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# Windsor University School of Medicine

Brighton's Estates: St. Kitts



## CLINICAL TRAINING MANUAL 2019-2020

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## Introduction

The Clinical Training Manual serves three important functions:

1. It helps students reach the outcome objectives of the School of Medicine
2. It functions as a useful handbook to guide students through the many school and regulatory policies and requirements that characterize this segment of their medical education
3. It is a major component of our affiliation agreements with preceptors, Department chairs, Clinical Affiliates, and ACGME teaching Hospitals, also as guidelines for our submission to accrediting agencies.

The three sections of the Manual detail the structure of the clinical program, the clinical curriculum, the relationships with affiliated hospitals and the procedures, rules and regulations required to function in health care settings and apply for post-graduate training in the US. We hope that students and faculty use this Manual to help them with both long range educational goals and day-to-day functioning. We recommend that students read this Manual carefully and use it as a reference. This Manual is subject to change and continuously revised and updated as necessary.

### **Philosophy, Goals, And Behaviors for Clinical Education**

The philosophic framework of clinical education and training at Windsor University School of Medicine is that of preparing students to pursue careers in a primary care specialty. The program will educate students to become competent physicians who clearly recognize their roles as providers of comprehensive healthcare to the individual, to the family as a unit, and to communities. Primary care physicians must be able to function in the role of leader of the healthcare team to bring about needed change from the level of the individual to the level of the community. The ultimate intent of the clerkship program is to prepare students for residency programs. After residency graduation, as a physician, our students will impact positively on the quality of healthcare and healthcare delivery systems and will improve access to health care for individuals and their families.

In today's healthcare environment, primary care physicians are integral to the efficient functioning of the healthcare system. Student's attitudes and learning will be directed toward understanding the role of the medical manager, while recognizing the need for consultation with other medical specialists when appropriate.

We believe the primary care physician must assume a leadership role not only in the medical

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community, but in the broader community, in which he/she serves. Community leadership is an integral part of improving the healthcare of the community as a whole; thus, primary care physicians must be motivated toward the prevention of illness, the promotion of a healthy lifestyle, and avoidance of high-risk behavior.

### **Concepts**

In pursuit of the goal of excellence, the WINDSOR clinical curriculum is a challenging blend of the traditional and innovative Clinical Objectives designed with these concepts:

- a. Foster the analytic and problem-solving skills requisite for physicians involved in disease prevention, diagnosis, and treatment in individual patients, in families, in communities, and in populations at large.
- b. Ensure the acquisition of basic clinical knowledge and clinical skills essential to care for patients of different ages and of different cultural backgrounds.
- c. Develop an understanding of contemporary health care delivery issues in order to effectively utilize health system resources to provide optimal health care.
- d. Cultivate effective physician-patient interpersonal and communication relationships based upon integrity, respect, and compassion.
- e. Develop and maintain high ethical and professional standards.
- f. Promote a lifelong commitment to learning through analysis and evaluation of patient care outcomes and by appraisal and assimilation of scientific evidence.

### **Clinical Clerkship Expectations**

During two years (MD6-MD10) of clinical education, students will observe and analyze how the physician is able to meet these requirements:

- a. Demonstrate clinical excellence utilizing current biomedical knowledge and diagnostic technology in identifying and managing the disease process.
- b. Provide continuing and comprehensive care to individuals and families.
- c. Demonstrate the ability to integrate the behavioral/emotional/social/environmental factors of individuals and families in promoting health and managing disease.
- d. Recognize the importance of maintaining and developing the knowledge, skills, and attitudes required for medical practice in a rapidly changing world and pursue a regular and systematic program of lifelong learning.

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- e. Recognize the need and demonstrate the ability to use consultation with other medical specialists while maintaining continuity of care.
  - f. Share tasks and responsibilities with other health care professionals.
  - g. Be aware of the findings of relevant research; understand and critically evaluate the body of research; and apply the results of the research to medical practice.
  - h. Serve as an advocate for the patient within the healthcare system.
  - i. Assess the quality of care provided to each patient and work actively to correct gaps in health care services.
  - j. Recognize community resources as an integral part of the health care system; participate in improving the health of the community.
  - k. Inform and counsel patients concerning their health problems, recognizing and respecting differences in patient and physician backgrounds, beliefs, and expectations.
  - l. Develop mutually satisfying physician-patient relationships to promote effective problem identification and problem-solving.
  - m. Use current medical knowledge to identify, evaluate, and minimize risks for patient and family.
  - n. Balance potential benefits, costs, and risks in determining appropriate interventions.
  - o. Balance potential social, cultural, and economic costs, and risks in determining appropriate interventions

### **Transition from Basic Sciences to Clinical Clerkships**

In order to enter the Clinical Medicine program, a student must:

- Have successfully completed all the Basic Science course requirements with a satisfactory grade point average.
- Pass the NBME Basic science Comprehensive exam
- Meet all the financial obligations for the 6th semester and all previous semesters
- Receive a letter of clearance from WINDSOR Student promotion committee prior to matriculation.
- Provide updated immunization records and Current Health Screening.

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**Complete the following Courses:**

1) Cultural Competency review course.  
(<https://cccm.thinkculturalhealth.hhs.gov/default.asp>), this is free web based, you need to register to enroll in this course: the completion certificate needs to be sent to [clinicals@windsor.edu](mailto:clinicals@windsor.edu) (for US rotations)

**Or**

**[jaya@windsor.edu](mailto:jaya@windsor.edu)** ( for Caribbean rotations)

2) BLS CPR for Healthcare provider Course

This is provided during MD-4 semester, if you have not done the course during that period, you need to take the course and turn in the completion card before starting the clinical assignment.

3) Submit Infection Control Certificate

This online course is offered at <http://www.compliancepublishing.com/>

4) HIPAA (Current/Active):

Please go to <http://www.compliancepublishing.com/>

5) Background check (Current/Active):

Please go to <https://www.goodhire.com/gh.aspx>

6) Completion of Basic life support certification training prior to start of clerkship, the completion certificate needs to be sent to [clinicals@windsor.edu](mailto:clinicals@windsor.edu) (for US rotations)

**Or**

**[jaya@windsor.edu](mailto:jaya@windsor.edu)** ( for Caribbean rotations)

Whenever possible, students will be placed at medical centers which provide services in all major clinical departments and subspecialties. To achieve a broad-based experience in medical practice, students may also be assigned to clerkships in community hospitals with established ACGME educational programs.

As much as possible, students will be placed in clinical rotations and hospitals taking into consideration geographic, career and academic preferences, plus lodging, family considerations and other personal needs. It is necessary to stress the point that when planning to take a USA medical residency, then one must have taken the core rotations at an ACGME training hospital.

In order to be eligible for attending Clinical core-rotations at an ACGME training hospital, the student must have successfully completed (passed) Step 1 of the USMLE

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## **Procedures of Scheduling Clinical Assignments**

The WINDSOR Clinical Clerkship Science Coordinator will provide each student with a schedule of core clerkships projected for reasonable periods once passing Step I scores (In USA) are sent to the Office of Clinical Clerkship Science. Changes in this schedule can only be made with joint approval of the Director of Medical Education at the hospital site and the WINDSOR Clinical Coordinator with approval by the Associate Dean.

**Clinical Clerkship Science at Windsor:** During your clerkship experience, you will be expected to attend a bi-monthly review and revised educational group/regional meeting when possible in your area. This shall include the opportunity to take core exams and pretests. For those in other locations too far from Chicago, IL and St. Kitts then the clinical clerk will have to attend a pre-arranged Parametric Test Center in order to take the required NBME Core Exam. Starting September 2014 all clinical students will be expected to give NBME based clinical core exams at the Prometric centers.

The purposes of these bi-monthly (Saturday) meetings are to take required core exams; to discuss care procedures and integrated course content as it relates to various case presentations. This will be a mandatory attendance requirement. In part, these meetings will serve as a way to share and compare clerkship rotations expectations and to be aware of new policies.

## **Clerkship Characteristics**

The Clinical Medicine program at Windsor University consists of the third and fourth years of medical education (sixth through tenth semesters). The clinical clerkships are provided at training hospitals and specialized clinical facilities in the United States and abroad where Windsor has established formal affiliations.

Windsor University considers our core rotations at training hospitals to be a privilege. Windsor clerkship-students are guests and that means that WUSM assigned clerks must follow hospital protocols, health screenings, conduct procedures, and dress codes. If a WUSM clerk believes that these regulations are possible barriers in helping for he/she to learn hospital medicine, then that student may wish to make arrangements for a re-assignment.

The Clinical Clerkship curriculum consists of two academic years, totaling 72 weeks. It is divided into the following areas:

### **Core Clinical Clerkships -Total 48 weeks**

Internal Medicine 12 weeks

General Surgery 12 weeks

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Family Medicine 6 weeks

Pediatrics 6 weeks

Psychiatry 6 weeks

Obstetrics/Gynecology 6 weeks

**Elective Clinical Rotations as Arrange by medical student - 24 Weeks total**

These must include twelve weeks of medicine, which may be spent in general medicine or in medical subspecialties, four weeks of surgery, which may be spent in general surgery or in surgical subspecialties, four weeks for research, four weeks in ambulatory care. 12 weeks of Approved Electives may be taken out of the country

**Supervision of the Clerkships**

Windsor has a formal administrative and academic structure for conducting its clinical program at affiliated hospitals. An Associate Hospital Dean (AHD) is on site at each clinical center and affiliated teaching hospital. The AHD is a member of the Windsor faculty and oversees the scheduling of rotations, delineates holidays and vacation time, administers examinations provided by Windsor, determines the scope of student activities, deals with student concerns and is responsible for acute medical problems that students might develop. The AHD reviews the overall program with the Clinical Dean or Associate Dean Of clinical sciences at the time of their visits to the hospital. AHD's at clinical centers are members of the Clinical Council, the main advisory body to the Dean for the clinical terms.

The school also appoints in the Associate Hospital Dean`s in the Caribbean and elsewhere when necessary to help coordinate and supervise the educational program at all sites. Associate Hospital Deans and other preceptors who teach Windsor School of Medicine students are appointed to the clinical faculty and are members of the faculty senate. All clinical faculties are available to students for advice on managing their medical training and careers (e.g., choosing electives, specialties, and post-graduation training).

Site visits are made by administrative and academic members of the medical school to affiliated hospitals on a regular basis. The purpose of these visits is to ensure compliance with the University's standards, curriculum and policies, to review the educational program and to discuss any problems that arise on site. The chairs document the important features of the core clerkship including the strengths and weaknesses of the program, feedback to and suggestions for the future reference.

Along with the administrative staff at the affiliated hospitals and the Dean of Students Office, additional University personnel are available at all times through the Office of Clinical Studies to

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help improve the quality of life beyond the hospital environment. These include problems involving finances, housing, visas and access to medical care.

### **The Role of Preceptors and Clinical Faculty**

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

Discussion revolves around a critical review of the patient's history, physical examination findings, imaging studies and laboratory results. The preceptor evaluates the student's oral presentations, reviews the chart work and, most of all, and serves as a role model. Related basic science background, clinical skills and problem solving are woven into the discussion of the particular case. The single most important factor that determines the educational value of the core rotation is the quality and quantity of interaction between students, residents, teaching physicians and patients.

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

The basis for senior faculty evaluation is the on-going process required by post-graduate accreditation agencies which includes peer review. Informal "word of mouth" local knowledge of faculty, although difficult to formalize, forms an integral part of faculty evaluation. Written reports of site visits by school of medicine chairs and deans add a third level of evaluation.

In summary, the AHD is responsible to assure that:

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

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## **The Clinical Clerk**

Medical students are called clinical clerks in their clinical years. They enter and work alongside with the hierarchy of interns, residents, fellows, attending physicians, nurses, technicians and other health care providers and should quickly learn their role in the health care team.

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

A physician, nurse or other health care provider must be present in the room as a chaperone when students examine patients. This is especially true for examinations of the breasts, genitalia or rectum. If a student writes orders in the chart, the orders must be authorized and countersigned by a physician. Minor procedures may be performed on patients after adequate instruction has been given and written certification documented in the Logbook of Manual Skills as permitted by hospital policy and governmental regulations. Students working in hospitals are protected by liability insurance which is carried by Windsor. Students must soon become familiar with the anatomy of the patient's chart and know where to locate its individual components. Students are responsible for written patient workups but might also write daily progress notes.

Clinical clerks are expected to be on duty throughout the hospital workday, Monday through Friday. Evening, weekend, and holiday on-call schedules are the same as those for the resident team to which the student is assigned. Student duties hours are set taking into account the effects of fatigue and sleep deprivation on students' education. In general, medical students are not required to work longer hours than residents. Allowing for some modifications at different hospitals and for different cores, the average workday consists of work rounds, teaching rounds, presentation of new patients and data review in the morning, a conference at noon, and the performance of procedures, workups on newly-admitted patients and additional conferences in the afternoon. Cores with operating room experiences may be structured differently.

All students during the last week of their Internal Medicine and Surgery cores are to be given at least two days off before their NBME clinical subject exam as well as the day of the exam.

All students during their last week of ob/gyn, pediatrics, Family and psychiatry cores are to be given at least one day off before the exam as well as the day of the exam. These days are

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protected academic time for self-study and exam preparation and considered an integral part of the core rotation. While all clerkship directors must comply with this policy, they do have the option of allowing additional time off for study.

## **Reading and Web-Based Education Resources**

### **1. Reading**

A student will not see all of the important and major disorders within a six or twelve-week core rotation. For this reason, and also to assure a uniform background in medical studies at different affiliated hospitals, the University provides a list of weekly topics in the core-specific syllabus and requires that a textbook be read and studied during each core rotation. Preceptors are required to deliver weekly didactic lectures pertaining to the weekly topics. In addition, web-based assignments must be completed supplementing clinical knowledge specific to the rotation. Students must also study about the patients and illnesses they are seeing. The chief advantage of this method is that it gives the student a story and a face with which to associate the facts about a given condition. Most students find that they retain more of their reading when they can employ a framework of personal experience. Above all, this approach emphasizes that reading supplements clinical experience.

Additional detailed reading about patients' problems can lead to better patient care. Comprehensive textbooks, specialty books, subspecialty books, medical journals, and on-line references help students prepare for patient presentation on teaching rounds and conferences and enhance the student's knowledge base, which will be tested through school designed weekly quizzes. Students are required to do computer searches in order to find the latest evidence to support a diagnosis or a treatment. Such searches provide excellent sources for obtaining leads to appropriate up-to-date references. It is rather easy to get lost in these copious indices unless one knows exactly what to look for.

If students' reading selections are solely determined by their patients' problems, they are limited by the number and variety of their cases. It is, therefore, important that students view each case as an opportunity to read broadly and peripherally. Learning to use medical references effectively is a critical step in developing good patient care skills. It is impossible to master the totality of medical concept and fact that will be needed in patient management, particularly because medical knowledge is constantly evolving and expanding. Thus, it becomes critical to precisely define the questions regarding each patient and then find the answers to these questions in the medical literature.

Even the most recent edition of an up-to-date textbook will contain information that is two to four years old and references that are three to five years old. Finding the latest information requires the use of on-line material. A trip to the library may not be necessary. Review articles are particularly useful, as well as small pocketbooks or e-books that can be carried onto the wards.

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These electronic programs are the basis of educational requirements during clinical rotations. They give structure to protected academic time and independent learning. For this purpose, the University makes available a number of web-based educational resources.

- a. MedU:** These are the web-based programs: -
  - CLIPP:** Computer - assisted Learning in Pediatrics Program
  - SIMPLE:** Simulated\_ Internal Medicine Patient Learning
  - WISE-MD:** Experiences Web Initiative for Surgical Education of
  - fmCASES:** Medical Doctors - Family Medicine Computer-Assisted Simulations for Educating Students

<b>Core Clerkship</b>	<b>Required Weeks/ Number of cases</b>	<b>Required MedU Specific Case Numbers</b>
Internal Medicine	12	SIMPLE:1, 3, 4, 5, 6, 8, 19, 20, 24, 27, 28 FmCases: 3 CLIPP: N/A
Surgery	12	SIMPLE: 9, 11, 12, 21, 30, 36 FmCases: 10, 11, 15, 16, 19, 25 CLIPP: N/A
Obstetrics and Gynecology	6	SIMPLE: N/A FmCases: 12, 14, 17, 20, 32, 33 CLIPP: N/A
Family Medicine	6	SIMPLE: N/A FmCases: 1, 2, 6, 8, 13, 16 CLIPP: N/A
Pediatrics	6	SIMPLE: N/A FmCases: N/A CLIPP: 2, 5, 8, 12, 19, 20, 22, 32
Psychiatry	6	SIMPLE: 18, 25, 26 FmCases: 18, 22, 26 CLIPP: N/A

**b. USMLE World:**

Students must complete all the questions in Ob/Gyn, Pediatrics, Psychiatry and Surgery and a minimum of 400 questions in Internal Medicine During corresponding clerkship.

**c. Communication Skills Course**

This course consists of 41 modules. Students starting clinical training must study and pass the first web-based modules 1-12 in the Communication Skills course A to be eligible for clinical placement. The second Communication Skills course B begins when you start your first rotation. Each clinical department has designated modules to be an integral and required part of their rotation. Students will study the rest of the modules throughout their clinical training;

particularly as it relates to patients they see. Completing this course is a requirement for graduation.

b. **Cultural Competency review course** - This is a pre-placement course designed to help you become more aware of the ways culture may affect your interaction with patients.

c. **Web based Courses**

<b>Clerkship</b>	<b>Web-Based requirements</b>
<b>Pediatric</b>	Communication Skills - Modules 21 "Communication and Relationships with Children and Parents" & 22 "The Adolescent Interview" UWorld - 300 Pediatric questions
<b>Internal Medicine</b>	Communication Skills - Modules 23 "The Geriatric Interview" & 24 "Tobacco Intervention" UWorld 400 Medicine questions
<b>Ob/GYN</b>	UWise – Need To Create a UWise Account Communication Skills - Ob/Gyn - Modules 18 "Exploring Sexual Issues" & 28 "Domestic Violence" UWorld 205 Ob/GYN questions
<b>Ob/GYN</b>	UWise – Need To Create a UWise Account Communication Skills - Ob/Gyn - Modules 18 "Exploring Sexual Issues" & 28 "Domestic Violence" UWorld 205 Ob/GYN questions
<b>Surgery</b>	Communication Skills Modules 17 "Informed Decision - Making" & 35 "Discussing Medical Error" UWorld 155 Surgery questions
<b>Family Medicine</b>	Communication Skills Modules 25 "Diet/Exercise" & 29 "Alcoholism Diagnosis and Counseling"

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### **Electronic Patient Encounter Log**

All students must keep a daily electronic log of the patients encountered during their core clerkships. The log has eleven fields that students must complete for each patient encounter: date, chief complaint, primary diagnosis, secondary diagnoses, clinical setting, and level of responsibility, category of illness, rotation, hospital, communication course module and comments. The comment section can be important. Any time students select "other" from any field, they should use the comment section for their own explanation. In addition, students can include in the comments section cultural issues, procedures or medical literature relevant to the patient. We recommend that the log be kept current on a daily basis. This log serves multiple functions and, as discussed below, will be used in different ways and for different purposes by students, by the clinical faculty at affiliated hospitals and by the school's administration and Curriculum Committee.

### **Rationale**

During the clinical years students need to develop the clinical competencies required for graduation and post-graduate training. These competencies are evaluated in many different ways: by faculty observation during rotations, by oral examinations, by written examinations and by the USMLE Step 2 examinations (CK & CS) or the school's final examinations. In order to develop many of these competencies and meet the objectives required for graduation, the school needs to ensure that each student sees enough patients and an appropriate mix of patients during their clinical terms. For these reasons, as well as others discussed below and to meet accreditation standards, the school has developed this log.

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

Review of the log is an integral component of the mid-core and end-of-core evaluation during all core clerkships. Students must print that part of the log completed during the clerkship and bring it to the mid-core evaluation and the end-of-core oral exam. During these evaluations the faculty will review and evaluate the student's log.

### **Definition of a patient encounter**

Students should log only an encounter with or exposure to a real patient. Simulated patients, case presentations, videos, grand rounds, written clinical vignettes, etc. encounter can be seeing a patient presented by someone else at the bedside. Although the level of responsibility in this

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latter case is less, students should log the diagnoses seen in these clinical encounters. Patient experiences in the operating or delivery room should also be logged.

### **For students**

- A.** The lists of symptoms (chief complaints) and diagnoses serve as guidelines for the types of patients the clinical faculty think students should see over two years of clinical training. We feel that students should have clinical exposure to about 50 symptoms (chief complaints) and about 180 diagnostic entities. These lists can also serve as the basis for self-directed learning and independent study in two ways:
1. If students see a patient and enter that patient's primary and secondary diagnoses in the log, they will be expected to be more knowledgeable about these clinical entities and to do some extra reading about them, including some research or review articles. If relevant, students can study and log a communication skills module.
  2. If, at the end of the third year, students discover they have not seen some of the clinical entities on the list during the core rotations, they can arrange to see these problems in the fourth year or learn about them in other ways on their own.
- B.** The different fields in the log should stimulate students to look for and document the complexities of clinical encounters when appropriate. Many patients present with multiple medical problems. For example, an elderly patient admitted with pneumonia (primary diagnosis) may also have chronic lung disease, hypertension and depression (secondary diagnoses). The patient may have fears about death that need to be discussed. We hope by keeping the log students will develop a more profound understanding of many patient encounters.
- C.** Students may, and many times should, review and edit the log (see "Instructions to access and use the log" below). The original entry might require additions if, for example a new diagnosis is discovered, the patient moves from the ED to the OR to the wards or a patient presenting with an acute condition deteriorates and raises end-of-life issues. These developments require a return to the original entry for editing.
- D.** The chief complaint and diagnosis lists do not include every possible diagnosis, or even every diagnostic entity students must learn about. The list reflects the common and typical clinical entities that the faculty feels students should experience. The same list of diagnoses is presented in two ways - alphabetically and by specialty. Both lists contain the same diagnoses, and students can use whichever one is easier. If students encounter a diagnosis not on the list, they can select "Other" and add the diagnosis in the comment section. However, students should try to use the diagnosis on the list as much as possible. By looking at "standard" diagnoses the school can monitor the overall clinical experiences students are having at different affiliated hospitals.

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- E. Students must learn more than they will experience during clinical rotations. The log does not reflect the totality of the educational objectives during the core clerkships. Clinical experience is an important part, but only a part, of your clerkship requirements. Students need to commit themselves to the extensive reading and studying during the clinical years. "Read about patients you see and read about patients you don't see"
  - F. The oral exam might include other components in addition to the review and evaluation of the logs.
  - G. The Shelf exam at the end of the clerkship is not based on the log but on topics chosen by the NBME.
  - H. We encourage students to maintain this log throughout their 80 weeks of clinical training. The University requires that the logs be formally evaluated only during the core clerkships. However, the list reflects those entities the faculty thinks students should encounter during their entire clinical experience in medical school, not just during the core clerkships. Other rotations may decide to use the log and should notify students if they intend to do this.

### **For the faculty**

A clinical preceptor or faculty member should review and evaluate students' printout of their logs as part of the mid-core evaluation and end-of-core oral exam. During the mid-core formative evaluation, the faculty member can comment on the completeness of the log and also ascertain whether students are seeing a good mix of patients. During the end-of-clerkship oral summative exam, the examiner should again review the log for thoroughness. Students with relatively insufficient entries were either not involved in the rotation or did not take the log assignment seriously. Since students are responsible to answer questions about the entries in their log, we would not expect students to log cases they have not seen and studied.

The clinical faculty and departments can use the collective data in the students' logs to evaluate their own program and the extent it offers students an appropriate clinical experience.

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

The Logbook of Manual Skills and procedures is a paper log used to document the competence of students in eight manual skills and procedures (Appendix B). Students must be certified in writing by a physician in order to perform these procedures. The certification need to be done only once and can be done on any service during any rotation. Once certified, students can continue to perform these procedures without additional documentation but always under supervision. As a requirement for promotion into the fourth year, students must fax a copy of their log with the appropriate signatures to their clinical coordinator. This can be done any time in the third year but as early as possible. The documentation process is in accordance with New York Codes, Rules, and Regulations (NYCRR) of the Health Department, Section 405.4(h) but is relevant to all geographic sites.

The clinical faculty has composed an additional list of procedures and surgeries that students

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

### **Student Evaluations of Core Clerkships**

The university uses an electronic questionnaire to collect student feedback on the core rotations. Examples of these questionnaires are in Appendix F. Each department has modified the questionnaire to measure the extent that a specific clerkship rotation meets the departmental guidelines and objectives. Data from these questionnaires provides documentation enabling the deans, department chairs, AHD's and clerkship coordinators to monitor and improve the educational program in each clerkship at each hospital.

An aspect of professional behavior requires a commitment to improve the medical school. Given the importance of student feedback, the school of medicine will not give any student credit for a core rotation until he or she completes and submits the relevant questionnaire. Answers are confidential. While our program can ascertain which students responded, it cannot match a response to an individual student. A separate questionnaire has to be completed at the end of each clerkship.

### **Medical Knowledge and Competencies**

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

In order to ensure that every graduate of WUSOM is able to function at the highest possible professional level, it is necessary for us to define exactly what we mean by "competent". Multiple models have been used to accomplish this. WUSOM groups its competencies, or outcome objectives, into these six domains - medical knowledge, clinical skills and professional behavior, Interpersonal and communication skills, practice-based learning and improvement and system-based practice. The outcome objectives presented below provide an overarching guide to the individual clinical departments.

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

### Outcome Objectives for the MD Program

<b>WUSOM Competencies</b>	<b>Significant Learning Goals</b>
<b>Medical Knowledge</b>	<p><b>1. Foundational Knowledge -Medical Knowledge</b></p> <p>1.1 Master fundamental biomedical concepts, terms, processes, and system interactions            1.2 Describe the determinants of health            1.3 Utilize evidence in making clinical decisions</p>
<b>Patient Care</b>	<p><b>2. Application— Patient Care (Clinical Skills)</b></p> <p>2.1 Conduct patient interviews and physical examinations            2.2 Diagnose patient health problems            2.3 Propose evidence-based health maintenance and therapeutic options</p>
<b>Systems-Based Practice</b>	<p><b>3. Integration—Systems-Based Practice</b></p> <p>3.1 Connect knowledge of patient populations and health delivery processes in making diagnoses and therapeutic recommendations            3.2 Advocate for the humane, just, safe and prudent care of persons            3.3 Adapt to the complex economic and social structure of health care delivery</p>
<b>Communication and Interpersonal Development</b>	<p><b>4. Human Dimension—Personal and Interpersonal Development</b></p> <p>A. Learning about and working with ONESELF: Personal Growth and Professional Development            4.1 Reflect upon one's personal strengths and weaknesses to make positive changes in one's behavior            4.2 Find one's own meaning in medicine            4.3 Take care of oneself</p> <p>B. Learning how to interact with OTHERS - Interpersonal Skills and Communication            4.4 Deliver effective patient presentations and document accurately in the medical record            4.5 Communicate and work effectively with others</p>
<b>Professionalism</b>	<p><b>5. Caring/Valuing—Professionalism</b></p> <p>5.1 Care deeply about becoming an excellent physician through a life of service            5.2 Care about and support others in the profession            5.3 Value and behave in a manner consistent with the highest ethical standards of the profession</p>

<p><b>Practice-Based Learning</b></p>	<p><b>6. Learning How to Learn—Practice-Based Learning</b></p> <p>6.1 Develop a personal plan to become a better medical professional</p> <p>6.2 Stimulate intellectual curiosity to question and advance knowledge through scholarship</p> <p>6.3 Appropriately utilize evidence-based resources to address uncertainty in medicine and gaps in knowledge/skills</p>
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**Evaluations and Grading**

**A. The Formative Mid-core Evaluation**

All clerkship directors must arrange for formative mid-core evaluations with all students. These consist of individualized face-to-face meetings with each student and completion of the mid-core evaluation form (Appendix D.). This form is not part of students' permanent record and can be kept on file at the hospital. The purpose of this evaluation is to provide students with informal, qualitative feedback early enough in the clerkship to allow time for remediation of deficiencies. This meeting also gives the clinical preceptors an opportunity to help students recognize their strengths. The mid-core evaluation also gives medical students the opportunity to measure their progress in learning.

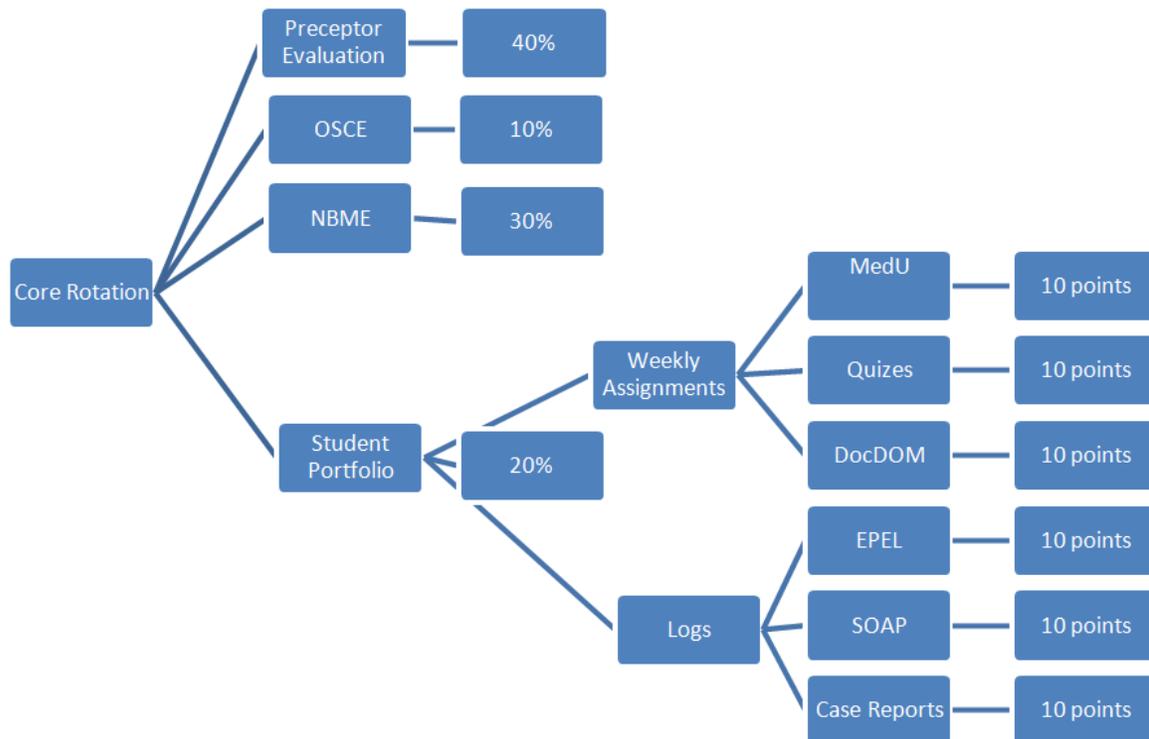
**B. The Summative Final Evaluation**

**Grading Policy for the Clerkships**

The Clinical preceptor completes a final evaluation form for each student in a core clerkship. The form requires narrative comments, grades in individual components and a final summative grade (Appendix C). The narrative comments summarize the student's clinical performance, professional behavior including attendance, rapport with patients and staff and the extent to which the students developed the required competencies for that core. This narrative section offers the faculty the opportunity to provide additional evaluative information beyond the letter grade. Students should make every effort to review these comments as soon as possible after completion of a rotation. The opinions of the physicians who have worked with a student are critical for self-improvement on the part of the student. In particular, constructive criticisms can help a student develop into a more competent physician. Students should attempt to review these comments at the hospital, either from the clerkship director or from the medical education office. Alternatively, students can request a copy of the evaluation form from their clinical student coordinator in the Office of Clinical Studies.

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

- (1) **40%:** Faculty/Preceptor Evaluations and Midway Faculty/Student Assessment Meeting
- (2) **30%:** Core Rotation/ NBME Exam Score
- (3) **20%:( see image below)**
- (4) **10%:** OSCE.



The **final grade** calculation= Cumulative of above 4 > 65 % to pass.

**Grading:**

**Pass:** If you get an A in all 4 areas of evaluation.

**In progress:** Failure of one area but pass all other areas of evaluation.

**Failure:** Fail two or more areas of evaluation.

**Re-mediation In progress:**

- **Clinical evaluation:** successfully repeat 4 weeks of rotation
- **Clinical Log:** successfully complete all logs
- **OSCE/Oral:** successfully repeat the OSCE
- **Written Exam:** successfully pass exam, up to three attempts

The final grade will be calculated using the new data and will be downgraded one letter grade unless that grade is a “C”.

**Failure:** The student must repeat the entire clerkship.

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## **Clinical Performance (40%)**

The teaching physicians who work with the student during the rotation evaluate the student's clinical performance in six competency areas, medical knowledge, clinical skills, professional behavior, Interpersonal and Communication Skills, Proactive based learning and systems-based learning. The more feedback the evaluator gets from different members of the medical staff that instructed the student, the more objective grades can be. The faculty evaluates the extent to which the student has developed the competencies required for that rotation. The following general goals form the basis of all evaluations. A more comprehensive list of competencies appears in Outcome Objectives of Medical education above.

- a. Medical Knowledge - students are evaluated on knowledge of basic, clinical and social sciences; the pathophysiology of disease; clinical signs, symptoms and abnormal laboratory findings associated with diseases and the mechanism of action of pharmaceuticals.
- b. Clinical Skills - students are evaluated on diagnostic decision making, case presentation, history and physical examination, communication and relationships with patients and colleagues, test interpretation and therapeutic decision making. Students must be observed and evaluated at the bedside.
- c. Professional Behavior-students are evaluated on their interaction with staff and patients, integrity, sensitivity to diversity and attendance, as well as their commitment to lifelong learning and independent study.
- d. Interpersonal & Communication Skills- Assessed based on how the student establishes relationships with patients/families, educates and counsels patients/families, maintains comprehensive, timely, legible medical records.
- e. Practice Based learning- How the student self-assesses, uses new technology, accepts feedback.
- f. Systems based practice- Based on how student assists patients in dealing with system complexities, coordinates various resources.

A mid-core meeting with each student is required in order to discuss the student's performance. Students must print a copy of their Electronic Patient Encounter Log and present it at the mid-core meeting for review by the Clinical Preceptor. The Clinical Preceptor discusses the log and the student's performance. This discussion should include encouragement if the student is doing well or a warning with constructive criticism if the student is doing poorly. The mid-core evaluation is formative and requires documentation on the WUSM Midcore evaluation form (see Appendix D).

### **1. End of Clerkship Examinations**

#### **a. OSCE(s), Oral Examination (10%)**

Each department has a form for the end-of-clerkship oral exam (appendix J). The end-of-clerkship oral exam should last at least 20 minutes and requires a one-on-one format involving the student and clinical faculty member. It is used to evaluate

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independent study and patient log documentation but is primarily a Step 2 CS-type exam.

The first part of the exam requires the examiner to review the portfolio which each student brings to the exam. This portfolio consists of the patient log and the web-based exams. The examiner first confirms that the student has completed all assignments and has shown a commitment to documentation in the log. The portfolio can be used to evaluate the extent to which the student has studied actively and independently.

After the review of the patient log, the exam should proceed as a Step 2 CS OSCE exam, this will assess 4 major competencies:

- i. The integrated clinical encounter (ICE). This is the "classic" exam (1 long, 2 short active cases and 1 inactive case). The examiner could choose the cases from the case bank (standardization and validity). The examination is conducted according to the OSCE format (trained SP and examiners) and evaluation is performed using a "checklist" grading system (reliability). The scope of the examination focuses on 6 areas of the competencies:
  - a) Detailed or focused History and Physical (Long case)
  - b) Counseling – Communication demonstrating empathy and sympathy (short case)
  - c) Performing a common procedure (Short case)
  - d) Interpretation of investigational Data (inactive case)
  
- ii. Communication skills and interpersonal relationship (CS/IR). This is new and may require some creativity and play-acting on the part of the examiner. Departments could develop a list of "challenging" questions involving ethical issues, e.g., end-of-life decisions, informed consent, delivering bad news, etc. Evaluations here may be difficult and subjective. One way to look at this would be for examiners to ask themselves "If this was an interview, would I take this student into my residency program?" If the answer is negative, we would like to know, in order to remediate the student. The exam form should have a section for such comments. These students may be at high risk for a Step 2 CS failure and/or for not getting a residency because of their lack of interviewing skills. To a certain extent, this can be a formative as well as a summative exam.

**b. NBME Exam (30%)**

The NBME Clinical Subject (Shelf) Exam must be taken by all students toward the end of

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the core rotation and determines 30% of the final grade. Scheduling for this exam is done by Dean's office. Hospitals should excuse students for the entire day in order to take these exams. While the OSCE exam is based on the student's clinical experience during the rotation, the shelf exam is not. Instead the shelf exam tests students' understanding of the subject as, for example, it might be presented in a concise textbook.

Students must sit the shelf exam before starting their next rotation.

**c. Examination Policies and Procedures**

- i. All students must attend the OSCE Exam as scheduled. No excuses are permitted unless approved by the Clinical Preceptor or AHD.
- ii. All students must attend the NBME exam as scheduled. With rare exception and only after approval by a Dean, a student can take a separate WINDSOR written exam.
- iii. Students who are too ill to take the exam as scheduled should refer to the "Medical Excuse" policy in the Student Manual.
- iv. If for any reason a student misses an OSCE exam, a make-up exam must be scheduled within 2 weeks with the Clinical Preceptor or AHD. If for any reason a student misses an NBME exam, a make-up exam must be scheduled within 2 weeks by contacting Dean's office.

**2. Other Rotations**

Electives, sub internships, and primary care rotations are graded on a pass-fail basis and also required narrative comments. These narrative comments will also be used in the MSPE. The grade is based on a student's daily performance in terms of knowledge, skills and professional behavior. Credit can be given only after receipt of the student's Certificate of Completion of Elective Form.

**3. Inadequate Performance** A student will not be given credit for any rotation if there is an F in any of the areas. An F in any area requires a discussion between the student's Clinical Preceptor or AHD and the Dean. If a student is judged to have failed a rotation because of inadequate clinical performance, that rotation must be repeated in another hospital. Such students are formally discussed by the Clinical Committee on Academic Progress and Professional Standards. If a student fails the OSCE examination, remedial work can be mandated by the clerkship director. Credit for a core rotation can be given only after the evaluation is received by the

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University and the student has passed all parts of the evaluation.

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

Thus, a three-tiered system for dealing with student problems is available at all clinical sites. Initially a student's preceptor and/or clerkship director discusses a student's behavior or attitude with the student. This is done at the time of the mid-core evaluation or at any other time that is appropriate. Many times counseling the student is sufficient. If the problem recurs, a pattern develops or a single problem appears serious, the Clinical Preceptor notifies AHD. The AHD meets with and counsels the student. If the problem is serious enough, the AHD notifies the deans' offices. The Dean of Students and the Dean of the School of Medicine have the ultimate responsibility for dealing with students' problems.

## **Clinical Curriculum**

Each of the cores clinical rotations includes in-hospital patient care which might be coupled with outpatient office experience where permitted by state law, creating a learning environment in which clinical competence can be achieved. In addition to acquiring knowledge and skill, students should gain the ability to gather essential and accurate patient information by medical history and physical examination. Students develop investigatory and analytical clinical thinking based on the understanding of the path physiology of disease. They should apply knowledge of the structure function of the body, major organ systems and of the molecular cellular and biochemical mechanisms. The student should develop an understanding of the scientific basis of the practice of medicine. In the course of the clinical rotations they should develop a personal program of self-study and professional growth with the guidance of the teaching faculty. They should also demonstrate compassion and empathy in patient care maintaining the highest moral and ethical values. There should be a demonstrative sensitivity to culture, age, gender, and disability as they apply to patients. The students should demonstrate an understanding of the relationships among the various aspects of healthcare delivery.

**The following is a list of the objectives and curricula for the Core and Elective Rotations:**

### **Internal Medicine – 12 Weeks:**

Students gain general knowledge of internal medicine, which includes health promotion, disease prevention, diagnosis and treatment of men and women from adolescence through old age, from

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times of health through all stages of acute and chronic illness. Additionally, students develop skills in problem solving, decision making and an attitude of caring driven by humanistic and professional values. This rotation incorporates a consideration of human biology, behavior, and understanding of the epidemiology and path physiology of disease and the mechanisms of treatment. Students master clinical skills in interviewing, physical examination, differential diagnosis, diagnostic testing strategies, therapeutic techniques, counseling, and disease prevention.

**Specific elements of the internal medicine Educational Objectives and Course Topics include:**

**Knowledge for Practice:**

- IMK1. Recognize the physiologic mechanisms that explain key findings in the history and physical exam.
- IMK2. Describe the etiologies, pathophysiology, clinical features, differential diagnosis, and related diagnostic testing and management of common inpatient medical conditions.
- IMK3. List the indications for the most commonly performed imaging/investigation examinations.
- IMK4. Demonstrate knowledge of human anatomy by recognizing key structures on various investigation modalities.

**Interpersonal and Communication Skills:**

- IMC1. Demonstrate appropriate listening and verbal skills to communicate empathy, elicit information regarding the patient's preferences and provide basic information and an explanation of the diagnosis, prognosis and treatment plan.
- IMC2. Perform as an effective member of the patient care team, incorporating skills in inter-professional communication and collaboration including giving and receiving feedback.
- IMC3. Document and orally present new patient and follow up patient cases in a thorough and focused manner.
- IMC4. Demonstrate understanding of the important role of communication in radiology/investigation procedures with specific emphasis on the investigation requisition, radiology/specimen/investigation report, urgent or unexpected findings, and recommendations for follow-up imaging or procedures.

**Problem Solving and Clinical Skills/Patient Care:**

- IMS1. Complete a patient's history and physical exam in a respectful, logical organized and thorough manner. When necessary, obtain supplemental historical information from collateral sources, such as significant others or previous physicians.
- IMS2. Evaluate and prioritize problems with which a patient presents, appropriately synthesizing

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these into logical clinical syndromes.

- IMS3. Formulate a differential diagnosis based on the findings from the history and physical examination and apply differential diagnosis to help guide diagnostic test ordering and sequencing.
- IMS4. Formulate an initial therapeutic plan and explain the extent to which the therapeutic plan is based on pathophysiologic reasoning and scientific evidence of effectiveness.
- IMS5. Advise patients and colleagues on the risks, benefits, limitations and indications of each of the most commonly performed imaging examinations.
- IMS6. Identify critical and high priority imaging/investigation findings on the most commonly performed imaging/procedural exams and discuss their importance in clinical patient management.

**Professionalism:**

- IMP1. Demonstrate a commitment to caring for all patients regardless of their medical diagnoses or social factors.
- IMP2. Exhibit teamwork and respect toward all members of the health care team, as manifested by reliability, responsibility, honesty, helpfulness, selflessness, and initiative in working with the team.
- IMP3. Demonstrate a positive attitude towards learning by showing intellectual curiosity, initiative, honesty, integrity, and dedication.

**Practice-Based Learning and Improvement:**

- IMPB1. Recognize when additional information is needed to care for the patient and demonstrate ongoing commitment to self-directed learning.
- IMPB2. Demonstrate ability to answer clinical questions using evidence-based medicine.
- IMPB3. Analyze gaps in knowledge and skills and see resources including assistance from colleagues to address gaps.
- IMPB4. Consider factors when performing diagnostic testing, including pretest probability, performance characteristics of tests (sensitivity, specificity, and likelihood ratios) and cost, risk and patient preferences and interpret these tests.
- IMPB5. Build a model for solving imaging/procedure related problems that effectively integrates indications for imaging, procedural, evidence-based uses for investigation, analysis of

imaging findings and generation of an imaging and investigation result oriented differential diagnosis.

**Systems-Based Practice:**

- IMSB1. Differentiate the role and contribution of each team member to the care of the patient,

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and call on interdisciplinary resources (case workers, nurses, physical therapists, etc.) to provide optimal and comprehensive care.

IMSB2. Apply health systems-based thinking to address outcomes in patient care.

IMSB3. Consider patient, physician, and system barriers (including cost) to successfully negotiate treatment plans and patient adherence; and understand strategies that may be used to overcome these barriers.

IMSB4. Regard the role of the other professional in the care of patients undergoing imaging evaluation or image guided procedures by participating in interactive image interpretation sessions.

### ***Core Topics & Patients***

The core topics that provide the foundation of knowledge for internal medicine are those found in any number of standard textbooks. Students should choose a textbook that can be read in its entirety during the 12-week medicine of clerkship. Examples of such textbooks are “Cecil, Essentials of Medicine”, as well as the Medicine Text by Kumar & Clark and Davidson. Also recommended are the companion texts, “Medicine, A Competency –Bases Companion” by Israel and Tunkel as well as “Symptom to Diagnosis, An Evidence-based Guide” by Stern, Cifu and Altkorn. Satisfactory performance on the NBME Clinical Subject Exam as well as the USMLE Step 2 CK exam will depend to a great extent on the dedication you give to this reading.

Students should make every effort to see patients with conditions listed below. This list is based on “Training Problems “published by the Clerkship Directors of Internal Medicine. In thinking about patients this list separates patients as follows:

**Cardiovascular:** The student will be able to diagnose and evaluate:

- Chest pain
- Myocardial infarction and angina
- Congestive heart failure
- Valvular heart disease
- Arrhythmias and the interpretation of EKG findings
- Differential diagnosis of hypertension and its evaluation
- Peripheral arterial disease
- Deep vein thrombosis and its complications

**Gastrointestinal and liver disease:** The student will develop knowledge in:

- Evaluation of abdominal pain
- Gastroesophageal reflux disease
- Peptic ulcer disease and disorders of the stomach
- Assessment of inflammatory bowel disease
- Irritable bowel syndrome
- Acute and chronic diarrhea
- Colorectal and anal disorders

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- Gastrointestinal bleeding
  - Acute and chronic hepatitis, and other hepatic disorders
  - Cirrhosis
  - Ascites
  - Diseases of the biliary tract and pancreas

**Endocrinology and metabolism:** The student will develop knowledge in:

- Diabetes mellitus
- Hyperlipidemia
- Abnormal weight loss or weight gain
- Obesity
- Thyroid and parathyroid disease
- Adrenal insufficiency and Cushing's disease
- Abnormalities of the hypothalamic pituitary axis
- Osteoporosis

**Hematological disorders and oncological disorders:** the student will have a working knowledge of:

- Anemia
- Abnormalities of white blood cell count
- Increased or decreased platelet count
- Leukemias and myeloproliferative disorders
- Multiple myeloma and lymphomas
- Cancer pathogenesis, evaluation and treatment options of more common cancers

**Pulmonary:** The student will be instructed in the differential diagnosis, evaluation and treatment of pulmonary diseases including:

- Shortness of breath
- Asthma
- Chronic obstructive pulmonary disorders
- Pulmonary fibrosis
- Pleural effusion
- Pulmonary emboli
- Sleep apnea

**Infectious disease:** The student will assess inpatient evaluation and management of infectious diseases including:

- A general approach to fever
- Pneumonia
- Urinary sepsis
- Bacteremia

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- HIV disease and other viral diseases

Nosocomial infections

**Renal disease:** The student will recognize and evaluate elements of:

- Acute renal failure
- Chronic renal failure
- Dialysis
- Acid based disorders
- Electrolyte disorders
- Disorders of calcium and phosphorous metabolism
- Management of arterial blood gas findings

**Rheumatology and musculoskeletal disease:** The student will learn to assess and evaluate joint and muscle pain disorders including:

- Approach to joint pain
- Septic arthritis
- Rheumatoid arthritis
- Osteoarthritis
- Gout
- Systemic lupus erythematosus
- Fibromyalgia
- Acute and chronic back pain
- Pain management techniques

**Neurosciences:** These include:

- Altered mental status
- Headaches
- Syncope
- Cerebrovascular accidents
- Peripheral neuropathy
- Paralysis

**Dermatology:** These include dermatological diseases:

- Dermatitis
- Infectious and fungal skin lesions
- Cutaneous manifestations of more general systemic disorders
- Dermatologic malignancy

**Substance abuse:** The student will develop knowledge of:

- Alcoholism and substance abuse as it relates to general internal medicine and Patient behaviors
- Smoking cessation

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## **Reading**

WUSM requires all students to complete reading of the Essentials of the Junior Clerkship in Internal Medicine II, published by the American College of Physicians during their Internal Medicine Rotation. The publication is available for purchase at the ACP website: [acponline.org](http://acponline.org)

WUSM recommends that all students complete the Medical Knowledge Self-Assessment Program for Medical Students (**MKSAP**), a comprehensive set of test questions prepared by the ACP as a review of Internal Medicine. Questions in this booklet are representative of internal medicine content questions that they will encounter on the USMLE step II.

This booklet is also available at [acponline.org](http://acponline.org)

Students are expected to use general medical textbooks such as Harrison's Internal Medicine for references during the course of their rotation.

## **Online resources:**

Complete list of MedU Simple Cases:

*Internal Medicine 01: 49-year-old man with chest pain*

*Internal Medicine 02: 60-year-old woman with chest pain*

*Internal Medicine 03: 54-year-old woman with syncope*

*Internal Medicine 04: 67-year-old woman with shortness of breath and lower-leg swelling*

*Internal medicine 05: 55-year-old man with fatigue*

*Internal Medicine 06: 45-year-old man with hypertension*

*Internal Medicine 07: 28-year-old woman with lightheadedness*

*Internal Medicine 08: 55-year-old man with chronic disease management*

*Internal Medicine 09: 55-year-old woman with upper abdominal pain and vomiting*

*Internal Medicine 10: 48-year-old woman with diarrhea and dizziness*

*Internal Medicine 11: 45-year-old man with abnormal LFTs*

*Internal Medicine 12: 55-year-old man with lower abdominal pain*

*Internal Medicine 13: 65-year-old woman for annual physical*

*Internal Medicine 14: 18-year-old woman for pre-college physical*

*Internal Medicine 15: 50-year-old man with cough and nasal congestion*

*Internal Medicine 16: 45-year-old man who is overweight*

*Internal Medicine 17: 28-year-old man with a pigmented lesion*

*Internal Medicine 18: 75-year-old man with memory problems*

*Internal Medicine 19: 42-year-old woman with anemia*

*Internal Medicine 20: 48-year-old woman with HIV*

*Internal Medicine 21: 78-year-old man with fever, lethargy, and anorexia*

*Internal Medicine 22: 71-year-old man with cough and fatigue*

*Internal Medicine 23: 54-year-old woman with fatigue*

*Internal Medicine 24: 52-year-old woman with headache, vomiting, and fever*

*Internal Medicine 25: 75-year-old woman with altered mental status*

*Internal Medicine 26: 58-year-old man with altered mental status and experiencing homelessness*

*Internal Medicine 27: 65-year-old man with hypercalcemia*

*Internal Medicine 28: 70-year-old man with shortness of breath and leg swelling*

*Internal Medicine 29: 55-year-old woman with fever and chills*

*Internal Medicine 30: 55-year-old woman with leg pain*

*Internal Medicine 31: 40-year-old man with knee pain*

*Internal Medicine 32: 39-year-old woman with joint pain*

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*Internal Medicine 33: 49-year-old woman with confusion*  
*Internal Medicine 34: 55-year-old man with lower backpain*  
*Internal medicine 35: 35-year-old woman with three weeks of fever*  
*Internal Medicine 36: 49-year-old man with ascites*

**Web Based Educational Assignments for Independent Learning**

Proof of completion of the following three web-based assignments along with your patient log will complete to your portfolio for medicine. As part of their evaluation students need to bring this portfolio to the end-of-clerkship oral exam.

Internal Medicine Course

Student will participate in the self-directed web-based learning course: SIMPLE (Simulated Internal Medicine Patient Learning Experiences) The assigned cases will be completed during your rotation.

Communication Skills Modules

Students are responsible for DOCCOM Communication Skills Modules 23 “The Geriatric Interview” and 24 “Tobacco Intervention” of the Communication Skills B course.

USMLE World

USMLE World Assignment - any 400 Internal Medicine questions

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## **Surgery – 12 weeks**

### ***Educational Objectives and Course Topics***

#### **Knowledge for Practice**

- SK1. Recognize surgically relevant anatomy and understand the pathophysiology behind surgical disease processes.
- SK2. Explain the clinical thought process and workup of a patient with a surgical problem, including developing an appropriate differential diagnosis.
- SK3. Develop appropriate management and treatment plans for a patient with a surgical problem.
- SK4. List complications related to common surgical procedures and recognize common complications of surgical procedures.
- SK5. Show how radiology and laboratory testing can be used to aid in the diagnosis and management of patients with surgical problems.

#### **Interpersonal and Communication Skills**

- SC1. Demonstrate effective communication with patients, families, and professional associates incorporating cultural, ethnic, gender, racial, and religious sensitivity.
- SC2. Convey key information accurately to the team.
- SC3. Model accurate, clear, and concise oral and written presentations.
- SC4. Demonstrate collegiality in working with all of those associated with the care of patients.
- SC5. Identify and distinguish the roles of various health professionals in the patient care team.

#### **Problem Solving and Clinical Skills/Patient Care**

- SS1. Perform a history and a physical examination that is appropriate for age, sex, and clinical problem and setting.
- SS2. Develop appropriate assessments and management plans for patients with surgical problems.
- SS3. Write inpatient progress notes in an appropriate manner and maintain medical record in a clear, accurate, and legally appropriate professional manner.
- SS4. Describe the structure of routine orders (admission, pre-op, post-op).
- SS5. Observe informed consent process noting potential effect(s) of physician-patient power imbalance, cultural disparities and bias.
- SS6. Practice universal precautions.
- SS7. Scrub, gown and glove appropriately.
- SS8. Perform skin closure using percutaneous and subcutaneous sutures.

#### **Professionalism**

- SP1. Accept feedback appropriately and use it for self-learning and improvement.

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- SP2. Describe the basic principles of informed consent.
  - SP3. Work collaboratively with other members of the health care team.
  - SP4. Demonstrate punctuality and timeliness, attend required conferences and return required assignments in on time.
  - SP5. Demonstrate respect for all individuals - patients, families, employees, residents, faculty, other students, etc.

#### **Practice-Based Learning and Improvement**

- SPB1. Access, analyze and evaluate the scientific and medical literature in order to address learning needs.
- SPB2. Apply the principles of evidence-based practice. SPB3. Use electronically available medical information.

#### **Systems-Based Practice**

- SSB1. Apply HIPAA regulations regarding patient privacy and confidentiality.
- SSB2. Describe the triage and referral of patients with surgical disease and the role of sub-specialty surgical care.
- SSB3. Describe screening guidelines and be able to apply those guidelines to surgical patients. SSB4. Exhibit cost-conscious use of diagnostic and treatment modalities in surgical patients.

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### **Core Topic Goals**

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

#### **1. Gastrointestinal (GI)**

Upper GI:

- Peptic Ulcer Disease
- Gastro Esophageal Reflux Disease
- Gastric Cancer
- Bariatric Surgery
- Esophageal Cancer

Lower GI:

- Diverticular Disease
- Colon Cancer
- Appendicitis
- Obstruction
  - Small Bowel Obstruction
  - Large Bowel Obstruction

#### **2. Breast (benign and malignant)**

#### **3. Hepato-Biliary:**

- Gallbladder:
  - Biliary Colic
  - Cholecystitis
- Acute Pancreatitis (Gallstone vs. Alcohol)
- Pancreatic Cancer

#### **4. Management of the Critically ill Surgical Patient (Including cases like shock, trauma, head injuries, burns, acute abdomen, gastrointestinal hemorrhage)**

#### **5. Vascular**

- Abdominal Aortic Aneurysm
- Peripheral Vascular Disease
- Carotid Artery Disease
- Hemodialysis Access
- Venous Disease (deep vein thrombosis, pulmonary embolism and post phlebitis syndrome)

#### **6. Hernias**

- Incisional
- Inguinal
- Femoral
- Umbilical

#### **7. Endocrine**

- 
- Thyroid
  - Parathyroid
  - Adrenal
  - Diabetic Foot

#### **8. Thoracic**

- Pulmonary Nodule
- Pneumothorax/ Hemothorax
- Rib Fractures

#### **9. Urology**

- Renal Colic
- Benign Prostatic Hypertrophy/Prostate Cancer
- Hematuria/Renal Cancer

#### **10. Ortho/Trauma**

- Long Bone Fracture
- Pelvic Fractures
- Osteoarthritis

#### **11. Integument**

- Cellulites
- Skin Cancer
- Venous Stasis Ulceration

#### ***Surgery Reading List Required***

##### ***Print:***

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

##### ***Web-based:***

doc.com (Drexel University communications skills-modules 17 & 35)

WISE-MD.com (Web Initiative for Surgical Education, instructions for access to MedU (including WISE-MD and other educational sites) are found on page 19 of the CTM).

*FM04: 19-year-old woman with sports injury*

*FM15: 42-year-old man right upper quadrant pain*

*FM16: 68-year-old man with skin lesion*

*FM18: 24-year-old woman with headaches*

*FM19: 39-year-old man with epigastric pain*

*FM26: 55-year-old man with fatigue*

*FM27: 17-year-old male with groin pain*

*IM01: 49-year-old man with chest pain*

*IM08: 55-year-old man with chronic disease management*

*IM09: 55-year-old woman with upper abdominal pain and vomiting*

*IM12: 55-year-old man with lower abdominal pain*

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IM17: 28-year-old man with pigmented lesion  
IM21: 78-year-old man with fever, lethargy, and anorexia  
IM27: 65-year-old man with hypercalcemia  
IM30: 55-year-old woman with leg pain  
IM31: 40-year-old man with knee pain  
IM36: 49-year-old man with ascites  
Pediatrics 15: Two siblings: 4-year-old male and 8-week-old male with vomiting

Additional resources;

<http://www.cetl.org.uk/learning/tutorials.html>

DOCCOM communication Skills Complete modules

Communication Skills Modules 17 "Informed Decision-Making"  
& 35 "Discussing Medical Error"

<https://websurg.com/>

Free access to various resources, registration is free

### **RECOMMENDED**

Suggested additional print and on-line sources are:

#### **Books:**

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

### **Web Based Educational Assignment for Independent Learning**

Proof of completion of the following three web-based assignments along with your patient log will complete your portfolio for surgery. As part of their evaluation students need to bring this portfolio to the end-of-clerkship oral exam.

WISE MD

Student will participate in the self-directed web-based learning course, WISE\_MD (The Web Initiative for Surgical Education) The 17 cases will be completed during your rotation The inTime Virtual Patient

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Cases Registration page opens. Provide your personal information in the prompts.

Communication Skills  
Modules

Students are responsible for completing DOCCOM communication Skills Complete modules Communication Skills Modules 17 "Informed Decision-Making" & 35 "Discussing Medical Error"

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## **Obstetrics And Gynecology -6 weeks**

Obstetrics and gynecology is a fast-paced, diverse field of medicine practiced in a variety of settings, both outpatient and inpatient. As a clerk you will have the opportunity to see patients who are healthy, seeking prenatal or preventive care, those who are having an acute life-threatening gynecologic problem and everything in between. Each student will spend time on labor and delivery, in the operating room participating in gynecologic surgery and in the outpatient setting. You may have the opportunity to work with subspecialists including Reproductive Endocrinologists, Gynecologic Oncologists, Maternal-Fetal Medicine specialists and more.

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

The ob/gyn clerkship requires that students record their patient contacts in the school's online patient encounter log. Along with your hands-on experience, your learning will be augmented by three web-based resources. Your patient log along with the web-based resources will constitute your ob/gyn portfolio which students need to present at the end-of- clerkship evaluation.

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

### ***Educational Objectives and Course Topics:***

#### **Knowledge for Practice**

- OGK1. Demonstrate knowledge of the physiology of the female pelvic anatomy with an emphasis on reproductive development and changes in endocrinology across a woman's lifespan.
- OGK2. Acquire a comprehensive understanding of primary and preventive care for women across the lifespan with appropriate screening tests, exams, and treatments at each stage.
- OGK3. Develop an evidenced-based understanding of the pathophysiology of conditions and common disorders that affect women, tests to diagnose, and the appropriate management options for these conditions.
- OGK4. Describe the course of a normal pregnancy and effective health care during pregnancy to ensure the health of the mother and fetus.

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OGK5. Discuss the proper management of labor and delivery and the management of common medical complications that occur during and after pregnancy.

OGK6. Recognize common obstetric and gynecological surgical procedures in terms of patient selection, pre-operative concerns, and the risks and benefits for each procedure.

### **Interpersonal and Communication Skills**

OGC1. Contribute to effective teamwork by communicating with the health care team in a timely, thorough and accurate manner.

OGC2. Document patient information with logically organized, concise, accurate written notes.

OGC3. Develop patient-centered communication skills to effectively convey health care information to patients.

OGC4. Use a respectful non-aggressive manner in counseling patients regarding lifestyle choices that contribute to optimal health.

### **Problem Solving and Clinical Skills/Patient Care**

OGS1. Take an effective history and physical, develop a differential diagnosis, and develop a management plan for common disorders and conditions.

OGS2. Provide appropriate assistance in the operating room for gynecological surgeries and C-sections.

OGS3. Evaluate surgical patients pre-operatively and post-operatively in terms of common complications and explain proper management of these complications.

OGS4. Discuss how to provide non-directive counseling to patients regarding pregnancy options and various methods of contraception with their benefits and risks.

OGS5. Assess the health of the mother and fetus health during pregnancy and labor and demonstrate the proper technique for delivering the baby.

### **Professionalism**

OGP1. Accomplish tasks in a way that demonstrates that patient well-being is always paramount.

OGP2. Demonstrate professionalism by interacting respectfully with the health care team, patients and families regardless of differing beliefs, culture or status.

OGP3. In developing management plans for patients consider the physical, emotional, social and financial costs that the condition and its treatment impose on the patient.

OGP4. Take responsibility for accomplishing assigned tasks in an effective and punctual manner.

OGP5. Demonstrate trustworthiness by maintaining patient confidentiality at all times.

### **Lifelong Learning/Practice Based Learning and Improvement**

OGPB1. Use evidence-based resources to better understand the condition and treatment of patients under your care.

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OGPB2. Improve performance based on instructional feedback from the faculty, residents and health care.

OGPB3. Reflect on your performance as a medical student and identify individual learning goals to accelerate your development as a physician.

### **Systems Based Practice**

OGSB1. Know and utilize hospital and community resources to support quality patient care.

OGSB2. Describe how multiple systems – hospitals, insurance carriers, government agencies - intersect in the clinical setting to impact patient care.

OGSB3. Identify the major public health issues impacting women's health care today.

OGSB4. Recognize the effect social and cultural factors have on the provision of quality patient care.

OGSB5. Demonstrate the ability to be an effective team member by assuming an appropriate role in any clinical situation in order to support quality patient care.

### **Core Topics**

#### **General**

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

#### **Obstetrics**

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

- 
- n. Preterm rupture of membranes
  - o. Third trimester bleeding
  - p. Postpartum hemorrhage
  - q. Postdates pregnancy
  - r. Fetal growth restriction
  - s. Antepartum and intrapartum fetal surveillance
  - t. Infection

### ***Gynecology***

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

### ***Endocrinology and Infertility***

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

### ***READING***

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

#### ***Required***

- Obstetrics/Gynecology for the Medical Student

Beckman, et al Lippincott Williams & Wilkins

#### ***Supplementary***

- Williams Obstetrics

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Cunningham et al, Appleton

- Danforth's Obstetrics and Gynecology

Scott et al Lippincott, Williams and Wilkins

- Problem Based Obstetrics and Gynecology

Groom and Cameron, Blackwell

- Reproductive Endocrinology

Speroff et al, Lippincott Williams and Wilkins

***Other Helpful Review Texts:***

- OB/GYN Mentor: Your Clerkship and Shelf Exam Companion

M. Benson, F. A. Davis Company

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

Le et al, Appleton & Lange

- First Aid for the USLME Step 2 CK and CS

Le et al, McGraw-Hill

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

***On Line References***

- APGO Website: [APGO.edu](http://APGO.edu)

- **OBGYN 101:** Introductory Obstetrics and Gynecology": [obgyn-101.org](http://obgyn-101.org)

***Web Based Educational Assignment for Independent Learning***

Proof of completion of the following three web-based assignments along with your patient log will complete your portfolio for ob/gyn. As part of their evaluation students need to bring this portfolio to the end-of-clerkship oral exam.

Communication Skills  
Modules

Students are responsible for completing DOCCOM Communication Skills Modules 18 "Exploring Sexual Issues" & 28 "Domestic Violence" of the Communication Skills B course.

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## Resources:

### Cases/Question Banks:

#### Association of Professors of Obstetrics and Gynecology (APGO)

##### Resources:

##### Cases/Question Banks:

Association of Professors of Obstetrics and Gynecology (APGO) ([www.apgo.org](http://www.apgo.org)) has a number of useful resources and information for medical students during both their clerkships and for those interested in a career in obstetrics and gynecology.

##### Resources include:

**uWISE:** The APGO Undergraduate Web-Based Interactive Self-Evaluation (uWISE) exam was developed to help medical students acquire the necessary basic knowledge in obstetrics and gynecology. The quizzes and comprehensive exam are excellent tools to help prepare for the NBME ob-gyn exam and national licensure examinations.

To access: <https://apgo.mycrowdwisdom.com/diweb/signin?f=https%3A%2F%2Fapgo.mycrowdwisdom.com%2Fdiweb%2Finstitution%3Fguid%3D20d874eb-166c-4da6-a7f9-a1d2255c5b4b%26sso%3D1530807774402>

Use username - [apgouise@apgo.org](mailto:apgouise@apgo.org) and password - [apgouise](mailto:apgouise@apgo.org)  
Once logged in select institute to access the resource.

##### APGO cases:

APGO has developed learning cases for students to go through in a small group setting or with a preceptor. We recommend reviewing these cases throughout the clerkship and prior to your clinical skills testing and shelf exam to solidify your knowledge.

To access: <https://www.apgo.org/students/apgo-medical-student-educational-objectives/>

Scroll down on the webpage to access videos and resources.

(APGO) ([www.apgo.org](http://www.apgo.org)) has a number of useful resources for both their clerkships and for those interested in a

##### Self-Evaluation

Acquire the necessary basic knowledge in obstetrics and gynecology. The quizzes and comprehensive exam are excellent tools to help prepare for the NBME ob-

<https://apgo.mycrowdwisdom.com/diweb/signin?f=https%3A%2F%2Fapgo.mycrowdwisdom.com%2Fdiweb%2Finstitution%3Fguid%3D20d874eb-166c-4da6-a7f9-a1d2255c5b4b%26sso%3D1530807774402>

Use

Review these cases in a small group setting or with a preceptor. We recommend reviewing these cases throughout the clerkship and prior to our clinical skills testing and shelf exam to solidify your knowledge.

<https://www.apgo.org/students/apgo-medical-student-educational-objectives/>

Scroll

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## **Pediatrics -6 weeks**

The clerkship will provide students with a clinical experience that prepares them to communicate effectively with patients and families and learn to evaluate and manage children from newborn through adolescence.

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

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

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

### ***Educational Objectives***

#### **Knowledge for Practice**

- PK1. Apply knowledge of pathophysiology and epidemiology by managing common acute and chronic pediatric illnesses and disabilities.
- PK2. Differentiate between normal and abnormal physical growth and intellectual, social and motor development in children.
- PK3. Recommend appropriate components of a health supervision visit, including immunizations and screening tests, based on age.

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### **Interpersonal and Communication Skills**

- PC1. Demonstrate effective and comfortable verbal and non-verbal communication skills with children and their families.
- PC2. Present a complete, well-organized verbal summary of the patient's history and physical examination findings, including an assessment and plan, modifying the presentation to fit the time constraints and educational goals of the setting.
- PC3. Effectively communicate information about the diagnosis and plan to the health care team.
- PC4. Effectively communicate information about the diagnosis and plan to the family and assess the families' understanding of this information.

### **Problem Solving and Clinical Skills/Patient Care**

- PS1. Adapt the medical interview to obtain a complete medical history with children and/or their families, from birth to 21 years of age.
- PS2. Conduct a complete pediatric physical exam appropriate to the nature of the visit or complaint.
- PS3. Document the history, physical exam, and assessment and plan using an organized format appropriate to the clinical situation (e.g. inpatient admission note, progress note, acute illness visit, health supervision visit).
- PS4. Develop age appropriate differential diagnoses, clinical assessments and management plans for common acute pediatric illnesses.
- PS5. Interpret the results of basic diagnostic tests, recognizing the age appropriate values.
- PS6. Assume responsibility for the initial and follow up care of the patient under the supervision of residents and faculty.

### **Professionalism**

- PP1. Demonstrate the development of humanistic attitudes in dealing with well, acutely ill, and chronically ill pediatric patients and their families.
- PP2. Approach your education positively by showing intellectual curiosity, initiative, honesty, integrity, responsibility, maturity in soliciting, accepting, and acting on feedback, dedication to being prepared and reliability in all clinical and educational settings.
- PP3. Communicate with patients and families respectfully, compassionately, sensitively and with an integrity and flexibility.

### **Practice Based Learning and Improvement**

- PPB1. Establish a pattern of continuous inquiry into the problems of human health and

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development, referring to basic texts and current literature.

PPB2. Access relevant clinical information using electronic databases and critically appraise the information obtained to make evidence-based decisions regarding the care of your patients.

### **Systems Based Practice**

PSB1. Develop an understanding of the child and families' perspectives of being cared for within our health care system.

PSB2. Discuss the impact of social, cultural and environmental factors on the health of young people.

PSB3. Describe the importance of access to and common barriers to medical care as a determinant of health.

PSB4. Describe the role and responsibility of physicians in linking children and their families with community resources and the services offered by those resources.

### ***Core Topics***

#### General

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

#### Well Child Care

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

#### Growth and Development

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

#### Neonatology

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

#### Common Childhood Illnesses and Their Treatments

- 
1. Ear Nose and Throat (ENT) and pulmonary disorders
    - a. Upper Respiratory Infection (URI)
    - b. Pharyngitis
    - c. Otitis media
    - d. Sinusitis
    - e. Cervical adenitis
    - f. Croup/epiglottitis
    - g. Bronchiolitis
    - h. Asthma
    - i. Foreign body
    - j. Pneumonia
    - k. Cystic fibrosis
    - l. Tuberculosis
  2. Eyes
    - a. Conjunctivitis
    - b. Ocular trauma
    - c. Amblyopia
    - d. Strabismus
  3. Cardiac
    - a. Fetal circulation.
    - b. Congenital anomalies: Ventricular Septal Defect (VSD), Atrial Septal Defect (ASD), Tetralogy of Fallot, transposition of the great vessels, coarctation of the aorta, patent ductus arteriosus (PDA), pulmonic stenosis (PS). The significance of these defects as isolated findings and as they relate to genetic syndromes.
    - c. Acquired heart disease: Rheumatic Fever (RF), myocarditis
    - d. Hypertension
  4. Gastrointestinal Disorders (G.I.)
    - a. Gastroenteritis
    - b. Constipation/Hirschsprung's disease
    - c. Acute abdomen (appendicitis, intussusception, volvulus)
    - d. Inflammatory bowel disease
    - e. Gastroesophageal reflux disease (GERD)
  5. Endocrine
    - a. Diabetes, Diabetic Ketoacidosis (DKA)
    - b. Thyroid disease
    - c. Adrenal disease
    - d. Congenital Adrenal Hyperplasia (CAH)
    - e. Failure to Thrive
    - f. Obesity
    - g. Metabolic Syndrome
  6. Neurology
    - a. Seizures
    - b. Meningitis
    - c. Head trauma
    - d. Cerebral palsy
    - e. Tumors
  7. Hematology/Oncology
    - a. Anemias/hemoglobinopathies
    - b. Pediatric malignancies (Acute Lymphatic Leukemia, lymphomas,

- 
- neuroblastoma, Wilm's tumor)
  - c. Immune thrombocytopenic purpura (ITP)
  - 8. Renal and Genitourinary (G.U.)
    - a. Urinary tract infections (UTI's)
    - b. Nephritis/nephrosis
    - c. Fluid and electrolyte balance
    - d. Congenital anomalies
  - 9. Dermatology
    - a. Seborrheic dermatitis
    - b. Atopic dermatitis
    - c. Impetigo
    - d. Fungal Infections
    - e. Exanthems
    - f. Neurocutaneous stigmata (neurofibromatosis, etc.)
  - 10. Ingestions and Toxidromes
    - a. Lead poisoning
    - b. Salicylate, acetaminophen
    - c. Iron
  - 11. Common Pediatric Orthopedic Problems
    - a. Developmental dysplasia of the hip
    - b. Osgood Schlatter
    - c. Slipped Capital Femoral Epiphysis
    - d. Torsions
    - e. Legg-Calve-Perthes disease
    - f. Dislocated radial head (nursemaid's elbow)
    - g. Fractures
  - 12. Musculoskeletal System
    - a. Osteomyelitis/septic arthritis
    - b. Muscular dystrophies
  - 13. Adolescence
    - a. Tanner staging
    - b. Precocious/delayed puberty
    - c. Stages of adolescent development
    - d. Sexually transmitted infections
    - e. Pregnancy/menstrual irregularities
    - f. Vaginal discharge
  - 14. Child Maltreatment Syndrome
    - a. Physical abuse
    - b. Sexual abuse
    - c. Emotional abuse
    - d. Neglect

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15. Genetics
    - a. Down Syndrome, # 21 trisomy
    - b. #13 trisomy
    - c. #18 trisomy
    - d. Turner Syndrome
    - e. Klinefelter Syndrome
  16. Collagen Vascular
    - a. Juvenile Rheumatoid Arthritis
    - b. Systemic Lupus Erythematosus
    - c. Henoch Schonlein purpura
    - d. Kawasaki disease
    - e. Hemolytic Uremic Syndrome
  17. Behavioral Issues
    - a. Temper tantrums
    - b. Discipline issues
    - c. Sleep disorders
    - d. Attention Deficit Disorders
    - e. Hyperactivity issues
    - f. Learning disabilities
    - g. Oppositional defiant disorders
  18. Miscellaneous
    - a. Fever without focus
    - b. Human Immunodeficiency Virus infection (HIV)
    - c. Acquired Immunodeficiency Syndrome (AIDS)
  19. Bioethical Principals.
    - a. Respect for persons (privacy, confidentiality, informed consent, inclusion of patient/parent in decision making, provision for identity and culture, disclosure).
    - b. Medical beneficence (concern for the patient's best interest).
    - c. Non-maleficence (not harming).
    - d. Utility (balancing potential benefit to potential harm).

***Reading  
Required***

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

***Comprehensive Textbooks***

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

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### **CLIPP Cases:**

Family Medicine 24: 4-week-old female with fussiness  
Pediatrics 01: Newborn make infant evaluation and care  
Pediatrics 02: Infant female well-child visits (2,6, and 9 months)  
Pediatrics 03: 3-year-old male well-child-visit  
Pediatrics 04: 8-year-old male well-child check  
Pediatrics 07: 2-hour-old male newborn with respiratory distress  
Pediatrics 08: 6-day-old female with jaundice  
Pediatrics 09: 2-week-old female with lethargy  
Pediatrics 10: 6-month-old female infant with a fever  
Pediatrics 11: 4-year-old male with fever and adenopathy  
Pediatrics 19: 16-month-old male with first seizure  
Pediatrics 28: 18-month-old male with developmental delay

### **Online Resources**

<http://www.aap.org/> (American Academy of Pediatrics)  
<http://www.immunize.org> (immunization resources)  
[www.cdc.gov](http://www.cdc.gov) (includes immunization schedules, growth charts)  
[www.brightfutures.org](http://www.brightfutures.org) (well child care)  
<http://www.generalpediatrics.com> (pediatric topics only)  
[www.utd.com](http://www.utd.com) (Uptodate)  
<http://www.emedicine.com/ped/index.shtml> (online textbook)  
<http://www.ncbi.nlm.nih.gov> (Pubmed)  
<http://www.genetests.org/> (Information about genetic disorders)

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

### **Web Based Educational Assignments for Independent Learning**

Proof of completion of the following three web-based assignments along with your patient log will complete your portfolio for pediatrics. As part of their evaluation students need to bring this portfolio to the end-of-clerkship oral exam.

CLIPP Pediatrics Course

Student will participate in the self-directed web-based learning course, CLIPP (Computer-Assisted Learning in Pediatric Programs). The 25 assigned will be completed during your rotation.

Communication Skills Modules

Students are responsible for DOCCOM Communication Skills Modules #21 "Communication and Relationships with Children and Parents" and #22 "The Adolescent Interview" of the

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Commun  
USMLE

ication Skills B course.  
USMLE World Assignment - 400  
Ob/GYN questions

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## Psychiatry-6 weeks

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

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

### Educational Objectives

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

Didactic study will include multiple activities, including classroom activities such as lectures, seminars, and student presentations, as well as self-directed learning activities such as reading and working from the Department's web-based curriculum. The web-based curriculum includes an introduction and orientation to the clerkship and requirements of the clerkship; a review of the mission, goals, educational objectives and study topics described in this manual; study material and links to useful websites for further study; quizzes and practice tests; a description of the mid-core assessment, the oral exam and the written exam. At the completion of this core clerkship, the student will be able to:

### **Knowledge for Practice**

PsyK1. Be able to use the biopsychosocial model of illness which is applicable to the care of all patients.

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PsyK2. Describe the major psychiatric diagnoses as defined in the DSM-IV-TR and DSM-V in the context of epidemiology, pathophysiology, risk factors, substance-related contributions, clinical presentation and prognosis.

### **Interpersonal and Communication Skills**

PsyC1. Exhibit the ability to engage a patient in a psychiatric interview and psychotherapeutic relationship appropriate to care in a hospital or outpatient setting, which includes demonstrating an ability to establish rapport, manage patients' reactions, discuss sensitive information, and discuss assessment and treatment plans.

PsyC2. Exhibit the ability to recognize and manage one's personal reactions and responses to patients that may enhance or detract from an appropriate professional relationship, which may include excessive sympathy, anger, rejection, fear, over-emphasis on interpersonal control, or social and cultural differences.

PsyC3. Be able to present and discuss the biopsychosocial assessment, DSM-IV-TR and DSM- V diagnoses and treatment plan with colleagues, including psychiatrists, psychologists, residents, social workers, nursing staff, consulting physicians and other physicians involved in the patient's care.

### **Problem Solving and Clinical Skills/Patient Care**

PsyS1. Be able to conduct an adequate psychiatric interview, including skills in recognizing and categorizing psychological and behavioral phenomena as described in the mental status exam for common psychiatric disorders.

PsyS2. Be able to formulate a differential diagnosis from the interview and mental status exam utilizing DSM-IV-TR and DSM-V criteria and biopsychosocial factors for common psychiatric disorders.

PsyS3. Be able to develop and execute an initial treatment plan, including further diagnostic studies, psychotherapeutic, psychopharmacologic, and somatic interventions with an understanding of their indications.

### **Professionalism**

PsyP1. Describe the details and reasons for extreme care of confidentiality in working with patients with psychiatric illness and that appropriate releases of information have been obtained before information is shared.

PsyP2. Demonstrate appropriate professional boundaries in the context of interpersonal issues which arise during psychiatric decompensation and other psychopathology, which includes management of appropriate psychotherapeutic alliance and appropriate limits.

PsyP3. Explain the basic ethical principles that apply to involuntary commitment to psychiatric care, appropriate use and limits of restraints and seclusion, the complex clinical and legal issues around the assessment of competency, and the interplay of principles such as autonomy,

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paternalism, and safety of others.

PsyP4. Be aware of the importance of humanism and empathy during the psychiatric care of patients and appreciate the importance this has on clinical care.

### **Practice Based Learning and Improvement**

- PsyPB1. Formulate skills in assembling and integrating information relevant to patient care from multiple sources, including utilizing databases in searches for assessment and treatment of psychiatric illness.
- PsyPB2. Research evidenced-based materials that are applicable to patients' care and incorporate this evidence into the patient's assessment and treatment of psychiatric illness.

### **Systems Based Practice**

- PsySB1. Demonstrate respect for and integrate the care of hospitalized psychiatric patients with all team members, including other psychiatrists, residents, psychologists, nursing staff, social work staff, occupational therapy staff, consulting physician staff, and clergy members.
- PsySB2. Demonstrate respect for, and integrate the care of patients in the outpatient setting with all team members, including other psychiatrists, residents, primary care or other physicians, psychologists, nursing staff, social work staff, case managers, family members, and any others involved in the patient's ongoing outpatient care plan.
- PsySB3. Educate patients about available system resources for psychiatric illness and their role in accessing and working within these systems.

### **Core Topics**

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

1. Evaluation and assessment
  - a. Biopsychosocial-cultural model
  - b. Psychiatric interview; collateral sources of information
  - c. Mental status exam
  - d. Capacity and competency with regard to medical decision making
  - e. Indications for and interpretation of relevant laboratory testing, e.g., Substance screening, endocrinological tests, and consultations with other physicians
  - f. Medical and neurologic assessment
  - g. Indications for and use of results of psychological and/or neuropsychological testing
2. Psychopathology

- 
- a. Psychopathology of major disorders, including substance use disorders
  - b. Classification systems and differential diagnosis
  3. Management
    - a. Psychopharmacology
    - b. Psychotherapeutic approaches
    - c. ECT
    - d. Interdisciplinary treatment team
    - e. Psychiatric emergencies, including assessment of suicidality and dangerousness
    - f. Intoxication/withdrawal syndromes.
    - g. Civil commitment and treatment refusal
    - h. Management of psychiatric disorders in medical/surgical patients
  4. Communication
    - a. Communication in layman's language and patient/family education
    - b. Empathy, rapport, therapeutic alliance
    - c. Communication with the interdisciplinary treatment team
  5. Professional behavior
    - a. The impact of culture and self-awareness
    - b. Professional ethics, informed consent, confidentiality and privacy
    - c. Professional boundaries

### ***Reading***

The most recent editions of the following text books are recommended: **Synopsis**

**of Psychiatry**, Kaplan and Kaplan, Lippincott, Williams & Wilkins

**Introductory Textbook of Psychiatry**, Andreason and Black, APPI

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

### ***Web Based Educational Assignments for Independent Learning***

Proof of completion of the following three web-based assignments along with your patient log will complete your portfolio for psychiatry. As part of their evaluation students need to bring this portfolio to the end-of-clerkship oral exam.

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Communication Skills Modules	Students are responsible for completing DOCCOM communication Skills Complete modules 13 "Managing Strong Emotions" and 15 "Culture in the Clinical interview".
USMLE	USMLE World Assignment - 150 questions

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## Family Medicine and General Practice -6 weeks

The clerkship in family medicine will:

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

### ***Educational Objectives***

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

#### **Knowledge for Practice**

- FMK1. Interpret the clinical features, differential diagnosis, and management of common acute and chronic medical conditions seen in the ambulatory medical setting.
- FMK2. Recognize the impact of select chronic conditions at the individual patient and societal levels.
- FMK3. Compare preventive strategies for common acute and chronic medical conditions seen in the ambulatory setting, in the clinic, and at the population level.

#### **Interpersonal and Communication Skills**

- FMC1. Present cases to preceptor in a patient-centered manner, integrating further testing recommendations, diagnostic probabilities, and evidence-based treatment recommendations as indicated.
- FMC2. Document clinical encounter in written SOAP note form.
- FMC3. Establish effective relationships with patients and families using patient-centered communication skills.
- FMC4. Ascertain patient and family beliefs regarding common acute and chronic medical conditions.

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FMC5. Educate patients and families regarding common acute and chronic medical conditions.  
FMC6. Demonstrate the process of negotiating management plans with patients,

incorporating patient needs and preferences into care.

FMC7. Check for patient's understanding of follow-up plan, including treatments, testing, referrals, and continuity of care.

### **Problem Solving and Clinical Skills/Patient Care**

FMS1. Perform focused histories and physical exams relevant to common acute and chronic medical conditions.

FMS2. Perform comprehensive wellness exams relevant to patient's age and comorbidities.

FMS3. Formulate treatment plans for common acute and chronic ambulatory medical problems.

FMS4. Use test characteristics, predictive values, and likelihood ratios to enhance clinical decision making.

FMS5. Distinguish preventive screening tests for individual patients, acknowledging prevalence, risk factors, and outcomes.

FMS6. Formulate answerable clinical questions from patient interactions.

### **Professionalism**

FMP1. Recognize and address self-care and personal issues that affect one's ability to fulfill the professional responsibilities of being a physician.

FMP2. Assume responsibility, behave honestly, and perform duties in a timely, organized, respectful, and dependable manner.

FMP3. Seek, accept, and apply constructive feedback appropriately.

### **Practice Based Learning and Improvement**

FMPB1. Practice life-long learning skills, including the use of evidence-based medicine at point of care.

FMPB2. Differentiate and appraise preventive service guidelines and recommendations from various organizations.

FMPB3. Identify individual learning goals and self-assess knowledge and behaviors.

### **Systems Based Practice**

FMSB1. Identify community assets and system resources to improve the health of individuals and populations.

FMSB2. Demonstrate a clinical perspective that recognizes the impact of multiple health-

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systems on patient health.

***Core Topics:***

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

***Medical Conditions***

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

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

***Patient Education Topics***

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

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8. Smoking cessation
  9. Exercise
  10. Stress management

**Text books**

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

**Web Based Educational Assignments for Independent Learning**

Proof of completion of the following three web-based assignments along with your patient log will complete your portfolio for family medicine. As part of their evaluation students should submit their portfolio to the clerkship director at the end of the rotation.

Online Family Medicine Course

Student will participate in the self-directed web-based learning course, fmCASES. All assigned cases will be completed during your rotation.

Communication Skills Modules

Students are responsible for DOCCOM communication Skills Modules 25 “Diet / Exercise” and 29 “Alcoholism Diagnosis and Counseling” modules of the Communication Skills B course.

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## **Electives**

### ***Surgical Subspecialties***

#### ***Anesthesiology:***

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

#### ***Orthopedics:***

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

#### ***Urology:***

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

#### ***Ophthalmology:***

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

#### ***Otorhinolaryngology:***

1. Review the relevant clinical anatomy of ear/nose/throat.
2. Outline the diagnosis and management of common conditions of the ear including

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cerumen impaction, foreign body removal, and perforation of the tympanic membrane, otitis externa and otitis media.

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

### **Selectives:**

#### **Emergency Medicine**

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

#### **Educational Objectives**

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

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

**B. Clinical Skills** – Students will demonstrate the ability to:

- Perform assessment of the undifferentiated patient
- Efficiently perform a medical interview
- Perform a directed physical examination
- Initiate resuscitation and stabilization measures
- Correctly perform the following procedural techniques: intravenous line, ECG, foley catheter, splint sprain/fracture, suture laceration
- Develop an evaluation plan
- Develop a therapeutic plan
- Develop skills in disposition and follow-up of patients
- Demonstrate an availability to patients, families, and colleagues

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- Acquire skills in breaking bad news and end of life care
  - Use information technology to improve patient care
  - Critically appraise medical literature and apply it to patient care
  - **C. Professional Behavior** – Students will be expected to:
    - Demonstrate dependability and responsibility
    - Treat patients and families with respect and compassion
    - Demonstrate an evidence-based approach to patient care based on current practice-based data.
    - Demonstrate professional and ethical behavior
    - Work with other health care professions in a team-oriented approach
    - Evaluate own performance through reflective learning
    - Incorporate feedback into improvement activities
    - Be aware of their own limitations and seek supervision and/or consultation when appropriate.

**Core Topics:**

All medical students should have exposure to the following during their clinical rotations based on a national curriculum.

1. Abdominal/pelvic pain
2. Alteration/loss of consciousness
3. Chest pain
4. Musculoskeletal/Limb Injuries
5. Gastrointestinal bleeding
6. Geriatric Emergencies
7. Headache
8. Pediatric Emergencies
9. Respiratory Distress
10. Resuscitation
11. Shock
12. Vaginal bleeding
13. Wound care

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

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## Windsor University USMLE Step 2 CK Policy

- All USA residency bound students are required to pass the National Board of Medical Examiners (NBME) Clinical Comprehensive examination in order to take the USMLE Step 2 CK examination.
- Students must complete all core clerkships prior to taking the NBME Clinical Comprehensive examination. Students may request to take the NBME Clinical Comprehensive examination before all core clerkships are completed.
- Students are required to attain a score result of at least 75 on the NBME Clinical Comprehensive examination in order to take the USMLE Step 2 CK examination. WUSM will review the passing score for the NBME Comprehensive Exam on a semester basis and make changes as needed.
- Students who fail the NBME Clinical Comprehensive examination may retake the exam, for a total of three attempts. After the third failure, the student will be subject to academic dismissal. Students have the right to appeal the final decision.
- Students who fail the NBME Clinical Comprehensive examination will be contacted by the Associate Dean for Clinical Student for counseling and to assist with resolving issues related to the examination.
- Students who take the NBME Clinical Comprehensive examination prior to completing all core clerkships are permitted one attempt at the examination. Students who receive a passing score will be granted clearance to take the USMLE Step 2 CK examination. Students who receive a failing score must wait until all core clerkships are completed in order to retake the NBME Clinical Comprehensive examination. Students are permitted a total of three attempts to pass the NBME Clinical Comprehensive examination.

### Graduation Requirements:

1. Successfully completed all Basic Sciences courses.
2. Passed NBME, CBSE (and Passed Step 1 for US clerkship)
3. Completed 72 weeks of Clinical Clerkship Program:
  - Make sure you have completed all core clerkship rotation requirements (passing NBME shelf, end of rotation OSCE, Logs, Online assignments).
  - Require submission of filled and signed core and elective and selective rotation final evaluation forms.
  - All your evaluation forms must be complete and must include the following:
    - a. correct start and ending date,
    - b. correct number of weeks,
    - c. Hospital's, location & rotation name.
    - d. Signature of the preceptor and hospital stamp.

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- Completion and submission of the case report copies for all core and electives.
  - 4. By the end of 72 weeks of clerkship program students must take and pass Exit Written examinations, (NBME CCSE) and Exit OSCE exam prior to graduation.
  - 5. Fill out all required graduation forms.
  - 6. Also complete clearance forms for borrowed library text books and housing.
  - 7. Ensure that tuition fees are in good standing.
  - 8. Required forms, library texts, housing and tuition are all in good standing.
  - 9. To avoid a last minute search for the evaluation form, please always make sure that your clinical coordinator has received your evaluation form from the respective preceptors after your completion of each clerkship rotation. (Core, elective /selective).
- 10. All completed documents must be submitted to the Registrar's Office at [documents@windsor.edu](mailto:documents@windsor.edu) 8 weeks prior to graduation and please note that if any required document is missing, the clearance processing will be delayed.**

### **Certification for Graduation**

The Registrar certifies that each candidate for graduation has completed all academic requirements and all administrative requirements of the Institution. NO student may graduate who has outstanding fees or fines (i.e. tuition, loans, library books, parking fees or tickets). Final determination that the student has satisfied academic requirements rests with the Promotion Committee.

Three months prior to commencement the Registrar conducts a degree audit of the academic records of all candidates for the graduation. The week prior to commencement, students are required to come to the Registrar's Office for final certification.

### **Policy on the Final Graduation Exit Exam:**

**The Marks distribution towards the final Graduation exit exam is as follows -  
Final Score = 50(written NBME) + 50(OSCE Practical exam) MUST be >65%**

**Written Windsor's Internal Comprehensive Exam** will account for 50% of the final score (a score >60% will be considered a pass in the Windsor's clinical comprehensive exam).

**The Practical Exit OSCE** will count for 50% of the final score (for explanation of how the exam is conducted, sample OSCE exam and marks distribution refer to the attachment, but overall score of >60% in OSCE practical is considered passing for this component). In order for the student to be considered pass/successful for the final graduation exit exam **student needs to pass the individual components of the OSCE (12 stations – 8 active and 4 inactive) and will have to get an overall score of 65 and above** in order to be considered successful.

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**Exit OSCE EXAM STRUCTURES IS BASED ON THE WUSOM OSCE POLICY MANUAL:**

Each Station must score >60% (8 active & 4 inactive stations)

1) Examination Objectives are available for all 6-core rotations (see appendix M & N)

- |                               |                                      |
|-------------------------------|--------------------------------------|
| a) Surgery - active           | b) IM - active                       |
| c) FM - active                | d) Pediatrics - active               |
| e) OB/GYN - active            | f) Psychiatry - active               |
| g) Neurology – Active         | h) Ambulatory and Emergency - Active |
| i) Radiology - inactive       | j) EKG - inactive                    |
| k) Instrumentation - inactive | l) Lab interpretation - inactive     |

2) Six Competencies Assessed

- |                |                      |   |
|----------------|----------------------|---|
| a) Detailed Hx | b) Detailed Physical | c) Focused Hx and PE                      |
| d) Procedure   | e) Counseling        | f) Distressed <b>Action required OSCE</b> |

**Exit OSCE Case Selections (Active and Inactive):**

The Process of case selection is focused on maintaining standardization and validity, which is aided with the “Selection Blue Print Template” (See appendix Q). All the bank cases are developed using case template for reliability using an assessment method incorporating a “0-2” scoring checklist. Every case included a page of “Case introduction and Student’s to-do list), a SP performance instruction page, Examiner’s checklist page(s) with questions, and a “Student Write-up” page . Every core-rotation has cases specifically designed in the six competencies of assessments.

- 1) Standardization Process used for our exit OSCE program:
  - a. Case Template to design the OSCE cases
  - b. Roll-out presentation at each site using the same educational and training material
  - c. Bank cases are available for all sites.
  - d. Examination stations are similar set up.
- 2) Reliability of our exit OSCE is achieved using the following methods:
  - a. “0-2” Checklist
  - b. Formative assessment of Mock test by using multiple examiners and compare their checklist score on the student at every site
  - c. The “Borderline Marking System” using Hofstee method incorporating examiners’ input on passing score and failing rate of the examining students.
  - d. Simulate Patient and Examiner training using PPT presentation and Video training (in all six competencies) prior to the bi-annual exit OSCE exams.
  - e. Student Preparation using PPT and Video
  - f. Mock OSCE in the six examined competencies.
  - g. Students’, SPs’ and Examiners’ feedback on the exit OSCE and selected cases (See appendix O & P).
- 3) Validity of our exit OSCE program:
  - a. “Case selection Blue Print Template is used for the case selection at each site
  - b. All cases are sent to the preceptor, chairs and examiners of each core rotation and

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requested feedback on the following 4 questions:

- i. Is the case representing what the students are learning?
  - ii. Is the checklist reflective of fair scoring process?
  - iii. What is the minimal passing score (for the selected case) to the total score at the bottom of the checklist sheet?
  - iv. How many percent (%) of the students taking the exam SHOULD fail the case?
- c. Preceptors and Examiners are encouraged to submit cases for the exit OSCE.
  - d. All the cases are designed according to the core-syllabus and all the cases are mapped to the syllabus and eventually mapped to the ACGME's six area of competencies (See appendix L).
  - e. Examination Objectives are created for every core-rotation (see Appendix M & N).

**Windsor's Internal Comprehensive Exit Exams:**

- 1) Total of 150 questions is selected from all 6 cores comprise of Clinical Knowledge (130 questions) and Basic Science knowledge (20 questions)
- 2) All these questions are designed according to the core-syllabus and all the questions are mapped to the syllabus and eventually mapped to the ACGME's six area of competencies.

**Sample corrective measures after each attempt:**

**If student fails the written component = (Academic Probation)**

Mandatory registration with one of the commercial USMLE step 2 CK program (becker or Kaplan) and bi-monthly review course (developed by WUSOM) before the student attempts another written clinical Comprehensive retake exam.

**Promotion policy for final OSCE graduating exam:**

Remediation OSCE: (< 60% each active and inactive stations)

- 1) Fail < 4 **active** stations
  - a. Immediate or Scheduled formative feedback
  - b. Mandatory Bi-monthly attendance
  - c. Mandatory Preparation and mock
  - d. Retake failed active and inactive station on the next scheduled OSCE date
- 2) Fail >4 **active** station: **(Academic Probation)**
  - a. Repeat the entire 12 OSCE stations.
  - b. max 3 attempts - dismissal

Students are given a maximum 3 attempts to pass both components. The 3 attempts includes the first time exam (written & osce) attempt + two retake attempts (written & osce) after which if the student has failed in these 3 attempts the student will be considered for academic dismissal pending the promotion committee's decision.

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### **Comprehensive Remediation for Academic Probation:**

1. Before subsequent attempt - Student **MUST** demonstrates register and attends Becker or Kaplan review course and demonstrate **Academic Progression** before 2<sup>nd</sup> and 3<sup>rd</sup> Attempt(s).
2. Academic Progression: Register and complete at least 80 hrs with an elective rotation and/or Bi-monthly course (WUSOM).
3. Maximum of 3 attempts in a max time allowed of 12 months
4. After 3 fails - <60% -dismissal

### **ECFMG Licensure Qualifications:**

1. USMLE Part 1 is not required for advancement from MD5 to MD6 BUT it must be completed as required to start USA clinical rotations in USA ACGME accredited Hospitals
2. USMLE part 2 CS and CK - must pass the exit OSCE and Internal MCQ (combine score >65%)
3. A period of time may be granted to prepare (maximum of 6 months)
4. Must comply with WUSOM USMLE application policies
5. Early schedule for taking the USMLE part II CS&CK are permitted to those students demonstrate above average and holding good standing with the school (before completing exit examination)
  - a. If scored less than 65%, no subsequent permission is allowed for early writing the USMLE part II CS & CK

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## **APPENDIX A: Clinical Centers and Affiliated Hospitals**

**Our Students are placed at following hospitals for their clinical rotation-**

I) United States-

1. Loretto Hospital – Chicago
2. west suburban Hospital- Chicago
3. Jackson Park Hospital – Chicago
4. weiss memorial -Chicago
5. Access Community Health Network, Chicago, IL
6. Griffin Memorial Hospital – Oklahoma
7. Georgia Regional Hospital, Atlanta, GA

II) Caribbean -

- 1) May Pen Hospital, Jamaica

## **APPENDIX B: The Logbook of Manual Skills and Procedures**

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

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



## WINDSOR UNIVERSITY SCHOOL OF MEDICINE



### WUSOM Surgery Log

- *Make-up opportunities for missed experiences*

*If students do not meet requirements at the time of midclerkship Feedback, they are either encouraged to seek out certain conditions (I.e. ask for a cardiology admission if on inpatient service) or they are assigned a SIMPLE virtual case to satisfy the deficiency.*

- *Bimonthly OSCE meetings and Biweekly webinars are organized for Supplementing their Clinical Skills and Clinical Knowledge.*
- *Student should present their printed electronic logs and case reports during mid and final review by the preceptor.*

### **IMPORTANT:**

**Log Set considered Incomplete (if not personally signed by preceptors)**

**Non Submission of Log Set will result in ineligibility to register for Exit OSCE as Clinical Rotations will be considered as not completed.**

*FM04: 19-year-old woman with sports injury  
FM15: 42-year-old man with right upper quadrant pain  
FM16: 68-year-old man with skin lesion  
FM18: 24-year-old woman with headaches  
FM19: 39-year-old man with epigastric pain  
FM26: 55-year-old man with fatigue  
FM27: 17-year-old male with groin pain  
IM 01: 49-year-old man with chest pain  
IM 08: 55-year-old man with chronic disease management  
IM 09: 55-year-old woman with upper abdominal pain and vomiting  
IM 12: 55-year-old man with lower abdominal pain  
IM 17: 28-year-old man with a pigmented lesion  
IM 21: 78-year-old man with fever, lethargy, and anorexia  
IM 27: 65-year-old man with hypercalcemia  
IM 30: 55-year-old woman with leg pain  
IM 31: 40-year-old man with knee pain  
IM 36: 49-year-old man with ascites  
Pediatrics 15: Two siblings: 4-year-old male and 8-week-old male with vomiting*

*Additional resources;  
<http://www.cetl.org.uk/learning/tutorials.html>  
DOCCOM communication Skills Complete modules  
Communication Skills Modules 17 "Informed Decision-Making"  
& 35 "Discussing Medical Error"*

<https://websurg.com/>  
Free access to various resources, registration is free

STUDENT: \_\_\_\_\_

Clinical faculty review (mid-rotation): \_\_\_\_\_

(Clinical faculty signature / Date)

Clinical faculty review (end of rotation): \_\_\_\_\_

(Clinical faculty signature / Date)

Students are required to complete the Student Log to receive credit for the rotation. The log's purpose is to ensure that each student is exposed to the depth and breadth of Internal Medicine. The log is divided into three areas: patient disease presentations, procedures that the student should perform, and procedures students should assist with. (Assisting may mean being present during the procedure.) Please document the number of procedures in which you participated or observed.

For each clinical presentation / procedure listed below, record:

- a) The number seen. \*Remember, a patient may have more than one diagnosis or procedure. When inadequate experience is identified at the time of mid clerkship feedback, they are either encouraged to seek out certain conditions or student will be assigned one day in a clinical setting in which that patient requirement can be met in addition to referring to relevant MedU based virtual case assignment.
- a) If not seen, please check appropriate column.

Clinical Presentation	No. required	Student role	Supplemental and Make up opportunities for missed opportunities
<b>Breast cancer</b>	3		
Peptic Ulcer Disease	3	Student conducts a history and performs a physical examination of patient with diagnosis or observes faculty exam and discusses patient with diagnosis.	SIMPLE Internal Medicine 09
Gastro Esophageal Reflux	3		SIMPLE Internal Medicine 19
Gastric Cancer	1		SIMPLE Internal Medicine 09
Diverticular Disease	3		SIMPLE Internal Medicine 12
Colon Cancer	1		
Appendicitis	3		SIMPLE Internal Medicine 12
Bowel Obstruction	3		
Breast (benign and malignant)	3		
Cholecystitis	3		SIMPLE Internal Medicine 12
Acute Pancreatitis	1		
Peripheral Vascular Disease	3		
Venous Disease (deep vein thrombosis, pulmonary)	3		SIMPLE Internal Medicine 30
Hemias	3		Family Medicine 27
Diabetic Foot	3		Family Medicine 06
Endocrine cancer(Thyroid)	1		
Pneumothorax/ Hemothorax	3		
Renal Colic	1		
Benign Prostatic	3		
Hematuria/Renal Cancer	1		
<b>Ortho/Trauma: Head Injury, Spinal Cord Injury, Pelvic Fracture, Thoracic Injury, Abdominal Injury &amp; Burns.</b>	3		SIMPLE Internal Medicine 31, FM 11
Abdominal Aortic Aneurysm	1		

FOID HERE



**WINDSOR UNIVERSITY**  
SCHOOL OF MEDICINE

FOID HERE

For each procedure listed below, record either:

- a) The number of procedures performed. (The target minimum is for your reference, but please record the total number of procedures performed.)
- b) If procedure was not performed; state the reason not performed.

Clinical Skill	Target minimum	Number Performed
<b>Example:</b>	5	2
<b>History and Physical Exam skills:</b>		
Admission H&P	10	
Volume status exam	5	
Examination skills- especially lumps and bumps	5	
Peripheral pulse examination	5	
Digital Rectal examination	5	
Develop differential diagnosis	3	
Develop management plan	5	
<b>Laboratory Interpretation Skills:</b>		
Interpretation of BMP	10	
Interpretation of ABG	10	
Interpretation of x-ray (abdominal and orthopedic)	10	
Interpretation of UA	5	
	10	
<b>Perioperative Skills:</b>	10	
Post-op checks	10	
Pre-op checks	10	
Knot Tying	5	
Gowning and Gloving	10	
Laparoscopic surgery(if available)	10	
Others		

Rotation Site / Preceptor: \_\_\_\_\_

Date: \_\_\_\_\_

Procedure-	Student role: O - Student observes, P- performed with assistance.	Number Performed/Observed
Assisting in theatre	P	
Suturing and knot tying	P	
Suture removal	P	
Wound care( wound dressing)	P	
Scrubbing up(surgical hand washing and gloving)	P	
Foley catheterization	P	
Handling basic surgical instruments(scalpel,scissors,forceps,hemostats)	P	
Peripheral IV insertion	P	
Nasogastric tube insertion	O/P	
Joint aspiration/injection(O/A)	O/P	
Paracentesis(O/A)	O/P	
Thoracentesis(O/A)	O/P	
Intravenous and intramuscular injection	P	
Thoracostomy placement and removal	O/P	

Comments:

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**SCHOOL OF MEDICINE**



**WUSOM Internal Medicine Log**

- *Make-up opportunities for missed experiences*

*If students do not meet requirements at the time of midclerkship Feedback, they are either encouraged to seek out certain conditions (I.e. ask for a cardiology admission if on inpatient service) or they are assigned a SIMPLE virtual case to satisfy the deficiency.*

- *Bimonthly OSCE meetings and Biweekly webinars are organized for Supplementing their Clinical Skills and Clinical Knowledge.*
- *Student should present their printed electronic logs and case reports during mid and final review by the preceptor.*

**IMPORTANT:  
Log Set considered Incomplete (if not personally signed by preceptors)**

**Non Submission of Log Set will result in ineligibility to register for Exit OSCE as Clinical Rotations will be considered as not completed.**

*Complete list of MedU SIMPLE cases:*

- Internal Medicine 01: 49-year-old man with chest pain*
- Internal Medicine 02: 60-year-old woman with chest pain*
- Internal Medicine 03: 54-year-old woman with syncope*
- Internal Medicine 04: 67-year-old woman with shortness of breath and lower-leg swelling*
- Internal Medicine 05: 55-year-old man with fatigue*
- Internal Medicine 06: 45-year-old man with hypertension*
- Internal Medicine 07: 28-year-old woman with lightheadedness*
- Internal Medicine 08: 55-year-old man with chronic disease management*
- Internal Medicine 09: 55-year-old woman with upper abdominal pain and vomiting*
- Internal Medicine 10: 48-year-old woman with diarrhea and dizziness*
- Internal Medicine 11: 45-year-old man with abnormal LFTs*
- Internal Medicine 12: 55-year-old man with lower abdominal pain*
- Internal Medicine 13: 65-year-old woman for annual physical*
- Internal Medicine 14: 18-year-old woman for pre-college physical*
- Internal Medicine 15: 50-year-old man with cough and nasal congestion*
- Internal Medicine 16: 45-year-old man who is overweight*
- Internal Medicine 17: 28-year-old man with a pigmented lesion*
- Internal Medicine 18: 75-year-old man with memory problems*
- Internal Medicine 19: 42-year-old woman with anemia*
- Internal Medicine 20: 48-year-old woman with HIV*
- Internal Medicine 21: 78-year-old man with fever, lethargy, and anorexia*
- Internal Medicine 22: 71-year-old man with cough and fatigue*
- Internal Medicine 23: 54-year-old woman with fatigue*
- Internal Medicine 24: 52-year-old woman with headache, vomiting, and fever*
- Internal Medicine 25: 75-year-old woman with altered mental status*
- Internal Medicine 26: 58-year-old man with altered mental status and experiencing homelessness*
- Internal Medicine 27: 65-year-old man with hypercalcemia*
- Internal Medicine 28: 70-year-old man with shortness of breath and leg swelling*
- Internal Medicine 29: 55-year-old woman with fever and chills*
- Internal Medicine 30: 55-year-old woman with leg pain*
- Internal Medicine 31: 40-year-old man with knee pain*
- Internal Medicine 32: 39-year-old woman with joint pain*
- Internal Medicine 33: 49-year-old woman with confusion*
- Internal Medicine 34: 55-year-old man with low back pain*
- Internal Medicine 35: 35-year-old woman with three weeks of fever*
- Internal Medicine 36: 49-year-old man with ascites*

- FIND HERE -

STUDENT: \_\_\_\_\_

Clinical faculty review (**mid**-rotation): \_\_\_\_\_

(Clinical faculty signature / Date)

Clinical faculty review (**end** of rotation): \_\_\_\_\_

(Clinical faculty signature / Date)

Students are required to complete the Student Log to receive credit for the rotation. The log's purpose is to ensure that each student is exposed to the depth and breadth of Internal Medicine. The log is divided into three areas: patient disease presentations, procedures that the student should perform, and procedures students should assist with. (Assisting may mean being present during the procedure.) Please document the number of procedures in which you participated or observed.

For each clinical presentation / procedure listed below, record:

- a) The number seen. \*Remember, a patient may have more than one diagnosis or procedure. **When inadequate experience is identified at the time of mid clerkship feedback, they are either encouraged to seek out certain conditions or student will be assigned one day in a clinical setting in which that patient requirement can be met in addition to referring to relevant SIMPLE virtual case assignment.**
- b) If not seen, please check appropriate column.

Clinical Presentation	Count (Numeric)	Not Seen	Supplemental and Make up opportunities for missed opportunities
Acute coronary syndrome			SIMPLE #1:
Congestive heart failure			SIMPLE #4
Chest pain			SIMPLE #1:
Cardiac arrhythmias			SIMPLE # 3
Diabetes mellitus			SIMPLE #8
Decompensated diabetes (e.g. DKA)			
GI bleed			
Cirrhosis			SIMPLE # 36,11
Inflammatory Bowel disease			
Pancreatitis			
Substance abuse			SIMPLE # 26
Urinary tract infection			
Acute renal failure			
Chronic kidney disease			
Metabolic acidosis			
Electrolyte disturbance			
Pneumonia			SIMPLE # 29
Chronic obstructive pulmonary disease			SIMPLE # 28
Pleural effusion			SIMPLE # 29
Anemia			Internal Medicine 19
HIV			Internal Medicine 20
Hospital acquired infections			
Joint pain			Internal Medicine 20
Annual physical			SIMPLE # 13
Hypertension			SIMPLE # 6
Skin lesions			SIMPLE # 17, Pediatrics 32
Delirium			SIMPLE # 25
Stroke			Family Medicine 22
Tremors			
Other:			



**WUSOM Internal Medicine Log**

For each procedure listed below, record either:

- a) The number of procedures performed. (The target minimum is for your reference, but please record the total number of procedures performed.)
- b) If procedure was not performed; state the reason not performed.

Clinical Skill	Target	Number
<i>Example:</i>	5	2
Interpretation of vital signs	10	
Interpretation of chest x-ray	5	
Interpretation of EKG	5	
Interpretation of ABG	3	
Interpretation of UA	5	
Interpretation of CBC	10	
Interpretation of BMP & LFT	10	
Develop differential diagnosis	10	
Develop management plan	10	
Admission H&P	5	
Hospital follow-up note	10	
NIH stroke scale exam	2	
Mini-mental status exam	2	
Cranial nerve exam	5	
Neurological examination (motor & sensory)	5	
Volume status exam (fluid balance charts)	5	
Auscultate heart sounds (including murmurs)	10	
Auscultate lung sounds	10	
Skin examination	10	
Peripheral pulse examination	10	
Lymph node examination	10	
Abdominal examination	10	
Insulin Regimen write up	5	

**Rotation Site / Preceptor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>Procedure</b>	<b>Number performed</b>	<b>Number Assisted/Observed</b>
Arterial blood gas		
Nasogastric tube insertion		
Foley catheterization		
Peripheral IV insertion		
Venipuncture		
Perform vital signs		
Blood & urine culture		
CPR & Code attendance		
Joint aspiration/injection		
Paracentesis		
Thoracentesis		
Airway management		
Intubation		
Lumbar puncture		
Other		

**Comments:**

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## WUSOM OBG Log

**IMPORTANT:**  
**Log Set considered Incomplete (if not personally signed by preceptors)**

**Non Submission of Log Set will result in ineligibility to register for Exit OSCE as Clinical Rotations will be considered as not completed.**

### Resources: Cases/Question

#### Banks:

Association of Professors of Obstetrics and Gynecology (APGO) ([www.apgo.org](http://www.apgo.org)) has a number of useful resources and information for medical students during both their clerkships and for those interested in a career in obstetrics and gynecology.

Resources include:

**uWISE:** The APGO Undergraduate Web-Based Interactive Self-Evaluation (uWISE) exam was developed to help medical students acquire the necessary basic knowledge in obstetrics and gynecology. The quizzes and comprehensive exam are excellent tools to help prepare for the NBME ob-gyn exam and national licensure examinations.

To access: [https://apgo.mycrowdwisdom.com/diweb/signin?f=https%3A\\*2F\\*2Fapgo.mycrowdwisdom.com\\*2Fdiweb\\*2Finstitution\\*3Fguid\\*3D20d874eb-166c-4da6-a7f9-a1d2255c5b4b\\*26sso\\*3D1530807774402](https://apgo.mycrowdwisdom.com/diweb/signin?f=https%3A*2F*2Fapgo.mycrowdwisdom.com*2Fdiweb*2Finstitution*3Fguid*3D20d874eb-166c-4da6-a7f9-a1d2255c5b4b*26sso*3D1530807774402)

Use username - [apgouwise@apgo.org](mailto:apgouwise@apgo.org) and password - apgouwise Once logged in select institute to access the resource.

#### APGO cases:

APGO has developed learning cases for students to go through in a small group setting or with a preceptor. We recommend reviewing these cases throughout the clerkship and prior to your clinical skills testing and shelf exam to solidify your knowledge.

To access: <https://www.apgo.org/students/apgo-medical-student-educational-objectives/>

Scroll down on the webpage to access videos and resources.

**STUDENT:** \_\_\_\_\_

Clinical faculty review (**mid**-rotation): \_\_\_\_\_

(Clinical faculty signature / Date)

Clinical faculty review (**end** of rotation): \_\_\_\_\_

(Clinical faculty signature / Date)

Students are required to complete the OB/GYN Student Log to receive credit for the rotation. The log's purpose is to ensure that each student is exposed to the depth and breadth of ob-gyn. The log is divided into three areas: patient disease presentations, procedures that the student should perform, and procedures students should assist with. (Assisting may mean holding a retractor or present during the procedure.) Please document the number of procedures in which you participated or observed.

For each clinical presentation / procedure listed below, record:

- a) The number seen. \*Remember, a patient may have more than one diagnosis or procedure.
- b) If not seen, please check appropriate column.

Clinical Presentation- Inpatient or Outpatient	No required	Student role	Alternative Experience
Abnormal vaginal bleeding(PCOS, Fibroids Endometriosis)	3	1. Student conducts a history and performs a physical examination of patient with diagnosis or observes faculty exam and discusses patient with diagnosis.	FM Case 12
Sexually transmitted infection	3		Additional Clinical Sessions
Salpingitis	2		Additional Clinical Sessions
Infertility	2		Additional Clinical Sessions
Cervical dysplasia and cervical cancer	3		Additional Clinical Sessions
Adolescent health	1		Additional Clinical Sessions
Perimenopause/Menopause	2		FM Case 17
Breast Health	3		FM Case 1
Pelvic Pain	3		Additional Clinical Sessions
Ovarian tumor and other Pelvic Mass	2		Additional Clinical Sessions
Contraceptive counseling	3	2. Student observes or participates with faculty participation.	FM Case 1
Domestic Violence / Sexual Assault	1		Additional Clinical Sessions
Urinary incontinence / pelvic prolapse	3		Additional Clinical Sessions
Antepartum Visit	3		FM Case 14
Diabetes in Pregnancy	3		Additional Clinical Sessions
First Trimester bleeding: Abortion, Ectopic	3		Additional Clinical Sessions
	1		Additional Clinical Sessions
Term Labor	3		Additional Clinical Sessions
Abnormal Labor	1		Additional Clinical Sessions
Pre-term and Post term Labor	1		FM Case 30
Premature rupture of membranes	1	Additional Clinical Sessions	
Hypertension in Pregnancy	1	Additional Clinical Sessions	
Postpartum Hemorrhage	1	Additional Clinical Sessions	

## WUSOM OBG Log

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For each procedure listed below, record either:

- a) The number of procedures performed. (The target minimum is for your reference, but please record the total number of procedures performed.)
- b) If procedure was not performed; state the reason not performed.

Procedure	Target minimum	#(Numeric) Performed
<b>Example:</b> Pap smear	<b>10</b>	<b>  </b>
Well Woman History (Reproductive Age)	5	
Well Woman History (Perimenopausal/Menopausal)	5	
Speculum exam	5	
Bimanual pelvic exam	5	
Pap smear (If done)	5	
Cervicovaginal cultures	3	
Wet Prep (if done)	3	
Breast Exam	5	
Smoking Cessation	5	
Nutrition/Exercise Counseling	5	
Prenatal Exam and Counseling	10	
Intrapartum Fetal Assessment	5	
Prenatal Ultrasound	3	
Pelvic Ultrasound	3	
Other:		

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Rotation Site / Preceptor: \_\_\_\_\_

Date: \_\_\_\_\_

Procedure Assisted	Target minimum	Student role: O - Student observes, P - performed with assistance.
Vaginal Delivery	5	P
Cesarean Section	3	O/P
Abdominal Hysterectomy	1	O/P
Laparoscopic Hysterectomy(if available)	2	O/P
Vaginal Hysterectomy (if available)	1	O/P
Colposcopy	3	O/P
Dilatation and Curettage	1	O/P
Laparoscopy (other)	1	O/P
Hysteroscopy (if available)	2	O/P
Sterilization procedure	1	O/P
Cystocele/rectocele repair	1	O/P
Peripheral IV insertion & Venipuncture	5	O/P

**Comments:**

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## WINDSOR UNIVERSITY SCHOOL OF MEDICINE



**WUSOM Pediatrics Log Set**

- *Make-up opportunities for missed experiences*

*If students do not meet requirements at the time of midclerkship Feedback, they are either encouraged to seek out certain conditions (I.e. ask for a cardiology admission if on inpatient service) or they are assigned a SIMPLE virtual case to satisfy the deficiency.*

- *Bimonthly OSCE meetings and Biweekly webinars are organized for Supplementing their Clinical Skills and Clinical Knowledge.*
- *Student should present their printed electronic logs and case reports during mid and final review by the preceptor.*

**IMPORTANT:  
Log Set considered Incomplete (if  
not personally signed by preceptors)**

**Non Submission of Log Set will  
result in ineligibility to register for  
Exit OSCE as Clinical Rotations will  
be considered as not completed.**

STUDENT: \_\_\_\_\_

Clinical faculty review (**mid-rotation**): \_\_\_\_\_  
(Clinical faculty signature / Date)

Clinical faculty review (**end of rotation**): \_\_\_\_\_  
(Clinical faculty signature / Date)

Students are required to complete the Student Log to receive credit for the rotation. The log's purpose is to ensure that each student is exposed to the depth and breadth of Pediatrics. The log is divided into three areas: patient disease presentations, procedures that the student should perform, and procedures students should assist with. (Assisting may mean being present during the procedure.)

Clinical Presentation (number count) Diagnosis – Outpatient/Inpatient	Relevant Clinical Skill : O-observe, P-perform	Relevant Clinical Procedures: O-observe, P-perform	Supplemental and Make up opportunities for missed opportunities
<b>HEENT</b>			
Cough(5) Conjunctivitis (1) Upper respiratory infection (3) pharyngitis (3) Otitis Media/ Otitis Externa (5) Thrush(3)	Rapid strept test interpretation	Throat swab -P Mist Tent set up-O Pneumatic Otoscopy-P	
<b>Wheezing</b>			
Foreign body(1) Bronchiolitis (3) Asthma (3) Pneumonia(3)	Use of spacer and MDI Asthma care plan Peak flow meter use Chest PT technique	Nebulization-P O2 delivery -P ABG-P	(Clipp Case 13)
<b>DERM</b>			
Acne (3) Eczema(3) Viral Exanthema(3) Jaundice(3)			(Clipp Case 32)  (Clipp Case 8)
<b>Neurology</b>			
Febrile seizures (1) Epilepsy (1) Cerebral Palsy(1)			(Clipp Case 19)
<b>Urology</b>			
Urinary tract infection	Urine clean catch	Catheterize urine-P	(Clipp Case 10)
<b>Other</b>			
Fever of unknown origin (1) Dehydration(3)	Fever management	-Obtain temp in child and newborn-P -Blood draws-O/P -Calculation of IVF bolus and maintenance-O/P	



WINDSOR UNIVERSITY  
SCHOOL OF MEDICINE

### WUSOM Pediatrics Log Set

For each procedure listed below, record either:

- The number of procedures performed. (The target minimum is for your reference, but please record the total number of procedures performed.)
- If procedure was not performed; state the reason not performed.

Clinical Outpatient/Inpatient	Relevant skills	Relevant procedures: O-observe, P-perform	Supplemental and Make up
<b>Physical exam(10 EACH)</b> 0 - 12 mo 13 - 36 mo 4 - 12 yrs Adolescents	-ASQ Development Survey - Interpretation of growth curves	-B.P. from a neonate and child-P -Scoliosis screening-O/P	(Clipp case 1-5)
<b>Nutrition(1 EACH)</b>			
Failure to Thrive Poor weight gain Obesity Anemia including iron deficiency. Lead poisoning SSHgb Acute Clust Syndrome Splenic Sequestration	-Diet counseling -BMI calculation CBC interpretation -Screening questionnaire -Hgb Electrophoresis interpretation		
<b>Well Child visits:</b>			
Developmental delay Vision-Strabismus Hearing-Cerumen Growth Pediatric history Constipation Gastroenteritis Diarrhea	-TB Risk Assessment - Immunization Schedule -subjective hearing test -Growth chart interpretation CROFFT -Adolescents HEADS Adolescents IV fluid bolus calculation Rehydration	-PPD-O/P -Injections-IM, Sub Q-O/P -Snellens eye chart-P -Eye Cover test-P -Ear irrigation to remove cerumen-O/P	

Rotation Site / Preceptor: \_\_\_\_\_

Date: \_\_\_\_\_

Comments

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**IMPORTANT:**  
Log Set considered Incomplete (if not personally signed by preceptors)

**Non Submission of Log Set will result in ineligibility to register for Exit OSCE as Clinical Rotations will be considered as not completed.**

**WUSOM Psychiatry Log Set**

**Table 1:**

<b>Patient Types or Clinical Conditions</b>	<b>Supplemental and Make up opportunities for missed opportunities</b>
Psychiatric Interview	<a href="http://www.admsep.org/csi-emodules.php?c=psych-interview&amp;v=y">http://www.admsep.org/csi-emodules.php?c=psych-interview&amp;v=y</a>
Cognitive Disorder (e.g., Delirium and/ or Dementia)	CSI Neurocognitive Disorders module- Access here- <a href="http://www.admsep.org/csi-emodules.php?c=neurocognitive&amp;v=y">http://www.admsep.org/csi-emodules.php?c=neurocognitive&amp;v=y</a>
Substance-Use Disorder (e.g. Alcohol or other substance)	CSI modules on: Alcohol Use Disorders; Opioid Use Disorders. Access here- <a href="http://www.admsep.org/csi-emodules.php?c=opiates&amp;v=y">http://www.admsep.org/csi-emodules.php?c=opiates&amp;v=y</a>
Schizophrenia or Other Psychotic Disorder	CSI module on Psychosis Access here- <a href="http://www.admsep.org/csi-emodules.php?c=psychotic&amp;v=y">http://www.admsep.org/csi-emodules.php?c=psychotic&amp;v=y</a>
Mood Disorder (e.g., Depressive and/ or Bipolar Disorders)	CSI modules on: Bipolar Disorders; Adolescent Depression Access here- <a href="http://www.admsep.org/csi-emodules.php?c=adolescent-depression&amp;v=y">http://www.admsep.org/csi-emodules.php?c=adolescent-depression&amp;v=y</a> & <a href="http://www.admsep.org/csi-emodules.php?c=bipolar&amp;v=y">http://www.admsep.org/csi-emodules.php?c=bipolar&amp;v=y</a>
Anxiety Disorder	CSI module on Anxiety Disorders Access here- <a href="http://www.admsep.org/csi-emodules.php?c=anxiety&amp;v=y">http://www.admsep.org/csi-emodules.php?c=anxiety&amp;v=y</a>
Personality Disorder	CSI Module on Personality Disorders. Access here- <a href="http://www.admsep.org/csi-emodules.php?c=personality&amp;v=y">http://www.admsep.org/csi-emodules.php?c=personality&amp;v=y</a>
Eating Disorders	<a href="http://www.admsep.org/csi-emodules.php?c=bed&amp;v=y">http://www.admsep.org/csi-emodules.php?c=bed&amp;v=y</a>

Movies Which Demonstrate Specific Pathologies or Symptoms

<http://www.admsep.org/film.php?c=specific>



**WINDSOR UNIVERSITY**  
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*Family Medicine Log Set*

### **IMPORTANT:**

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### **Family Medicine NBME Exam Study Material**

1. NBME content outline [http://www.nbme.org/pdf/SubjectExams/SE\\_ContentOutlineandSampleItems.pdf](http://www.nbme.org/pdf/SubjectExams/SE_ContentOutlineandSampleItems.pdf)

2. STFM clerkship curriculum <http://www.stfm.org/LinkClick.aspx?fileticket=upiiuNFp3Vc%3d&tabid=17603&portalid=49>

3. AAFP board review question (\*\*membership required\*\*) <http://www.aafp.org/cme/cme-topic/all/bd-review-questions.html>

Student can utilize an AAFP practice questions phone app: <http://www.aafp.org/about/membership/services/app.html>

Become a Member of the AAFP

- Free to medical students
- Complete an application online at <https://nf.aafp.org/MyAcademy/MembershipApplication/PersonalInformation/Student>

### **Podcast Resources**

1. Academy of American Physicians podcast series:

<http://www.aafp.org/journals/afp/explore/podcast.html>

2. Society of Teachers of Family Medicine podcast series:

<https://itunes.apple.com/us/podcast/stfm-podcast/id294428235?mt=2>

STUDENT: \_\_\_\_\_

Clinical faculty review (mid-rotation): \_\_\_\_\_

(Clinical faculty signature / Date)

Clinical faculty review (end of rotation): \_\_\_\_\_

(Clinical faculty signature / Date)

Students are required to complete the Student Log to receive credit for the rotation. The log's purpose is to ensure that each student is exposed to the depth and breadth of Family Medicine. The log is divided into three areas: patient disease presentations, procedures that the student should perform, and procedures students should assist with. (Assisting may mean being present during the procedure.) Please document the number of procedures in which you participated or observed.

For each clinical presentation / procedure listed below, record:

- a) The number seen. \*Remember, a patient may have more than one diagnosis or procedure. When inadequate experience is identified at the time of mid clerkship feedback, they are either encouraged to seek out certain conditions or student will be assigned one day in a clinical setting in which that patient requirement can be met in addition to referring to relevant FM virtual case assignment.
- b) If not seen, please check appropriate column.

Clinical Presentation	Count (Numeric)	Not Seen	Supplemental and Make up opportunities for missed opportunities
<i>Example:</i> Acute myocardial	3		
Perform Adult Wellness exam			1. FM Case #1, or 2.
Perform Pediatric Well Child Exam			2. FM Case #12(adolescent) CLIPP case # 2,3,4
Perform Newborn Exam			3. CLIPP Case # 1
Diabetes Mellitus			4. FM Case # 6,
Cardiovascular Disease			5. FM Case # 9, 31
CVA			6. FM Case # 22
Hypertension			7. FM Case # 8
Abdominal Pain			8. FM Case # 15, 19, 20,
Upper Respiratory Illness			9. FM Case # 23, 13, 9, 33
Lower Respiratory Illness			10. FM Case #13, 28
Dermatitis			11. FM Case # 16,
Skin lesion			12. FM Case # 16, *general workup of both
Back Pain			13. FM Case #10
Musculoskeletal			14. FM Case #11, 25
Obstetrics			15. FM Case # 12, 14
Gynecology			16. FM Case # 12,14, 17, 20, 32
Mental Health			17. FM Case # 29
Headache			18. FM Case # 18
Red Eye			
Family Dynamics			
Patient Access			
Oral Health			
Other:			

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WINDSOR UNIVERSITY  
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## WUSOM Family Medicine Log

For each procedure listed below, record either:

- a) The number of procedures performed. (The target minimum is for your reference, but please record the total number of procedures performed.)
- b) If procedure was not performed; state the reason not performed.

Clinical Skill	Target minimum	Number Performed
<i>Example:</i>	5	2
Pelvic Exam (Speculum and bimanual)	1	
Breast Exam	1	
Prostate Exam	1	
Chest x-ray interpretation	1	
Smoking cessation counseling	1	
Annual physical	1	
Male preventive visit	1	
Female preventive visit	1	
Mental status examination		
Upper and lower respiratory examination		
Neurological examination		
Cardiovascular examination		
Abdominal examination		
Patient education : 1. Adult health maintenance including life style change and exercise 2. Hypertension control 3. Asthma management 4. Nutrition guidelines including (Diabetes mellitus, new & cholesterol and weight loss) 6. Safe sex and contraceptive choices 7. Depression		

- FOLD HERE -

Rotation Site / Preceptor: \_\_\_\_\_

Date: \_\_\_\_\_

Procedure	Number performed	Number Assisted/Observed
Urinalysis dip and/or microscope		
Pap smear		
Snellen Eye Exam		
Glucometer		
Ambulatory BP measurement		
Local anesthesia for procedure		
Punch Biopsy or excision of skin		
Foreign body removal from		
Office EKG		
PFT's or Peak flow (office)		
Cerumen removal		
IV Access/Blood draw		
Urine drug screen		

Comments

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## Appendix C: Rotation Evaluation Form



Campus: Brighton Estates, Cayon, St. Kitts Phone: 869-466-1220, Fax: 869-465-0593, Email: admin@windsor.edu, Web: www.windsor.edu

Send in your evaluation by completing the blocks below and mail to: Windsor Information Office, **6212 Monee Manhattan Rd., Monee, Illinois 60449. Phone: 708-235-1940, Fax: 708-235-1942**

### Rotation Evaluation Form

Students Last Name:

M.I.

Students First Name:

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Hospital/Site:

Rotation:

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Start Date:

End Date:

No. of Weeks:

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**Preceptor: Please mention strengths and weaknesses as well as areas for improvement below.**

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**Primary Preceptor Signature:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

Student Signature: \_\_\_\_\_

# Windsor University School of Medicine



Campus: Brighton Estates, Cayon, St. Kitts, Phone: 869-466-1220, Fax: 869-465-0593, Email: admin@windsor.edu, Web: www.windsor.edu

Send in your evaluation by completing the blocks below and mail to: Windsor Information Office, **6212 Monee Manhattan Rd., Monee, Illinois 60449. Phone: 708-235-1940, Fax: 708-235-1942**

## Rotation Evaluation Form

**Name of Student:**

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**Please Circle appropriate number. Evaluate in context of student's level of training. If you cannot evaluate, please circle N/A.**

**H&P/Case Presentation:** Complete, organized, appropriate, differentiates normal and abnormal findings, presents differential/final D%

**Assessed Skills:** Prioritizes H&P data; reviews vital signs and abnormal findings; provides a patient management plan.

1	2	3	4	5	6	7	8	9	10	N/A
Substandard	Marginal → Adequate				Competent → Proficient			Outstanding		

**Clinical Judgment:** Independently uses data to reach diagnosis and management; understands basic principles of the clinical case.

**Assessed Skills:** Focuses on relevant and important data; uses reasoning strategies appropriately; accessing, interpreting and applying EBM literature; focuses on possible interventions to improve patients melody.

1	2	3	4	5	6	7	8	9	10	N/A
Substandard	Marginal → Adequate				Competent → Proficient			Outstanding		

**Patient Care:** Provides compassionate care that is effective for health promotion, wellness, disease treatment, and end of life care.

**Assessed Skills:** Performs patient interviews; uses judgment; is respectful of patient preference.

1	2	3	4	5	6	7	8	9	10	N/A
Substandard	Marginal → Adequate				Competent → Proficient			Outstanding		

**Medical Knowledge:** Demonstrates knowledge of current biomedical, clinical epidemiological, and social sciences and applies that knowledge effectively to patient care.

**Assessed Skills:** Degree of knowledge base, committed to life-long learning; has understanding of complex problems.

1	2	3	4	5	6	7	8	9	10	N/A
Substandard	Marginal → Adequate				Competent → Proficient			Outstanding		

**Practice-Based Learning and Improvement:** Understands evidence-based medicine and applies sound principles of practice within the context of patient care.

**Assessed Skills:** Self-assesses; uses new technology; accepts feedback.

1	2 3 4 5	6 7 8	9 10	N/A
Substandard	Marginal → Adequate	Competent → Proficient	Outstanding	

**Interpersonal and Communication Skills:** Demonstrates skills (i.e. listening and responding) that result in effective information exchange between patients/families and the healthcare team.

**Assessed Skills:** Establishes relationships with patients/families; educates and counsils patients/families; maintains comprehensive, timely, legible medical records.

1	2 3 4 5	6 7 8	9 10	N/A
Substandard	Marginal → Adequate	Competent → Proficient	Outstanding	

**Professionalism:** Demonstrates commitment to professional development and ethical principles, and sensitivity to patient/family and peer diversity.

**Assessed Skills:** Shows compassion, respect, and honesty; accepts responsibility for errors; considers needs of patients/colleagues.

1	2 3 4 5	6 7 8	9 10	N/A
Substandard	Marginal → Adequate	Competent → Proficient	Outstanding	

**System-Based Practice:** Demonstrates awareness and responsiveness of overall healthcare system and the ability to improve and optimize the system.

**Assessed Skills:** Practices cost-effective healthcare; assists patients in dealing with system complexities; coordinates various resources.

1	2 3 4 5	6 7 8	9 10	N/A
Substandard	Marginal → Adequate	Competent → Proficient	Outstanding	

**Cultural Understanding:** Works in a multicultural environment to develop a high level of cultural awareness in order to successfully interact with a diverse client group and uphold professional standards and acceptable healthcare outcomes.

**Assessed Skills:** Development of cultural awareness as an outgoing process; integrates the patient's health care preferences into a case management plan because of trust

1	2 3 4 5	6 7 8	9 10	N/A
Substandard	Marginal → Adequate	Competent → Proficient	Outstanding	

**Primary Preceptor Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Primary Preceptor Signature:** \_\_\_\_\_

**Appendix D: Mid-Core evaluation**

***Windsor University School of Medicine***

**MID-CORE EVALUATION**

**Student's** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Hospital:** \_\_\_\_\_

**Rotation and Start Date:** \_\_\_\_\_

**5 = Excellent, 4 = Very Good, 3 = Good, 2 = Fair, 1 = Poor, 0 = Fail**

	Satisfactory			Unsatisfactory		
<b>Patient Care:</b> Performs patient interviews; uses judgment; is respectful of patient preference.	5	4	3	2	1	0
<b>Medical Knowledge :</b> Exhibits knowledge of diseases and underlying pathophysiology	5	4	3	2	1	0
<b>Clinical Skills:</b> Prioritizes H&P data; reviews vital signs and abnormal findings; provides a patient management plan.	5	4	3	2	1	0
<b>Practice-based learning and improvement:</b> Self-assesses; uses new technology; accepts feedback, Demonstrates skills in evidence-based medicine.	5	4	3	2	1	0
<b>System-based practice :</b> Demonstrates team work	5	4	3	2	1	0
<b>Interpersonal &amp; Communication Skills :</b> Establishes relationships with patients/families; educates and counsels patients/families; maintains comprehensive, timely, legible medical records.	5	4	3	2	1	0
<b>Professional Behavior:</b> Shows compassion, respect, and honesty; accepts responsibility for errors; considers needs of patients/colleagues.	5	4	3	2	1	0
<b>Patient electronic Log Book Check</b>	5	4	3	2	1	0

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Name and title of assessor:** \_\_\_\_\_

**Signature of assessor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Appendix F: Student Evaluation of the Clinical Rotation Windsor University School of Medicine



### Student Evaluation of the Clinical Rotation (accessible via online student portal)

Name of the clinical preceptor: \_\_\_\_\_  
 Hospital or Clinic: \_\_\_\_\_  
 Rotation: \_\_\_\_\_  
 Rotation Dates: \_\_\_\_\_ to \_\_\_\_\_

**5 = Excellent / 4 = Very Good / 3 = Good / 2 = Fair / 1 = Poor**

ATTITUDE & WILLINGNESS TO TEACH OF PRECEPTOR	
ATTITUDE OF OTHER CLINICAL PERSONNEL (NURSES, INTERNS, RESIDENTS)	
APPROACHABILITY OF CLINICAL COORDINATOR	
OBSERVATION OF PROCEDURES	
PERFORMANCE OF PROCEDURES	
NUMBER OF PATIENT CONTACTS PER DAY	
NUMBER OF HISTORY & PHYSICAL EXAMS PER DAY	
SCOPE AND VOLUME OF PATHOLOGY	
NIGHT AND WEEKEND COVERAGE	
DIDACTICS (IE. LECTURES, READING, ROUNDS, ETC.)	
How was your experience in the operating room? (If applicable)	
OVERALL ROTATION EVALUATION	
ROTATION: WOULD YOU IN RETROSPECT, TAKE THIS ROTATION AGAIN?	
WOULD YOU RECOMMEND IT TO THOSE WHO FOLLOW YOU?	

Please briefly describe the strongest and weakest areas of this rotation:

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## Appendix G: Student Evaluation of the Clinical Preceptor Windsor University School of Medicine



**Student Evaluation of the Clinical Preceptor (accessible via online student portal)**

Name of the clinical preceptor: \_\_\_\_\_

Hospital or Clinic: \_\_\_\_\_

Rotation: \_\_\_\_\_

Rotation Dates: \_\_\_\_\_ to \_\_\_\_\_

**DIRECTIONS:** Reflecting back on your experience so far this year, check the box that most accurately describes your preceptor.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Established a conducive learning environment (enthusiastic, respectful, approachable, encouraging)					
Was prepared and organized for preceptorship					
Observed your clinical skills periodically					
Provided adequate practice time for clinical skills					
Provided timely and constructive feedback of clinical performance					
Provided a stimulating introduction to my clinical medicine clerkship					
Overall, my preceptor is an effective teacher					

**Describe in your words how we can improve:**

\_\_\_\_\_

\_\_\_\_\_

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## SINGLE ELECTIVE AFFILIATION AGREEMENT & ROTATION DESCRIPTION

Windsor University School of Medicine hereby certifies that:

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

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

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

Name of Institution: \_\_\_\_\_  
(Name of the ACGME/Teaching Hospital program, location and sponsoring institution)

Address: \_\_\_\_\_

The institution will allow this medical student to do an elective rotation under the supervision of \_\_\_\_\_ M.D., an authorized and/or appointed member of its physician staff.

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

Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Elective Name: \_\_\_\_\_

Please note the following:

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

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

By: Windsor University School of Medicine By: \_\_\_\_\_  
(Name of Institution)

\_\_\_\_\_  
Dr. Andy Vaithilingam, Dean School of Medicine

\_\_\_\_\_  
Authorized Representative