will only send email to your official School of Medicine address, so if you regularly use other email accounts you should make arrangements to have your Medical School email forwarded.

Finally, while you should never hesitate to speak directly to the clerkship director if you have any questions or problems while on a clerkship or elective, if you need further assistance please do not hesitate to contact your counselor or me directly. Remember I am always personally available to help each of you in any way possible.

Good luck during Year III and IV, and enjoy your studies!

Best wishes for much success,

Kenneth A. Ginsburg, MD
Assistant Dean for Clinical Education
(313) 577-1450
kginsbur@med.wayne.edu
Registration: Wednesday – Friday, May 11-13, 2005  
Academic Year Begins: Thursday, June 30, 2005  
Orientation: Thursday –Friday, June 30 – July 1, 2005  
Independence Day Recess: Monday, July 4, 2005  
Labor Day Recess: Monday, September 5, 2005  
Thanksgiving Recess: Thursday & Friday, November 24-25, 2005  
Christmas Recess: Thursday, December 22 – Monday, January 2, 2006  
Clerkships/Electives Resume: Tuesday, January 3, 2006  
Martin L. King Day Recess: Monday, January 16, 2006  
Memorial Day Recess: Monday, May 29, 2006  
OSCE Examination: Saturday & Sunday, June 17-18, 2006  
Academic Year Ends: Sunday, June 18, 2006

<table>
<thead>
<tr>
<th>Two (2) month Clerkships</th>
<th>One (1) month Clerkships</th>
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</thead>
<tbody>
<tr>
<td>July 5 - August 26, 2005</td>
<td>July 5 – July 29, 2005</td>
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<td>August 29 – October 21, 2005</td>
<td>August 1 – 26, 2005</td>
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<td>October 24 - December 22, 2005</td>
<td>August 29 – September 23, 2005</td>
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<td>January 3 – February 24, 2006</td>
<td>September 26 – October 21, 2005</td>
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<td>February 27 – April 21, 2006</td>
<td>October 24 – November 18, 2005</td>
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<td>April 24 – June 16, 2006</td>
<td>November 21 – December 22, 2005</td>
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<tr>
<td>OSCE Exam June 17-18, 2006</td>
<td>January 3 - 27, 2006</td>
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<td>January 30 – February 24, 2006</td>
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<td>May 22 – June 16, 2006</td>
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<td>OSCE Exam – June 17-18, 2006</td>
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</tbody>
</table>
### 2005-06 YEAR III GROUP SCHEDULE

**GROUP I**

<table>
<thead>
<tr>
<th>Period</th>
<th>Specialization</th>
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<tbody>
<tr>
<td>July – Aug</td>
<td>Medicine</td>
</tr>
<tr>
<td>Sept – Oct</td>
<td>Fam Med/Elective or Free</td>
</tr>
<tr>
<td>Nov – Dec</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Jan – Feb</td>
<td>Surgery</td>
</tr>
<tr>
<td>Mar – Apr</td>
<td>OB/GYN</td>
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<tr>
<td>May – June</td>
<td>Neurology/Psychiatry</td>
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</tbody>
</table>

**GROUP IV**

<table>
<thead>
<tr>
<th>Period</th>
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<tbody>
<tr>
<td>July – Aug</td>
<td>Surgery</td>
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<tr>
<td>Sept – Oct</td>
<td>OB/GYN</td>
</tr>
<tr>
<td>Nov – Dec</td>
<td>Neurology/Psychiatry</td>
</tr>
<tr>
<td>Jan – Feb</td>
<td>Medicine</td>
</tr>
<tr>
<td>Mar – Apr</td>
<td>Fam Med/Elective or Free</td>
</tr>
<tr>
<td>May – June</td>
<td>Pediatrics</td>
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</tbody>
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**GROUP II**

<table>
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<th>Period</th>
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<td>July – Aug</td>
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</tr>
<tr>
<td>Sept – Oct</td>
<td>Medicine</td>
</tr>
<tr>
<td>Nov – Dec</td>
<td>Fam Med/Elective or Free</td>
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<tr>
<td>Jan – Feb</td>
<td>Neurology/Psychiatry</td>
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<tr>
<td>Mar – Apr</td>
<td>Surgery</td>
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<tr>
<td>May – June</td>
<td>OB/GYN</td>
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**GROUP V**

<table>
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<tbody>
<tr>
<td>July – Aug</td>
<td>Neurology/Psychiatry</td>
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<tr>
<td>Sept – Oct</td>
<td>Surgery</td>
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<tr>
<td>Nov – Dec</td>
<td>OB/GYN</td>
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<tr>
<td>Jan – Feb</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Mar – Apr</td>
<td>Medicine</td>
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<tr>
<td>May – June</td>
<td>Fam Med/Elective or Free</td>
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**GROUP III**

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<tbody>
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<td>Sept – Oct</td>
<td>Pediatrics</td>
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<tr>
<td>Nov – Dec</td>
<td>Medicine</td>
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<td>Jan – Feb</td>
<td>OB/GYN</td>
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<tr>
<td>Mar – Apr</td>
<td>Neurology/Psychiatry</td>
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<tr>
<td>May – June</td>
<td>Surgery</td>
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**GROUP VI**

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<thead>
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<tbody>
<tr>
<td>July – Aug</td>
<td>OB/GYN</td>
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<tr>
<td>Sept – Oct</td>
<td>Neurology/Psychiatry</td>
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<td>Nov – Dec</td>
<td>Surgery</td>
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<td>Jan – Feb</td>
<td>Fam Med/Elective or Free</td>
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<td>Mar – Apr</td>
<td>Pediatrics</td>
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<tr>
<td>May – June</td>
<td>Medicine</td>
</tr>
<tr>
<td><strong>FAMILY MEDICINE</strong></td>
<td><strong>NEUROLOGY</strong></td>
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**EMERGENCY MEDICINE**

1:00 – 3:00

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** = Location in Department, Check Orientation Materials
** = Location: NBME Shelf Exam Green Auditorium-Scott Hall
I. INTRODUCTION

This Curriculum Guide details general policies and procedures which apply to medical students during Year III and Year IV irrespective of which clerkship or elective you are on. Included are policies regarding how you are graded and promoted from each clerkship, the appeals process, your elective time in Year III, the Objective Structured Clinical Exam (OSCE) at the end of Year III, needle-stick and other exposure policies, special requests for time off due to religious holidays, and absences. Also included are information on required Year IV courses and policies regarding senior electives.

A. Overview of the Clinical Curriculum

Following satisfactory completion of your basic science courses and passage of USMLE Step 1, you are officially promoted to YRIII status by the Promotions Review Committee of the School of Medicine. Students who begin YRIII with presumptive evidence of passing USMLE Step 1 but are subsequently found to have failed the examination are not yet considered regular YRIII students; policies regarding promotion of these "special matriculation" students to YRIII are found in the YRII Curriculum Guide.

The Junior Year of medical school begins with Orientation scheduled for late June/early July, followed by clerkships which begin thereafter. Students who delay entry into YR III because of academic or personal reasons beyond July 1 of the academic year will begin clerkships in January of that academic year. Deviations from these July and January start dates for YR III can only be approved after written petition to start at a different time is approved by the School of Medicine. The request for an alternate starting time for YR III must state the nature the delay and the reasons to begin clerkships in the middle of a 6 month clerkship block.

The Junior Year (YRIII) of medical school includes 11 or 12 months of study, encompassing 8 required clerkships:

<table>
<thead>
<tr>
<th>Block</th>
<th>Clerkship</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care</td>
<td>Internal Medicine</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Pediatrics</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Family Medicine</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Continuity of Care</td>
<td>6 (1/2 day each week, concurrent with other clerkships)</td>
</tr>
<tr>
<td></td>
<td>Elective or Vacation</td>
<td>1</td>
</tr>
<tr>
<td>Non-primary Care</td>
<td>General Surgery</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Obstetrics/Gynecology</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Psychiatry</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Neurology</td>
<td>1</td>
</tr>
</tbody>
</table>

Note that the Continuity of Care Clerkship is a longitudinal, six-month experience with a consistent ½-day assignment to a primary care office. The Continuity of Care clerkship can only be done during the Primary Care block of clerkships unless special permission is given by the School of Medicine to allow any portions of that clerkship to be completed at a different time.
As discussed in detail below, the YRIII elective month can be deferred into the senior year, allowing a month of vacation during the junior year. Upon satisfactory completion of all YR III requirements, students are promoted to YR IV. In the Senior Year of the medical school curriculum, students are required to complete at least eight (8) months of study, assuming that an elective was done in your junior year. There are three (3) required clerkships of one month duration each: Ambulatory Medicine, Inpatient Medicine (your Sub-Internship, either adult or pediatric patients), and Emergency Medicine. The other five (5) months include elective courses, with the requirement that you plan a balanced program of study to complete your medical school education. If you deferred your junior elective into the senior year to take a month of vacation in YR III, you must complete six (6) elective months (9 months total) in YR IV.

Starting in the academic year 2007-08 for the junior year of the Class of 2009, 2 months of Family Medicine clerkship will be required. Both of these months are to be completed in YR III. This will mean that beginning in that academic year the junior year will include 12 required months of study, and the elective previously done in YR III by most students will now be a required elective in YR IV. In other words, the addition of the second month of Family Medicine is in addition to the current required courses, and the senior year will then require three required courses and 6 elective courses.

B. Longitudinal Curricular Themes

Just as the volume of medical information is accelerating at a rapid rate, so too is the amount of material which we are expected to teach during the undergraduate curriculum. The School of Medicine has organized its curriculum so that some of its educational objectives are taught outside the confines of traditional courses. This reorganization provides a different structure for this material, so that it is presented during various clerkships at context-sensitive, clinically meaningful, times in your education. For example, rather than teaching you about personal violence across the lifespan in a ½ day or one day session at some point in the curriculum, we present these topics as shorter sessions in several clerkships. The material is integrated into the didactics of each clerkship, while in sum you are still provided a comprehensive introduction to the topic.

Longitudinal curricular themes within the School of Medicine include:

- Alcohol, Tobacco and Other drugs
- Cultural Competence
- Occupational and Environmental Medicine
- Interpersonal Violence Across the Lifespan
- Managing Care
- Geriatrics
- End-of-Life Care
- Professionalism

Watch for these topics as you progress through your clinical education at the School of Medicine.

C. Clinical Competencies and the School of Medicine Educational Objectives

The Wayne State University School of Medicine has established a comprehensive set of competencies and institutional objectives to prepare students for practicing medicine in the 21st century. The following table summarizes the general competencies and institutional learning objectives. The first row defines the general competency. The second row refers to
the specific learning objective associated with each competency and the cognitive domain (knowledge, skill, attitude/behavior) being evaluated for each objective.

The six general clinical competencies for medical students (identical to the general competences of postgraduate training) include

- Integration of the Basic Sciences in Medicine
- Integration of Clinical Knowledge and Skills to Patient Care
- Interpersonal and Communication Skills
- Professionalism
- Organization and Systems-Based Approach to Medicine
- Life Long Learning and Self-Improvement

As you progress through the clinical curriculum of medical school, periodically review these competencies and educational objectives. They provide valuable guides to the organization of the knowledge, skills and attitudes you will learn during this phase of your professional growth.
### Competency: Integration of the Basic Sciences in Medicine

<table>
<thead>
<tr>
<th>Cognitive Domain:</th>
<th>Institutional Learning Objectives:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>K=Knowledge S=Skill AB=Attitude/Behavior</strong></td>
<td><strong>K1</strong> Knowledge of the normal structure of the human body (cell tissues and organs).</td>
</tr>
<tr>
<td><strong>K2</strong> Knowledge of the normal function of the human body (cell tissues and organs).</td>
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<tr>
<td><strong>K3</strong> Knowledge of the nature of agents and mechanisms that produce alterations in structure and function of the body.</td>
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</tr>
<tr>
<td><strong>K4</strong> Knowledge of the nature and course of alterations in function produced by etiological agents and mechanisms (Pathophysiology) of the body.</td>
<td></td>
</tr>
<tr>
<td><strong>K5</strong> Knowledge of the nature and course of alterations in structure produced by etiological agents and mechanisms (Pathological Anatomy) of the body.</td>
<td></td>
</tr>
<tr>
<td><strong>K6</strong> Knowledge of the appropriate use of laboratory techniques in identifying diseases or health problems.</td>
<td></td>
</tr>
<tr>
<td><strong>K7</strong> Knowledge of the action, metabolism, and toxic effects of drugs.</td>
<td></td>
</tr>
<tr>
<td><strong>K8</strong> Knowledge of the therapeutic use of drugs.</td>
<td></td>
</tr>
<tr>
<td><strong>K9</strong> Knowledge of normal growth and development.</td>
<td></td>
</tr>
<tr>
<td><strong>K10</strong> Knowledge of the principles and concepts underlying normal behavior and mental illness.</td>
<td></td>
</tr>
<tr>
<td><strong>K11</strong> Knowledge of the aging process.</td>
<td></td>
</tr>
</tbody>
</table>
# Competency:
Integration of Clinical Knowledge and Skills to Patient Care

<table>
<thead>
<tr>
<th>Cognitive Domain: K=Knowledge S=Skill AB=Attitude/Behavior</th>
<th>Institutional Learning Objectives:</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1 The ability to perform a satisfactory physical exam.</td>
<td></td>
</tr>
<tr>
<td>S2 The ability to take a satisfactory medical history including psychosocial, nutritional, occupational and sexual dimensions.</td>
<td></td>
</tr>
<tr>
<td>S3 The ability to utilize data from the history, physical exam and laboratory evaluations to identify the health problem.</td>
<td></td>
</tr>
<tr>
<td>S4 The ability to formulate an appropriate differential diagnosis.</td>
<td></td>
</tr>
<tr>
<td>S5 The ability to formulate effective management plans (diagnostic, treatment, and prevention strategies) for diseases and other health problems.</td>
<td></td>
</tr>
<tr>
<td>S6 The ability to monitor the course of illnesses and to appropriately revise the management plan.</td>
<td></td>
</tr>
<tr>
<td>S7 The ability to perform routine technical procedures specific to the medical specialty.</td>
<td></td>
</tr>
<tr>
<td>S8 The ability to document the clinical encounter.</td>
<td></td>
</tr>
<tr>
<td>S9 The ability to apply the principles and concepts underlying normal behavior and mental illness.</td>
<td></td>
</tr>
<tr>
<td>S10 The ability to diagnose and participate in the management of mental illnesses.</td>
<td></td>
</tr>
<tr>
<td>S11 The ability to apply the therapeutic use of drugs in patient care.</td>
<td></td>
</tr>
<tr>
<td>S12 The ability to recognize normal growth and development.</td>
<td></td>
</tr>
<tr>
<td>S13 The ability to recognize the relationship between health and illness, the patient and the patient's environment.</td>
<td></td>
</tr>
<tr>
<td>S14 The ability to apply psychosocial principles and concepts in the delivery of health care.</td>
<td></td>
</tr>
<tr>
<td>S15 The ability to apply preventive and health maintenance principles and techniques in the delivery of health care.</td>
<td></td>
</tr>
<tr>
<td>S16 The ability to apply the appropriate use of laboratory methods in identifying diseases or health problems.</td>
<td></td>
</tr>
<tr>
<td>S17 The ability to recognize patients with immediately life threatening conditions.</td>
<td></td>
</tr>
<tr>
<td>K12 Knowledge about relieving pain and ameliorating the suffering of patients.</td>
<td></td>
</tr>
<tr>
<td>S18 The ability to apply Evidence Based Medicine principles to clinical decision making.</td>
<td></td>
</tr>
</tbody>
</table>
### Competency: Interpersonal and Communication Skills

<table>
<thead>
<tr>
<th>Cognitive Domain: K=Knowledge S=Skill AB=Attitude/Behavior</th>
<th>Institutional Learning Objectives:</th>
</tr>
</thead>
<tbody>
<tr>
<td>S19</td>
<td>The ability to demonstrate effective physician-patient interaction skills.</td>
</tr>
<tr>
<td>S20</td>
<td>The ability to utilize appropriate communication skills to obtain a history, diagnosis, and deliver an effective treatment plan to patients.</td>
</tr>
<tr>
<td>S21</td>
<td>The ability to effectively communicate with peers and members of the healthcare team in the care of patients and their families.</td>
</tr>
</tbody>
</table>

### Competency: Professionalism

<table>
<thead>
<tr>
<th>Cognitive Domain: K=Knowledge S=Skill AB=Attitude/Behavior</th>
<th>Institutional Learning Objectives:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB1</td>
<td>The ability to apply humanistic values in the delivery of health care.</td>
</tr>
<tr>
<td>AB2</td>
<td>The ability to work cooperatively with other health care workers in the delivery of health care.</td>
</tr>
<tr>
<td>AB3</td>
<td>The ability to respect the patients’ dignity, privacy, and confidentiality in the delivery of health care.</td>
</tr>
<tr>
<td>AB4</td>
<td>The ability to effectively interact with patients, peers and other healthcare workers from diverse cultural backgrounds.</td>
</tr>
</tbody>
</table>
### Competency: Organization and Systems-Based Approach to Medicine

<table>
<thead>
<tr>
<th>Cognitive Domain:</th>
<th>Institutional Learning Objectives:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>K=Knowledge</strong></td>
<td></td>
</tr>
<tr>
<td><strong>S=Skill</strong></td>
<td></td>
</tr>
<tr>
<td><strong>AB=Attitude/Behavior</strong></td>
<td></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>S22</td>
<td>The ability to apply the concepts and principles of primary care and Family Medicine in the delivery of health care.</td>
</tr>
<tr>
<td>S23</td>
<td>The ability to apply cost containment principles and techniques in the delivery of health care.</td>
</tr>
<tr>
<td>K13</td>
<td>Knowledge of the health care delivery systems including social, economic and political dimensions.</td>
</tr>
<tr>
<td>K14</td>
<td>The ability to apply Evidence Based Medicine principles to clinical decision making.</td>
</tr>
<tr>
<td>K15</td>
<td>An understanding of the need and value of consultations and referrals in the delivery of health care.</td>
</tr>
</tbody>
</table>

### Competency: Life Long Learning and Self-Improvement

<table>
<thead>
<tr>
<th>Cognitive Domain:</th>
<th>Institutional Learning Objectives:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>K=Knowledge</strong></td>
<td></td>
</tr>
<tr>
<td><strong>S=Skill</strong></td>
<td></td>
</tr>
<tr>
<td><strong>AB=Attitude/Behavior</strong></td>
<td></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AB5</td>
<td>Recognize the need to engage in lifelong learning to stay abreast of relevant scientific advances.</td>
</tr>
<tr>
<td>AB6</td>
<td>The ability to recognize personal educational needs and to select and utilize appropriate learning resources.</td>
</tr>
<tr>
<td>S24</td>
<td>The ability to critically appraise the medical literature.</td>
</tr>
</tbody>
</table>

The integration of these new School of Medicine competencies and revision of the educational objectives were approved by the Curriculum Committee in February, 2005.
II. EVALUATION, GRADING & PROMOTION POLICIES FOR CLERKSHIPS & ELECTIVES

The evaluation of Year III students is the responsibility of the School of Medicine Clerkship Committee (formerly called the YR III Committee), which delegates that authority to the individual Year III Clerkship Directors. In turn, Clerkship Directors and Departmental Medical Student Education committees determine the clerkship grade for each student and recommend this grade to the Clerkship Committee. The Clerkship Committee reviews and approves this grade. This Committee reviews clerkship grades bi-monthly. Grades are then disseminated to students through the office of the Assistant Dean for Student Affairs, and recorded on the student’s transcript.

Guidelines for evaluation of cognitive skills and clinical abilities are established for each clerkship by the clerkship director and departmental education committee. These guidelines are detailed elsewhere in department-specific clerkship policies and procedures. At each clerkship’s orientation or by some other means at the beginning of each clerkship, you will be informed about the specifics of the evaluation and grading policy. Your course grades will be determined at a minimum by written examinations and completion of clinical performance evaluations (on the Clinical Performance Evaluation form, shown below) by supervising attending physicians and/or supervising residents. Oral examinations, objective structured clinical exams, defined clinical exercises and/or research papers may also be a component of your grade in some clerkships.

Students should direct questions regarding the evaluation and grading system of a specific clerkship to that clerkship director. If further clarification is needed, please do not hesitate to contact the office of the Assistant Dean for Clinical Education.

A. Mid-Clerkship Evaluations

Clinical Supervisors (Faculty, Attending Physicians, or Senior Residents) are required to provide students with a mid-clerkship evaluation. However, it is your responsibility to solicit this mid-clerkship evaluation from those physicians who work with you. The evaluation should detail your strengths, weaknesses and any recommendations for improvement during the remainder of the clerkship. A form for accomplishing this evaluation will be given to you during each clerkship with instructions on when they are due to be returned to the clerkship director. An example of that form is included in this Curriculum Guide.

In particular, the clerkship director must be notified by the student’s supervising physician if any student is (1) not performing as expected at the time of the mid-clerkship evaluation and if (2) that supervising physician is concerned at that time that the student will not satisfactorily complete the clerkship. If such a mid-clerkship evaluation is received, the clerkship director or his or her designee will offer to meet with the student to discuss his or her progress and plan for remediation to help the student improve his or her performance. A student who fails a clerkship clinically is expected to have had a documented mid-clerkship evaluation by that clerkship.

Administration recommends that copies of these written evaluations be kept by the student for future reference and reflection.
MIDCLERKSHIP EVALUATION

Please use this form for your mid-clerkship evaluation. You should complete this form by ___________. Please make arrangements to discuss this form with your attending or site coordinator on ____________. Based on that discussion, write out an action plan for your rotation, and return it to _________________ on _______________.

INSTRUCTIONS: RATE YOURSELF ON EACH OF THE AREAS, INCLUDING COMMENTS TO JUSTIFY RATINGS.

<table>
<thead>
<tr>
<th>PROFESSIONAL RESPONSIBILITY:</th>
<th>Weakness</th>
<th>Needs Improvement</th>
<th>Satisfactory</th>
<th>Above Average</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can be relied upon to complete tasks.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I have unexcused absences from conferences/meetings</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I have unexcused absences from clinical duties</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I am persistently tardy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I can fulfill responsibilities independently</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I take independent responsibility for patient care</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Comments_______________________________________________________________________________________________________________
<table>
<thead>
<tr>
<th>SELF-IMPROVEMENT, ADAPTABILITY, LEARNING:</th>
<th>Weakness</th>
<th>Needs Improvement</th>
<th>Satisfactory</th>
<th>Above Average</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>I accept criticism without becoming resistant or defensive</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I engage in self-directed learning</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I am respectful of others in lectures/educational environment</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I am consistently prepared for rounds/other educational duties</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I take advantage of educational opportunities (actively participating, asking questions)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I respond to critique of my performance by making changes in behaviors/attitudes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

| RESPECT FOR OTHERS: | | | | | |
| I establish good rapport with patients and families | 1 | 2 | 3 | 4 | 5 |
| I demonstrate empathy for patients | 1 | 2 | 3 | 4 | 5 |
| I function well within a health care team by: | | | | | |
| --Demonstrating respect for supervisors | 1 | 2 | 3 | 4 | 5 |
| --Demonstrating respect for nursing staff | 1 | 2 | 3 | 4 | 5 |
| --Demonstrating respect for other professionals | 1 | 2 | 3 | 4 | 5 |
| Comments: | | | | | |

| HONESTY: | | | | | |
| I provide honest answers to patients regarding their illness and treatment | 1 | 2 | 3 | 4 | 5 |
| Honesty in data collection (accurate medical Records, attendance sheets) | 1 | 2 | 3 | 4 | 5 |
| Comments: | | | | | |
### APPLICATION OF KNOWLEDGE IN THE CLINICAL SETTING:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>I have a comprehensive understanding of __________</td>
<td></td>
<td></td>
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<tr>
<td>I integrate basic science knowledge with my clinical findings</td>
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<tr>
<td>I apply my knowledge base to the patients that I see</td>
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</tr>
<tr>
<td>Development of an appropriate Differential Diagnosis</td>
<td></td>
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<tr>
<td>Development of an appropriate Treatment Plan (using the</td>
<td></td>
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<tr>
<td>biopsychosocial model)</td>
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Comments:
________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

### HISTORY AND PHYSICAL EXAM:

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<thead>
<tr>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>I take a complete history and physical exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I prioritize and focus on the most important parts</td>
<td></td>
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<tr>
<td>Of the patient history and physical exam</td>
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<tr>
<td>I have good interviewing skills</td>
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<tr>
<td>I put the patient at ease when I ask about difficult topics</td>
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<tr>
<td>I can recognize abnormal and normal findings on the physical</td>
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<td></td>
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<tr>
<td>exam</td>
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<tr>
<td>I gather data independently, from multiple sources</td>
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</table>

Comments:
________________________________________________________________________________________________________________________
**RECORD KEEPING:**

<table>
<thead>
<tr>
<th>Task</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>My notes are timely and legible.</td>
<td></td>
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<tr>
<td>My notes convey relevant clinical information</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>My notes are concise and organized</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My notes are accurate and complete</td>
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</tbody>
</table>

Comments:________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________

**ORAL PRESENTATIONS:**

<table>
<thead>
<tr>
<th>Task</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>My oral presentations are well organized</td>
<td></td>
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<td></td>
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<tr>
<td>My oral presentations include all relevant data</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>My oral presentations are concise and focused</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>I prioritize information well in presentations</td>
<td></td>
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<td></td>
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<tr>
<td>I adapt format and style of presentation as needed</td>
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</tbody>
</table>

Comments:______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________
ACTION PLAN:

WEAKNESS/AREA FOR IMPROVEMENT:
PLAN:

COMPLETION DATE: _______________________

WEAKNESS/AREA FOR IMPROVEMENT:
PLAN:

COMPLETION DATE: _______________________

WEAKNESS/AREA FOR IMPROVEMENT:
PLAN:

COMPLETION DATE: _______________________

WEAKNESS/AREA FOR IMPROVEMENT:
PLAN:

COMPLETION DATE: _______________________

STUDENT:____________________________  ATTENDING:_____________________________                  DATE: _______________
B. Year III Examinations

There are three types of examinations, which the student may encounter while on clerkships in the third and fourth year curriculum:

1. Oral, practical or objective structured clinical examinations (OSCEs) administered by the department.
2. Those that are written by School of Medicine faculty and are not returned because the faculty designates them as "protected" examinations.
3. Those that are "copyrighted" examinations developed by an external body and purchased for administration to medical students during the clerkship.

Unless specifically designated as an examination that will be returned to the student, written examinations during the clinical curriculum are either protected or copyrighted examinations. As such, the student has no right to retain these examinations, and possession of current copies of these examinations outside the testing room could violate School of Medicine Professionalism guidelines and University policy.

All YR III Clerkships use the Subject Examinations available from the National Board of Medical Examiners (NBME) as the written examination at the end of the clerkship. These examinations are the property of the NBME; they are scored by the NBME with results then reported to the School of Medicine. Because they are "copyrighted" examinations governed by NBME policies, students do not have the right to either retain or review them.

C. Written Examination Policies

The following policies pertain to the administration of written examinations administered at any time during a clerkship, whether administered at Scott Hall or at a departmental site. Policies stated by the NBME for administration of their copyrighted “shelf” examinations apply as if stated herein as well.

The role of proctors is to assure student honesty, and they must move about the room periodically and irregularly.

Students are not permitted to have books or papers at their seats or tables, or in their possession if they leave the testing room for any reason. Books and papers brought into examination rooms must be stored in a central place in the examination room designated by the proctor.

A faculty member or his/her designee will be present throughout the exam.

The student’s name will be written on each exam booklet and pages numbered.

All examination material must be turned in after the exams; removal of any pages from the examination could be grounds for disciplinary action.

D. Grading Written Examinations

Exams written by School of Medicine faculty are graded based on established departmental criteria specified in the pertinent section of this guide.

The NBME provides each clerkship director with individual examination scores and the mean and the standard deviation for the NBME Subject Examination for the WSU School of Medicine
group administered that examination. Each Department though its clerkship director and departmental medical education committee decides how passing scores and honors scores for the written examinations are determined using this information. Again, this information is published in materials specific to each clerkship.

E. Clinical Performance Evaluation and Grade Report Forms

At the completion of each clerkship, the student’s clinical performance is evaluated using the Clinical Performance Evaluation form (see the following two pages) by those faculty and/or residents who have worked with him or her. Students are evaluated as ‘Below Expectations, ‘Satisfactory’ or ‘Outstanding’ on eleven different competencies (see example below). There is also space on the rear of the form for comments by the evaluator, along with suggestions for additional development. Note that no grade is assigned on this Evaluation form; faculty or residents are allowed to comment on what grade they believe the student earned in their comments section, but this constitutes only a recommendation from that evaluator. Your clinical grade, along with other aspects of your grade, are determined only by the department medical education committee and clerkship director. Again, it must be emphasized that a particular faculty member or resident who works with you does not assign grades. This is an important point that surfaces periodically: a student says “Dr. Samples said I was doing honors work, yet I was only given satisfactory. Why?” The answer is that Dr. Samples can only recommend that grade in the comments section; if, in the competencies, a sufficient number of competencies are not ranked as ‘Outstanding’, the clerkship director (who assigns the grade) will only assign a satisfactory grade.

Evaluation forms are completed by one or more faculty members, senior residents, or faculty-resident teams which have directly observed the student during the course of his/her training on the clerkship. Exactly who evaluates each student is determined by departmental policy, as is the number of evaluations expected for each student at the completion of the clerkship. This will vary from clerkship to clerkship based on the educational structure and curriculum of each clerkship.

Each of the completed Clinical Performance Evaluation forms is submitted to the School of Medicine as a part of the student’s grade report from that clerkship. While these documents are available to the student for his or her review, students may not possess a copy of the Clinical Performance Evaluations. However, these Clinical Performance Evaluations are also summarized on the Clerkship Grade Report Form (see example on page XX), a copy of which is given to the student from the Student Affairs office. Each department has discretion as to how to reduce the individual Performance Evaluations to the Grade Report, eg., assigning more weight to certain evaluations, simply averaging the evaluations, etc.

The Grade Report Form is a summary of your performance in a clerkship (see example below). Detailed on your Grade Report Form is the number of Clinical Performance Evaluations used and summarized on the Grade Report Form, an averaged summary of how they were completed, and your written exam and other assessment scores. Also given at the bottom of the Grade Report is your exam and clinical assessment (Honors, Satisfactory, Unsatisfactory), along with your final course grade. These Grade Report Forms essentially are a “report card” of your performance during a clerkship. You may obtain a copy of your Grade Report Form from each clerkship from the Office of Student Affairs; School of Medicine administration recommends that you keep them in a portfolio for periodic reflection and review.
INSTRUCTIONS: Please place a check mark in the appropriate column to rate this student on the following clinical competencies using departmental objectives, taking the student’s level of training into consideration. Competencies 1-5 are critical components in the determination of the final grade.

<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>DESCRIPTOR(S)</th>
<th>BELOW EXPECTATIONS</th>
<th>SATISFACTORY</th>
<th>OUTSTANDING</th>
</tr>
</thead>
<tbody>
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<td>3** Performing a Physical Exam or Mental Status Exam</td>
<td>Technical competency and quality, completeness, follow up, recognition of abnormal and normal findings, focus and level of detail</td>
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<tr>
<td>5** Professional attributes and responsibilities</td>
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<td>☐</td>
<td>☐</td>
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<td>6. Overall Knowledge Base</td>
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WSU MEDICAL STUDENT CLINICAL PERFORMANCE EVALUATION FORM

STUDENT ______________________ DEPARTMENT ___________________ HOSPITAL / SITE ______________

EVALUATOR ___________________ POSITION [ ] Resident [ ] Attending  MONTH/YEAR __________________

INSTRUCTIONS: Please provide comments and suggestions in the space provided below. Please provide justification if a competency on the other side is not evaluated. These comments will be available for the student's review; separately transmit confidential comments in written form directly to the course director.

<table>
<thead>
<tr>
<th>COMMENTS:</th>
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<tr>
<th>SUGGESTIONS FOR ADDITIONAL DEVELOPMENT:</th>
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<thead>
<tr>
<th>EVALUATOR'S SIGNATURE:</th>
<th>DATE:</th>
<th>CLERKSHIP DIRECTOR'S SIGNATURE:</th>
<th>DATE:</th>
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<tbody>
<tr>
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<tr>
<td>CLINICAL COMPETENCY</td>
<td>DESCRIPTOR(S)</td>
<td>FAILS TO MEET COURSE EXPECTATIONS</td>
<td>MEETS COURSE EXPECTATIONS</td>
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<tr>
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**SUMMARY OF CLERKSHIP GRADE COMPONENTS**

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<tr>
<th>FINAL CLINICAL EVALUATION</th>
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<th>SATISFACTORY</th>
<th>OUTSTANDING</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>WRITTEN EXAM SCORE</th>
<th>UNSATISFACTORY</th>
<th>SATISFACTORY</th>
<th>OUTSTANDING</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>OTHER ASSESSMENT (SPECIFY)</th>
<th>UNSATISFACTORY</th>
<th>SATISFACTORY</th>
<th>OUTSTANDING</th>
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</table>

<table>
<thead>
<tr>
<th>FINAL COURSE GRADE</th>
<th>UNSATISFACTORY</th>
<th>SATISFACTORY</th>
<th>HONORS</th>
</tr>
</thead>
</table>

STUDENT AFFAIRS REVIEW / DATE __________________________ MEDICAL STUDENT REVIEW / DATE __________________________
F. GRADING POLICIES

General criteria for assigning clerkship grades have been established by the School of Medicine as detailed below. When the process for determining the students’ final grades for clerkships, electives or years is completed, one of the following grades will be placed on the student’s transcript: While students are informed of Unsatisfactory or Incomplete grades by the Dean’s office, it is still the students’ responsibility to determine their grade at the end of a clerkship to allow plans to be made to remediate or complete missing work in a timely fashion. These plans to remediate an Unsatisfactory grade or complete missing work must be made in writing by the student and his or her counselor.

I Incomplete will be entered if verified circumstances have prevented completion of assigned work by the student before the end of the Clerkship. Incomplete work resulting in an Incomplete grades MUST be completed within 60 days of the end of the clerkship. Failure to complete the assigned work within that time could be cause for either cessation of the student’s academic progress until the work is completed, and/or reversion to an Unsatisfactory grade.

U Unsatisfactory will be entered if the student failed to complete all the requirements for a satisfactory grade and is not eligible for a grade of I.

S Satisfactory will be entered if the student completed the requirements.

S* Satisfactory on repeat examination or repeat clinical time.

H Honors will be entered if the student’s performance was meritorious. In addition, because the School of Medicine values professionalism which entails responsibility and timely completion of tasks, students are not eligible for an Honors grade in a clerkship if all course requirements are not met on time, ie, the student did not meet all deadlines during the clerkship. Please note that this could mean that a student who otherwise might have earned ‘Honors’, for example, will not receive that grade if requirements such as experience logging/tracking or course evaluations are not completed on time.

1. Reporting Clerkship Grades

Clerkship grades are determined by each department's medical student education committee. Grades are reported to the Clerkship Committee via the Grade Report Form, after which they are posted to the student’s transcript by the Records Office and made available to the Office of Student Affairs. Clerkship grades are only reported to students through the Office of Student Affairs. Students must come to this office in person to receive their clerkship grade or to review Clinical Performance Evaluation or Grade Report forms. No grade will be reported over the telephone to the student by the staff of the Office of Student Affairs. A copy of the Clerkship Grade Report may be given by the Student Affairs Office to the student as a “report card” of his or her performance during a clerkship. These should be kept by the student for periodic review and reflection.
2. Determination of Clerkship Clinical Grades

Although each clerkship is responsible for determining criteria for written examination grades, as well as final course grades, the mechanism of how clinical grades are assigned is the same for all clerkships. This process is as follows:

The evaluations of all faculty, residents and teams that have worked with the student are summarized on the Clerkship Grade Report form. The process of summarizing these evaluations, eg., weighting certain evaluations, etc., is determined by and at the discretion of each clerkship.

The Final Clinical Evaluation for the clerkship is reported on the Clerkship Grade Report form. Generally an ‘Outstanding’ Clinical Evaluation is needed for Course Honors, although this is at the discretion of each clerkship.

Five competencies are identified as Critical Competencies (Application of Knowledge, History Taking, Physical Examination, Communication with Patients, and Professional Attributes). The Final Clinical Evaluation of Outstanding will be given when the student is rated as ‘Exceeding Course Expectations’ in at least 3 of the 5 Critical Competencies AND when at least 70% of all competencies are rated as ‘Exceeding Course Expectations’.

The Final Clinical Evaluation of Unsatisfactory will be given when the student is rated as ‘Failed to Meet Course Expectations’ in any of the five Critical Competencies, OR the student is rated as “Failed to Meet Course Expectations’ on any three of the non-critical competencies.

The Clerkship Grade Report form also has space for reporting the student’s written examination grade, the results of other assessments, and the final course grade.

3. Determination of Clerkship Final Grades

Criteria for Clerkship Honors and Unsatisfactory grades are as follows:

a. Performance in both components of the student’s grade (clinical evaluation and examination) must be satisfactory for a student to be given a passing grade. Honors clinical performance does not compensate for a failing exam score, nor does an Honors exam score compensate for unsatisfactory clinical performance. Failure in one or the other category results in an unsatisfactory grade.

b. Performance in both components of the students grade must be Honors for a student to be given an Honors grade. In addition, the student must meet all clerkship deadlines to be eligible for an Honors grade, as stated above.

c. At the discretion of the department, certain failing students may be offered the opportunity to repeat examinations (written or oral). Please note that if performance was notably poor, an Unsatisfactory grade may be given without offering a re-examination, and the student will then be required to repeat the rotation. There is no presumption that each student will automatically be given the opportunity to repeat an unsatisfactory examination.

i. If the student performs adequately on the re-examination, the grade will be recorded as "S*".
ii. If after re-examination, the person is still unsatisfactory, the grade remains "U", and the student will then be required to repeat the clerkship (including both clinical time and all examinations).

4. Criteria for Awarding Year III Honors

A minimum of 6 months of Honors in Year III clerkships is required in order for the student to be designated to have YR III Honors. This Honors designation is recorded on the student’s transcript. The Elective and Continuity Clerkships do NOT count toward YR III honors.

   a. This 6 month criterion may be reduced for a particular student at the discretion of the Clerkship Committee.

   b. A student with an unsatisfactory grade in any Year III rotation does not qualify for Year III honors.

5. Repetition of Failed-Examinations

Repetition of failed examinations will generally be limited to one of two time periods, i.e., either at the time of a regularly scheduled examination or at a special examination session. Generally, special examination sessions are scheduled in early January (to take advantage of the study time available during the winter break) and in early July (to take advantage of the study time available between completion of clerkships at the end of an academic year and the July testing date).

Each department allows both special testing dates for repetition of failed or missed clerkship examinations in addition to regularly scheduled examinations. The exact dates for scheduled repeat examinations will be established by the Assistant Dean of Clinical Education along with the Records and Registration office. Once a student fails a written clerkship examination, the student, his or her counselor in the office of the Assistant Dean for Student Affairs, and the Assistant Dean for Clinical Education will develop a written plan for examination remediation. It is recommended that students attempt to remediate failed clerkship examinations as early in the academic year as possible. In general, students with written examination failures during the months of July through November should consider repetition of their examination at the early January special test date, while students with examination failures between December and June should repeat their failed exams in July or thereafter (at the regularly scheduled date for one month clerkships or at the established special examination date).

Clerkship directors have been instructed to release students for the purpose of only these re-examination dates. No student will be released from a clerkship to take another clerkship examination other than as stated herein, since no student is allowed to take a make-up or repeat examination while enrolled in another clerkship. If a student intends to take a make-up exam at a time other than the special examination session (after consultation and approval from his/her counselor and Assistant Dean for Clinical Education), he or she may do so only if not currently on a clerkship. This rule applies also for rising senior students with outstanding deficiencies at the end of June of their third year; students will not receive senior elective credit until they complete all outstanding YR III work, and students may not repeat a clerkship examination while enrolled in an elective unless given special permission by the Assistant Dean for Clinical Education.
6. Repetition of Failed Clinical Work or Failed Courses

Clerkship grading committees may require students to repeat clerkship clinical time either for an initial course failure or after a repeat examination is failed. When appropriate, the clerkship committee will determine the length of time to be repeated upon recommendation of the Clerkship Director. Clerkship time will be repeated en bloc as soon as possible after the end of Year III. It is emphasized again that students must satisfactorily complete all Year III requirements and pass all Year III Clerkships before starting Year IV work.

7. Determination of Standard Scores at the End of Year III

Standard scores are computed at the end of each year of medical school to allow comparison of student performance, ranking, etc. For the purpose of the Medical School Performance Evaluation (MSPE, formerly the ‘Dean’s Letter’), a cumulative standard score is computed at the end of YR III that reflects each of the three years of medical school, weighted equally, although this is currently under review; you will be notified of any changes in this policy. This Overall Standard Score computed at the end of YR III that includes all three years of medical school is then used for placing students into quintile ranks, again as part of the MSPE document.

The process for development of the YR III Standard Score is as follows:

A. Points will be assigned for each of the 11 months of Year III clerkships using the following point system:

   0 = Unsatisfactory (initial grade)
   2 = Satisfactory
   3 = Satisfactory with commendations
   4 = Honors

B. These points are weighted based on the number of months of the clerkship, eg., Honoring a 2-month clerkship would give you 8 points, honoring a 1-month clerkship would give you 4 points

C. The maximum possible score is 44 (11 months of honors). Grades in YR III electives are not counted in this computation.

D. The raw scores are then converted to a standard score by computation of the mean and standard deviation of all of the scores, based on the distribution of scores for the entire class. Each student’s raw score will then be converted to a standard score with the mean = 500 and one standard deviation = 100.

E. Note that not all clerkships give commendations (Surgery does not), and that commendations are determined differently by clerkship (refer to the Clerkship Syllabi for specific information).

F. The standard score is not used to determine Year 3 honors (which is based on honoring 6 or more months, see above).
Following computation of the YR III Standard Score, an overall standard score is computed by averaging the standard scores of the 1st, 2nd and 3rd years of medical school. The three years are weighted equally. The resulting scores are rank ordered, and the class is then divided into quintiles (fifths), with the top quintile being the 5th quintile and the bottom quintile being the 1st quintile. For comparative purposes, the Standard Scores of the Class of 2005 are shown below. However, this information below should be viewed as a general reference only. We cannot predict how close these numbers will apply to each subsequent medical school class.

Mean = 28.54; Standard deviation = 7.72

44 points = 700.23 (approximately 2 standard deviations above the mean)
36 points = 596.63 (approximately 1 standard deviation above the mean)
29 points = 505.98 (approximately at the mean)
21 points = 402.38 (approximately 1 standard deviation below the mean)

<table>
<thead>
<tr>
<th>Quintile</th>
<th>Standard Score Range</th>
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</thead>
<tbody>
<tr>
<td>5th Quintile (Top)</td>
<td>678.07 – 582.50 (Top 10% 678.07 – 618.98)</td>
</tr>
<tr>
<td>4th Quintile</td>
<td>582.49 – 523.93</td>
</tr>
<tr>
<td>3rd Quintile</td>
<td>523.92 – 479.18</td>
</tr>
<tr>
<td>2nd Quintile</td>
<td>479.17 – 429.37</td>
</tr>
<tr>
<td>1st Quintile</td>
<td>429.36 and below</td>
</tr>
</tbody>
</table>

G. Grade Appeals

When a student is dissatisfied with his or her grade in a clerkship, he or she has the right to appeal that grade. The process entails first appealing the grade at the departmental level; if still unsatisfied, the student may appeal to the Clerkship Committee, then to the Promotions Committee of the School of Medicine, and finally to the Provost of the University. Each of these appeal processes is discussed below.

It should be noted, however, that students have a duty to timely report sickness that arises during an examination. If a student experiences an illness or other extenuating circumstance during a clerkship examination, the student must report that to the examination proctor and his or her counselor immediately. Each year, several students appeal an examination grade, each one claiming that he or she became ill during the examination. However, in no case did the student inform School of Medicine Administration that there was a problem either during or immediately after the examination. Failing to report the illness immediately will almost always be grounds for dismissal of a students’ appeal in this type of situation.

1. Departmental Grade Appeals and Appeals to the Clerkship Committee

a. The initial process by which students appeal evaluations, examination results, or final clerkship grades is as follows:

i. The student must appeal in writing to the clerkship director within 4 weeks after the grade is available to the student through the Student Affairs Office. Note that appeals will be returned without action if they are submitted outside this four (4) week eligibility period.
ii. IMPORTANT: Students are prohibited from approaching anyone in a clerkship other than a clerkship director for questions, concerns or grade appeals; doing so automatically voids the appeal.

iii. The clerkship director will offer to meet with the student to review the appeal request. The clerkship director will communicate to the student in writing within six weeks of the appeal regarding the decision of the departmental medical education (clerkship) committee.

b. If still dissatisfied, the student may request a review of his/her appeal by the Clerkship Committee. This is accomplished by written request to the Assistant Dean for Clinical Education with a copy sent to the Assistant Dean of Student Affairs. This request must state the specific nature of the appeal. It should be noted that appeal to the Clerkship Committee can be made on issues of fact and/or due process, and students must clearly state in their letter to the Clerkship Committee the facts or issues they are raising in their appeal. At its discretion, the Clerkship Committee could request a hearing with the student. The Clerkship Committee members will vote on the request and the student will receive notification of the committee’s decision by letter.

c. If still dissatisfied, the student may request a review of his/her appeal by the Promotions Committee of the School of Medicine, as explained below.

2. The Promotions Committee Appeal Process

a. In order to appeal a Clerkship Committee decision students must present a written statement to the Chairman of the Promotions Committee, clearly stating the specific nature of the appeal, within 48 hours of receipt of the action of the Clerkship Committee.

b. Appeals to the Promotions Committee regarding clinical performance will be scheduled in a timely fashion. The student will be advised of the date of the appeal and of the right to bring advocates on his/her behalf.

c. A quorum will be required to hear and act on the appeal, per Promotions Committee rules and policies.

d. The Office of Records and Registration will provide a complete updated academic summary of the student’s entire tenure at the School of Medicine for each appealing student.

e. At the appeal session the Promotions Committee will review the student's record, and then may or may not call in the student for a hearing. The procedures for a hearing at the Promotions Committee are detailed elsewhere, and are incorporated into this Curriculum Guide as if restated herein.

f. Following this presentation, the Promotions Committee will discuss the merits of the appeal, question staff for pertinent information, review extenuating circumstances presented, etc. If sufficient pertinent information is available to make a judgment, the Promotions Committee will arrive at a decision. If the Promotions Committee feels that insufficient pertinent information is available, it can table action to request
further information, call new witnesses, etc., and consider the case at a future session of the Promotions Committee.

g. The Chairperson of the Promotions Committee will transmit actions of the Promotions Committee to the student in writing.

h. If an appeal is denied, the student will be informed of the right to re-appeal only if and when new information or evidence becomes available to him or her. Such a request for re-appeal, in written form, must be presented to the Chairperson of the Promotions Committee who will transmit the information to the other members of the Promotions Committee. The Promotions Committee will consider the request and will decide whether to hear the re-appeal. If such re-appeal is granted, the process for re-appeal will in all respects be identical to the primary appeal process.

Alternatively, the student may appeal the actions of the Promotions Committee to the Provost of the University, as detailed below.

3. Appeal To The University Provost

a. In matters where the student’s review and appeal process available to him or her within the School of Medicine have been exhausted, the student may ask the Provost of the University to review that decision. A written Request for Provostial Review must be made by the student, with a copy sent to the Dean of the School, Associate Dean for Academic and Student Programs, and Assistant Deans for Clinical Education and Student Affairs, postmarked within thirty calendar days of the postmark of the School's final decision which was sent to the address provided by the student in the School's appeal and review procedures.

b. Provostial review of the School's decision will proceed as soon as possible after notification by the student of his or her wish to seek review.

c. The student may also file with the Provost a Request for a Postponement of the effect of the School's final decision. Such a Request must be postmarked within seven calendar days of the postmark of the School's final decision, and a copy must be sent to the Dean of the School and others as noted above. Upon receiving a Request for Postponement, the Provost will immediately contact the Dean of the School of Medicine. Unless the School demonstrates clearly and convincingly that an injury to the School or to third persons that would result from such a postponement would outweigh the injury to the student from denying the postponement, the effect of the decision rendered by the School will be postponed until the date that the Provost issues a decision regarding the underlying Request for Provostial Review. The Provost will inform the student and the Dean of his or her decision regarding the Request for Postponement within three school days after receiving the request.

d. Exceptions to this procedure may be granted by the Provost upon a showing of good and sufficient cause.
H. Probation During YR III or YR IV

Students are evaluated following each clerkship in Year III and Year IV, and when sufficient academic difficulty warrants referral for possible action, the information is forwarded to the Promotions Committee through the Assistant Dean for Clinical Education. At this point, the student is considered to be on academic probation, the conditions of which are detailed below.

1. The Promotions Committee and Review of Student Performance

At any time the Promotions Committee can be convened to review students whose academic performance has been brought to its attention by the Clerkship Committee via the Assistant Dean for Clinical Education. This review could include, but is not limited to, academic performance or professional behavior. The Committee has the right to place students on probation, suspension or leave of absence if it is deemed that the student's performance and reasons thereof justifies this action. The committee can also dismiss students from the School of Medicine with cause. Refusal to submit to psychiatric or medical evaluation when required to do so by the Promotion Committee could result in student dismissal.

Enrolled students are designated to be in good academic standing unless they are officially placed on probation or are suspended by the Promotions Committee.

a. Probation is defined as the subjection of a student to a period of trial, critical examination and evaluation while the student is attending classes in order to ascertain his/her fitness to continue as a student in the School of Medicine. Academic Probation has been specifically defined and detailed below. The Promotions Committee will determine the conditions of probation, which may or may not be specified in Sections below. Generally, probation during Year III or YR IV results from academic deficiencies, although probation can be recommended because of Professionalism issues.

b. Suspension is defined as prohibiting a student from attending classes pending a determination of his/her fitness to continue as a student in the School of Medicine.

2. Consequences of Academic Probation

This policy refers to all courses taken during the clinical portion of the medical school curriculum, i.e., during YR III and YR IV, including elective courses.

a. When a student receives an unsatisfactory grade in two clinical courses (whether a result of poor clinical performance, examination failure, or both), the student will immediately be placed on Academic Probation, with the following consequences:

b. The student's probationary status will be monitored by the Assistant Dean for Clinical Education and the Clerkship Committee, though a Subcommittee of the Promotions Committee as defined below.
c. The student will be required to begin regular meetings with his or her counselor in the office of the Dean for Student Affairs.

d. At the beginning of Academic Probation, the student’s past and pending future clinical program will be reviewed by a Subcommittee of the Promotions Committee, which will recommend action. Such action could include, but is not limited to:

i. continued monitoring with no alteration of the student’s clinical program, allowing re-examination and/or repetition of deficient courses, as applicable

ii. alteration of the student’s clinical program for the remainder of that academic year and/or the next academic year(s), including restriction of site, travel, course content, or order of courses

iii. requiring additional course completion beyond the usual curriculum to remediate apparent clinical inadequacy

iv. referral for learning skills assessment and enhancement

v. referral to the full promotions committee for possible action (see below)

e. The subcommittee of the Promotions Committee will consist of the Associate Dean for Academic and Student Programs (Chair, Promotions Committee) or his or her designee; Assistant Deans of Student Affairs, Basic Medical Sciences, and Clinical Education; and the student’s counselor and/or other members of the Office of Student Affairs. This subcommittee will specify in writing to the student the required remediation needed to remove the probationary status.

f. Following satisfactory completion of the specified probationary status, the student will return to regular status with removal of imposed restrictions from that point through the remainder of his or her tenure. However, if the student does not comply with the stated conditions of probation, he or she may be referred to the full promotions committee which could recommend repetition of an entire year, suspension or leave of absence if it is deemed that the student’s performance and reasons thereof justifies this action. The committee can also dismiss students from the School of Medicine at this point with cause.

I. Promotion of YR III Students to Senior (YR IV) Status

At the end of the year, students are promoted to YR IV upon the recommendation of the Clerkship Committee to the Promotions Review Committee. It is important to note that students are not promoted to Senior (Year IV) status until all requirements of Year III are met, as emphasized above; this includes remediation of any and all Year III courses and examinations, including Incomplete grades. This is an extremely important issue, since senior electives taken without clearing all Year III deficiencies means that those electives will not be credited toward graduation. It is the student’s responsibility to make sure that this rule is followed and that all deficiencies and requirements are met. To emphasize, all Year III Incomplete grades must be cleared before any Year IV work is begun.
The Promotions Committee meets to review the recommendations of the Clerkship Committee. The prime function of this review is to ascertain that the rules of the school and the rights of the individuals involved have been fairly met, and that students have either satisfactorily passed the YR III requirements or that a remediation plan to complete these requirements is in place before the student can be promoted.

If a student is denied promotion to YR IV status, that student has the right to appeal such decisions by direct petition to the Promotions Committee, as specified elsewhere. In the event of such an appeal, the committee shall gather evidence and hear witnesses. The student involved has the right to be heard by the Promotions Committee if such an action is taken and appeal initiated.

III. ELECTIVES

A. YR III Electives and YR III Vacation

The YR III curriculum includes 8 required clerkships (Continuity Clerkship, Medicine, Surgery, Pediatrics, Family Medicine, Psychiatry, Neurology and Obstetrics and Gynecology), which comprise 11 months of study. The twelfth month of your YR III curriculum is a month of elective clinical time. During YR IV, you are required to complete 5 electives. Additional comments regarding the balance of your elective program, which includes both your Year III and Year IV electives, are detailed below.

As a junior medical student, you may select any elective from the elective course offerings of the School of Medicine for which you meet, or will meet by the time the elective is taken, the Department’s course prerequisites. Note, however, that your elective could be changed if a course is failed that is a required prerequisite of the elective. This is at the discretion of the Department offering the elective and the School of Medicine Administration.

In addition, you have the choice of taking a month of vacation in your third year and deferring this required YR III elective into YR IV. Note, however, that there are significant ramifications to this choice. On the one hand, you do not get as much vacation, interview or travel time in your senior year and you now have 9 months of study to complete in YR IV (the three required courses, 5 YR IV electives, and now the YR III elective); this is balanced against the vacation time that you will have during YR III if you elect to take this time off. Since the electives have prerequisites that you must take into consideration, this may have an impact on when you take your YR III elective as well.

One of the critical components of the YR III curriculum is the organization of the primary care clerkships (Internal Medicine, Family Medicine, Pediatrics) which allows completion of the Continuity of Care Clerkship (CCC). The CCC requires that you be present for a certain number of sessions at your assigned site during the six (6) months that you are taking the Internal Medicine, Family Medicine and Pediatric clerkships and your elective.

Since you are allowed to miss only a small number of CCC sessions before satisfactory completion of that clerkship is jeopardized, it is NOT possible for you to be away from the Detroit Metropolitan Area both for your Family Medicine Clerkship and your YR III elective. However, if you complete your Family Medicine Clerkship in the Detroit Metropolitan Area, you are permitted to take an established YR III elective at another medical school (as distinct from an independent study elective defined below) outside the Detroit Metropolitan Area. Note that this YR III elective taken outside of the Detroit area counts as one of your
AWAY electives during your clinical years, and you may then take only 2 AWAY electives in your senior year. The AWAY elective within YR III cannot be an international elective. To emphasize, YR III AWAY Independent Study electives are also not allowed.

All electives taken are to be evaluated by each student in the School of Medicine. Completion of this required evaluation of the elective by the student is a requirement to receive credit for the clerkship.

B. AWAY and HOME Electives – Policies for YR III and YR IV

Home Electives are defined as those electives within the Elective Catalog of the School of Medicine and Independent Study Electives at our affiliated institutions within the Detroit Metropolitan area. An AWAY Elective is an elective at another medical school, clinical institution, other institution or office outside the network of our affiliated institutions.

The School of Medicine Administration has designated several institutions other than the Detroit Medical Center within the Detroit Area as offering HOME ELECTIVES. These courses are not treated as AWAY electives, and additional School of Medicine approval to take these clerkships is therefore not required. Hospitals in the Detroit Metropolitan area which are designated as offering HOME electives beyond those courses already listed in the senior Elective Catalog include St. Joseph Mercy Hospital, Ann Arbor, electives at the University of Michigan School of Medicine, and electives at Michigan State University School of Human Medicine.

The distinction is important because only three (3) AWAY electives may be done for credit toward graduation, counting the elective taken in the student's junior year (YR III). If you elect to do more than the minimum number of electives required for graduation, you may take more than three (3) AWAY electives. All International Electives are obviously AWAY electives, and they count toward that number of allowed AWAY electives as well.

Applying for Away Electives

1. Requests to do more than three AWAY electives (eg., when the student wishes to relocate for a significant portion of the senior year because a spouse is located outside the Detroit Metropolitan area) must be directed in writing to School of Medicine Administration. At no time will a student be allowed to complete his or her three required senior clerkships (SubInternship, Emergency Medicine, Ambulatory Medicine) outside the usual course offers. Consideration will be given to students doing more than three (3) AWAY electives when documented circumstances (eg., marriage) can be verified before the 4th AWAY elective would be started.

2. AWAY electives are available from many medical schools and a variety of clinical facilities. The Office of Student Affairs has information regarding various available electives which prior students have taken. Counselors also have information regarding AWAY electives which students have found beneficial, as do various faculty members in the departments who act as advisors to junior and senior students.

3. The application process for AWAY electives includes first making contact with the medical school or institution in question. In conjunction with your counselor in the Office of Student Affairs, the School of Medicine’s AWAY Elective form is then completed. This includes obtaining approval of the WSU SOM Chair or his/her designee of the
department in which you plan to do your away elective along with the Assistant Dean for Clinical Education (both approvals are required). The Office of Student Affairs will also help you complete other application materials required by host institutions such as proof of vaccination or other health matters, verification of 'good standing' status, malpractice insurance, etc. It is the student’s responsibility to complete all required forms and requests (health forms, transcript requests, proof of health insurance, HIPAA training, respirator fit testing, USMLE scores, photo ID) and submit the completed packet to the Office of Student Affairs. Be certain to read host school requirements carefully and comply with the policies in addition to all WSU School of Medicine policies. The Office of Student Affairs will review and mail all of this information to the host institution to complete your application for an away elective. Please note that no applications will be processed or mailed by the Office of Student Affairs without submission of all of the required application materials.

4. Only one AWAY clerkship request form will be processed for a given month. Students may not try to get several different AWAY electives for a particular month as “backup electives”. Applying to and being accepted at two different institutions for the same month necessitates that the student will have to cancel one of the electives he or she requested after the request was approved by the institution; this is never interpreted favorably by the institution, and could have an impact on future student learning there. You are advised to list alternate courses in the same department when making your requests. By doing so you will avoid having to secure multiple chairs’ signatures for a given month and maximize your choices at a given institution.

5. The Office of Student Affairs will maintain a file of all completed requests and provide the student with a copy of the application materials.

6. The AAMC Extramural Electives Compendium (usually released in March or April of each academic year) contains information of electives offered to visiting students from a variety of institutions. It can be found on the web at:

   http://www.aamc.org/students/medstudents/electives/start.htm

The compendium contains detailed information regarding the application, approval processes, deadline dates, etc. for taking guest electives at all accredited US and Canadian schools. Copies will be available in the Office of Records & Registration, the Office of Student Affairs, Student Organizations Office and the Shiffman Library. Most medical schools also post their senior year curriculum guide and elective offerings on their institutional web-site.

7. WSU AWAY elective forms are available in the Office of Records & Registration and the Office of Student Affairs.

8. The Office of Records & Registration must receive written confirmation of your acceptance as a guest student from the institution at least four weeks prior to the scheduled starting date for the clerkship. Please be sure to monitor this requirement carefully. If you do not obtain written confirmation by one month before the start of the elective, contact the Office of Student Affairs or the Office of the Assistant Dean of Clinical Education for assistance.
9. As with all other clerkships and electives, failure to attend an approved clerkship will result in an unsatisfactory grade. That unsatisfactory grade will be made up in a HOME clerkship.

10. Students will be given credit only for those AWAY courses for which they have registered and which appear on their approved Senior program. If changes are made by the student or imposed by the host institution, the Office of Records & Registration must be notified immediately.

C. Independent Study Electives

An Independent Study Elective is defined as any elective taken during the clinical curriculum of medical school (whether during YR III or YR IV) that does not have a previously defined and published syllabus which describes the objectives, work hours and environment, resources, and evaluation methods of the course. In essence, the course is established by and for the particular student. This definition applies to proposed electives at Wayne State University School of Medicine or one of its affiliated HOME clinical institutions (HOME Independent Study Electives) as well as courses at other institutions (AWAY Independent Study Electives).

Except in unusual circumstances approved in writing after written petition by the student, students will not be allowed to complete more than three independent study electives during Years III and IV of medical school. This includes research electives. As discussed elsewhere, YR III Independent Study Electives can only be done here at the School of Medicine or its affiliated hospitals. YR IV Independent Study Electives can be done here, elsewhere in the USA, or at international sites (see below).

Home Independent Study Electives

Requests to establish a HOME Independent Study course for your elective will be considered by the Assistant Dean for Clinical Education in conjunction with the relevant Department of the School of Medicine. The request to establish an Independent Study Course is initiated at the Office of the Assistant Dean for Clinical Education or the Office of Student Affairs with the student’s counselor. The School of Medicine Independent Study Elective form must be completed in order to process the request. Several criteria are used in considering approval of the Independent Study request, including but not limited to, the student’s academic record, departmental resources, the student’s planned career, the presence of a compelling reason to establish such a course (for example the absence of an identical elective course at the School of Medicine), etc. The student contacts the department and/or individual with whom he or she intends to work. Together the plan of study is developed and written on the Independent Study form. When completed and signed, this is then submitted to the Assistant Dean for Clinical Education for formal approval. Please note that a request to establish a Home Independent Study Elective during YR III is looked at more closely, since at that phase of a student’s training it is less likely to be educationally beneficial. Thus, while Home Independent Study electives may be allowed during junior year, established electives are preferred. After approval by the Assistant Dean, the proposed Independent Study Course is then submitted for approval by the relevant Department Chair or his/her designee in the School of Medicine.
AWAY Independent Study Electives

AWAY Independent Study Electives are developed and approved in a very similar fashion, except that the approval from the Assistant Dean and Department Chair of the relevant department of the School of Medicine should be sought before attempting to establish the elective. The process is altered in this way to make sure that everyone at the School of Medicine will approve the elective before the student contacts the other institution. During YR IV, AWAY Independent Study Electives can be arranged when proper documentation of the educational value of the elective can be obtained.

a. AWAY Independent Study Electives will not be allowed during YR III.

b. AWAY International Electives, which by their very nature are an Independent Study Elective because the experience is unique, are discussed below.

Additional important points to consider regarding Away electives include the following:

1. If you plan to do an AWAY Independent Study Elective, it is your responsibility to make all arrangements regarding the elective, including approval by WSU School of Medicine. No credit will be given retroactively for courses taken but not approved before the start of the course.

2. Monitor the situation with regard to your AWAY Independent Study Elective requests carefully. If you determine that you will not get a requested AWAY Independent Study Elective, you must propose a substitute for that course which is then added to your program using the mechanism for courses changes specified in this program guide.

D. Elective Grades

YR III electives are no longer P/F electives, and you will be eligible for the usual clinical grades of Honors, Satisfactory, or Unsatisfactory. Year IV electives receive the grades of Honors, Satisfactory or Unsatisfactory.

However, as in the past, the elective taken during Year III is not counted towards the number of Honors course evaluations need for designation of YR III Honors.

E. Changing Your YR III or Year IV Elective Program

The following policy refers only to changes involving electives. Changes in the order of clerkships (ie., your clerkship group), the sites of your clerkship, or changes to your required senior courses are not governed by the following policy.

1. ALL requests to change electives must be initiated through the Office of the Assistant Dean for Clinical Curriculum. The current program, requested change (the new course and alternatives, if indicated), and reason for the change will be listed on the Add/Drop Change form available in Student Affairs, Records and Registration, and Academic Affairs offices.

2. This documentation is to be submitted to the Assistant Dean for Clinical Education for approval of the curricular modification.
3. No changes will be made without the required signed Add/Drop form; if you have previously communicated with administration regarding the change by email, please submit a copy of the relevant discussion along with the change request so that all documentation is together that needs to be reviewed. To reiterate, any explanations, descriptions of extenuating circumstances, etc. including copies of email correspondence must be submitted with the Add/Drop form, as a decision will be made on the program change only with materials available at that time; no attempt will be made by School of Medicine Administration to correlate an Add/Drop form with past submitted information or verbal discussions.

4. All requests to change electives must be submitted at least 45 days before the start of the elective. Note that all paperwork to effect a change must be submitted at least 45 days before the start of the elective in question. This will allow completion of the change request within the Office of Records and Registration at least 30 days before the start of the elective. Affiliated hospitals and other clinical facilities have agreed to reserve their spots for WSU SOM students in exchange for the School's adherence to the policy that last minute changes (i.e., those elective changes within 30 days of the start of the elective) will be significantly limited. Since those individuals in the Offices of Student Affairs and/or Clinical Education who can approve your request could be busy, out of the office, etc., you should plan to initiate your request early. There will generally be no exceptions to the 45 day limit for changing electives, and in the case where the 45 day limit is waived it is only for extenuating circumstances beyond the control of the student.

5. If requested by administration, or at the student’s request, the student will meet with the Assistant Dean for discussion of his or her modified program. Once approved, the documents will be forwarded to the Office of Records and Registration for modification of the student’s official record. Course directors impacted by the change will be notified by the Office of Records and Registration.

6. It is to your advantage to submit the request as soon as you know you want to change your program, since the elective you wish to change into may not be available at a later time.

7. To request consideration for a program change with less than 45 days before the start of the course because of extenuating circumstances, you must personally meet with the Assistant Dean for Clinical Curriculum.

8. While you are free to contact an elective coordinator, department, hospital, etc. to discuss your desire to change your senior program and take their elective, the availability of space in their elective does not necessarily mean that your elective change will be approved by the School of Medicine. Similarly, a program change suggested by your advisor or another faculty member is not automatically approved without review by School of Medicine administration via the procedures detailed above.

9. Decisions regarding the approval or disapproval of a senior elective change are final, irrespective of the availability of space to accommodate the student’s request.

10. All program changes must follow the policies in force at the School of Medicine, and be approved by School of Medicine administration. There are several reasons for possibly denying approval even though it appears to you that the course is available, including possible obligations by the School of Medicine to fill spots once students have indicated
their desire to take them; other changes that have been recorded but not communicated
to the coordinator or department or hospital that takes up the free spot; academic
concerns after review of a students prior performance; program balance, etc. Any
program change made by a student that does not have prior School of Medicine
approval may not be recognized by the School of Medicine, resulting in denial of credit
towards graduation for that elective.

F. International Electives – For YR IV Students Only

A one-month elective within a foreign country may be taken for credit by senior students
only if the educational value of the elective can be verified. Establishing and approving the
elective follows the guidelines as discussed below. Even more than with an AWAY
domestic elective, it is important that the student confirm that both the Dean’s office
(Assistant Dean for Clinical Education) and the relevant Clinical Department will approve
the elective before contacting the international institution; to make contact with someone in
a foreign country and be accepted for the elective and then learn that the School of
Medicine will not approve this elective would place the student in a very difficult position.
To emphasize again, students who have not obtained senior status may not take
International Electives for credit.

Irrespective of your assigned counselor for all other matters, one of the members of the
Student Affairs office maintains oversight of students on international electives. Check with
the Student Affairs Office to determine who that is, and then be sure that you have spoken
to that individual and provided copies of all relevant paperwork to him or her as part of the
application and approval process.

Only one international away elective (of one month duration) is allowed per student. This
elective counts, of course, as one of the allowed three AWAY electives, and its discipline is
considered in the evaluation of program balance. Requests for special consideration for
international electives, including requests to complete more than one international elective,
should be discussed with your counselor and addressed in writing to the Assistant Dean for
Clinical Education.

The procedure for approval of international electives for senior students at the School of
Medicine involves two parallel processes – the academic approval of the School of
Medicine (the ‘educational value’, its role in your YR IV program, etc.) and approval of the
Student Affairs Office by completion of all required AWAY elective requirements. Both of
these approvals must be obtained before final approval of the elective is granted for the
elective.

1. It is prudent to initially discuss your plans to do an International Independent Study
elective either with your counselor or the Assistant Dean for Clinical Curriculum. At the
conclusion of that discussion you would know that the planned elective should
theoretically be approved for inclusion in your Senior Program.
2. Contact the relevant Department at the School of Medicine for approval of the elective
on the AWAY elective form, as is discussed in the relevant section of this curriculum
guide above. If you plan to do an elective involving issues of public health, health
policy, etc., the relevant Departments could be either Family Medicine or Community
Medicine, so check with the departments to see which is most appropriate for approval.
3. At the same time, initiate contact with the designated counselor in the Student Affairs
office who maintains oversight of international electives.
4. When departmental approval is obtained, Student Affairs procedures are completed, and the acceptance of the host institution is secured, submit all of the documentation to the Assistant Dean for Clinical Curriculum for final approval of your international elective.

G. The Elective Catalog

The catalog of elective courses offered by the School of Medicine is published in the winter preceding the academic year in which the courses are offered. Generally, the catalog is available by March for use by students who are preparing their schedules for the next academic year. The catalog can be found online at the following web address:

http://www.med.wayne.edu/student_affairs/records_registration/electives/homeelect.asp

IV. THE YEAR III OBJECTIVE STRUCTURED CLINICAL EXAM (OSCE)

Each Year III student will participate in the Objective Structured Clinical Examination (OSCE) given at the end of Year III to assess his or her clinical skills. The OSCE is a series of simulated clinical encounters during which students perform clinical tasks under the direct observation of faculty, proctors, and standardized patients. Examples of OSCE clinical stations include focused organ-system or regional examination; obtaining a history from a patient with a particular chief complaint; interpretation of x-rays, or other clinical data; construction of a management plan, etc.

The OSCE will be graded to provide timely feedback about a student’s clinical skills. Results of the OSCE could be used prescriptively by students, their advisors and School of Medicine administration in the preparation or modification of Year IV elective schedules, so that students and their advisors may address areas of relative weakness prior to graduation. The School of Medicine reserves the right to alter some or all of a student’s program based upon OSCE deficiencies. Participation in the OSCE and completion of prescribed remediation in the OSCE are both mandatory. Failure to complete prescribed OSCE remediation could be grounds for denial of degree completion.

V. SPECIFIC YEAR IV POLICIES AND PROCEDURES

A. General Policies, Senior Course Requirements, and Senior Program Scheduling

1. Year IV begins on July 1 of the academic year, and ends on May 31 of the following calendar year. In contrast to the Year III rotations, each senior year course follows the calendar month, beginning on the first of the month and ending on the last day of the month.

2. Each HOME elective is one (calendar) month in length. AWAY (including International) electives may start on a different day than the first of the month, but they must be at least four (4) weeks long.

3. Students are required to take a minimum of eight (8) months of course work during this academic year, counting the earned credit for the month of Fabric of Society if appropriate.
4. If a student elects a clerkship of more than four but less than eight weeks duration, he or she will be awarded only one month of academic credit. Thus, completion of two 6-week electives earns only 2 months of elective credit, not 3 months of credit.

5. The eight months of course work must include at a minimum:

   C. Three required senior clerkships (see below)

   D. Five elective courses

6. These courses must constitute a BALANCED PROGRAM of study. Generally, no more than three courses (counting your Year III elective) can be taken in any specialty or subspecialty. The goal of the School of Medicine—and your goal as well—is to graduate medical school as a competent but undifferentiated physician, ready to begin postgraduate training in any discipline. Irrespective of the advice of faculty members who may be advising you regarding residency application, you will not be allowed to complete an unbalanced senior program that has you concentrating only on your intended career choice.

7. Balance in your unbalanced Senior Program will be restored by taking at least three courses outside of a concentration area.

8. All of the clerkships and elective courses are five to seven full days of work each week. No vacations or other travel (e.g., travel to/from other sites, etc.) are allowed during electives or required YR IV clerkships unless prior arrangements in writing are made with the course director and approved by the Assistant Dean of Clinical Education. Exceptions to this policy, allowing limited number of days away from electives for Residency Interviews, is discussed below.

9. Each student should work with his/her designated senior program advisor to develop his/her senior curriculum. Of course, students are free to consult other faculty members for advice as well. The roster of senior program advisors is found elsewhere.

B. Student-Initiated Changes in the Senior Program

1. After the scheduling lottery is completed in the late Spring of your junior year, the senior required and elective programs are disseminated to students, hospitals, departments, etc.

2. Because the timing of scheduling in spring would make it impossible to propose changes to senior programs with at least 45 days notice, no changes will be allowed for other than extenuating circumstances to senior programs during the months of July and August.

3. There will be no changes in required course schedules at any time in the academic year.

4. Changes to elective courses beginning after September 1\textsuperscript{st} will be allowed with at least 45 day written notice as detailed elsewhere in this Curriculum Guide.
5. After all assignments are made, senior student’s programs are reviewed for content and balance by the Year IV Committee. Final approval of each proposed student program will be determined by the Year IV Committee. Unapproved senior programs must be modified by students at the designated time and place to be announced elsewhere.

6. Students who will not complete all required Year IV courses and requirements by May 31st of each academic year must have their Year IV proposed programs reviewed by the Office of Student Affairs prior to submitting their proposed program into the lottery request system.

7. Students are advised to allow for time off for residency interviews during the month of November, December or January. Therefore, it is strongly suggested that one of these months should be taken as a vacation period designated for residency interviewing. The policy regarding taking time off from electives for residency interviews are detailed elsewhere.

8. No clerkship can be dropped once it has begun. Any clerkship approved for a student’s senior program MUST be taken, and students cannot shorten their programs at a later date. Thus, if a student signs up for 9, 10, or 11 months of coursework he or she WILL BE REQUIRED to satisfactorily complete that number of clerkships.

9. No more than three (3) months can be designated as AWAY electives.

10. Up to two months may be taken in research clerkships listed in the Year IV Brochure or arranged with a research mentor as Independent Study Electives. However, these two research clerkship months count towards the balance requirement.

11. It is the student's responsibility to contact the coordinator of the clerkship regarding the date, time and location to report to on the first day of the course.

12. Each student is required to pay the full tuition for Year IV, irrespective of the length of his/her senior program. In addition, each student is to pay any fees required by other institutions for courses taken there.

C. Required Senior Clerkships

There are three required senior courses:

i. An Inpatient Subinternship clerkship in the departments of internal medicine, family medicine, surgery or pediatrics. No other inpatient medicine course will be accepted for this Subinternship requirement.

ii. Ambulatory Medicine, and

iii. Emergency Medicine

These requirements must be fulfilled from the list of courses detailed in a annual senior course scheduling document. No other courses can be substituted for these three required courses. These courses complete the sequence of required courses begun in YR III.
Once assignments of these required courses have been made, this schedule cannot be changed except in the case of emergency and/or extenuating circumstances as judged by the Dean’s office.

D. The Elective Lottery

1. The dates for entering your requests for senior courses into the lottery selection process will be disseminated by e-mail. A class meeting will be announced and held prior to the start of senior elective scheduling to discuss the senior program scheduling process and the lottery system.

2. The web-based scheduling system will be used by students to input their proposed senior program for a random lottery that is held to assign senior students to their required and elective senior courses. Details of how the lottery functions will be provided elsewhere.

3. Results of the computerized scheduling system are final.

4. Students who fail to submit their course requests by the announced date for closing the lottery will not be allowed to enter lottery requests at a later date. For the required course lottery, their course selections will be filled after all students whose proposals were submitted on time have been filled. In that situation, students will be given whatever choices remain for the senior required courses. These students will then meet with the Assistant Dean of Clinical Curriculum to schedule their elective program after scheduling for all other students is completed.

E. Procedures For AWAY Electives

1. Up to three elective courses (NOT required courses) may be taken at another university, hospital or medical school. These are classified as AWAY electives.

2. Once a proposed senior curriculum including AWAY electives is approved by the YR IV Committee, written approval to take the AWAY elective per the policy listed in the appropriate section above. Thus, the YR IV Committee approves the plan to take a senior course, while the corresponding Department and the Dean's office approves the details of the planned course.

F. Special or Restricted Year IV Programs

The Clerkship Committee, Year IV Committee, Promotions Committee and the Office of the Associate Dean for Academic and Student Programs (including the Assistant Dean for Clinical Education) are empowered to alter senior programs to guarantee the highest possible academic achievement and knowledge of the graduates of the Wayne State University School of Medicine. This includes, but is not limited to, alterations to help remediate academic difficulties and clinical weakness.

Students who have not completed Year III by June 30 of each academic year or who have an unresolved unsatisfactory grade in any Year III clerkship or whose performance on the end-of-year Objective Structured Clinical Examination (OSCE) indicates a need for remedial work or who have had other significant academic difficulties will be required to do one or more of the following:
1. Must make up the deficiency by November 1 of his or her senior academic year. This includes OSCE remediation.

2. May be required to revise their previously approved Year IV program to make up a deficiency.

3. May be required to take a prescribed program during their senior year.

4. May not be allowed to take AWAY electives.

5. Take all senior clerkships (required or elective) at Detroit Medical Center Hospitals.

6. No student can receive Year IV credit for Year III make-up work. Year IV clerkships cannot be substituted for Year III clinical core clerkships.

**G. Step 2 United States Medical Licensing Examination (USMLE) Policies**

1. YR III (Junior) students are not allowed to take time off to take the USMLE Step 2 examination.

2. Students are allowed one day off from Senior coursework to take USMLE Step 2 CK (Clinical Knowledge, the written exam) and three days off for the USMLE Step 2 CS (Clinical Skills, see below). No additional time off from Year IV electives or required courses will be allowed to study for the USMLE, or to travel to or from distant testing sites or review courses. There will be no exceptions to this policy.

3. Because you are not allowed to take time away from a senior course to study for the USMLE, many students elect to take a month off during their senior year to complete their pre-USMLE review. However, there is no requirement that you do so.

4. Once you have a date for either of these exams, please inform your counselor and the involved clerkship director/elective coordinator in writing at least 2 weeks before the anticipated days off for the exam.

5. The USMLE Step 2 examination consists of two parts, ie, the clinical knowledge (CK) component, a written test of content important for the undifferentiated intern, and the clinical skills (CS) component, a performance-based assessment via objective structured clinical examination (OSCE) of several clinical skills and medical communication. The School of Medicine requires you to pass Step 2 CK to graduate. The School of Medicine also requires you to post a Step 2 CS score to graduate, ie., you must take the exam. A timeline for that compliance, and for the CS component of the exam is specified below:
<table>
<thead>
<tr>
<th>Activity</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>Deadline to post a score for the USMLE Step 2 CK examination</td>
<td>January 31 of senior year</td>
</tr>
<tr>
<td>Deadline to post a passing score for the USMLE Step 2 CK examination</td>
<td>May 1 of senior year – approximately 1 month before graduation</td>
</tr>
<tr>
<td>Deadline to post a score for the USMLE Step 2 CS examination</td>
<td>May 1 of senior year – approximately 1 month before graduation</td>
</tr>
</tbody>
</table>

6. The Administration of the School of Medicine strongly recommends that you attempt to post a score for Step 2 CK of the USMLE relatively early in your senior year, since many program directors are now using these results in the residency selection process. Since programs are reviewing applications and starting to consider who to invite for interviews, it is important to try to have a score as early as possible. Furthermore, if a student doesn’t pass the examination on his or her first attempt, he or she will have sufficient time to repeat the exam and still have a passing score at the residencies of choice before the ERAS match closes. More and more, administration is hearing and seeing that students who have not passed Step 2 CK before match certification are having difficulty securing their top choices.

7. The USMLE Step 2 CS and CK exams can be taken in either order.

8. Additional information regarding the USMLE examination process, including registration for the Step 2 examinations, can be obtained from their website http://www.usmle.org

H. Senior Program Balance

The Year IV Committee will review senior programs for balance, and require changes for those programs which are not adequately diversified. If the Assistant Dean for Clinical Education or Year IV Committee determines that the program is unbalanced, changes to that program must be made. The Assistant Dean for Clinical Education and/or your Counselor in the Office of Student Affairs will assist you in complying with the requirements of the Year IV Committee.

As stated in the general policy section above, it is your responsibility to plan a balanced senior year program, since you are graduating as an "undifferentiated physician" from medical school. Take this into consideration when planning your senior elective program so that you will not be required to make changes at the end of the scheduling process or later in the academic year to correct an imbalance. Changes to your senior program will also be reviewed to maintain a balanced program, and program changes may be denied if in the judgment of the School of Medicine the change will result in an imbalanced program.
I. Time Off for Resident Interviews

Limited travel during senior courses is now permitted for residency interviews under the following policy:

1. You must obtain permission from the course director or his/her designee after written request for time off is submitted at least two weeks before the start of the course.

2. You are allowed to take up to two days off from the subinternship or emergency medicine. Up to five days may be taken off from electives or the required ambulatory clerkship. No more than 5 days may be taken off in any month for residency interview travel; if this much time is requested, the course should be rescheduled.

3. At the course director’s discretion, all time off from the elective or required course must be made up.

J. Travel To and From AWAY Electives

1. If travel time conflicts with the completion of one elective period and the beginning of another, permission must be obtained from the faculty member in charge of the elective from which time will be lost for travel prior to beginning the course that will cause the conflict.

2. Paid clerkships or externships are not acceptable as official electives for credit towards graduation. If you get paid for an elective, you cannot also receive course credit for that elective.

K. Grades in Senior Elective Courses

1. Students will be evaluated in their respective senior required clerkships and electives, using grading policies and procedures detailed elsewhere in these policies and procedures.

2. Students must receive a grade of Satisfactory and/or Honors in all senior required and elective courses, even if the student elects to take more than five (5) elective courses. In other words, you must satisfactorily pass every course you sign up for in the senior year.

3. When a student receives a grade of Unsatisfactory or Incomplete in a senior elective, it is reported to the Assistant Dean for Clinical Education for disciplinary or remedial action. The student must meet with appropriate administrative officials such as the Assistant Dean of Student Affairs or the Assistant Dean for Clinical Education before the course is repeated.

4. A grade of Unsatisfactory received in an AWAY clerkship must be made up in the corresponding department at the WSU School of Medicine. All makeup work for unsatisfactory senior courses will be completed at HOME; no remedial course work may be done as an AWAY elective.

5. An Unsatisfactory grade received in any senior elective or required clerkship may lead to the Year IV Committee recommending to the Promotions Committee that the
student's program be modified to correct the deficiency. Any unsatisfactory clerkship must be repeated successfully before graduation.

6. A grade of Unsatisfactory in a clerkship could result in a delay of graduation, withdrawal from the National Residency Matching Program (NRMP), dismissal from medical school or other disciplinary action as determined by the Promotions Committee of the Medical School.

VI. STUDENT RESPONSIBILITY AND REQUIRED EXPERIENCE TRACKING AND CLERKSHIP/ELECTIVE EVALUATIONS

A. It is the student’s responsibility to know the requirements for completion of the senior program, the requirements for awarding the medical degree, the requirements for graduation, and the rules regarding away electives. Do not procrastinate and put off completion of these requirements until the end of the year when you have insufficient time to complete them before graduation.

B. In addition, you are required to complete an evaluation of each clerkship and elective course you complete during your clinical years. This requirement applies to both junior and senior elective courses as well as all required junior and senior clerkships. The School of Medicine Administration monitors the educational process with the hope of continually improving it. To that end, The School of Medicine has recently begun a program to utilize personal digital assistants (PDAs) to assist the Administration in gathering information regarding case exposure, procedures and assessment of educational programs by students. The policies and procedures for evaluating elective courses will be modified as new online evaluation systems become available.

C. No grade will be recorded by the Office of Records and Registration until the student has completed the evaluation for each clerkship or elective.

D. The School of Medicine may at times require students to complete surveys for ongoing educational research, online educational activities for regulatory compliance (eg., HIPAA, Universal Precautions, etc.) or other activities not listed or announced previously. Once these are announced via email or other means, students will do everything possible to complete the requirement in a timely fashion.

VI. NEEDLESTICKS AND OTHER EXPOSURE TO BODY FLUIDS

During the course of a medical student’s education, he or she will come into contact with occupational hazards as a natural consequence to caring for sick patients. Medical students are at particular risk for needlestick injuries and other sharp injuries, since because they are in training they may not be skilled in specific procedures being performed. At all times, if a student is uncomfortable performing an assigned procedure because of the perception that his or her skills are inadequate or that supervision will not be adequate, then that student MUST refrain from doing the procedure. Never do a procedure you are uncomfortable performing.

It is the obligation of the School of Medicine to formally educate its students regarding the prevention of occupational injuries. In addition, the school has developed programs by which students who are injured or exposed in the course of their training have the knowledge to properly seek care. Such programs have been formally presented to students in the first, second and third years of the medical school curriculum, most recently at your Year III Orientation.
In the event that a student is stuck with a needle or other sharp instrument, or sustains exposure to a body fluid on mucus membranes or non-intact skin, the student must report this to the senior resident or attending physician immediately. A written report must be completed detailing the circumstances of the exposure. The student should also notify his or her counselor of the reported incident.

The medical school has an established relationship with all DMC and all other facilities (hospitals and ambulatory sites) through affiliation agreements, and specific policies must be followed when an exposure or potential exposure has occurred.

A. A student who sustains an exposure to blood and/or body fluids in the course of a clinical assignment at the DMC should go to the Occupational Health Services Section at UHC-4K if the injury occurs between 8:00 am and 4:00 pm. If the injury occurs after hours, the student should go to the DRH emergency room. The student will be promptly evaluated and treated.

B. The DMC Bloodborne Pathogen (BBP) protocol will be followed including source patient testing. The protocol is available for your review with your counselor in the Office of Student Affairs.

C. If antiviral prophylaxis is recommended, the students’ medical insurance co-payments or deductibles will be waived for the first dose and a supply of antiviral prophylaxis medications will be made available until the time of the first follow-up appointment with his or her private physician.

D. If the student is potentially exposed at a non-DMC site, the student must report the incident as above and be medically evaluated as directed by the hospital.

E. All Junior students have been provided at Orientation contact names and phone numbers for each of the hospitals at which medical students could complete their required YR III clerkships. You should keep this list for your potential use during Year IV as well.

Once a student receives care at one of our partner institutions, the student’s health insurance plan will be billed for the full amount of the hospital or clinic charges. The institution agrees to accept as payment in full the amount paid by the student’s insurance for that service. This policy applies only to care of the initial event, and does not implicate any hospital or clinic for ongoing or long-term care regarding an injury, accident or exposure which might occur on any institution’s premises.

Any questions or concerns should be directed to Dr. Tammy Lundstrom, DMC Medical Director of Epidemiology, at 745-2458, pager #4052, or to your counselor. A list of contact offices and telephone numbers for all sites is available elsewhere.

VIII. PARKING AT ASSIGNED HOSPITALS

Parking is at a premium at many of the hospitals to which you will be assigned or electively rotate. However, some of the outside hospitals provide contiguous parking in employee lots or structures; check the information at the end of this document and contact the departments to which you are assigned for more information.

Because of a supply-demand mismatch at the Detroit Medical Center Central Campus, contiguous parking in well-lit, safe lots or structures is not always provided by the hospital or department to which you are assigned. For example, you may be assigned a spot in the surface lot near Hutzel Hospital when you are doing your surgery clerkship at Harper or Detroit Receiving Hospitals.
Students should understand that WSU does not control the lots and structures owned by the DMC and its member Hospitals. School of Medicine administration has worked very hard with DMC administration to try to improve the parking situation. One solution, however, which is always available to you is to pay to join the WSU Parking Program. This can be done on a monthly basis, allowing you to park at the WSU lot and structure on the corner of St. Antoine and Canfield. While not optimal, this may allow you to park closer to Detroit Receiving or Harper Hospitals than you would otherwise be able to.

IX. REQUESTS FOR EXCUSED ABSENCES FOR RELIGIOUS HOLIDAYS AND OTHER ABSCENCES

The School of Medicine recognizes and appreciates the diverse cultural and religious backgrounds of its students. Approved religious holidays are listed on the Year III schedule found elsewhere in this document. Everyone is off on those days, and you are not required to be at your YR III clerkships on those days. However, there are no official days off during your senior year. For senior students, all days off are determined by the clinical service to which you are assigned for each month.

Requests for time away from clerkships and electives for other religious holidays must be submitted in writing to the clerkship or elective director on the first day of the clerkship, with a copy of the request also forwarded by the student to his or her counselor in the Office of Student Affairs. Leaves may not be granted by the Clerkship Director or Elective Coordinator if this policy is not followed.

Your attendance is expected and required at all other times by the faculty and the Clerkship Director or Elective Coordinator for satisfactory completion of each clinical clerkship or elective. Not appearing for clinical responsibilities and assignments is unprofessional as well. Indeed, unexcused absences could severely affect your grade; as detailed elsewhere in the policies and procedures for each clerkship, a clerkship or elective may fail you if you do not show up for an assigned activity, miss call, etc.

If for any reason you miss clinical time for illness, family emergency, weather delays, etc., you should immediately notify your supervising resident/faculty member or site coordinator and the Clerkship Director or his/her designee. Having notified these individuals, it is still the student’s responsibility to obtain an approved/excused absence from the Office of Student Affairs. To do so you must contact the Assistant Dean of Student Affairs or your counselor. When you return even from an excused absence, it is always a good idea to discuss making up the missed clinical time with the Clerkship.

X. CHANGES TO THESE CURRICULUM GUIDELINES

Changes may be made to these guidelines for the junior and senior clinical curriculum at any time. The administration will notify you by e-mail when a change has been made. You should periodically check your e-mail and the web page for possible changes to these policies and procedures. It is your responsibility to keep up with the policies as they may change through the academic year.

XI. OTHER IMPORTANT INFORMATION

The following two pages detail contact information for the various Clerkship Directors, and some other important information regarding Hospitals where you will spend your clinical time.
<table>
<thead>
<tr>
<th>CLERKSHIP DIRECTOR</th>
<th>DEPARTMENT</th>
<th>CONTACT PERSON</th>
<th>PHONE #</th>
<th>1st DAY LOCATION &amp; TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>DR. THOMAS ROE</td>
<td>FAMILY MEDICINE</td>
<td>LISA BLACKWELL</td>
<td>577-0878 577-2710 Fax</td>
<td>Instructions will be forthcoming from department.</td>
</tr>
<tr>
<td>DR. DIANE LEVINE</td>
<td>INTERNAL MEDICINE</td>
<td>TANICIA MILLER</td>
<td>745-4897 745-4052 Fax</td>
<td>Instructions will be forthcoming from department.</td>
</tr>
<tr>
<td>DR. MICHAEL STELLINI</td>
<td>INTERNAL MEDICINE (CONTINUITY CLINIC CLERKSHIP)</td>
<td>LISA BLACKWELL</td>
<td>577-0878 577-2710 Fax</td>
<td>Instructions will be forthcoming from department.</td>
</tr>
<tr>
<td>DR. CHRISTOPHER STEFFES</td>
<td>SURGERY</td>
<td>KARAN CRAWFORD</td>
<td>577-7803 577-5310 Fax</td>
<td>Instructions will be forthcoming from department.</td>
</tr>
<tr>
<td>DR. YVONNE FRIDAY</td>
<td>PEDIATRICS</td>
<td>LYNN SCOTT</td>
<td>745-5751 993-7118 Fax</td>
<td>Instructions will be forthcoming from department.</td>
</tr>
<tr>
<td>DR. LISA SPURLOCK</td>
<td>PSYCHIATRY</td>
<td>YOLANDA PITTS</td>
<td>577-3130 577-0379 Fax</td>
<td>Instructions will be forthcoming from department.</td>
</tr>
<tr>
<td>DR. CARL CHRISTENSEN</td>
<td>OB/GYN</td>
<td>CATHY RUTKOWSKI</td>
<td>993-4032 993-4116 Fax</td>
<td>Hutzel Women’s Hospital 2nd Fl Hudson Building, Murphy Aud., 8:00 am</td>
</tr>
<tr>
<td>DR. M. MAHER FAKHOURI</td>
<td>NEUROLOGY</td>
<td>MEL SIMMONS</td>
<td>577-1244 745-4216 Fax</td>
<td>University Health Center, Crockett Classroom C or D 8:00 am</td>
</tr>
<tr>
<td>DR. LAWRENCE SCHWARTZ</td>
<td>EMERGENCY MEDICINE</td>
<td>CHANDRA CARTER</td>
<td>993-2527</td>
<td>Instructions will be forthcoming from department.</td>
</tr>
<tr>
<td>DR. JOEL APPEL</td>
<td>AMBULATORY &amp; SUB-INTERNSHIP</td>
<td>TANICIA MILLER</td>
<td>745-4897 745-4052 Fax</td>
<td>Instructions will be forthcoming from department.</td>
</tr>
<tr>
<td>Hospital</td>
<td>PARKING</td>
<td>LOCKERS</td>
<td>LIBRARY</td>
<td>DUPLICATING SERVICES</td>
</tr>
<tr>
<td>---------------------------</td>
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</tr>
<tr>
<td>Hutzel Women’s Hospital</td>
<td>Assigned Parking in Old Hutzel structure</td>
<td>Available in Male &amp; Female Lounge</td>
<td>Library Resource Ctr. 5 Brush Center</td>
<td>Available</td>
</tr>
<tr>
<td>Detroit Receiving Hospital</td>
<td>Available</td>
<td>Available</td>
<td>Monday-Friday 8AM-5PM</td>
<td>Available</td>
</tr>
<tr>
<td>Harper Hospital</td>
<td>Available</td>
<td>Available</td>
<td>Monday-Thursday 8AM-6:30PM</td>
<td>Available</td>
</tr>
<tr>
<td>Veterans Adminis.</td>
<td>Red deck (off Hancock)</td>
<td>Available</td>
<td>Monday-Friday 8:00AM-4:30PM</td>
<td>Available</td>
</tr>
<tr>
<td>Children's Hospital</td>
<td>Available by DMC badge access</td>
<td>Available Male &amp; Female Lockers</td>
<td>Monday-Sat. Badge Access At Other Times</td>
<td>Available</td>
</tr>
<tr>
<td>North Oakland Medical Center</td>
<td>Available</td>
<td>Available</td>
<td>8:00AM-7:00PM</td>
<td>Available</td>
</tr>
<tr>
<td>Providence Hospital</td>
<td>Available</td>
<td>Available</td>
<td>Monday-Friday 8:00AM-4:30PM Badge access after hrs.</td>
<td>Available</td>
</tr>
<tr>
<td>St. Joseph Pontiac</td>
<td>Bassett St. lot (south of hospital on Woodward-free parking)</td>
<td>Available in call room</td>
<td>Monday-Friday 8:00AM-5PM</td>
<td>Available in Library</td>
</tr>
<tr>
<td>Hospital</td>
<td>Parking</td>
<td>Lockers</td>
<td>Library</td>
<td>Duplication Services</td>
</tr>
<tr>
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</tr>
<tr>
<td>Oakwood Hospital</td>
<td>Badge</td>
<td>Available</td>
<td>Monday-Friday 7:30AM-8:00PM 7AM-1PM</td>
<td>Available</td>
</tr>
<tr>
<td>St. John Hospital</td>
<td>Open Parking</td>
<td>Available</td>
<td>Monday-Friday 8AM-10PM</td>
<td>Available</td>
</tr>
<tr>
<td></td>
<td>Free North Lot</td>
<td></td>
<td>Saturday Entrance through Security on Duty</td>
<td></td>
</tr>
<tr>
<td>Sinai/Grace Hospital</td>
<td>Available Lot A or B</td>
<td>Available</td>
<td>M-F 8AM-4:30PM 24 hr. access w/badge</td>
<td>Available</td>
</tr>
<tr>
<td>Bon Secours Hospital</td>
<td>Available</td>
<td>Shared Lockers Bring Lock</td>
<td>Monday-Friday 7AM-5PM</td>
<td>Available</td>
</tr>
<tr>
<td>William Beaumont Hospital</td>
<td>Available</td>
<td>Available</td>
<td>Monday-Fri. 8AM-10:30PM Sat. 8AM-4:30PM Sun. Noon-5PM</td>
<td>Available</td>
</tr>
<tr>
<td>Henry Ford Hospital</td>
<td>Available</td>
<td>Available</td>
<td>Monday-Thursday 8AM-10PM Fri. 8AM-5PM Sat. 9AM-5PM Sun. 12PM-5PM</td>
<td>Available</td>
</tr>
</tbody>
</table>
CONTINUITY CLINIC CLERKSHIP

YEAR III CURRICULUM GUIDE

WAYNE STATE UNIVERSITY
SCHOOL OF MEDICINE

2005-2006
I. KEY PERSONNEL

Course Director       Coordinator
Michael Stellini, MD, MS      Lisa Blackwell
Department of Internal Medicine    Department of Family Medicine
mstellini@med.wayne.edu       (313) 577-0878
(313) 577-0166

Course Co-Directors       Medical Educator
Thomas Roe, MD       Sharon Popp, Ph.D.
Department of Family Medicine     Department of Family Medicine
(313) 577-8867       (313) 577-1425
troe@med.wayne.edu

Katherine Ling-McGeorge, MD
Dept. of Pediatrics
(313) 745-5533
aa4089@wayne.edu

II. INTRODUCTION

Major changes are occurring in how health care will be practiced in the 21st century. There is increasing emphasis on clinical prevention and disease management in the community-based practice. Managing the care of patients is an evolving process that includes the use of outcome measures and clinical care guidelines to ensure “best practices” with emphasis on prevention, patient education, and continuity of care. It also includes strategies to prevent under- or over-utilization of health services to provide appropriate care while containing costs.

We distinguish managing the care of patients from managed care. Managed care is a market force that has added several features to the principles of managing care including the assumption of financial risks by physicians; the use of physicians as “gatekeepers;” the marketing of plans to selected low-risk patients; reducing utilization of services, especially of specialists; and the use of external vendors for pre-approval and utilization review.1

The increase in the influence of managed care on the delivery of health care has had several positive effects including the development of databases to measure outcomes and to identify unwarranted variations in surgical and other procedures. However, managed care has also created conditions that can inhibit the practice of quality clinical medicine. For example, one recent study found that the only cost advantage associated with managed care came from denial of services.2

III. OVERVIEW

The Goal of the Clerkship is to provide a continuity experience that will introduce the student to the basic skills, knowledge and attitudes necessary to manage the care of patients in an out-patient primary care setting.

The CCC occurs ½ day each week during the six month Block of the Family Medicine, Internal Medicine, Pediatrics and Elective rotations. You will be assigned to a community-based primary care clinic. You must contact your preceptor to arrange your ½ day per week clinic. It is important to attend clinic on the same day each week in order to be able to see the same patient on return visits. If you cannot reach your preceptor, or experience any other difficulty, please call Ms. Lisa Blackwell (577-0878) immediately.

1 Kuttner R, Must Good HMO’s Go Bad? NEJM 338(21) 1558-63 May 1998
Please keep in mind that preceptors are voluntary faculty; they teach because they enjoy working with students.

It is mandatory that you attend the orientation session of your first rotation during this Block. At orientation you will be provided with the clerkship syllabus, which includes several clinical learning exercises, and the name and contact information for your preceptor.

You will begin your rotation by learning basic terminology; learning about the office environment and learning about managing patient care issues. Toward the end of this Clerkship you will have the knowledge and experience necessary to talk with your preceptor about more in-depth issues such as patient confidentiality, patient expectations, conflict between managing patient care and managed care reimbursement, advanced care planning issues, using electronic evidence based resources to solve clinical problems and physician/industry interactions, as directed by the appropriate CLEs. These discussions will introduce you to your responsibility as the patient’s primary advocate.

IV. CLERKSHIP REQUIREMENTS

A. One half day each week must be spent in the preceptor’s office:
   It should be the same half day each week so that patients may be scheduled for return visits when you are in the office.

B. Students must attend a minimum 18 of the possible 23 sessions.
   This allows some flexibility for you to complete out-of-town clerkships, take exams, study days, etc.

C. Students must complete and turn in at the end of the clerkship:
   - A completed Attendance Log, with attendance documented for 18 visits
   - Patient Log
   - Completed Clinical Learning Exercises
   - The student evaluation of the preceptor and site

D. Students must take the written final exam.

V. GRADING:

A. This is a Pass/Fail course with a final grade of Satisfactory or Unsatisfactory. There is no ‘Honors’ grade.

B. The Satisfactory grade is based on:

   1. Preceptor’s satisfactory evaluation:
      The preceptor will complete a preliminary evaluation at the midpoint of the clerkship and a final evaluation at the completion of the clerkship.

   2. Final Exam:
      The final exam will be given at the end of the CCC Block (December or June).

   3. Completion of the above Clerkship requirements.

      Failure to meet the Clerkship requirements, including timely submission of completed assignments and attendance log may result in additional assignments, a deferred grade or grade of unsatisfactory.
FAMILY MEDICINE CLERKSHIP
2005-2006

KEY PERSONNEL

Thomas Roe, MD
Clerkship Director
Director, Undergraduate Medical Education
101 E. Alexandrine # 261
(313) 577-8867

Sharon Popp, Ph.D.
Associate Director, Undergraduate Medical Education
101 E. Alexandrine #265
(313) 577-1425

Ms. Lisa Blackwell
Program Specialist
101 E. Alexandrine #262
(313) 577-0878

Maryjean Schenk, MD, MPH, MS
Chair, Department of Family Medicine
101 E. Alexandrine

INTRODUCTION

The Family Medicine Clerkship provides a four-week experience in community-based ambulatory primary care. The unique nature of this Clerkship arises from the variability of conditions seen in Family Medicine. A patient of any age may present with any condition, from newborns with acute disease to adolescents with behavioral issues to adults with acute and chronic disease to the elderly who may present without any health problems! You will experience not only variety in patient experiences, but will also directly experience the changes in health care economics that affect how medicine is practiced. You will also have an opportunity to practice primary prevention in the outpatient clinical setting. This will be a rich and rewarding month. During this clerkship you will be expected to complete several exercises with patients including an environmental and occupational assessment and a behavioral risk factor intervention. In addition you will visit a hospice facility, interview a hospice patient, and discuss these experiences in a “debriefing” session. Finally you will be provided with a series of didactic presentations addressing common problems seen in ambulatory Family Medicine.

CLERKSHIP REQUIREMENTS

- You are expected to conform to professional standards during this four-week clerkship in a community practitioner’s office. These standards include timely attendance, appropriate attire and professional behavior.

- Any absences during the Clerkship should be reported immediately by the student to his/her preceptor, the Clerkship Director/Coordinator, and their counselor in the Office of Student Affairs. Failure to provide timely notification of an absence from the Clerkship may result in a grade of Incomplete or Unsatisfactory for the Clerkship and may result in the student being required to complete additional days at the clinical site.
In addition to attendance at your practitioner’s office, you are required to attend:

- Clerkship Orientation - 1:00 PM – 5:00 PM on the first day of the clerkship (101 E. Alexandrine, second floor conference room).
- All Clerkship students, including those who will be working at locations outside of the Detroit Metropolitan Area MUST attend the day-long Orientation on the first day of the Clerkship!
- Assigned Wednesday afternoon case discussions (unless your scheduled Continuity Clinic Clerkship day occurs on Wednesday afternoon).
- Assigned Hospice visit
- Hospice debriefing
- NBME Shelf Examination

You must satisfactorily complete and turn in all Clerkship written assignments as described in your Clerkship syllabus.

- You must comply with the requirements for PDA documentation of your patient encounters during the Clerkship as described in the syllabus.
- You must obtain a grade of satisfactory on the Examination
- You must obtain a Satisfactory Final Clinical Evaluation

Failure to meet these Clerkship requirements may result in additional assignments, a deferred grade, or a grade of unsatisfactory.

PROCEDURAL ISSUES

- You should submit a request form for your Clerkship site no later than four weeks prior to the scheduled start of your Family Medicine Clerkship. Student evaluations of Clerkship sites are available in the Family Medicine Pre-doctoral Offices. We will do our best to honor your choice, but please realize that it is not always possible to do so.
- Clerkship written assignments are due by 4:00 PM on the day of the Shelf Examination at 101 E. Alexandrine. Assignments may be given to the Family Medicine proctor at the Exam.
- Any questions regarding the Clerkship should be directed to Dr. Thomas Roe or Ms. Lisa Blackwell.

CLERKSHIP EVALUATION

Student evaluation of the Clerkship must be turned in at the end of the course with other written assignments.

STUDENT EVALUATION AND FEEDBACK

Evaluation of student performance in the Clerkship will be based on the following criteria:

1. Clinical Assessment
   - School of Medicine Clinical Performance Evaluation forms will be completed and signed by the physician(s) to whom the student was assigned and by whom the student was observed. The Clerkship
Director will assign a Final Clinical Evaluation score based on the Clinical Performance Evaluation form(s) submitted.

2. The Final Examination
The final examination is a standardized National Board of Medical Examiners Subject (“Shelf”) Examination. You are responsible for this material even if it is not explicitly covered during formal sessions or in the didactic seminars. The examination includes questions on all aspects of Family Medicine, including obstetric, gynecology, and pediatric problems. It will be scheduled through the Office of Academic and Student Programs in a Scott Hall Auditorium.

GRADING CRITERIA

CLINICAL ASSESSMENT

Clinical Honors: all of the following criteria must be met:
A. At least 3 of the 5 critical competencies (Application of Knowledge in the Clinical Setting, Taking a History, Performing a physical Exam or Mental Status Exam, Communication and Relationships with Patients and Family, and Professional Attributes and Responsibilities) must be rated as “Outstanding.”

B. Including the critical competencies, at least 70% of all competencies are graded as “Outstanding” (i.e. depending on whether or not the preceptor feels Competency 9 (Facility with Technical Skills and Procedures) is applicable or not, 7 of 11 or 7 of 10 competencies).

C. There can be no competencies rated as “Below Expectations.”

Clinical Unsatisfactory: ANY of the following are criteria for “Unsatisfactory”
A. “Below Expectations” in any of the 5 critical competencies listed above.

B. Three or more of any competencies evaluated as “Below Expectations.”
THE FINAL EXAMINATION

Honors:
To achieve “Honors” on the clerkship examination, you must achieve a score of 75 or above.

Satisfactory:
A score of 59-74 on the clerkship examination will result in an examination grade of “Satisfactory.”

Unsatisfactory:
A score of 58 or below will result in an examination grade of “Unsatisfactory.”

COURSE GRADE

Honors:
Honors on the examination and Honors on the Final Clinical Evaluation, as well as meeting the Clerkship requirements.

Satisfactory with a Letter of Commendation:
Honors on the examination and Satisfactory on the Final Clinical Evaluation, as well as meeting the Clerkship requirements, OR Satisfactory on the examination and Honors on the Final Clinical Evaluation, as well as meeting the Clerkship requirements.

Satisfactory:
A Satisfactory grade on the examination, a Satisfactory evaluation on the Final Clinical Evaluation, and completion of Clerkship requirements.

Unsatisfactory:
Fails to meet requirements for Satisfactory.

APPEAL PROCESS

Refer to Year 3 Curriculum Guide to the appeal process.

Under no circumstances is a student to approach a clinical preceptor to discuss a change in a clinical evaluation.

If a student approaches his or her preceptor regarding a change in evaluation, the appeal process will be null and void. All appeal requests should be directed to Ms. Lisa Blackwell within one month of receiving official notification of the Clerkship grade.
INTERNAL MEDICINE CLERKSHIP SYLLABUS

Welcome Letter

2004-05 Year III Schedule and Calendar

Clerkship Director and Site Director Contact Information

Site Orientation Information

Description of Clerkship Goals and Objectives

Core Problems in Internal Medicine

Procedures (coming soon)

Expectations and Responsibilities

Evaluation and Feedback

Grading and Appeal Process

Appendix A: Attestation

Appendix B: Checklist for Successful Completion of Clerkship

Appendix C: The History and Physical Examination

Appendix D: The SOAP Note

Appendix E: Suggestions for Presentation

Appendix F: Suggestions for Effective Reading

Appendix G: Advice from Your Peers

Appendix H: References and Recommended Reading

Internal Medicine Advisors
Welcome to the Internal Medicine Clerkship:

During this two-month rotation, you will learn to evaluate and manage sick hospitalized patients. Caring for acutely ill patients is challenging but immensely rewarding. Take time to reflect. As you go through the clerkship, keep an open mind. Perhaps Internal Medicine is the right specialty for you. If not, the basic principles taught during this clerkship will help you to become a better physician no matter which field of medicine you choose to practice.

Carefully review the materials contained in this syllabus. Review the goals and objectives for the clerkship. Know your role and responsibilities. Look over the appendices for helpful suggestions. Look at “Advice from the Front” a compilation of recommendations from students who recently completed their rotation.

As you go through the clerkship, make the most out of every clinical encounter, every rounding session, every conference and every lecture. Seize opportunities to learn from your patients and those around you. Never forget, you are caring for real people. **Do your best** no matter what time of day or what your state of mind. **Excellence is a habit!**

Finally, you need to read. You decided to be a doctor to help people. (You said so on your personal statement and during your interview.) To be able to provide outstanding care you need to be knowledgeable and up to date. The only way to do this is to **READ!**

**Good luck on your Internal Medicine Clerkship. We hope you have an exceptional educational experience and make a positive difference to your patients.**

**Diane Levine M.D.**  
Clerkship Director  
Associate Professor of Medicine  
Department of Internal Medicine  
Wayne State University School of Medicine
WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE  
2005-2006 YEAR III SCHEDULE/CALENDAR

Registration: Wednesday, May 11-13, 2005
Year IIII Orientation: Thursday & Friday, June 30-July 1 2005
Independence Day Recess: Monday, July 4, 2005
Classes Begins: Tuesday, July 5, 2005
Labor Day Recess: Monday, September 5, 2005
Thanksgiving Recess: Thursday & Friday, November 24-25, 2005
Christmas Recess: Wednesday, December 23–Monday, January 2, 2006
Martin L. King Day Recess: Monday, January 16, 2006
Memorial Day Recess: Monday, May 29, 2006
OSCE Examination: Saturday & Sunday, June 17-18, 2006
Classes End: Sunday, June 18, 2006

INTERNAL MEDICINE CLERKSHIP ROTATION DATES

| Block 1 | July 5 – August 26, 2005 |
| Block 2 | August 29 – October 21, 2005 |
| Block 3 | October 24 – December 22, 2005 |
| Block 4 | January 3 – February 24, 2006 |
| Block 5 | February 27 – April 21, 2006 |
| Block 6 | April 24 - June 15, 2006 |

Please note, there is a mandatory orientation at 9:00 AM on the first day of the clerkship. You will be notified of the room location by email.

INTERNAL MEDICINE CLERKSHIP TESTING DATES

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ACLS DATES
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Key Personnel Year III Clerkship
Contact Information

Department of Internal Medicine
Wayne State University

Acting Department Chairman       Dr. John Flack   (313) 745-8244
Clerkship Director               Dr. Diane Levine (11204) (313) 745-4629
Student Coordinator              Tanicia Miller     (313) 745-4897
                                    Fax (313) 745-4052

Detroit Receiving Hospital

WSU III/IV Site Director         Dr. Nelia Afonso (2237) (313) 577-5025
Fax: (313) 745-4707
Ms. Aisha Hadi
ahadi@med.wayne.edu
Fax: (313) 993-2988

Harper University Hospital

WSU III/IV Site Director         Dr. Varsha Moudgal
vmoudgal@med.wayne.edu
Secretary                       Ms. Darlene Whitby (313) 993-8995
Fax: (313) 966-6474
dwhitby@dmc.org

Henry Ford Hospital

WSU III Site Director            Dr. Kimberly Baker-Genaw
kgenaw1@hfhs.org
Secretary                      Ms. Susan Beard (313) 916-3829
Sbeard1@hfhs.org

Oakwood Hospital

WSU III/IV Site Director         Dr. Walid Harb
harbw@oakwood.org
Secretary                      Ms. Marianne Soroka-Martin
sorokamm@oakwood.org
Ms. Kathleen Summers (313) 593-7872
Kathleen.Summers@oakwood.org
**Providence Hospital**

**WSU III/IV Site Director**
Dr. John Frownfelter  
*(248) 849-3586*

*John.Frownfelter@providence-stjohnhealth.org*

**Secretary**
Ms. Josette Crumble  
*(248) 849-3216*

*Fax: (248) 436-2071*

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**Sinai-Grace Hospital**

**WSU III Site Director**
Dr. Marc Feldman  
*pager: 1556*

*mfeldman@dmc.org*

**WSU IV Site Director**
Dr. Joel Appel  
*(3092)*

**Secretary**
Pam Nelson  
*(313) 966-1728*

*Pnelson@dmc.org*

*Fax: (313) 966-1738*

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**St. John Hospital**

**WSU III/IV Site Director**  
Dr. Donald Rozzell  
*(313) 343-3878*

*(313) 343-3051*

*donald.rozzell@st.john.org*

**Secretary**
Ms. Elizabeth (Betty Corr)  
*(313) 343-3329*

*elizabeth.corr@stjohn.org*

*Fax: (313) 343-7840*

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**Veterans Administration Hospital**

**WSU III Site Director**
Dr. S. Gappy  
*Saib.gappy@med.va.gov*

**WSU IV Site Director**
Dr. D. Abu-Hamdan

**Secretary**
Ms. Pat McCracken  
*(313) 576-1000 ext. 3450*

*McCracken.Patricia_a@allenpark.va.gov*

*Fax: (313) 576-1122*

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**William Beaumont Hospital**

**WSU III Site Director**
Dr. Michael Barnes  
*mabarnes@beaumont.com*

**Secretary**
Ms. Sheryl Hartson  
*(248) 551-2540*

*shartson@beaumonthospitals.com*

*Fax: (248) 551-8880*
INTERNAL MEDICINE CLERKSHIP
SITE ORIENTATION INFORMATION

Detroit Receiving Hospital—Report to Aisha Hadi at 1:30pm in the 5P19 conference room of DRH. Park the same as if you are going to the medical school. For further questions please contact Aisha at 313-745-3265.

Harper University Hospital—Report to Darlene Whitby at 1:00pm in 2 Hudson (the last door on the left) HUH. For further questions please contact Darlene Whitby at 313-993-8995

Henry Ford Hospital—Report for Orientation at 3:30pm in the Clara Ford Pavilion Basement 38. There is a parking lot in front of the building. It is a pay lot so students on your first day you will need to bring $2.50 this is only for the first day. For further question please contact Sue Beard at 313-916-3829

Oakwood—Report to Marianne Soroka-Martin or Kathleen Summers at 12:45pm in the Department of Medical Education. Park in the visitor structure in the back of the hospital. Your parking ticket will be validated, this is for today only. For further questions Marianne can be reached at 313-593-7872

Providence—Report to Josette Crumble at 1:00 PM at 16001 W. Nine Mile Rd, Fisher Building (near the Professional Medical Building) at Providence Dr and North Park Drive. Park in the Northland Theatre parking lot and there is a shuttle service to the old Emergency Room entrance. Once you have entered the building there will be signs to direct you to the Fisher Building. Proceed to the 4th Floor, Medical Education. For further questions call 248-424-3216

Sinai-Grace—Report to Pam Nelson at 1:00 pm at 6071 W. Outer Drive, in the main hospital. Park in the visitors lot. Proceed to the 4th floor; follow sign to Dept of Medicine. For further questions Pam can be reached at 313-966-1728.

St. John—Report at 1:15pm to 19251 Mack Ave. Suite 340, Grosse Pointe Woods, MI 48236. Park in the east deck, to avoid the $2.50 visitor lot fee. The Medical Education Bldg is located behind the hospital, near the north entrance. Walk up the ramp, into medical education, find your packet, and wait for your student coordinator. For further questions Betty Corr can be reached at 313-343-3329

William Beaumont Hospital—Report to the Administration Services Building/West-Medical Administration Suite-3rd floor at 2:30 pm for orientation. Medical students will have to park off-site at the Golden Bear Shuttle lot located at 13 Mile Rd and Coolidge. Shuttles will run from 6:30 am- 7:00 pm, and will run approximately every 10 minutes. The shuttles will drop off and pick up at the East entrance of the hospital. On arrival day, you will need to make your way from the hospital to the Administration Building. For further questions please contact Sheryl Hartson at 248-551-2540.
DESCRIPTION OF CLERKSHIP

Introduction

The Year III Internal Medicine clerkship consists of a two month block rotation. Each student is assigned to one clinical site. Students function as an integral member of the health care team and are actively involved in the care of sick patients. The learning experience is based on direct patient care supervised by resident and attending physicians, clinical teaching during a variety of rounding sessions, conferences and personal reading.

Overall Goal

The overall goal of the clerkship in Internal Medicine is to help students understand and obtain practical experience in the recognition, evaluation, diagnosis and management of adult patients with acute nonsurgical illnesses.

During this rotation you will learn

1. To evaluate and manage sick hospitalized patients.
2. To develop familiarity with the common problems seen by internists in the hospital setting.
3. To understand the role of the general internist in providing care and coordinating care for hospitalized patients.

Student Learning Objectives for Internal Medicine Clerkship

1. Students will develop familiarity with the core problems in Internal Medicine listed below. This objective may be satisfied by either caring for a patient with one of the identified core problems or by completing a “Medcase” for that problem. Students must document patient encounters and the corresponding problem on Campus Mobility weekly. In addition, all Medcases must be completed one week prior to the conclusion of the rotation. Medcase transcripts must be turned in to the clerkship director.

   Abdominal pain
   Anemia
   Arrhythmias
   - Atrial fibrillation
   Arthralgas/arthritis
   Chest pain
   Coronary artery disease/Acute coronary syndromes
   Cancer
   - Breast
   - Lung
   - Colon
   Cough and Dyspnea
   - Asthma/COPD
   - Heart Failure
   - Pneumonia
Diabetes
Geriatric syndromes
Hepatitis
HIV/AIDS
Hypertension
Kidney Disease
  - Renal Failure
Substance Abuse
Thromboembolism
Urinary tract infection

2. Students will be able to obtain an accurate Medical History and perform a thorough Physical Examination in an efficient and timely manner as evidenced by successful completion and logging of a minimum of 12 H&Ps, as well as by a satisfactory clinical evaluations in the following competencies: “taking a history” and “performing physical exam,” and “record keeping.”

3. Students will be able to compose an accurate and complete SOAP note documenting the patient’s daily progress. Students must submit one history and physical and corresponding follow-up SOAP note for evaluation to the Site Director at the assigned site. In addition, students must successfully complete the SOAP note on the end-of-rotation OSCE and receive a satisfactory clinical evaluation in the “record keeping” competency.

4. Students will begin to develop diagnostic decision-making skills that incorporate probability-based thinking as evidenced by successful completion of the assessment and plan portion of H&P and SOAP notes documenting well ranked differential diagnoses and the clinical rationale for the proposed diagnostic work-up. This skill must be demonstrated on the end-of rotation OSCE. Students must also receive satisfactory clinical evaluations in the “medical knowledge” and “application of knowledge in the clinical setting” competency.

5. Students will learn to accurately interpret the results of basic tests and properly determine how the results should influence patient management including analysis of

  - acid base and electrolyte disturbances
  - renal function
  - peripheral smears and complete blood counts
  - liver function tests
  - basic electrocardiograms
  - chest radiographs

To assess this objective, students will complete the “Interpreting Diagnostic Tests” Examination on Blackboard scoring a minimum of 80% correct.

6. Students will develop therapeutic decision-making skills that incorporate pathophysiologic reasoning and evidence-based knowledge as evidenced by successful completion of the plan portion of the H&P and SOAP note and satisfactory clinical evaluations in the, “application of knowledge in the clinical setting” competency.

7. Students will develop facility with different types of case presentations: written and oral,
new pt and follow-up as evidenced by satisfactory completion of the presentation component of the end-of-rotation OSCE and satisfactory clinical evaluations in the “written and oral case presentation” competency.

8. Students will learn to recognize ethical dilemmas and respect different perceptions of health, illness, and health care held by patients of various religious, cultural and ethnic backgrounds. Students will be evaluated on their participation in the small group discussion addressing these issues during the reorientation sessions.

9. Students will develop proficiency in communication and interpersonal skills with patients and colleagues with attention to how diversities of age, gender, race, culture, socioeconomic class, personality, and intellect require sensitivity and flexibility as evidenced by successfully completing the end of clerkship Internal Medicine OSCE and satisfactory clinical evaluations in the “communication and relationships with patients and families” competency.

10. Students will learn to work in collaboration with other professionals to ensure optimal patient care. To assess this objective, students must have two professionalism cards completed by ancillary personal on the internal medicine clerkship and receive satisfactory clinical evaluations in the “communication and relationships with patients and families” competency.

11. Students will recognize the importance of ensuring smooth transition of care from acceptance of patients from the Emergency Department, to transfer of patients to other services and finally to discharge. Students will participate in discharge planning as evidenced by completion and logging of a minimum of three discharge progress notes. Students must select one discharge progress note for evaluation by the Site Director at the assigned site.

12. Students will begin to recognize that systems are critical in achieving high quality patient care. Students will make use of systems-based thinking and participate in the process of assessing current practice. To assess this objective, students will complete a 2-3 paragraph reflective essay outlining the role the health care system played in the outcome of one assigned patient. This must be turned in to the Site Director prior to completion of the rotation.

13. Students will develop and practice self-directed life-long learning, including the ability to access and utilize information systems and resources efficiently. To demonstrate proficiency in this area, students will be required to identify a clinical question and research the answer to that question. This exercise demonstrates what good physicians do when faced with a clinical dilemma. Students then will do a formal presentation to their team including literature review, identification of one review article and one recent article. Student’s presentation will be evaluated by their attending physician. The grading schema is as follows:

   Fails to meet expectations
   Meets expectations
   Exceeds expectations

Students must also receive satisfactory clinical evaluations in the “self-improvement and adaptability” competency.

EXPECTATIONS AND RESPONSIBILITIES

1. All Year III students regardless of hospital assignments are to report as per notification to the Year III Internal Medicine Orientation held at Scott Hall. During this meeting the goals and objectives for
the clerkship will be outlined and the expectations and grading policies will be reviewed. Students will report to their assigned sites for a site specific orientation. (Please consult site orientation information on page 7 of Clerkship Syllabus).

2. **Students are expected to have their resident and attending physicians sign the Attestation** by the first week of each month of the Clerkship.

3. **Attendance is mandatory.** Students are excused for ACLS and for all WSUSOM recognized holidays. In addition, students are excused from their inpatient assignments to attend their weekly continuity clerkship session. Any other absences in excess of two days must have a written explanation from a physician and the approval from Student Affairs. Extended absences must be made up. Students are not to take extended call the evening prior to exams, ACLS or University recognized holidays.

4. Students are expected to attend assigned Year III teaching activities at each site. **Specific schedules** (including weekend schedules) will be provided by each hospital site.

5. **Students are expected to be in the hospital daily** with the following limitations:

   - **Students’ duty hours follow** resident duty hours as described under current RRC guidelines. Thus, students may not work more than 80 hours per week and must have an average of one day off in seven averaged over four weeks. Student may not spend more than 30 hours in the hospital at one time and must have a minimum of 10 hours between duty shifts.

6. Students are expected to **arrive at the hospital early enough to see and evaluate their patients prior to work rounds.** This usually means about 7:00-7:30 A.M. but varies depending on the student’s patient load and the student’s efficiency as well as the requirements of the specific hospital site.

7. Students will **attend work rounds and teaching rounds** with their team.

8. Students are expected to **attend laboratory and x-ray rounds** with their team, participating in interpretation of studies performed on their assigned patients, e.g. x-rays, gram stain, etc.

9. **Students will take call** with their assigned team. The nature of call depends on the assigned site but generally will end by 9-10PM. To provide a unique educational experience, **students are required to take one overnight call each month**, preferably with their team. Overnight call is otherwise optional.

10. **Students will complete an H&P on all assigned new admissions** including patients redistributed from the night float. Student will write daily SOAP notes on all their patients. The H&P and notes should be reviewed with the resident and or attending physician.

11. **Students are responsible for reading about their patients.**

12. **Students are responsible for soliciting feedback and evaluation.**

13. **Students must log all clinical experience and procedures on the PDA** as required by the School of Medicine.
14. Students will evaluate their resident and attending physicians’ performance at the end of the clerkship. This will be done at the assigned site.

15. **Students must complete an “end-of-clerkship” evaluation on their PDAs.** The information gathered will be used to evaluate each site and the overall clerkship and will serve as a basis for improving the Internal Medicine rotations.

16. The clerkship is completed at all sites at 12:00 pm two days prior to the exam.

17. **Students must submit the signed attestation to sit for the National Subject Examination in Internal Medicine!**
EVALUATION AND FEEDBACK

Clinical Evaluation

Midway through each month of the clerkship, students should seek formal feedback on their performance from their resident and attending physicians. This allows for identification of deficiencies and provides time for improvement in performance. The student should be proactive in arranging these meetings.

Students’ clinical performance including participation on rounds, ability to answer questions, quality of H&Ps and SOAP Notes, all factor into the clinical grade. At the end of each month, resident and attending physicians will assess students’ clinical performance utilizing the generic year III evaluation form. Note: intern evaluations, while helpful for personal growth, will NOT be for grading purposes.

OSCE

Students will have an opportunity to receive feedback and discuss their OSCE performance.

Examinations

At the end of the first month students will complete an online laboratory examination on Blackboard. Students may use educational resources to help answer questions. Students must score a minimum of 80% correct to get credit for this examination.

At the end of the two-month clerkship, students will take the National Board of Medicine Examination (N.B.M.E.) subject examination commonly known as the “shelf exam.” This exam consists of one hundred multiple-choice questions given over two hours and ten minutes. One make-up test will be allowed for each examination.

GRADING

Grading Criteria

The final clerkship grade is based on completion of the student learning objectives, the OSCE, final clinical evaluations and the shelf exam. Furthermore, students must fulfill all student responsibilities of the clerkship.

The clinical grade is assigned by the Clerkship Director in accordance with the SOM grading policies. Students must achieve “exceeds expectations” on 7 out of 11 competencies on the composite clinical evaluation to achieve a final clinical evaluation of “outstanding”. Note: The IM MEC requires that students have a majority of evaluations in the outstanding category for that competency to achieve an overall final evaluation of “outstanding” or “exceeds expectations” for that competency.
Performance on both the clinical evaluation and multiple-choice examination must be satisfactory for a student to be given a passing grade. **Good or superior clinical performance does not compensate for a failing exam score, nor does a high exam score negate inadequate clinical performance.** A summary of the criteria for unsatisfactory, satisfactory (passing), commendation and honors are described below.

### Clinical Performance

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**Criteria for satisfactory**

Students must pass both clinical months and the shelf exam.

**Criteria for commendation (two ways to secure commendation):**
- Students must receive clinical “Outstanding” and score at or above the mean on the shelf exam.
- A student may also receive a commendation for scoring one standard deviation about the mean and achieving “Satisfactory” on the final clinical evaluation.

**Criteria for honors:**

Students must receive clinical honors and score at least one standard deviation above the mean on the exam.

**Criteria for failing:**

Students who fail to pass the exam by the second attempt but pass both clinical rotations will be referred to the office of Student Affairs.

Students who pass the exam but fail one clinical month must repeat one clinical month.

Students who pass the exam but fail two clinic months of the rotation must repeat the entire clinical rotation.

The final course grade will be assigned by the Year III Clerkship Director.
Grade Appeals

1. Students wishing to appeal their grade must submit a formal appeal to the Clerkship Director who in turn will present the appeal to the Internal Medicine Medical Education Committee (IM MEC) which is composed of Year III site directors. At no time may students appeal their grade directly to the site director where they completed their clinical rotation as doing so will invalidate the student’s right to appeal his or her grade. The Internal Medicine Education Committee will meet and make a determination regarding the student’s appeal.

2. This decision may be appealed to the Year III Grading Committee. For further information regarding appeals Students are directed to their counselor.
Appendix A: ATTESTATION

I have reviewed the goals and objectives for the Junior Clerkship in Internal Medicine. I am familiar with the expectations and understand my role and responsibilities for this clerkship.

**Circle rotation month:**

July Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun

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Appendix B: CHECKLIST FOR SUCCESSFUL COMPLETION OF CLERKSHIP

Complete Attestation
Complete 12 work-ups
Submit one H&P, follow-up SOAP note, and discharge SOAP and
Reflective essay to Site Director
Give formal presentation with lit search and articles
Submit two professionalism cards completed by ancillary personal
Complete OSCE
Complete Blackboard lab interpretation exam
Complete clinical rotation
Log all cases and procedures on PDA
Submit Medcase transcripts
Submit Attestation and Professionalism Cards to Clerkship Director at exam
Pass shelf exam
Complete clerkship evaluation on PDA
Appendix C: THE HISTORY AND PHYSICAL EXAMINATION

Learn to do an efficient, meaningful and thorough H&P on hospitalized sick patients. Remember you must workup a minimum of 12 patients during the rotation. Here are some tips for performing an outstanding H&P.

**Chief Complaint:**

Describe the chief complaint using the patient’s own words. Note duration of complaint.

**History of Present Illness:**

Begin with the patient identification i.e. a Mr. Jones is a 25 year old man. Avoid racial identification as it introduces stereotypic bias.

Relate the temporal sequence of events starting from when the patient was in their usual state of health. Pay special attention to the chronology and development of complaints.

Describe the complaint in detail. i.e. give the PQRSTs of pain. Delineate the severity and of shortness of breath. Describe the character and amount of the bloody diarrhea.

Describe associated complaints. What else has the patient noted? In addition, ask about complaints in the involved system. For example, if the patient comes in with a cough and progressive shortness of breath you would ask if he had any hemoptysis, wheezing, and orthopnea or chest pain.

Address potential risk factors or possible etiological factors if you know them. For example, consider the patient with complaints of epigastic pain. You already described the temporal sequence, the PQRSTs of his pain, the associated symptoms and any other symptoms in the GI ROS. Now ask if the he uses NSAIDS, aspirin, or alcohol.

Finally, ask about the patient’s attribution. What does the patient think is wrong or what is he or she worried about?

**Past Medical History:**

The Past Medical History is more than a list of diagnoses. Get details. When was the diabetes diagnosed? How long has the patient had COPD? To learn the most from you patient ask how the diagnosis was made. For example, how was the breast CA diagnosed—by patient exam or mammogram? Be careful NOT to cast aspersions on previous physicians or healthcare systems. Do not leave the patient feeling guilty that had they or their physician done something different things would be much better. Remember, you may never diagnosis a pheochromocytoma but if you patient had one removed find out how they presented and how the diagnosis was made.
**Medications:**

List all meds. Remember to **ask about herbal preparations and vitamins**. If the patient does not remember the names or dosages of medications ask where prescriptions are filled. **You can call the pharmacy** to find out which medications the patient is taking.

**Allergies:**

List all allergies. Describe adverse reactions.

**Social History:**

The social history is more than just a list of risky behaviors such as smoking, i.e. “the patient smokes a pack a day, drinks socially and uses crack cocaine’ is not what social history is all about. What does the patient do? Who do they live with, what are their hobbies? For older patients, knowing if they drive is very helpful to understand how they get to their doctor.

**The Review of Systems:**

The Review of Systems is **a way to discover symptoms in a systematic manner going from system to system**. Diagnosed conditions do not belong in the review of systems. However, if a patient has a diagnosis of angina, it is appropriate to ask how often he has chest pain in the ROS section. **For long standing complaints, ask about recent change.** Remember the elderly woman who has been suffering from constipation for 40 years may still develop colon cancer. The key is to find out if there has been a recent change in her chronic symptoms. The **purpose of the ROS is to identify complaints related to the HPI** (complaints the patient may not realize were related) and to identify other important health problems. When discovering a positive complaint in the ROS one has to fully delineate the complaint—i.e. doing a HPI on that complaint.

```
Positive symptom in ROS
   /   Is symptom new?
  /       
/         /
Yes      No
Perform “Mini HPI of identified symptom
```

Recent change

```
Yes

No
Note chronic symptom in ROS
```
The Physical Exam:

Learn to do a thorough PE. **Don’t skip the difficult stuff.** Practice funduscopic exam. Try to find the thyroid. Learn to appreciate jugular venous distension. Do **chaperoned** breast, pelvic, testicular and rectal exams.

**Impressions:**

Note: The impression and Plan is last part of the History and Physical Examination but it is the most important part, it is what makes you a physician.

**Take a step back. Think. Get organized.** Group related complaints and findings.

**Make a problem list.** Include all problems identified, including problems discovered in the PMH and ROS. List them in rank order. You do not have to “work up” every problem but you do **need to develop a differential diagnosis for undiagnosed problems** and determine if any evaluation or treatment is indicated.

Develop a **well ranked differential diagnosis for each active problem.** Discuss and defend the differential diagnosis. What is the most likely diagnosis? What supports your diagnosis? For example, consider the patient presents with cough, SOB and fever. On physical examination the patient has dullness and bronchial breath sounds. The chest ex-ray is not available. Your impression might read, “Patient presents with cough, SOB, and fever. He has signs of consolidation on exam. Strongly suspect pneumonia. With history of seizure disorder suspect aspiration pneumonia, however, patient could have pneumococcal pneumonia.” **Do not provide an “inferential differential” listing diagnostic tests without discussing the differential diagnosis.** Don’t make your attending come up with your differential diagnosis based on the diagnostic tests you order.

**Remember to address all problems** including those identified in the PMH and ROS.

**Plan:**

The plan includes a strategy for both evaluation/diagnosis and management. It is actually the easiest part of the H&P because it **follows logically from the differential diagnosis.** However, since you are new to clinical medicine you will need assistance to develop an appropriate plan. Resources such as *The Washington Manual, Ferri’s, or Up-To-Date* can be very useful.
Appendix D: The SOAP NOTE

Although Wayne State students are instructed in writing SOAP notes during Clinical Medicine, many students are overwhelmed when asked to write SAOP notes on sick hospitalized patients. The following should help you to become excellent SOAP note writers.

To review, SOAP stands for Subjective, Objective, Assessment, and Plan. The SOAP note is a daily progress report. It is different from the comprehensive history and physical examination you learned to write in Physical Diagnosis. The instructions below should give you a general idea of what information to include and where. As the name implies, a progress note sums up the progress that has been made in the patient’s care since the last note.

The SOAP note in hospitalized patients should reflect what is going on. So often the note is nearly the same, day after day, and then one day the patient goes home. If your patient is sick enough to be in the hospital or needs care that can only be provided in the hospital your note should reflect just that. We call this meeting the severity of illness and/or intensity of care requirement for hospitalization. This may sound like stuff you are not interested in but, let's face it, if your patient isn't that sick and doesn't need the kind of care that can only be provided in the hospital he should go home. Hospitals can be very dangerous places.

The subjective section should describe any changes in the patient’s symptoms or complaints and reflect trends. For example, "the patient continues to cough throughout the night and is unable to sleep," or the patient's cough has diminished but he still complains of exertional shortness of breath, “He continues to use a bedside commode because he is too short of breath to go to the bathroom.” You might also have the situation where, “the patient's pain is improved but he continues to require iv pain meds to control his pain, when meds wear off his pain is 10/10 After he receives his meds the pain is tolerable at 5/10.”

The objective portion should describe the current physical exam, noting any changes from previous examinations. Important findings should be described including how the patient looks, vital signs, and findings in all pertinent systems. On the Internal Medicine service we generally describe heart, lungs and abdomen. Why? Because we give IV fluids and patients are at risk for going into heart failure. We check for crackles. Our patients are also at increased risk for atelectasis. We listen for that too. We listen for an S3. We also examine for abdominal tenderness. I strongly encourage all of you to examine and describe the IV sites as well. Obviously you need to examine other important aspects of the exam that relate to the patients' primary reason for admission. You do not have to examine aspects of the exam that are unlikely to change over 24 hours, like the breast exam (unless the patient has mastitis) or the nose exam (except in a patient with sinusitis or other pertinent pathology.

New laboratory findings, results of imaging or other diagnostic tests should be noted after the physical examination.

The assessment and plan are what make you a physician. Here you will discuss the formulation and plan for your patient. I usually do an A/P for each problem. In this section you will define the problem and working diagnosis e.g., “Shortness of breath secondary to pneumococcal pneumonia.” Sometimes you will not have a working diagnosis but only a differential diagnosis e.g., “Shortness of breath secondary to either COPD or CHF.” Describe the status of the patient working diagnosis—i.e. “pneumonia responding to antibiotic therapy.” Then describe the plan e.g., Continue IV penicillin until the patient is afebrile for 24 hours. Will repeat chest x-ray in 4 weeks.”
Please remember, the chart is a legal document. Be bold in your presentations, but conservative in the chart. Also, because it is a legal document, you should start your note right after the last note in the chart so it will be in chronologic order. Strike out any blank space above your note. Always date and time your note.

While writing your note, do not leave blank lines in between text. This is to prevent someone else from writing in your note. Similarly, if you make a mistake, simply cross out the word with a single horizontal line, write “error”, and initial it. Do not scribble out a mistake and never, ever use white-out. Legally one must be able to see your mistakes and know that you personally crossed out the word or sentence. Always sign your notes after your printed name and include your beeper number. You will develop your own style, and you should try to accommodate house staff preferences as this will allow you to experiment with subtle differences in technique.
Appendix E: SUGGESTIONS FOR PRESENTATION

Students should be prepared to present all assigned cases.

New Cases:

New cases will be presented the morning following the patient's work-up. Students should practice presenting to the intern or supervising resident. A new patient presentation should take no more than five minutes to present. Students should obtain though and complete histories and perform comprehensive physical examinations. However, this does not mean everything you did must be presented out loud! The presentation is a means to an end. It provides data used to evaluate and manage patients. The presentation should be succinct and clear. The format to be used is as follows:

The presentation should begin with an introductory statement that identifies the patient. For example Mr. Jones is a 25 year old man who comes in complaining of abdominal pain.” Avoid racial identification as it introduces stereotypic bias. Some physicians prefer to add additional identifying information to show the patient is a person. The introductory statement might read, “Mr. Jones is a 25 year old single school teacher who presents with…” When presenting in front of the patient one is advised to eliminate the patient’s gender as it is generally obvious. Thus, one would state, “Mr. Jones is 25 years old and comes in complaining of abdominal pain for five days.”

The history of present illness should be presented in a concise and organized fashion starting from when the patient was in his or her usual state of health. The chief complaint should be fully characterized. Associated symptoms should be described. Pertinent positives and negatives relating to the chief complaint from the systems review should be mentioned in the HPI. Past medical history, which is important to the chief complaint, should be presented in the HPI. For example, “Mr. Jones is a 25 year man with long standing Crohn’s Disease and chronic abdominal pain who presents with a three day history of abdominal pain.” He was doing well until three days prior to admission when he developed peri-umbilical pain. The pain was gradual and was campy in nature. Over the next 12 hours the pain intensified to 8-9/10. The patient could not identify and provocative factors but was afraid to eat. He could not find any relief from changing his position or from Tylenol #3 he had at home. The patient denies diarrhea but has …

Past history not related to the patient’s chief complaint should be presented in the PMH section.

All medications and allergies should be presented.

Family history pertinent to the chief problem should be mentioned. Otherwise a statement noting, “noncontributory” suffices. Social history should provide information which will better help understand the patient. The presentation of the review of systems should consist only of pertinent factors, and if none are present, the review of systems should be dismissed as "noncontributory". A pertinent factor is identified as one that would be included in the problem list.

In presenting the physical examination the student should initially make mention of the patient’s appearance, i.e. "an acutely ill-appearing, thin 25 year-old man. Vital signs should always be reported. Ideally, the values
presented are those by the student (not those from the nursing notes or the ER). The rest of the presentation of the physical exam should consist primarily of the positive findings. Negative findings should be mentioned only if they are valuable to the understanding of the patient's problems. It is preferable to list systems and then, if no findings are significant, describe WNL i.e. Heart lungs and abdomen were within normal limits.

Next the student should give the results of the laboratories and imaging studies.

The presentation concludes with the impressions and diagnostic and therapeutic plan. Students should elaborate a complete problem list including all active and established problems. Problems should be ranked in order of importance.

Students should develop a well ranked differential diagnosis and be able to discuss and defend each diagnostic consideration. Some physicians prefer to list life threatening conditions at the beginning of the differential diagnosis as “rule outs.” In our patient one might “rule out small bowel obstruction. I prefer to rank diagnoses in order of likelihood. For example, “patient appears to have exacerbation of Crohn’s disease, however, he might have obstruction but it is less likely in that he had a bowel movement one day prior to admission and this episode is similar to other episodes of exacerbation per patient.

Next discuss all diagnostic tests you want to order. Be ready to discuss the rationale for each test. Be ready to outline what you will do with a positive or negative result from each of the studies. Discuss how you wish to manage the patient. Finally be ready to discuss an educational plan for the patient. This will add a little finesse to our presentation and help you patient a great deal. Your patient will want to know what is wrong, why, what you plan to do, and what might go wrong etc. Also you will need to educate your patient about his treatment and medications. Remember to use regular language not the medical language you are learning to use. The goal is to enlist your patient as a partner in his or her own care.

After you finish your presentation ask for feedback. That way presentation number two will be better than presentation number one and so on…………..
Appendix F: SUGGESTIONS FOR EFFECTIVE READING

READ about your patients!!

Read about your patient’s problem!!!
  • What is the pathophysiology of the problem?
  • What conditions are associated with the problem?
  • What is the differential diagnosis of the problem?

Once a diagnosis is made, **read about that diagnosis**.
  • Read about the classic presentation and common physical findings for that diagnosis.
  • GO back to your patient and ask about classic symptoms.
  • Repeat key portions of the physical exam to look for classic physical findings.
  • How is the diagnosis made?
    o What is the best initial diagnostic test? What is the gold standard for diagnosis?

**Read about potential complications.**
  • Watch for the development of complications. Use this information to formulate a well thought out sign out.

**Read about treatment.**
  • What is the best initial treatment? What is the definitive treatment?

**Read about prognosis.**
  • What influences prognosis? What improves mortality?

Think about what you would want to know if you were the patient—read about it.

Finally, ask your patient what they want to know…then read to answer his or her questions.

The bottom line is you have to read, READ, **READ**!

This is real clinical medicine. It is what you have been waiting for.
READ to become a great physician and provide the best for your patients.
Isn’t that why you are in medical school?
Appendix G: ADVICE FROM YOUR PEERS
(This is what last year’s third year students told me to tell you)

What to Know Before Starting the Rotation

• Before starting floor months, I would have liked a review of how to present patients on rounds and also how to write orders. I have the memory card, but I was never taught how to write orders, i.e. What are the different options to write for nursing, special diets, IVF, or how to write for certain labs? I know we learn a lot throughout the month, but that learning process takes longer when we just write what our senior or resident tells us and we don’t know why we write orders a certain way.

• To prepare for the rotation: Logistics type stuff on how to write a Soap note, (what the heck is a soap note), really how to write an H&P in the chart. I know we cover this in Physical Diagnosis done second year, but it’s different when you actually have to put stuff as documentation in the chart.

• I think a little primer on lab values, what the heck are they, what are normal, and some initial steps to take if they are not--something more than trying to pull it out of Maxwell’s little book.

What to learn as soon as possible

• I wish someone had given me an orientation to the forms used at the hospital I was at and how to fill them out properly. I think that the most important way to give students the chance to work up their own patients from start to finish is to get them writing admission orders, daily orders, discharge summaries, and transfer forms as soon as possible.
To know before going into the rotation:

"This ain't Kansas anymore Toto"...That their training is now clinical, they will definitely get great education, but the real guts of the training is hands on and while they are "caring" for their patients. Don't expect to be spoon-fed, read up on stuff, then ask questions. Also, know that the interns and residents to whom they report are "in training" too, don't have all the answers and maybe they'll all be learning some parts of medicine together.

How to be successful on rounds

- I would suggest reading in detail about each patient the student has as their own and at least skimming something about the other patients on the team. One of my interns was quite helpful in printing something off Up to Date for me on many of my patients. **Harrison's** was also helpful

- Other advice would be to always ask questions. Students should also be firm that their role is to learn and that they should be assertive about this with their team. Call is not simply for the purpose of admitting patients, but to work-up and manage a variety of types of patients.

- I think thoroughness is the key to the IM clerkship- and asking questions. I think most people like the rotation b/c it feels like they are learning the things that they envisioned themselves learning when they started med school. I think some students are most bothered by the sometimes longer rounds but they fail to appreciate how IM is about treating multiple systems/multiple problems thoroughly, often b/c it is not really made clear to them and they have not had another rotation like it.

- My advice would be to review all patients with a resident before rounds to make sure they know everything that is going on with the patient. (it always seems like the residents know more information, maybe because they don't have to write all of the notes) hope this helps

- **ASK QUESTIONS!!!!!!** Everyone on the team (even the attending) is learning something new everyday.

- Each patient is a learning opportunity. After performing a thorough history and physical and getting help in the diagnosis of the disease process, read about the disease. (I like to do a Google search including the term "E-medicine" to get access to the E-medicine website without having to subscribe). **Questions I ask myself when I am reading:**
1. What aspects of this patient’s history and physical are **typical** of this disease process? What aspects are **atypical**?
2. What is the pathophysiology?
3. What other disease processes should I be considering?
4. What diagnostic tests should be obtained? What will the tests rule in/out?
5. What interventions are necessary? How do these interventions halt/slow down the disease process? What interventions provide symptom relief?
6. What does the patient require during admission? What needs to be followed up after discharge?
7. What aspects of this admission went well? What aspects would you have changed?

- **Be aggressive.** Ask for a wide variety of patients. Make sure you see cases of:
  - CHF
  - Hypertension
  - Asthma
  - Diabetes- DKA
  - Infectious disease- pneumonia
  - GI- GI bleed, pancreatitis, abdominal pain
  - Heme- coagulopathy, anemia

- Learn how to thoroughly read x-rays and EKGs. Especially critical diagnoses that can be made with each.

- **Even if you are not directly involved** with the care of a patient who is an interesting case, **follow along** the course of that patient with whoever is directly involved.

- You are working as part of a team. Do what you can (within reason) to **help the team out**. Help out someone if they are asking for it-- they will probably turn around and help you out when you need it. And when the team works well together, everyone has more time to learn and to relax at the end.

- The most important thing I think a 3rd year should know is that sometimes you get a great attending and/or residents that do a lot of helpful teaching, and sometimes you don’t. Once you figure out that you’re not learning anything by being at the hospital other than collecting lab data on your patients and standing around in rounds post-call about to faint from no time for breakfast, you should let your senior resident know. If they can’t make time for teaching among the students and residents, they ought to be your advocate and let you get home at a decent hour so you can do some reading while you still have the energy.
How to Prepare for the Exam

- My advice to 3rd years in their rotation is to READ! That’s really the only way to be successful on the Shelf exam.

- The hospital site also plays a big role in preparation

  - **Attend morning report/lectures/conferences.** Many teaching points come up on the shelf exam. And at the very least, you may get some food out of it.

  - I wish someone had told me that all of the presentations you do will really help you on the shelf. I was stressed out b/c my attending the 1st month made me give a mini-talk every day and I would spend the night before looking stuff up for them instead of "studying" and it freaked me out, but they really ended up helping me at the end.

  - The last thing I can think of that may be helpful is to focus on being an expert on a few patients rather than rushing to take on as many patients as you can. I sometimes see medical students trying to impress by taking on a ton of patients and then are confusing their patients, labs, shuffling papers, etc. during presentations and not having the time to really learn from their patients or have other students to learn from them because of this.

  - My one piece of advice that you may want to edit out: don’t start trying to do your systematic board studying your first week on the rotation. It is difficult enough to get in the groove of seeing patients, rounding, and figuring out where radiology is. You won’t remember it two months from now anyway.

- My advice to 3rd years in their rotation is to READ! That’s really the only way to be successful on the Shelf exam.

How to study for the Shelf

- **MKSAP**

- As far as preparing for the shelf I found blueprints helpful, I also did the supplemental 100 bluebook question book and pretest (also read on your patients
• The Ferri Guide is a waste of time as a pocket book, I was very sorry that I bought it and the whole time wished that I had a Wash Manual. The Dubin’s is good for beginners EKG and most of them will already have it. I used pre-test questions, which were good, but thought the MKSAP were better.

• Kumar and Clark "Clinical Medicine" or Current Diagnosis and Treatment are good for the shelf. Also the student MKSAP questions were good. I also read Dubin for EKG’s and Felson for chest X-rays, but that does not help with the shelf. Students should make sure that they get attendings and/or residents to go over EKGs and X-rays with them as these are practical skills that they will use, regardless of specialty. I would also advise students to read review articles from NEJM and elsewhere in order to be current with knowledge. There are recent articles on CHF, a fib, COPD, pneumonias, etc that might make a good web resource. This can be useful as even the most recent texts are badly out of date.

• I don’t want to sound like a sales representative, but I recommend the Kaplan Internal Medicine Step 2 Lecture Note book. You normally have to sign up for a Kaplan course to get these books, but you can find them on e-bay. Also the Q-book that comes with the set has about eight Internal Medicine Shelf style exams of 50 questions each. They explain the correct answer and why all the others are incorrect (5-in-1 style questions). Some of the questions were identical to the shelf exam questions and also were invaluable for Step 2.

• I also did the Kaplan questions from KAPLAN QBOOK. These are the most similar and same level of difficulty as the shelf exam. The only way to get this book is to sign up for the course to receive the whole set of IM, Ob/Gyn, Peds, Surg, etc etc. I honestly believe these are the best questions out there. These are completely high yield concepts with a few "zebras" in there.... reminds me just like a shelf.

• I also read the Kaplan Internal Medicine book. Again, not that I am a Kaplan salesman or anything but they seem to know what concepts are on these exams. And their notes prepare you in this fashion. The notes are under 200 pages so they can be read easily before or during a rotation with lots of time to review or do questions as I did.

• I used Blueprints for my clerkship, and while I did well on the shelf, I have never once referred back to that book and likely never will. I like the Mosby guide: "The Care of the Medical Patient" by Fred Ferri as a pocket guide, and I think that the best advice I got was to keep my BRS physiology book close at hand (especially useful with Dr. Cardozo in the same hospital). A pharmacopoeia is indispensable, a Sanford is extremely useful, and for any budding internists: beg, borrow, or steal a Pocket EKG Survival Guide.
• I used Blue Prints for a general guide.

• I enjoyed NMS but realize that it’s not for everyone. Other students I know read Blueprints and did Pre-Test questions. Dr. Alfonzo took the DRH students through some of the MKSAP questions, which were very helpful.

• Text: NMS for Internal medicine, Boards & Wards

• To answer your questions....read Boards and Wards (inc. ObGyn and Surg) and do many questions to succeed on the shelf. E-medicine website helped me out a lot to understand my patients' problems but didn't necessarily help with the shelf. I'd still recommend reading that topic the day after or night of getting a new patient. One day to become familiar with the history and lab results, next day to understand the diagnosis. Too much too soon just blurs it.

• Focus on the shelf exam near the end of the rotation-many clerkships have a some reviews before the final exam-it not only helps the students to do well on the shelf but on step 2 further down the line and in future clerkships going over sample questions would be great

Some Final Thoughts:

• I also did pretest before the boards, but I think reading about my patients and paying attention on rounds and at the didactic sessions taught me what I needed to know. I didn't honor, but I did come close. The rotation will be what you make of it. There is someone there to go over whatever you want with you, you just have to find out who they are and seek them out. Dr. Afonso's EKG and CXR sessions as well as Dr. Levine's gram stain lectures were the most helpful. I didn't get to go to the peripheral smear lectures because of continuity clinic, but I did hang out with Dr. Tranchida whenever possible.
Appendix H: REFERENCES AND RECOMMENDED READING
Please use the most recent editions of the following

**Major Textbooks** (recommended for reading about specific assigned patients)

Harrison's Principles of Internal Medicine.


**Manuals/Short Textbooks** (recommended for survey reading to prepare for shelf exam)

Stobo, JD. The Principles and Practice of Medicine, twenty third edition, Appleton and Lange, Stamford, Connecticut.


Ferri, FF. Practical Guide to the Care of the Medical Patient, C.V. Mosby, St. Louis.

Friedman, HH. Problems-Oriented Medical Diagnosis. Little, Brown, Boston.

Stein, JH. Internal Medicine, Diagnosis and Therapy, Appleton & Lange, Norwalk, Conn

**EKG Interpretation**

Dubin,

Thaler, MS. The Only EKG Book You'll Ever Need, J.B. Lippincott, Philadelphia.
So you think you might want to go into Internal Medicine 😊

….Talk to an Internal Medicine Advisor

**Advisors in Internal Medicine**

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nelia Afonso</td>
<td><a href="mailto:nafonso@med.wayne.edu">nafonso@med.wayne.edu</a></td>
<td>313-966-4960</td>
<td>Gen Med, Site Director DRH</td>
</tr>
<tr>
<td>Joel Appel</td>
<td><a href="mailto:jappel@wayne.edu">jappel@wayne.edu</a></td>
<td></td>
<td>Hematology/Oncology</td>
</tr>
<tr>
<td>Eric Ayers</td>
<td><a href="mailto:eayers@intmed.wayne.edu">eayers@intmed.wayne.edu</a></td>
<td>313-577-5025</td>
<td>Medicine/Pediatrics</td>
</tr>
<tr>
<td>Safwan Badr</td>
<td><a href="mailto:sbadr@med.wayne.edu">sbadr@med.wayne.edu</a></td>
<td>313-745-2038</td>
<td>Pulmonary Medicine</td>
</tr>
<tr>
<td>Robert Burack</td>
<td><a href="mailto:rburack@med.wayne.edu">rburack@med.wayne.edu</a></td>
<td>313-577-5519</td>
<td>General Medicine</td>
</tr>
<tr>
<td>P Chandrasekar</td>
<td><a href="mailto:pchandrasekar@med.wayne.edu">pchandrasekar@med.wayne.edu</a></td>
<td>313-745-9649</td>
<td>Infectious Diseases:</td>
</tr>
<tr>
<td>Jack Ebright</td>
<td><a href="mailto:jebright@intmed.wayne.edu">jebright@intmed.wayne.edu</a></td>
<td>313-966-3250</td>
<td>Infectious Diseases</td>
</tr>
<tr>
<td>Mark B. Edelstein</td>
<td><a href="mailto:edelstein@karmanos.org">edelstein@karmanos.org</a></td>
<td>313-576-3229</td>
<td>Hematology</td>
</tr>
<tr>
<td>John Ensley</td>
<td><a href="mailto:ensleyj@karmanos.org">ensleyj@karmanos.org</a></td>
<td>313-745-9184</td>
<td>Hematology/Oncology</td>
</tr>
<tr>
<td>John Flack</td>
<td><a href="mailto:jflack@med.wayne.edu">jflack@med.wayne.edu</a></td>
<td>313-966-0635</td>
<td>HTN, epidemiology, Chair</td>
</tr>
<tr>
<td>Richard Everson*</td>
<td><a href="mailto:eversonr@med.wayne.edu">eversonr@med.wayne.edu</a></td>
<td>313-966-7382</td>
<td>Bench Research</td>
</tr>
<tr>
<td>Jorge Guzman</td>
<td><a href="mailto:jguzman@med.wayne.edu">jguzman@med.wayne.edu</a></td>
<td>313-745-3052</td>
<td>Pulmonary/Critical Care</td>
</tr>
<tr>
<td>John Hopper</td>
<td><a href="mailto:jhopper@med.wayne.edu">jhopper@med.wayne.edu</a></td>
<td>313-577-5030</td>
<td>Med/Pedis Addiction Med</td>
</tr>
<tr>
<td>Clifford Kaye</td>
<td><a href="mailto:cknife@med.wyne.edu">cknife@med.wyne.edu</a></td>
<td>313-745-7342</td>
<td>Hospitalist</td>
</tr>
<tr>
<td>Willan Krell</td>
<td><a href="mailto:wkrell@med.wyne.edu">wkrell@med.wyne.edu</a></td>
<td>313-745-8471</td>
<td>Pulmonary Medicine</td>
</tr>
<tr>
<td>Diane Levine</td>
<td><a href="mailto:dllevine@med.wyne.edu">dllevine@med.wyne.edu</a></td>
<td>313-745-7999</td>
<td>Gen Med, <strong>Clerkship Director</strong></td>
</tr>
<tr>
<td>Linea Rydstedt</td>
<td><a href="mailto:lrydstedt@med.wyne.edu">lrydstedt@med.wyne.edu</a></td>
<td>313-745-3318</td>
<td>Endocrinology</td>
</tr>
<tr>
<td>Charles Schiffer</td>
<td><a href="mailto:Schiffer@karmanos.org">Schiffer@karmanos.org</a></td>
<td>313-745-8910</td>
<td>Hemtology/Oncology</td>
</tr>
<tr>
<td>M. Siddique</td>
<td><a href="mailto:msiddique@med.wayne.edu">msiddique@med.wayne.edu</a></td>
<td>313-966-4064</td>
<td>General Medicine</td>
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<tr>
<td>Sleilati, Gina</td>
<td><a href="mailto:gsleilati@med.wayne.edu">gsleilati@med.wayne.edu</a></td>
<td>313-745-4008</td>
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<tr>
<td>Wilhelmine Wiese</td>
<td><a href="mailto:wises@med.wayne.edu">wises@med.wayne.edu</a></td>
<td>313-745-7999</td>
<td>General Med, PD IM residency</td>
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*Best for students interested in a career that is primarily research oriented*
DESCRIPTION OF ROTATION  
DEPARTMENT OF NEUROLOGY

INTRODUCTION

The clinical specialty of Neurology is chiefly concerned with disorders of the nervous system: the brain, spinal cord, nerve roots, nerves and muscles. Because of the critical role played by the nervous system in biology and behavior, such disorders rapidly impair a patient’s ability to function. Further, not only is the nervous system subject to its own diseases, it is exceptionally sensitive to disruption of normal metabolic processes controlled by other organs. While it is sometimes considered to be the most complex of the diagnostic specialties, Neurology lends itself to a straightforward and logical approach that is distinct from those used in branches of Internal Medicine. This clerkship is meant to provide a framework upon which the students can build an understanding of neurological function and pathophysiology.

KEY PERSONNEL

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**EXPECTATIONS**

The ultimate goal of the Neurology clerkship is to teach an approach to the neurological patient rather than a collection of facts. Accordingly, students should become comfortable in taking concise history, performing and interpreting a neurological examination. Next, through a logical, ordered process, they should be able to anatomically localize the site of neurological lesions and identify potential pathophysiologic mechanisms of dysfunction. Students will be exposed to diagnosis and treatment of major neurological diseases in both inpatient and outpatient settings. Critical areas in Neurology will be discussed in tutorial sessions led by attending neurologists and senior residents.

**ON THE FIRST DAY OF THE ROTATION, PLEASE REPORT TO THE UNIVERSITY HEALTH CENTER, CROCKETT C OR D AT 8:00 AM, REGARDLESS OF HOSPITAL ASSIGNMENT.**
Because students are distributed among a number of different hospitals, under the supervision of neurologists with distinctive teaching styles, the experience will vary according to placement. Students in community hospitals are expected to follow the patients of the private attending neurologist through both inpatient consultation and outpatient office visits. Students at the DMC hospitals will have a faculty attending neurologist as a tutor. They will be assigned to a senior resident-led team at either Detroit Receiving Hospital or Harper Hospital where they are expected to work-up and follow patients requiring neurological consultation or care. Students at the VA Medical Center will divide their time between Neurology Clinic, the consultation service and inpatient service. Modifications have been made to ensure an equivalent, although not identical experience among all locations.

**EVALUATION AND FEEDBACK**

The supervising attending or tutor will evaluate students with input from senior residents, when appropriate. When multiple neurologists participate in student supervision, the evaluators may submit a unified evaluation form with feedback from the senior resident.

At the end of the rotation, at the final exam and accompanying the answer sheet, students are required to complete an evaluation form. Students are asked to comment on any and every aspect of the course including house staff, attendings, hospitals and quality of teaching. Evaluations may be anonymous or signed, as long as the hospital is identified. The clerkship director reads each of these and in the past, when appropriate, has made changes in the course to correct deficiencies. Under no circumstances is primary data shared with either house staff or faculty. Confidentiality is sacrosanct and ensures an honest evaluation process. Composite evaluations may be made and used, however, if a consistent pattern emerges that requires correction. In addition, students will be given a general course evaluation developed by the Medical School for the entire clerkship experience.

**EXAMINATION**

A final examination is given at the end of each month. Dates and times will be announced at orientation. The examination is the Neurology Clerkship Subject Exam (SHELF), will consist of 100 multiple-choice questions and you will have 2 hours and 10 minutes to complete.

**MINIMUM PROFICIENCY STANDARD - YEAR III STUDENTS**

By the end of the clerkship, each student should be able to take an appropriate clinical history and perform a complete and orderly neurological examination as well as pertinent aspects of a general physical examination (e.g. carotidartery examination in a patient with a stroke). Students are expected to be able to localize the most likely site of the problem within the nervous system and to justify their opinion. Students are also expected to approach patients with appropriate sensitivity and to respect the patient’s dignity. There is a Neurology passport that must be completed by the supervising attending or the senior resident and must be returned at the end of the clerkship. (The clerkship will not be complete without returning this passport). The passport involves performing a history and a Neurological exam on a patient.

**GRADING PROCESS**

When multiple neurologists participate in student supervision, one evaluation form may be submitted after obtaining input from the supervising neurologists and the senior residents. Evaluations will consider a student’s participation in clinical rounds, presentations, neurological assessments, ethic, and student's interaction with patients, families, staff and team members.

The clerkship director determines final grades with assistance from a grading committee consisting of the Departmental Chairman and Associate Chairman. All grades may be appealed to the committee.

Students receiving a failing clinical grade must repeat the course.
Students who receive a Satisfactory or honors clinical grade but fail the final examination will receive a grade of unsatisfactory and must retake the written exam. If a student fails the retake exam he/she must meet with the Clerkship director to determine the next step, as the student may have to repeat the clinical rotation. Students who fail the clinical rotation will receive unsatisfactory grade for the course and must repeat it.

ATTENDANCE POLICY

Daily attendance is mandatory. No more than two days absence are permitted unless medically excused including a written explanation from a physician, or previously arranged with the attending physician with approval of the clerkship director. Extended absences must be made up or will result in an Incomplete clinical grade. Final decisions will be made by the Year III Neurology Committee.

GRADING CRITERIA AND FINAL GRADES

The SHELF exam began to be given instead of the departmental exam in 2004 - 2005, the grading of this test is determined by the mean and the standard deviations. The passing grade is the mean minus 1 ½ the standard deviation, and the honors passing grade is the mean plus one standard deviation. (The criteria are consistent with the SOM guidelines). If the mean of our students exceeds the national mean, then the national mean will be used in determining the grades following the above criteria.

Students receiving both an Honors clinical evaluation and Honors final exam grade will receive an Honors grade for the course.

Students receiving an Honors clinical evaluation and a satisfactory final exam grade will receive a course grade of Satisfactory with Commendation.

Students receiving a Satisfactory clinical evaluation and an Honors final exam grade will receive a course grade of Satisfactory with Commendation.

Students receiving both a Satisfactory clinical evaluation and Satisfactory final exam grade will receive a Satisfactory grade for the course.

TEXTS

There is no required text for Neurology. Most students have found Neurology for the House Officer useful although it serves more as an outline than a textbook. Merritt’s Textbook of Neurology edited by Lewis Rowland is the gold standard for Neurology textbooks and should be purchased by any student interested in diseases of the nervous system. In general, the Neurology sections of both Harrison’s and Cecil’s textbooks of Internal Medicine are useful at a student’s level and may be used.
NEUROLOGY BIBLIOGRAPHY

BOOKS:

**Introduction to CLINICAL NEUROLOGY**
By Douglas J. Gelb. **Paperback:** 444 pages, **Publisher:** Elsevier 3rd edition (2005), **ISBN:** 0-7506-7506-3 (Has case studies in chapters and practice cases in the last chapter)

**Neurology (House Officer Series)**
by Howard L. Weiner, Lawrence P. Md. Levitt, Alexander D., Mb. Rae-Grant. **Paperback:** 287 pages, **Publisher:** Lippincott Williams & Wilkins; 7th edition (2004), **ISBN:** 0781747473

**Underground Clinical vignettes, Neurology, Classic Clinical Cases for USMLE Step 2 and Clerkship Review;** Vikas Bhushan, Vishal Pall, Tao Le, Hoang Nguyen, Nutan Sharma. **Paperback:** 49 pages, **Publisher:** Blackwell Publishers; 2nd edition (2002), **ISBN:** 0632045671

**Neurologic Pearls**

INTERNET:

[http://www.emedicine.com/neuro/contents.htm](http://www.emedicine.com/neuro/contents.htm) (Good review of different Neurology topics)

[http://www.neuropat.dote.hu/neurology.htm](http://www.neuropat.dote.hu/neurology.htm) (Internet textbook of Neurology with many links)

PDA (E-BOOKS):

[www.skyscape.com](http://www.skyscape.com) (Click on Products, then Specialty, Neurology)

MGHNeuro™ *(The Massachusetts General Hospital Handbook of Neurology)* by Alice W. Flaherty, MD, PhD


Harrison’s *(Harrison’s Manual of Medicine, 15th Ed.)* (The Neurology section in this e-book is very good and you would also use Harrison’s for other rotations)
INTRODUCTION

Welcome to the OB Gyn Clerkship! The main function of our rotation is to expose all students to an overview of women’s health care. Although few students will enter Ob Gyn as a specialty, nearly everyone will need an understanding of women’s health care in their chosen specialty.

OVERVIEW OF THE CLERKSHIP

Your time in Obstetrics and Gynecology will be divided between clinical exposure and experience (in the office, operating room, delivery suite, and emergency department and hospital room) and didactic sessions covering core subjects. We understand that few will choose Obstetrics and Gynecology as a career path. However, it is still important that all physicians understand the unique diseases and health concerns of the female population, no matter what their medical discipline. The goal of this clerkship is to help you achieve that understanding. Lectures and reading assignments encompassing these core subjects have been chosen to meet this broad clinical goal. The core curriculum and specific enabling objectives to help you meet this goal will be provided at the start of the clerkship. Please pay careful attention to these objectives and use them to plan and guide your study.

Students will be assigned to Hutzel Women’s Hospital or one of the other affiliated hospitals, based upon schedules prepared through the School of Medicine. All junior students, regardless of assigned hospital, are to report to Hutzel Women’s Hospital, 2 Murphy Auditorium, the first day of their Obstetrics/Gynecology rotation. At that orientation session, logistical aspects of the clerkship will be reviewed including grading policies, exam dates, and lectures, etc.; the objectives of the clerkship, terminology and procedures will be reviewed; and information for all hospitals will be distributed. Didactic presentations will begin that day as well. The remainder of the lecture series is normally held in 4 Morse Auditorium. You can get there by finding the elevators near medical records at Harper Hospital.

You will work both with general obstetrician/gynecologists and sub specialists in OB/GYN. Subspecialty areas for which physicians can attain additional board certification include Maternal-Fetal Medicine, Gynecologic Oncology, Reproductive Endocrinology and Infertility, Urogynecology, and Reproductive Genetics. If you have particular interests in these areas, contact the Course Director’s office to arrange some additional exposure, if possible. In addition, an optional elective experience with the nurse midwifery service at Hutzel Hospital is available for those students wishing to have clinical exposure to these practitioners.
KEY PERSONNEL

HUTZEL HOSPITAL
Department Chairman          John Malone, Jr., MD  313-993-4513
Clerkship Director            Carl W. Christensen, MD  313-993-4032
                                          (Beeper #3479)
                                          (cell phone 313-510-9496)
Associate Clerkship Director   Renee Page, MD  313-993-4043
Educational Coordinator       Ms. Cathy Rutkowski  313-993-4032

SINAI-GRACE HOSPITAL
Chief, OB/Gyn                  George Shade, MD  313-966-3246
Coordinator                   David Stone, MD  313-966-3246
Secretary                     Ms. Cathy Rutkowski  313-993-4032

PROVIDENCE HOSPITAL
Department Chairman           Robert Welch, MD  248-849-3048
Coordinator                   Paul Schnatz, MD  248-849-3048
Secretary                     Ms. Ellen Kleiman  248-849-3014

OAKWOOD HOSPITAL
Department Chairman           Charles Cash, MD  313-593-7819
Program Director              Todd Allen, MD  (interim as of 7/20/05)  313-436-2582
Coordinators                  Manish Jain, MD  313-593-7819
Secretary                     Ms. Kelly Smith  313-593-7819

ST. JOHN HOSPITAL
Department Chairman           Mitchell Dombrowski, MD  313-343-7798
Coordinator                   Carl Buccellato, MD  313-343-7798
Assistant Coordinator         Cassie Laasch, MD  313-343-7798
Secretary                     Ms. Kristine Anderson/Shelia Smile  313-343-7798

HENRY FORD HOSPITAL
Department Chairman           Ronald C. Strickler, MD  313-916-2464
Coordinator                   Richard Smith, MD  313-916-2468
Medical Student Coordinator   Ms. Dianne Weiland  313-916-1465

NORTH OAKLAND MEDICAL CENTERS
Chairman                      Toufic Wehbe, MD  248-857-7316
Coordinator                   Reda Khalifa, MD  248-857-7316
Office of Undergraduate       Ms. Tamara Hensler  248-857-7316
Medical Education

WILLIAM BEAUMONT HOSPITAL-TROY
Chairman                      John Musich, MD  248-551-0427
Coordinator                   Dr. Ty Kwaiser  248-828-5100

School of Medicine
Kenneth A. Ginsburg, MD       313-577-1450
                                          (Beeper #2534)
STUDENT EXPECTATIONS – WHAT WE EXPECT OF YOU DURING THIS CLERKSHIP

ON THE FIRST DAY OF THE ROTATION, ALL STUDENTS ARE TO REPORT TO THE 2ND FLOOR HUDSON BUILDING IN THE MURPHY AUDITORIUM, WHICH IS LOCATED AT HUTZEL WOMEN'S HOSPITAL FOR ORIENTATION AT 8:00 AM. ATTENDANCE AT THIS DEPARTMENTAL ORIENTATION IS MANDATORY, REGARDLESS OF THE HOSPITAL YOU ARE ASSIGNED FOR THE REMAINDER OF THE CLERKSHIP. IF YOU ARE NOT AT ORIENTATION, YOU MUST CONTACT THE COURSE DIRECTOR PERSONALLY.

- The student is responsible for learning the material specified in the Course Objectives of the Department of Obstetrics and Gynecology Junior Clerkship. These objectives will be distributed and reviewed at the clerkship orientation, and they comprise your learning objectives for this clerkship. The textbook and lectures are all correlated to these objectives, and together they cover the material in appropriate depth and breadth. Experience has shown that students who master these objectives do well both in clinical and testing situations.

- Attend all scheduled core lectures on Tuesdays and as scheduled throughout the week. ATTENDANCE AT ALL OF THE TUESDAY LECTURES IS MANDATORY.

- Attend all other teaching sessions (rounds, lectures, seminars, conferences, weekly quizzes, etc.) scheduled at your individual clerkship site.

- Except on Tuesday mornings, arrive at and then remain at your hospital or clinical site as scheduled until completion of all assigned duties and responsibilities, including night-call as scheduled. Note that after Tuesday morning lectures (which generally end at noon), you are to report back to your hospital for assigned activities in the afternoon.

- WHEN REVIEW SESSIONS ARE SCHEDULED OR TUESDAY LECTURES ARE SCHEDULED, YOU ARE ALLOWED TO LEAVE BY 11 PM ON MONDAY, IF YOU ARE ON CALL, YOU ARE NOT REQUIRED TO MAKE ROUNDS BEFORE COMING TO LECTURE. IF YOU HAVE ANY DIFFICULTY WITH THIS, ASK THE RESIDENT/ATTENDING TO CONTACT THE SITE DIRECTOR OR DR. CHRISTENSEN (#3479).

- When assigned patients (in labor and delivery, from the operating rooms, during the day, when on call, etc.) the student will write progress notes at the appropriate interval depending upon the patient’s clinical condition, e.g., daily for postoperative patients, more frequently for patients in labor, at each outpatient clinic visit, etc.

- The student is required to prepare discussions and reports as assigned by your Faculty/Resident team.

- Beginning with the 2005 – 2006 year, use of the PDA for case entries is mandatory. STUDENTS ARE EXPECTED TO SUBMIT A MINIMUM NUMBER OF CASES IN EACH CATEGORY. These numbers will be given to you during the rotation. You are responsible for synching your PDA on a regular basis. Students who complete the rotation with insufficient (or no) numbers of cases will be given an incomplete, and may need to repeat part of the clerkship to get adequate numbers.

- Students will evaluate the course, its faculty and residents. Failure to complete this requirement will result in an incomplete grade, and final grades will not be released to the School of Medicine until this record is completed.
EVALUATION AND FEEDBACK

1. Students are evaluated by the residents and faculty to which they are assigned at each hospital. Comments from faculty and residents are compiled onto a single evaluation form which is then submitted to the School of Medicine via the Clerkship Director. A separate evaluation form is NOT submitted to the School of Medicine from each faculty member or resident.

2. Midway through the clerkship, faculty and residents are asked to evaluate each student and report back to the coordinator at each site and the Clerkship Director if any problems are encountered or if the student is at risk of receiving an unsatisfactory clinical evaluation, so that remedial action can be begun in a timely fashion. Note that this midterm evaluation is designed to identify students with significant deficiencies; no grade is recorded at this time, and a satisfactory or honors midterm evaluation does not imply or guarantee that this final grade will be awarded.

3. The final clinical clerkship evaluation is submitted on forms specified by the School of Medicine. We use the same evaluation form as all the other clinical clerkships. Examinations at the end of the clerkship, and grading policies for the clerkship, are described below. Each individual site director does the final clinical evaluation. It is obviously beneficial for you to acquaint yourself with your site director!

4. At the completion of each scheduled Tuesday lecture, there will be evaluatin forms for each faculty/lecture for you to complete.

5. At the end of the rotation, students are asked to evaluate each faculty member and house staff with whom he or she worked during the clerkship. These forms, developed by the Department of Obstetrics and Gynecology, are designed to evaluate the teaching effectiveness of the faculty or residents. They will be available to the students at the beginning of the rotation on blackboard. Submission of the faculty/resident evaluation by the final examination is mandatory, and an incomplete grade will be submitted for any student who has not completed the course evaluation.

6. Students will complete a course evaluation of the clerkship developed both by the School of Medicine and the Department of Obstetrics and Gynecology. This form is also available on blackboard and completion of the general course evaluation form and its submission by the final examination are mandatory.

EXAMINATIONS

- Written Examination (Shelf exam) - The Obstetrics and Gynecology Subject Examination prepared by the USMLE/National Board of Medical Examiners is the final written examination of the course. This exam is a 120 item two (2) hours and (10) ten minute test used by many medical schools for clerkship testing. The content area of the test closely matches the Course Objectives referenced above. The test is closely proctored, test books and answer sheets are collected before leaving the room, seating is controlled, etc. You are graded against the national curve and not against your classmates. Cutoffs are normally defined as 58 points (passing) and 78 points (Honors). Remember that since this is a curved exam, the exact number of correct answers is not known.

- In the past, we have also offered an optional Departmental Exam in order to increase the number of Honors on the Exam portion of your grade. We will announce at the time of the first rotation whether or not this will continue to be offered.
Clinical Skills Exam: an OSCE based exam is given before the end of the rotation, normally during the 4th week. The purpose of this exam is to evaluate not only your knowledge data base, but your communication skills and history taking ability. The details of this exam will be announced at the beginning of each rotation. The OSCE is graded only as satisfactory/unsatisfactory. Those students with an unsatisfactory performance on the OSCE will not be penalized, but asked to return later for additional help with performing a history and/or physical exam.

MINIMUM PROFICIENCY STANDARD

To receive a satisfactory clinical evaluation for the Obstetrics and Gynecology clerkship, the student must demonstrate the knowledge, attitudes and skills referred to in the Course Objectives in the care of patients and performance of clinical duties at a level expected for a junior medical student.

To receive a satisfactory examination grade for the Obstetrics and Gynecology clerkship, the student must demonstrate the knowledge, attitudes and skills referred to in the Course Objectives on a written exam at a level expected for a junior medical student.

GRADING PROCESS

Your grade in the Obstetrics and Gynecology clerkship is derived from two (2) components, each weighted equally: clinical performance and examination grade. These components of your grade are discussed in detail below.

1. Clinical Evaluation 50% of grade

Your clinical performance will be assessed using criteria established by the School of Medicine. You will be graded on various competencies including data gathering skills (histories, physical examinations, laboratory, radiology, etc.), ability to synthesize data (differential diagnosis, diagnosis), recommend treatment and follow-up, manual skills in the operating and delivery room, and interpersonal skills. As described in the section entitled Minimum Proficiency Standard (above), the Course Objectives form the list of cognitive, attitudinal and skill areas to which these criteria are applied in evaluating the student.

Honors: at least seven of the 11 competencies must be “exceeds expectations”; with three of the five “critical” competencies “exceeding”

Satisfactory: all competencies must be “meets expectations”

Unsatisfactory: any competency is “below expectations”. The Site Director will counsel the student before this grade is given, unless the student’s performance is grossly negligent or endangers patient safety. Professionalism is the most common reason for intervention during the clerkship.

The clinical evaluations will be completed at the site where the student was assigned, by faculty and residents who interacted with and supervised the student. A single clinical evaluation will be submitted for the 8 week rotation. Your participation in and evaluations from tutorials will also be included in your clinical grade.

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3 Even though the weights of the clinical and written portions are described as “50%”, both must be successfully passed (or Honored) to receive S and H, respectively.
YOUR CLINICAL EVALUATION MAY BE SIGNED ONLY BY THE SITE DIRECTOR. YOU MAY NOT SEE THE INDIVIDUAL INPUT FROM FACULTY AND RESIDENTS. THIS IS NOT CONSIDERED GROUNDS FOR AN APPEAL!

2. Examination Grade - 50% of grade

The examination grade you attain for the course will be derived from your performance on two written examinations at the end of the clerkship.

- **Shelf examination** results are reported using a two-digit score which “resembles” (but is not actually) the percent of items answered correctly. This score is normalized to a national reference group of students taking this examination at the end of their clerkship. The mean is set at 70, and the standard deviation is 8.

- Students who score less than 1.5 standard deviations below the mean (approximately lower 10% of scores) will be given an unsatisfactory grade on the written exam, which must be remediated as described below.

- Students who score at least 1.0 standard deviation above the mean (approximately upper 16% of students) will be given an honors grade on the written exam.

- For example, using the standard “scaled” test scores with a mean of 70 and standard deviation of 8, a written exam of 78 or better with passing of the oral exam earns an honors examination grade. A score of 57 or below is an unsatisfactory exam grade.

- **Departmental written** (short answer) exams will be blinded and graded by faculty. Standard deviations are not used for this exam (to do so would automatically result in some students failing); only student who do NOT achieve an Honors grade on the Shelf will be considered for Honors on the Departmental Exam. We will announce during the first rotation whether or not this will still be offered.

3. **Course Grades**

To pass the Obstetrics and Gynecology clerkship, students must pass the clinical portion of the course and pass both the written and oral exams. Failure in any of these areas must be remedied to complete the clerkship.

To receive honors for the course, students must receive an honors evaluation for the clinical portion and honors on the examination portion. Honors on the examination portion require Honors on one of two of the portions of the exam (Shelf and Departmental Written). Students who receive honors for either the clinical or examination portions, but not both, will receive a grade of satisfactory and a letter of commendation from the Clerkship Director will be placed in the students’ file at the School of Medicine.

If the student fails the written examination, he or she will have the opportunity to retake the reexamination at a later time based upon the rules in force of the medical school. If the student passes the repeat examination, a grade of S* (formerly U/S) will be given. Even if other grades were honors, failure on the written exam excludes the possibility of an honors grade no matter what grade is attained on the repeat examination. If the student fails the repeat examination, he or she will be required to repeat 4 or 8 weeks of the clinical portion of the clerkship before repeating the written examination, as determined by the Department of Obstetrics and Gynecology (see below).
The following may require the student to repeat some or all of the entire clerkship:

1. Failure of the clinical portion of the clerkship - based upon the individual evaluation comments submitted, whether 4 or 8 weeks will be required in repeating the clinical portion of the course. All repeat clinical rotations will be completed at Hutzel Hospital with the Clerkship Director acting as the student's preceptor. 100% attendance at lectures will be required.

2. Failure of a repeat written examination - based upon the individual evaluations and comments submitted, whether 4 or 8 weeks will be required in repeating the clinical portion of the examination. All repeat clinical rotations will be completed at Hutzel Hospital with the Clerkship Director acting as the student's preceptor. 100% attendance at lectures will be required. This clinical time will be completed before the student is allowed to retake the deficient exam.

When repeating clinical time for a clinical or examination failure, credit will be given for previously passed examinations. No examinations for which a satisfactory grade is obtained will have to be repeated.

To summarize, if the clinical portion is failed, time in the hospital must be repeated. If an examination is failed, the first attempt to retake the exam is allowed without additional clinical time. If this repeat exam is not successfully passed, additional clinical time will usually be required before the deficient exam is retaken.

GRADE APPEALS

- Grade appeals should first be sent to either the Clerkship Director or Associate Director (Dr Page).
- Do NOT contact any faculty or residents that have written your evaluation. This could result in your appeal being rejected.
- The Clerkship Director will contact your site director about the appeal. If it is accepted, the grade will be changed at the next Year III meeting.
- If the appeal is rejected by the site director, you will need to appeal to the Year III committee. Please be sure that your counselor is involved at this step.
- For Departmental or OSCE exams, decisions made by the Clerkship Director/Associate Director are final.

ATTENDANCE

Clinical attendance is mandatory, and absenteeism will affect the student's grade. A student who has an unexcused absence will not be a candidate for an honors grade; a second unexcused absence may be grounds for a clinical unsatisfactory grade with the requirement that the student repeat the entire 8 week clerkship. Absences MUST be reported to:

(1) the coordinator at your hospital,
(2) to the office of the Director of Undergraduate Medical Education (Clerkship Director) at Hutzel Hospital, 313-993-4032, and
(3) the student’s advisor in the Office of Student Affairs at Scott Hall.

An unexcused absence is a large amount of work for all involved. Repeat unexcused absences will also be reported to the Professionalism Committee.

Lectures are an important part of the teaching experience in Obstetrics and Gynecology, since they reinforce the objectives, clinical experience and reading assignments. All lectures are on Tuesday from
8:00 AM to 12:00 Noon at Hutzel Hospital. Lectures are arranged in blocks, reflecting related content areas and objectives. The content areas of the lectures are as follows:

First Lecture Block  Normal Obstetrics
Second Lecture Block  General Gynecology
Third Lecture Block  Obstetrical Complications-Part I / stigmatized pt/ addiction
Fourth Lecture Block  Reproductive Endocrinology and Infertility
Fifth Lecture Block  Obstetrical Complications-Part II
Sixth Lecture Block  Gynecologic Oncology

A review session will be scheduled each rotation to highlight material and answer questions before the exams. All students are excused from clinical activities on the mornings of scheduled lectures and review. Again, your attendance at lectures and seminars is expected!

If a student is absent from core lectures, an approved excuse must be submitted. Failure to attend at least 5 of the 6 core lectures could result in the requirement for extra work. Students will be excused from any clinical duties at 11:00 PM the Monday evening before lectures, but will have to return to their respective hospitals on Tuesday afternoon after lectures.

TEXTBOOKS

The required textbook for the clerkship is Obstetrics and Gynecology by Beckman, Ling, Barzansky, Bates, Herbert, Laube, and Smith, 4th edition, published by Williams and Wilkins. This book is written to cover the material required by the APGO Objectives, i.e., it is written specifically for students on an obstetrics and gynecology clerkship or those studying for standardized examinations in obstetrics and gynecology. It also includes over 2,000 questions with answers for self-assessment.

Other good introductory texts include Essentials of Obstetrics and Gynecology by Hacker, published by W.B. Saunders; and Obstetrics and Gynecology by Beck, published by Wiley Medical. A Pretest book with study questions has also been found useful by some students.

Other texts the interested student may find useful include the following:

Danforth's Obstetrics and Gynecology, Scott, Disaia, Hammond, Spellacy (Lippincott)
Williams Obstetrics, Pritchard, MacDonald, Gant, (Williams and Wilkins)

Current Obstetric and Gynecologic Diagnosis and Treatment, Benson, (Lange)

Principles and Practice of Clinical Gynecology, Kase (Wiley Medical)

SCHEDULES

Schedules with the lecture topics and objectives for each Tuesday, review sessions, holidays, and examination days will be distributed at the start of each rotation during orientation. Your clinical sites will provide schedules of all activities during the course at that site, such as clinical assignment, on-call, weekend rounds, lectures, etc. Details of the program will be discussed at orientation.
CONCLUSION

All members of the Obstetrics and Gynecology Department look forward to helping you make the best of your time in our department. Please call upon the Clerkship Director at any time if I can help you both during your clerkship and in any other way during medical school. Enjoy your time with us, and good luck.
PEDIATRIC CLERKSHIP KEY PERSONNEL

Ms. Lynn Scott  
Undergraduate (Medical Student) Education Coordinator  
Department of Pediatrics  
Telephone 745-5751  
CHM, main hospital, 3rd floor. Take main elevators to 3rd floor. Make a right turn. Make a right at the first corridor; corridor “G” The office is to the first door on the left in corridor G.

Yvonne M. Friday MD  
Director, Undergraduate Education  
Beeper # 2000 Office 745-5751  
yfriday@med.wayne.edu

Mary Lu Angelilli MD  
Associate Director, Undergraduate Education  
Beeper # 4250, Office 745-4325  
mangeli@med.wayne.edu

Katherine Ling McGeorge MD  
Associate Director, Undergraduate Education  
Beeper #1230 Office 745-4891  
aa4089@wayne.edu

Rosemary Shy  
General Pediatrics Coordinator  
Beeper: #3541 Office: 966-0613  
rshy@med.wayne.edu

Bonita Stanton MD  
Professor and Chairman  
Pediatrician-in-Chief  
Telephone 745-5870  
bstanton@dmc.org
PEDIATRIC CLERKSHIP ORIENTATION

Orientation is held on the first day of the rotation at Children’s Hospital Of Michigan in the auditorium. One month prior to the beginning of the clerkship, you will receive an email confirming the time and place of the orientation. If you are not contacted, please call the Undergraduate Education Office for clarification at 313/745-5751.

ORGANIZATION OF CLERKSHIP

The pediatric clerkship is divided into two parts: the inpatient and outpatient rotations. Each rotation is approximately one month in duration.

During your inpatient rotation you will be assigned to an inpatient ward team. One student works with a first year pediatric house officer. You will take call with that first year house officer. You will be responsible for the patients you pick up while on call. Your other team members include a senior resident responsible for running the team and a Faculty Attending who will round on patients daily and be responsible for patient care decisions and education.

During the outpatient month, the ambulatory pediatric coordinator will be responsible for arranging your schedule to provide for wide exposure to children in the various ambulatory clinics. This will include Primary Care, Emergency Medicine, Newborn Nursery and a Specialty Site. You will rotate through these areas in one-week blocks. Orientation for the ambulatory experience will be held separate from the general orientation.

MID-ROTATION INSTRUCTIONS

At the mid-portion of your clerkship, students will switch rotations; the students on the ambulatory service will go to the in-patient service and the in-service students will begin their ambulatory rotation.

Those students switching to the in-patient service should report to their designated ward at 7:00 am on that morning. The Senior Resident, will introduce the student to their intern and assign them to patients. The night call schedule is given to the students at orientation.

Those students switching to the ambulatory service should report for Ambulatory Pediatrics as indicated during the general orientation. The Clerkship Director must be informed if a student cannot make it to the orientation.

CONFERENCE RESPONSIBILITIES

Attendance at Orientation, Procedure Fair and Student Report is mandatory. Please remember to "sign-in" on the student attendance sheet provided for each conference. If anything prevents your attendance at conferences, please inform the student coordinator in the Pediatric Education Office: 745-5751. We also provide the following didactic experiences:

Ambulatory Pediatric Lectures: 7:30 am - 8:45 am, selected mornings
Presentation of ambulatory topics including: Nutrition, Immunizations, Newborn Care, Clinical Problems and Visual Diagnosis.
Professor Rounds: Small group case discussions,
Selected Wednesdays 2:00 pm – 3:00 pm.
Grand Rounds: Fridays, 8:00 am
X-Ray Conference: Fridays, 12:00 noon - 1:00 pm
STUDENT EVALUATIONS and FEEDBACK:
Student clinical evaluations are based on your clinical performance. Students are judged on the completeness and accuracy of history and physical exam data acquisition, clinical knowledge application; communication skills, and diagnostic and problem-solving skills.

Mid-Rotation Review
A "Mid-Rotation Review" is submitted during your in-patient month. The review simply states whether the student is satisfactory or unsatisfactory in the following areas:

- Attendance
- Appearance
- Motivation
- Historical data acquisition
- Physical exam accuracy
- Data integration
- Differential diagnosis formulation

If the student is unsatisfactory in any component, a formal meeting will be held with the student to advise him/her of suboptimal performance and to provide suggestions for remediation prior to the end of the clerkship.

GRADING PROCESS

1. In-Patient
Formal end-rotation School of Medicine Evaluations are completed by your Intern(s), Senior Resident(s) and Floor Attending(s). These evaluations are submitted to the clerkship director in order to compute the student’s final clinical evaluation.

2. Ambulatory Pediatrics
Students receive feedback on all primary care patient presentations, history and physical exam write-ups and oral topic presentations. A Clinical Summary will be completed for your Primary Care block and your Specialty Site block. Additionally, evaluations may be completed for patients worked up in Newborn Nursery and Emergency Medicine. A compilation of all evaluations is submitted by the outpatient coordinator to the clerkship director. This evaluation is used to compute your final clinical evaluation.

3. Final Clinical Evaluation
Your clinical evaluation grade is determined by clinical evaluations (Intern, Senior Resident, Floor Attendings and Ambulatory Pediatric); OSCE performance; Seminar evaluation; written History and Physical Exam critiques; graded oral presentations and other clinical evaluations.

4. Knowledge Base
Knowledge Base will be determined by evaluation of the written USMLE exam, participation at Student Report, Attending Rounds, and Case Presentations.

Written Exam:
A USMLE shelf exam is given at the end of the clerkship. In preparation for the exam, students are expected to complete the study modules and work through the differential diagnoses for common pediatric problems and diseases. A Clerkship Review packet and relevant web based resources are also provided.

Most questions are in "vignette" format; i.e. you will be given data in a narrative format and be asked to select either the most appropriate diagnosis, select the most appropriate diagnostic work-up, the most likely causative agent, or the most appropriate management plan. There are usually 100 questions. This is a timed exam of 130 minutes. The exact date and site can be found on your lecture schedule.
The standardized mean = 70 test score.
Satisfactory/Pass = 58 test score.
Honors = 78 test score.

5. OSCE (Objective Structured Clinical Evaluation):
At the end of the rotation, each student is required to complete an OSCE. It takes approximately 90 minutes to complete the exam. The exam consists of simulated patient evaluation in 5-7 stations. The purpose of the OSCE is to identify clinical deficiencies in history acquisition assessment and clinical skills. Satisfactory performance is necessary for satisfactory completion of the pediatric clerkship. **Students who perform less than satisfactory are considered incomplete until they remediate. Remediation is completed prior to the end of the clerkship.**

6. Professionalism
**Students will be evaluated on their punctuality, attendance, timely completion of assignments, accountability/reliability and diligence.**

7. Grade Scale:
The Final Grade will be determined by Clinical Evaluation, Knowledge Base and Professionalism. The following grades are honored at WSU School of Medicine:
- Unsatisfactory
- Satisfactory
- Honors

In addition, the Department of Pediatrics also gives a Letter of Commendation for those students considered Satisfactory-Plus.

Final Grades are determined by computation of the Clinical Evaluation Grade, Knowledge Base Grade and Professionalism.

**Reporting of Grades:**
Per policy of WSU Medical School, the Office of Student Affairs is responsible for reporting grades to medical students. Review of faculty evaluations is considered an essential component of your clinical work. Therefore, grades will not be reported over the telephone to medical students.

**Student Evaluation of Clerkship and Preceptors:**
Students will evaluate the clerkship orientation, organization, lectures, and preceptors.

1. Lecture evaluations: forms for the lecture evaluations will be given at the beginning of each lecture and turned in at the end of the lecture.

2. Ambulatory peds evaluation is done on the last day of the ambulatory rotation. Preceptor evaluations are done at the end of each preceptor session.

3. The School of Medicine Clerkship evaluation is done at the end of the clerkship exam.

4. Preceptor evaluations for in-patient are done at the end of the in-patient month.

5. Any verbal feedback is encouraged by the Clerkship director and can be given directly to the Clerkship Director, Residency Director or Department Chairman scheduling an appointment with that individual.
ATTENDANCE POLICY:
Any absences in excess of two days must have a written explanation from a School of Medicine counselor or the approval of the Year III Clerkship Director. Extended absences will have to be made up. The Pediatric Student Education Committee will make final decisions regarding attendance.

Any call that is not completed must be repeated.

Attendance will form a basis for determination of part of your grade. Absences must be approved prior to the occurrence in order to be considered "excused." Unavoidable absences as well as personal or family difficulties will be handled individually. Excused absences for reasons other than academic pursuits must be discussed and approved by a School of Medicine Counselor.

PEDIATRIC GRADE APPEALS: GRADE APPEALS MUST BE INITIATED WITHIN 4 WEEKS AFTER GRADES ARE REPORTED TO THE SCHOOL OF MEDICINE.
Questions regarding a student's final grade should first be directed to the Clerkship Director. Schedule an appointment with the Clerkship Director at 313/745-5751. If after receiving an explanation of the grading computation the student disagrees with the final grade, the student may appeal his/her grade by writing an appeal to the Pediatric Student Grading Committee. The Clerkship Director will provide guidance in regards to procedure and content of the appeal’s letter.

Appeals are heard by the Student Pediatric Education Committee. Meetings are scheduled once per month. The clerkship director is present to provide information, but does not vote. The student will be informed in writing of the Appeals Committee's decision within three weeks of its decision. The information will be emailed to the student.

If the student's appeal is denied, and the student desires to pursue the matter further, the student should appeal to the Year Three Committee.

GENERAL GOAL STATEMENT: The two month clerkship in Pediatrics will give you an opportunity to integrate your knowledge of pathology and physiology with the processes of growth and development of the child and to observe how these processes are affected by disease states. More than in any other rotation the student will have an opportunity to use preventive medicine as a device to insure optimal health.

Upon completion of the Junior Pediatric Clerkship, the student should be able to:

1. Serve as an advocate for children in both the public and the medical communities.

2. Obtain pertinent medical, developmental and social historical data from the parent(s) and child, which will provide the basis for comprehensive evaluation and understanding of a clinical problem.

3. Achieve proficiency in the performance of a complete physical examination of an infant, a child and an adolescent.

4. Record accurately the pertinent positive and negative findings from both historical and physical exam data in a clear, concise and detailed manner. Respect for documentation as a medicolegal document.

5. Use medical language specific to pediatrics to present patients and establish dialogue between colleagues and parent/caregivers.
6. Assess the physical growth and psychomotor development of any given infant, child or adolescent.

7. Acquire a fund of knowledge of pediatrics in order to formulate:
   - Differential Diagnoses for common pediatric signs and symptoms;
   - Diagnostic Plans for differential diagnosis
   - Management Plans for common diseases
   - Age appropriate Health Maintenance Plans

8. Understand the concept of preventative medicine. Be able to apply its tenets to the optimization of growth and development of the child and to the provision of anticipatory guidance.

9. Apply pathophysiology specific for common disease entities to achieve an understanding of that disease process. Apply this knowledge to understand the effect of a particular disease on growth and development.

10. Identify and efficiently use pediatric resource materials to allow for the immediate, as well as, future acquisition of factual knowledge of pediatrics.
CONTACT INFORMATION: MEDICAL STUDENT CLERKSHIP IN PSYCHIATRY:

Course Director: Lisa Spurlock, MD  
Office: 9B UHC  
Fax: (248) 543-5171  
Private Practice: 22750 Woodward Suite 211  
Ferndale, MI 48220  
Phone: (248) 543-5111  
Cell Phone: (248) 506-7369

Program Assistant: Yolanda Pitts  
Office: 9B UHC  
Phone: (313) 577-3130  
Fax: (313) 577-0379

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<tr>
<th>KEY PERSONNEL</th>
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<tr>
<td><strong>Co-Director</strong></td>
<td>Lisa A. Spurlock, MD</td>
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<td><strong>Program Assistant</strong></td>
<td>Yolanda Pitts</td>
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<td><strong>DMC Central</strong></td>
<td>Victor Ajluni, MD</td>
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<td>Letishia Smith</td>
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<td><strong>Henry Ford/Kingswood Hospital</strong></td>
<td>Isabella Jenkins, MD</td>
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<td>April James</td>
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<td><strong>Providence Hospital</strong></td>
<td>Paul Lessem, MD</td>
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<td>Josette Crumble</td>
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<td><strong>VA Medical Center</strong></td>
<td>V. Kololgi, MD</td>
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<td>John Grabowski, MD</td>
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<td>Evelyn Campbell</td>
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INTRODUCTION:
Psychiatry is the branch of medicine concerned with the prevention, diagnosis, and treatment of behavioral and limbic brain disorders. The educational mission of the Department of Psychiatry and Behavioral Neurosciences at Wayne State University is to teach the knowledge base, skills, and professional attributes in psychiatry and behavioral neurosciences for future physicians to practice competently in any medical specialty.

OVERVIEW OF THE YEAR III CLERKSHIP:
The psychiatry clerkship is one month in length and is one of the core clerkships for medical students during their third year of medical school. Your time during the clerkship will be divided between clinical experience and didactic lectures covering core subjects. Students are assigned to one of five sites offering a variety of clinical settings, including inpatient, partial hospitalization programs, consultation services, emergency room, or outpatient services.

All students, regardless of site assignment, are to report at 8:00am on the first day of their psychiatry clerkship for an orientation session. At this meeting, logistical aspects of the clerkship will be reviewed (grading policy, exam date, lectures, etc), information regarding the five sites will be distributed, and objectives for the clerkship will be reviewed.

EXPECTATIONS:
1. Prior to the start of the clerkship, you will receive an email informing you of the location for orientation. On the first day of the psychiatry clerkship, you are to report for orientation promptly at 8:00am. Attendance at this departmental orientation is mandatory, regardless of the site to which you are assigned for the remainder of the clerkship. Please wear professional attire.

2. You are expected to attend centralized Wednesday meetings scheduled for all students in the psychiatry clerkship. Attendance is mandatory. All excused absences from Wednesday lecture topics will have to be made up at later date in order to pass the clerkship. Any unexcused absences will result in a clinical failure of the rotation, with the need to repeat the entire rotation.

3. When not at central lectures or meetings, you are to arrive at and remain at your clerkship site as scheduled by your site coordinator. You are to complete all assigned duties and responsibilities, including night call and weekends as scheduled. While we strive to provide an equivalent educational experience across the sites, schedules at the various sites are not identical. It is your responsibility to follow the schedule assigned by your site coordinator.

4. Site Assignments: As much as possible, we will attempt to place you at the rotation site to which you were assigned on your schedule at the beginning of the year. However, there are times when students
must be reassigned to a different site for administrative or other purposes. You will be notified of any change in rotation site at the orientation session on the first day of the clerkship. Under no circumstances will reassignments be made based on the perception of a more desirable schedule at a particular site or more desirable geographic location.

5. Hospital Attendance: Daily attendance is mandatory, including weekends and nights as per the schedule provided by the site coordinator. All absences must be excused through the Student Affairs Office of WSU School of Medicine. You should also notify your supervising attending/residents, your site coordinator, and Dr. Spurlock of all absences (including part of a day) from the rotation site. Extended absences will have to be made up. Unexcused absences from rotation sites will result in a clinical failure of the rotation.

6. You are expected to attend and participate in all didactic sessions (rounds, lectures, seminars, conferences, quizzes, etc.), including those at the rotation site and centralized lectures or meetings with Dr. Spurlock or other faculty.

7. You are required to prepare discussions, assignments and reports as assigned.

8. Because of the special nature of the relationships developed in a psychiatric setting (often referred to as transference and countertransference), you are to refrain from any social activity with your psychiatric patients, or any other activity that might be construed as a nonprofessional relationship. If any specific questions regarding this arise during your clerkship, contact your supervising resident or attending physician immediately.

9. Patients will sometimes request that certain information be kept confidential. Confidentiality is a very important issue, and you should refrain from discussing cases where others may hear (hallways, elevators, etc.), or with people who are not part of the treatment team (friends, family members, etc). However, it is your obligation to inform the patient that you are working as part of a team, and any information disclosed to you will be shared with the team (house staff, attending staff, nursing and social work staff, etc). It is imperative that if any patient gives you any reason to be concerned about dangerousness (suicidality, homicidality, violence toward others) you immediately report this to your supervising resident or attending physician.

10. Under no circumstances are you to be put into a situation in which you feel you are personally in danger. The overwhelming majority of psychiatric patients represent no danger to others, but in the unlikely event that you feel you are in a dangerous situation, you are to contact your supervising resident or attending physician immediately.

11. In the event that you are to work with a patient with active tuberculosis, please wear the mask provided for this purpose by the School of Medicine.

12. In the event you feel you are being abused or mistreated, please contact your site coordinator, Dr. Spurlock, or the Office of Student Affairs.

OBJECTIVES: Will be distributed and discussed at orientation.

STUDENT EVALUATIONS:
Formative:
A mid-month self-reflective evaluation form is to be filled out by all students and used to promote discussion with your site coordinator or supervising faculty about
your performance during the rotation. Feedback is essential and expected during the rotation, and the written mid-month evaluation form is to be used as a tool for students to develop skills for seeking feedback from their supervising attendings. Your site coordinator or supervising faculty member will give you a mid-month verbal evaluation. It is your responsibility to ask them for this evaluation. After discussing your performance at the mid-point of the clerkship, you and the attending are to sign the evaluation form to indicate that the discussion has taken place. This evaluation is not used in calculating your final grade. In addition, other methods of formative evaluation may be used at individual sites or during the didactic lectures on Wednesdays.

Summative (these will be used to determine your final grade):

1. **Clinical Evaluation**: Calculation of the final clinical grade will be done by the Dr. Spurlock based on the student’s overall performance at their rotation site (based on written report of the site coordinators), assignments, presentations, participation, and the end-of-clerkship OSCE examination.
   a. The residents and attendings to whom you are assigned at your clerkship site will evaluate your clinical performance. The local site coordinator is responsible for submitting a single composite evaluation of your clinical performance, using the WSU Medical Student Clinical Performance Evaluation Form. This composite evaluation from the rotation site will be used as a portion of the student’s final clinical grade as reported on the WSU Student Clerkship Grade Report Form by the Clerkship Director.
   b. OSCE Exam: Students will participate in an OSCE examination at the end of the psychiatry clerkship. Students will complete a number of stations to demonstrate their skills and knowledge base in Psychiatry, including the ability to take a focused psychiatric history, the ability to present a patient, the ability to formulate a differential diagnosis and treatment plan, and the ability to integrate and apply the information learned during their rotation. The interview and oral exam stations will be videotaped. Further information will be given at orientation and during the month to prepare students for taking the OSCE examination. Evaluation of student performance on the OSCE examination will be used as a portion of the student’s final clinical grade as reported on the WSU Student Clerkship Grade Report Form.

2. **The Psychiatry Subject Test** prepared by the National Board of Medical Examiners is the final written exam for the course. It is a standardized test administered on the final day of the clerkship.

3. **Attendance and Professionalism**: An integral part of learning in a clinical setting involves the exchange of information between the clinician and his/her peers. You are expected to attend and participate in lectures to expand both your own knowledge base and the knowledge of your peers. Students with excused absences from lectures on Wednesdays will receive an “Incomplete” for the clerkship grade until the lecture is made up. Students with excused absences will be given a specific time frame to remediate the absence; failure to remediate absences during this time will result in an unsatisfactory clinical evaluation. Unexcused absences from lectures will result in clinical failure of the rotation.

**GRADING PROCESS:**

Course Grades:

1. **Honors**: To receive a grade of Honors for the psychiatry clerkship, you must receive an *Outstanding* evaluation for the clinical portion of the clerkship and receive an *Outstanding* score on the written exam, with no unexcused absences.

2. **Satisfactory**: To receive a grade of Satisfactory for the psychiatry clerkship, you must have no unexcused absences and receive:
• a Satisfactory evaluation for the clinical portion of the clerkship, and a Satisfactory score on the written exam; OR
• a Satisfactory evaluation for the clinical portion of the clerkship, and an Outstanding score on the written exam; OR
• an Outstanding evaluation for the clinical portion of the clerkship, and a Satisfactory score on the written exam.

3. Unsatisfactory:
• If a student receives an Unsatisfactory score on the written exam but receives a Satisfactory or Outstanding evaluation on the clinical portion, (s)he will receive a grade of Unsatisfactory and will retake the examination based on the rules of the medical school. If the student receives a score of Satisfactory or Outstanding on the repeat examination, a grade of S* will be given. (Even if the clinical evaluation was Outstanding, failure on the initial written exam excludes the possibility of an Honors grade, regardless of the grade attained on the repeat examination).
• If a student receives an Unsatisfactory score on this repeat written examination, (s)he will be given a grade of Unsatisfactory, and will be required to repeat the clerkship rotation, including the clinical portion and attendance at Wednesday lectures, before repeating the written examination.
• If a student receives and Unsatisfactory evaluation on the clinical portion of the clerkship, (s)he will be required to repeat the clinical portion of the clerkship, including attendance at Wednesday lectures.

Examination Score:
Your written examination performance will be assessed using the NBME Psychiatry Subject Test, taken at the end of the clerkship.

- A score of 82 or above will be reported as Outstanding.
- A score of 64-81 will be reported as Satisfactory.
- A score of 63 or below will be reported as Unsatisfactory.

(Score of 82 corresponds to the 83rd percentile nationally, 63 corresponds to the 12th percentile nationally).

Clinical Evaluation:
Outstanding:
All of the following must be satisfied for an Outstanding evaluation:

- You must have 7 of the 10 competencies rated as Outstanding; AND
- At least three of the critical competencies (Application of Knowledge, History Taking, Physical Exam, Communication with Patients/Families, Professionalism) must be rated as Outstanding; AND
- No competencies rated as Below Expectations; AND
- Outstanding on the OSCE examination (demonstration of superior knowledge base in psychiatry, superior skills in interviewing and presentation, and demonstration of integration and application of concepts during the OSCE examination), written assignments, professionalism, participation and presentations.

Unsatisfactory:
Any of the following are criteria for Unsatisfactory:
- Below Expectations in any of the five critical competencies (Application of Knowledge, History Taking, Physical Exam, Communication with Patients/Families, Professionalism); OR
- Three or more of the other competencies evaluated as Below Expectations with a lack of demonstrated progress towards becoming satisfactory. This lack of progress must be explained by
the clerkship director in writing. In other words, students may have three or more Below Expectations in the non-critical competencies and still receive a passing clerkship grade if, and only if, the clerkship director indicates that while those competencies are rated as still Below Expectations, the student did demonstrate progress toward becoming Satisfactory during the clerkship; OR

- Unexcused absences from clinical duties or lectures.

Satisfactory: All other point combinations will be considered Satisfactory.

GRADE APPEALS:
In accordance with Wayne State University School of Medicine policy, all grade appeals are to be directed in writing to the clerkship director within one month of recording of the grades. This includes the appeal of any part of your final grade (for example, reconsideration of your clinical performance as rated on your clinical evaluation). Students are encouraged to make an appointment with Dr. Spurlock to discuss the concerns with their grade when they submit the grade appeal. Under no circumstances should a student contact the attending staff, residents, or site coordinator at the rotation site to request a re-evaluation of their clinical performance. If a student approaches his or her preceptor regarding a change in evaluation, the appeal process will be null and void.

TEXTBOOKS/REFERENCES:
Required:
Pocket Handbook of Clinical Psychiatry, Kaplan and Sadock. This gives a good overview of the topics you are expected to know, and most students have found it contains all the material you’ll need for the exam. It is one of the larger of the psychiatry handbooks, so some students may prefer a more compact reference.

Other books that deserve mention:
Comprehensive Textbook of Psychiatry, Kaplan and Sadock, is considered by most to be the standard text of psychiatry. At over 3000 pages, it is more than you’ll want to read in a month, but you may wish to refer to it as a reference for in-depth information about a specific topic (for presentations, etc). There is a shorter Synopsis of Psychiatry used by most psychiatry residents during training.

DSM-IV-TR, is the standard reference for psychiatric diagnostic criteria. It is also more than you’ll want to read this month, but there are pocket versions which some students find useful.

Pocket Handbook of Psychiatric Drug Treatment, Kaplan and Sadock, 2001. This provides more depth about the medications; although it may have more information than needed about the meds, it does provide a good overview of side-effects of the different classes of medications, which can be helpful.

Electronic Resources: The blackboard website has many of the references you will need for the clerkship, including Practice Guidelines for major psychiatric disorders. Many students also find the Year II Psychiatry lecture notes helpful.
STUDY TOPICS

The following areas are defined by the NBME as content areas for the USMLE Step 2. You are responsible for familiarizing yourself with these areas of knowledge. (Adapted from Step 2 General Instructions, Content Description, and Sample Items, USMLE, 1999.)

General Principles

Infancy and Childhood
- Normal growth and development

Adolescence
- Sexuality; separation from parents/autonomy; physical changes of puberty

Senescence
- Normal physical and mental changes associated with aging

Medical Ethics and Jurisprudence
- Consent and informed consent to treatment (eg, full disclosure, alternate therapies, risks and benefits)
- Physician-patient relationship (eg, truth-telling, confidentiality, privacy, autonomy, public reporting)
- Death and dying (eg, diagnosing death, life-support, autopsy, organ donation, euthanasia, suicide)
- Birth-related issues (eg, prenatal diagnosis, abortion, maternal-fetal conflict)
- Research issues (eg, consent, placebos, conflict of interest, vulnerable populations)

Applied Biostatistics and Clinical Epidemiology
- Understanding statistical concepts of measurement in medical practice
- Interpretation of the medical literature

Mental Disorders

Health and Health Maintenance
- Modification of risk factors (eg, safe sex, community/patient education [drug effects, stigma, warning signs], adolescent pregnancy prevention, compliance, maintenance, Headstart, alcohol/substance abuse)
- Early identification and intervention (eg, suicide potential, depression, family involvement in schizophrenia, addiction/withdrawal)

Mechanisms of Disease
- Biologic markers of mental retardation syndromes
- Biologic markers of mental disorders
- Intended/unintended effects of therapeutic interventions, including effects of drugs on neurotransmitters

Diagnosis
- Mental disorders usually first diagnosed in infancy, childhood or adolescence (eg, mental
- retardation; communication disorders; pervasive developmental disorders; attention-deficit/hyperactivity disorder; disruptive disorders; tic disorders; elimination disorders
- Substance-related disorders (eg, alcohol and other substances)
- Schizophrenia and other psychotic disorders
- Mood disorders (eg, bipolar disorder; depressive disorders; dysthymic disorder; seasonal affective disorder; mood disorder due to a general medical condition; medication-induced mood disorder)
- Anxiety disorders (eg, panic disorder; phobia; obsessive-compulsive disorder; post-traumatic stress disorder; generalized anxiety disorder; acute stress disorder; separation anxiety disorder; anxiety due to a general medical condition; substance-induced anxiety disorder)
- Somatoform disorders (eg, factitious disorders, somatization disorder; pain disorder; conversion disorder; hypochondriasis)
- Sexual and gender identity disorders
- Personality disorders
- Other disorders (eg, child, spouse, elder abuse; eating disorders; adjustment disorders; dissociative disorders; sleep disorders; psychological factors affecting medical conditions)

Principles of Management
- Emergency and acute care (eg, drug intoxication; drug reactions; adverse effects of medication; suicidal/homicidal ideation; acute psychosis; delirium, neuroleptic malignant syndrome; school refusal; panic disorder)
- Chronic care (eg, monitoring effects of chronic medication use; maintenance therapy; discontinuation of therapy)
- Consultation liaison (eg, psychiatric symptoms due to general medical conditions; medical symptoms due to psychiatric conditions)
DEPARTMENT OF SURGERY

YEAR III CURRICULUM GUIDE

WAYNE STATE UNIVERSITY
SCHOOL OF MEDICINE

2005-2006
DESCRIPTION OF ROTATION
DEPARTMENT OF SURGERY

STUDENT EXPECTATIONS

The time spent with the Department of Surgery (8 weeks) includes material presented by the Departments of Orthopedics, Urology, Neurosurgery and the general surgical divisions of General, Cardiothoracic, Pediatric Surgery and Plastic Surgery. The elective surgical assignments are as follows:

DRH/Harper/CHM - 8 weeks (4 + 4)
VA / Oakwood - 8 weeks (4 + 4)
Henry Ford Hospital - 8 weeks
North Oakland Medical Center - 8 weeks
Sinai/Grace Hospital - 8 weeks
Wm. Beaumont Hospital - 8 weeks

The principle goal of the surgery clerkship is as follows: upon completion of the surgical rotation, students will be able to take a good history and perform an adequate physical examination, be able to appreciate the use of appropriate investigations in reaching diagnosis and have an understanding of the pathophysiology of disease entities, especially those which are unique to the purview of the general surgeon or surgical sub-specialist. Emphasis is placed on problems commonly seen in primary care.

On the first day of each new rotation, Orientation for the entire group of incoming students is held, and at this time, a booklet is distributed to each student. This booklet contains much of the information required during any given rotation. The required text, which includes student objectives for each subject area, will form the core of the reading. Additional reading will be necessary based on the patients assigned to the student. Small group didactic tutorials are supplemented by several subspecialty lectures.

A guide to the goals and objectives of the course is available on the Department of Surgery Blackboard site.

While on the surgical rotation, residents and students make rounds together. The surgical resident team teaches much of the day-to-day care of surgical patients, and is actively involved in student teaching and demonstrating minor surgical procedures necessary for the care of patients on the wards. Students will also make ward rounds with attending surgeons. This provides an opportunity for the teaching of deductive reasoning based on data, which the students have accumulated by examining patients and observing laboratory data assembled in the chart. Although the student is exposed to minor surgical techniques, operative technique is not a primary part of the curriculum. However, in order to round out the surgical experience students will go to the operating room with their patients (if this does not conflict with a scheduled teaching session.)

Each student will request a mid-term evaluation to assess his/her ward performance.
Each hospital to which students are assigned has, at present, a faculty member site coordinator and also a “student secretary”, the latter being responsible for day-to-day activities. Student hospital assignments received by the Department of Surgery from the Registrars’ Office are final. At times due to unforeseen circumstances the Department of Surgery may have to change assignments – the decision of the department is final. **No requests for changes of site will be accepted or considered.**

Attendance at scheduled lectures, ward rounds and other educational sessions is mandatory.

Each clinical site has a schedule of conferences, lectures, and case reviews directed to the student group that will cover the core subjects of Surgery. They are taught by faculty, and thus provide an opportunity to integrate clinical experience, required and optional reading, and the faculty members’ experience. Attendance is mandatory without exception.
## SURGERY KEY PERSONNEL

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Phone</th>
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</thead>
<tbody>
<tr>
<td>Department Chairman</td>
<td>Donald Weaver, M.D.</td>
<td>745-8778</td>
</tr>
<tr>
<td>Clerkship Director</td>
<td>Christopher Steffes, M.D.</td>
<td>745-8770</td>
</tr>
<tr>
<td>Student Coordinator</td>
<td>Ms. Karan Crawford</td>
<td>577-7803</td>
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### Detroit Receiving Hospital

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<thead>
<tr>
<th>Role</th>
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<tbody>
<tr>
<td>Chief of Service</td>
<td>James Tyburski, M.D.</td>
<td>745-3487</td>
</tr>
<tr>
<td>Site Coordinator</td>
<td>James Tyburski, M.D.</td>
<td>745-3487</td>
</tr>
<tr>
<td>Admin. Student Coordinator</td>
<td>Ms. Karan Crawford</td>
<td>577-7803</td>
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### Harper Hospital

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<tbody>
<tr>
<td>Chief of Service</td>
<td>Donald Weaver M.D.</td>
<td>745-8778</td>
</tr>
<tr>
<td>Site Coordinator</td>
<td>Christopher Steffes, M.D.</td>
<td>745-8770</td>
</tr>
<tr>
<td>Admin. Student Coordinator</td>
<td>Ms. Vickie Davis</td>
<td>745-8775</td>
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### Henry Ford Hospital

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<tr>
<td>Chief of Service</td>
<td>Scott Dulchavsky</td>
<td></td>
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<tr>
<td>Site Coordinator</td>
<td>Kurt Kralovich, M.D.</td>
<td>916-3057</td>
</tr>
<tr>
<td>Admin. Student Coordinator</td>
<td>Ms. Judith Jenkins</td>
<td>916-3057</td>
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### North Oakland Medical Center

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<tr>
<th>Role</th>
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<tbody>
<tr>
<td>Chief of Service</td>
<td>Yash Lakra, M.D.</td>
<td>857-7314</td>
</tr>
<tr>
<td>Site Coordinator</td>
<td>Yvan Silva, M.D.</td>
<td>857-7494</td>
</tr>
<tr>
<td>Admin. Student Coordinator</td>
<td>Ms. Camile Drost</td>
<td>857-7314</td>
</tr>
</tbody>
</table>

### Oakwood Hospital

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</thead>
<tbody>
<tr>
<td>Chief of Service</td>
<td>Thomas Siegel, M.D.</td>
<td>593-0810</td>
</tr>
<tr>
<td>Site Coordinator</td>
<td>Hubert Huebl, M.D.</td>
<td>593-8660</td>
</tr>
<tr>
<td>Admin. Student Coordinator</td>
<td>Ms. Jill Balazi</td>
<td>593-8660</td>
</tr>
</tbody>
</table>
MED CASES

During your surgery clerkship, you will be required to complete 28 interactive, computer-based clinical scenarios/exams on the Med Cases Site. If you have not already signed up, you will need to sign onto this site in the following manner:

Go to [www.medcases.com](http://www.medcases.com) and register identifying yourself as a Wayne State surgery student on the drop down menu and this should gain you access. You will need to select an ID and password. **Access Code –WSU.** You can select cases to complete through the clerkship. It would be wise for you to choose areas which you have had inadequate exposure to during your clinical time or that reinforce what you think may be weak areas. At the end of the rotation, you will be required to print out your transcript from the site and hand it in. **Failure to do so will result in you getting an Incomplete grade.**

EXAMINATIONS

The final examination is a Shelf examination given on the last day of the rotation (for each academic year) and includes general surgery and its specialties. For students who have not passed the written examination, and have not been able to rectify the deficiency by passing one of the regularly scheduled examinations during the year will retake the exam to coordinate with other Year III make-up examinations. Examination questions are the short answer type and the scoring is electronic.

A short oral exam will also be given covering common topics in Surgery. The list of topics and questions are distributed at the beginning of the rotation. Examination grades (Pass and Honors) are determined by the Surgery Curriculum Committee and examination grades are based on a normative distribution. Evaluation of clinical skills, personal interactions, attendance and ward performances are integrated with the student’s performance on his/her final examinations (written and oral) in order to arrive at a final grade. Details of the grading procedure are found below.
**GRADING CRITERIA**

In order to arrive at a projected grade for your performance during the surgery rotation, we utilize the following tools for evaluating your performance:

1. Multiple-choice final examination (N.M.B.E. Shelf).

2. Rating scale evaluations of ward performance.

3. A short Oral examination covering common problems in Surgery will be given. This will be graded on an O/P/F basis.

4. Performance in all categories (multiple choice final examination, Oral Examination and ward performance evaluation) must be satisfactory for a student to be given a passing grade. Good or “superior” ward performance does not compensate for a failing exam score, nor does a high exam score negate inadequate ward performance.

5. **TEST SCORING**

The grading system as outlined stresses clinical performance. A test score above a fraction of the Standard Deviation above the Mean will be necessary to be eligible for honors. The curves are generated for each rotation.

This value (x) will usually be 0.5 of the Standard Deviation and will be set by the grading committee, whose decisions on this value are final.

**CLINICAL GRADE**

The standard Year III evaluation will be used, along with standard Year III criteria for Fail/Pass/Outstanding.

At several sites, there is a required distribution of H&P’s, which must be satisfied. Failure to complete H&P’s will result in an Incomplete grade.

**ORAL EXAM**

A short oral exam may be given covering common topics in Surgery. The Department Curriculum Study Committee will use the method detailed below in reaching a course grade for each student. The information from the examination and rating scales will be recorded in a "Profile" sheet and become part of your student file.
<table>
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<tr>
<th>CLINICAL/ORAL EXAM</th>
<th>&lt; 1 STD DEV</th>
<th>&lt; MEAN + X</th>
<th>&gt; X ABOVE</th>
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<tr>
<td>O / O</td>
<td>Repeat Exam *</td>
<td>PASS</td>
<td>Honors</td>
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<tr>
<td>O / P</td>
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<td>PASS</td>
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<tr>
<td>O / F</td>
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</tr>
<tr>
<td>F / *</td>
<td>Repeat ** Clerkship</td>
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</table>

*Maximum grade to pass after passing repeat exam
**2 Months

1) This grading scale emphasizes clinical performance.

2) The passing/honors exam cutoffs are set on a normal distribution each rotation at the discretion of the grading committee.

3) An alternative minimum pass mark of 68 will exist, i.e. if a score is above 68, a passing mark will be given on the exam. Lower passing cutoffs are usually made with the standard distribution.

Thus it is now possible for everyone to pass the exam.
FAILURES

When retaking the test after a fail, a score of 60 will result in a passing grade. Since this is generous, it is final (59.9 is FAIL). There are no exceptions. Failing the examination twice will require repeating one month of the surgical clerkship. There are NO exceptions. No electives will be converted. A third failure will necessitate further 1 month of clinical surgery and examination.

ORIENTATION

All Year III students, regardless of assigned hospitals, are to report as per notification at 7:15a.m. on the first day of the rotation. A Surgery booklet and handouts will be distributed at this time.

ATTENDANCE POLICY

Attendance is required at all scheduled teaching sessions. Deficiencies in attendance will be taken into account when ward performance is evaluated.

REQUIRED READING


These texts are geared toward nationally derived surgical objectives, and should form the core of learning and self evaluation.

ADDITIONAL READING

Other Acceptable Core Texts.

Greenfield, Essentials of Surgery

Coat pocket books have been found useful by students in reading between cases, etc.

Mt. Sinai handbook of Surgery

Surgical Secrets

EVALUATIONS

We take your evaluations of the clerkship quite seriously. Since the clerkship is undergoing constant evolution, we pay attention to your suggestions and many of the current practices are direct results from evaluations from your predecessors. Our evaluation form is available on line at our Website http://blackboard.wayne.edu. You will be required to complete all evaluations or you
will receive an **Incomplete grade**. At certain times, the evaluation site may be down. In this event, the secretaries will provide you with a hard copy to fill out.

Please be assured of your anonymity on these evaluations. Comments are welcome and you can tell us anything you want. The list of names of students submitting the evaluation are kept in a separate file and are only used to assure that you did fill out an evaluation and thus can receive a grade.

**Clinical Experience Tracking**

The PDA/Campus Mobility Software will be used to track all patient experience. Data **must** be recorded and synced to receive a grade. Otherwise an **Incomplete** will be recorded.