# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCTION</td>
<td>3</td>
</tr>
<tr>
<td>PHILOSOPHY, GOALS, AND BEHAVIORS FOR CLINICAL EDUCATION</td>
<td>3</td>
</tr>
<tr>
<td>CONCEPTS</td>
<td>4</td>
</tr>
<tr>
<td>CLINICAL CLERKSHIP EXPECTATIONS</td>
<td>4</td>
</tr>
<tr>
<td>TRANSITION FROM BASIC SCIENCES TO CLINICAL CLERKSHIPS</td>
<td>5</td>
</tr>
<tr>
<td>SUMMARY OF CLINICAL CLERKSHIP “LAY-OUT”</td>
<td></td>
</tr>
<tr>
<td>PROCEDURES OF SCHEDULING CLINICAL ASSIGNMENTS</td>
<td>7</td>
</tr>
<tr>
<td>Core Clinical Clerkships</td>
<td>8</td>
</tr>
<tr>
<td>Supervision of the Clerkships</td>
<td>8</td>
</tr>
<tr>
<td>The Role of Preceptors and Clinical Faculty</td>
<td>9</td>
</tr>
<tr>
<td>The Clinical Clerk</td>
<td>10</td>
</tr>
<tr>
<td>Reading and Web-Based Education Resources</td>
<td>11</td>
</tr>
<tr>
<td>Electronic Patient Encounter Log</td>
<td>15</td>
</tr>
<tr>
<td>The Logbook of Manual Skills and Procedures</td>
<td>17</td>
</tr>
<tr>
<td>Student Evaluations of Core Clerkships</td>
<td>18</td>
</tr>
<tr>
<td>MEDICAL KNOWLEDGE AND COMPETENCIES</td>
<td>19</td>
</tr>
<tr>
<td>OUTCOME OBJECTIVES FOR THE MD PROGRAM</td>
<td>19</td>
</tr>
<tr>
<td>Evaluations and Grading</td>
<td>23</td>
</tr>
<tr>
<td>Grading Policy for the Clerkships</td>
<td>23</td>
</tr>
<tr>
<td>Clinical Performance (60%)</td>
<td>24</td>
</tr>
<tr>
<td>CLINICAL CURRICULUM</td>
<td>27</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>27</td>
</tr>
<tr>
<td>Surgery</td>
<td>33</td>
</tr>
<tr>
<td>Obstetrics And Gynecology</td>
<td>36</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>41</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>50</td>
</tr>
<tr>
<td>Family Medicine and General Practice</td>
<td>54</td>
</tr>
<tr>
<td>WINDSOR UNIVERSITY USMLE STEP 2 CK POLICY</td>
<td>57</td>
</tr>
<tr>
<td>ELECTIVES</td>
<td>58</td>
</tr>
<tr>
<td>APPENDIX A: CLINICAL CENTERS AND AFFILIATED HOSPITALS</td>
<td>61</td>
</tr>
<tr>
<td>APPENDIX B: THE LOGBOOK OF MANUAL SKILLS AND PROCEDURES</td>
<td>62</td>
</tr>
<tr>
<td>APPENDIX C: ROTATION EVALUATION FORM</td>
<td>66</td>
</tr>
<tr>
<td>APPENDIX D: MID-CORE EVALUATION</td>
<td>69</td>
</tr>
<tr>
<td>APPENDIX E: MID CORE ROTATION REFERENCE FORMS FOR 6 CORES</td>
<td>70</td>
</tr>
<tr>
<td>APPENDIX F: STUDENT EVALUATION OF THE CLINICAL ROTATION</td>
<td>92</td>
</tr>
<tr>
<td>APPENDIX G: STUDENT EVALUATION OF THE CLINICAL PRECEPTOR</td>
<td>93</td>
</tr>
<tr>
<td>APPENDIX H: SINGLE ELECTIVE AFFILIATION AGREEMENT</td>
<td>99</td>
</tr>
<tr>
<td>APPENDIX J: ORAL EXAM FORM</td>
<td>100</td>
</tr>
<tr>
<td>APPENDIX K: OSCE MARKING RUBRICS</td>
<td>102</td>
</tr>
</tbody>
</table>
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 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.
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.
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 Ashley@windsor.edu.

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

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.
### SUMMARY OF CLINICAL CLERKSHIP “LAY-OUT”:

<table>
<thead>
<tr>
<th>3Rd &amp; 4th Yrs (MD 6 -10)</th>
<th>Promotion &gt;65%</th>
<th>Exit exam</th>
<th>Remediation OSCE: (&lt; 65% each active and inactive stations)- fail &lt; 4 active stations</th>
</tr>
</thead>
<tbody>
<tr>
<td>core rotations - 48 wks</td>
<td>Remediation Fail: &lt; 65%</td>
<td>Graduate: OSCE (12 stns) 50% + Internal Exam 50% &gt; 65%</td>
<td>Continue</td>
</tr>
<tr>
<td>Selectives - 12 wks (3x4 wks) electives - 12 wks (3x4 wks)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Evaluations:
- a) Formative Midterm
- b) end-rotation OSCE
  - wt: evaluation - 40%; NBME exam - 30%; Notes, log, wkly quiz & writeup - 20%; OSCE - 10%
- All missed Exams or evaluations MUST be rescheduled within 2 wks
- Must complete >65% in all 6 cores rotation and obtain satisfactory in selectives and electives

#### Core Rotations:
1) Surgery: 12 weeks
2) Internal Med - 12 wks
3) Family Med - 6 wks
4) Peds - 6 weeks
5) OB/GYN - 6 weeks
6) Psychn - 6 weeks

#### Course Material:
- a) Core syllabus
- b) Weekly topics - Discussions and didactic lectures and self studies
- c) Weekly exams
- d) Proced. list & Must-do
- e) Hospital activities - rounds, grand rounds and on-call

#### Core Rotation Assessment: Sum >65%
- 1) Mid-term Formative Assessment - appx D
  - a) no grades
- 2) Summative Assess (40%) - Appx C
  - a) Clin performance and knowledge
  - b) Professionalism
  - c) Letter grade and %
- 3) NBME Clinical core
  - a) 30% total score
- 4) Elect doc (20%)
  - a) Pt. Log;
  - b) soap notes
  - c) 2 cases write up
  - d) Feed back forms
  - e) Passing all wkly Q - >60%
- 5) End-rot OSCE (10%)
  - a) 4 OSCE stns
  - i) one long (15 min)
  - ii) 2 short (5-10 min/ea)
  - iii) one inactive (7 min)
- 6) Pass >65% cummulative
  - a) All Sec must >65% adv. to next rotation
  - b) In Progress = fail 1
  - c) Repeat core = fail > 2

#### Selectives: (manditory)
1) Preventive Med - 4 weeks
2) Community Med - 4 weeks
3) Research - 4 weeks

#### Electives: (total 3 x 4 weeks)
1) Surgical disciplines
2) Medical Disciplines
3) Geriatric, etc

#### Approvals:
- a) Hosting Hospital and preceptors must be pre-approved by WUSOM
- b) evaluation forms must be completed

#### Selectives & Electives:
Must achieve satisfactory from preceptor’s summative assessment - Appx D

#### Exit OSCE Exam: Sum >65% (8 active & 4 inactive stns)
1) Examination Objectives
   - a) Surgery - active
   - b) IM - active
   - c) FM - active
   - d) Pediatrics - active
   - e) OB/GYN - active
   - f) Psychiatry - active
   - g) Radiology - inactive
   - h) EKG - inactive
   - i) Instrumentation - inact
   - j) Lab interpretation - inac
2) Competencies Assessed
   - a) Detailed Hx
   - b) Detailed Physical
   - c) Focused Hx and PE
   - d) Procedure
   - e) Counseling
   - f) Distressed Action required OSCE

#### Exit OSCE Formative:
1) (6 Stns) Mock exams on:
   - a) Detailed Hx
   - b) Detailed Physical
   - c) Focused Hx and PE
   - d) Procedure
   - e) Counseling
   - f) Distressed Action required OSCE
2) Preparation:
   - a) Student PPT info

#### Withdraw: Before 50 %

### NBME Remediation (Academic Probation):
- a) Before subsequent attempt - Student MUST demonstrate register and attend Becker or Kaplan review course and demonstrate Academic Progression before 2nd Attemp.
- b) Academic Progression: Register and complete at least 80 hrs with an elective and/or Bi-monthly courses.
<table>
<thead>
<tr>
<th>Remedyation (In Progress)</th>
<th>1) 4 weeks rotation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2) Complete Elec doc</td>
</tr>
<tr>
<td></td>
<td>3) Repeat OSCE - max 3 (attend bi-monthly - mand.)</td>
</tr>
<tr>
<td></td>
<td>4) Repeat NBME - max 3</td>
</tr>
<tr>
<td></td>
<td>5) After 3 attempts - dismissal</td>
</tr>
</tbody>
</table>

**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 pre tests. 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
- 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 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, 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.
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 protected academic time for self-study and exam preparation and considered and 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 pocket books or e-books that can be carried onto the wards.

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:**
- **CLIPP:** Computer-assisted Learning in Pediatrics Program
- **SIMPLE:** Simulated Internal Medicine Patient Learning
- **WISE-MD:** Experiences Web Initiative for Surgical Education of Medical Doctors - Family Medicine Computer-Assisted Simulations for Educating Students

These are the web-based programs:

- **fmCASES:**

## Core Clerkship Required Weeks/ Number of cases Required MedU Specific Case Numbers

<table>
<thead>
<tr>
<th>Core Clerkship</th>
<th>Required Weeks/ Number of cases</th>
<th>Required MedU Specific Case Numbers</th>
</tr>
</thead>
</table>
| 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**

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

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 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 systems 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

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

B. Clinical Skills
   a. Communicate effectively with patients, their families and members of the health care team.
   b. Obtain a comprehensive and/or focused medical history on patients of all categories.
   c. Perform physical and mental status examinations on patients of all categories appropriate to the patient's condition.
   d. Document pertinent patient health information in a concise, complete and
responsible way.
e. Select appropriate investigations and interpret the results for common and important diseases and conditions.
f. Recognize and communicate common and important abnormal clinical findings.
g. Develop a problem list and differential diagnosis based on the history, physical findings and initial investigations.
h. Apply effective problem solving strategies to patient care.
i. Perform routine and basic medical procedures.
j. Provide patient education for all ages regarding health problems and health maintenance.
k. Identify individuals at risk for disease and select appropriate preventive measures.
l. Recognize life threatening emergencies and initiate appropriate primary intervention.
m. Outline the management plan for patients under the following categories of care: preventive, acute, chronic, emergency, end of life, continuing and rehabilitative.
n. Continually reevaluate management plans based on the progress of the patient's condition and appraisal of current scientific evidence and medical information.

C. Professional Behavior
a. Establish rapport and exhibit compassion for patients and families and respect their privacy, dignity and confidentiality.
b. Demonstrate honesty, respect and integrity in interacting with patients and their families, colleagues, faculty and other members of the health care team.
c. Be responsible in tasks dealing with patient care, faculty and colleagues including healthcare documentation.
d. Demonstrate sensitivity to issues related to culture, race, age, gender, religion, sexual orientation and disability in the delivery of health care.
e. Demonstrate a commitment to high professional and ethical standards.
f. React appropriately to difficult situations involving conflicts, nonadherence and ethical dilemmas.
g. Demonstrate a commitment to independent and lifelong learning including evaluating research in healthcare.
h. Demonstrate the willingness to be an effective team member and team leader in the delivery of health care.
i. Recognize one's own limitations in knowledge, skills and attitudes and the need for asking for additional consultation.

j. Participate in activities to improve the quality of medical education, including evaluations of courses and clerkships.

**D. Interpersonal and Communication Skills**

Students must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Students are expected to:

a. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds

b. Communicate effectively with physicians, other health professionals, and health related agencies

c. Work effectively as a member or leader of a health care team or other professional group

d. Act in a consultative role to other physicians and health professionals

e. Maintain comprehensive, timely, and legible medical records, if applicable.

**E. Practice-based Learning and Improvement**

Students must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Students are expected to develop skills and habits to be able to meet the following goals:

a. Identify strengths, deficiencies, and limits in one’s knowledge and expertise

b. Set learning and improvement goals

c. Identify and perform appropriate learning activities

d. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement

e. Incorporate formative evaluation feedback into daily practice

f. Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems

g. Use information technology to optimize learning

h. Participate in the education of patients, families, students, residents and other health professionals.

**F. Systems-based Practice**

Students must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Students are expected to:

a. Work effectively in various health care delivery settings and systems relevant to their clinical specialty
b. Coordinate patient care within the health care system relevant to their clinical specialty

c. Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate

d. Advocate for quality patient care and optimal patient care systems

e. Work in inter professional teams to enhance patient safety and improve patient care quality

f. Participate in identifying system errors and implementing potential systems solutions.

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%: Electronic patient encounter log, SOAP Notes, 2 case write ups, weekly quizzes and feedback forms
4. 10%: OSCE /Oral Examination.
The final grade calculation= Cumulative of above 4 > 65% to pass.

Grading:
Honors: 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.

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 councils 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 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 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 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 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:

MEDICAL KNOWLEDGE
Demonstrate knowledge of the principal syndromes and illnesses in Internal Medicine, their underlying causes both medically and socially and the various diagnostic and therapeutic options available to physicians in the care of their patients. Demonstrate knowledge of the indications for and the ability to interpret standard diagnostic tests, e.g., CBC, chemistries, chest x-rays, urinalysis, EKGs, as well as other relevant specialized tests.

Recognize unusual presentations of disease in elderly patients and demonstrate understanding of the complexity of providing care for the chronically ill with multiple medical problems. This should include an understanding of end of life issues, as well as bioethical, public health and economic considerations which arise in our health care system. Demonstrate knowledge of the indications for various levels of care post-discharge, e.g., short and long term rehabilitation, long-term skilled nursing facility care, hospice, home care, etc.

CLINICAL SKILLS
Take a comprehensive history and perform a complete physical exam; formulate a differential diagnosis and therapeutic plan, employing concern for risks, benefits, and costs. Document clearly and proficiently.
Demonstrate facility in communication with patients, families and other care givers in a culturally competent manner. Analyze and document additional clinical information, lab tests and changes in patients’ clinical status; note changes in the differential diagnosis or in the diagnostic or therapeutic plans as circumstances and test results themselves change. Demonstrate proficiency in basic procedures, such as venipuncture, arterial puncture, naso-gastric tube insertion, insertion of intravenous lines, urinary bladder catheterization, etc. Observe more complex procedures such as thoracentesis, lumbar puncture, and central line insertion and ventilator management.
PROFESSIONAL BEHAVIOR
Demonstrate a regimen of independent learning through the reading of suggested basic texts, research via the Internet and through other electronic resources, e.g., Up-To-Date, maintenance of the patient encounters log and completion of the web-based educational program requirements.
Demonstrate a commitment to quality, patient safety and self-directed improvement.
Demonstrate competency and comfort in dealing with people of varying racial, cultural, and religious backgrounds. Demonstrate a commitment to treating all patients, families and other caregivers with respect. Participate fully with the patient care team and fulfill all responsibilities in a timely fashion. Maintain a professional appearance and demeanor. Demonstrate facility in working in concert with other caregivers, nutritionists and social workers/discharge planners to obtain optimal, seamless multidisciplinary care for their patients, both during the hospitalization and after discharge.

CORE TOPICS & PATIENTS
The core topics that provide the foundation of knowledge for internal medicine are those found in any number of standard text books. Students should choose a text book 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
- 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
- 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

**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

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

Students are expected to use general medical textbooks such as Harrison’s Internal Medicine for references during the course of their rotation. Online resources such as Up-to-date, or Interactive cases in New England Journal of Medicine

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
Surgery – 12 weeks

EDUCATIONAL OBJECTIVES AND COURSE TOPICS

1. MEDICAL KNOWLEDGE
   a. To apply and reinforce knowledge of the basic sciences, especially anatomy and physiology to the understanding, presentation and treatment of diseases that are commonly addressed within the field of surgery.
   b. To identify how and when evidence-based information and other aspects of practice-based Learning and improvement affect the care of the surgical patient and the alternatives in management.
   c. To develop an understanding of the cost to benefit ratio, the role of payment and financing in the healthcare system, the role of multi-disciplinary care including ancillary services such as home-care and rehabilitation and other aspects of systems-based practice in the implementation of the available technologies used in surgical treatment.
   d. To develop an understanding of the Core Topics (listed below) and to apply the associated surgical knowledge to clinical analysis and problem solving.
   e. To utilize distributive learning through the use of on-line resources for surgical learning and problem-solving.

2. CLINICAL SKILLS
   a. To apply the principles of surgical practice, including operative and non-operative management, to common conditions.
   b. To develop and apply the tools of clinical problem solving for surgical conditions including the process of data collection (history, physical examination and laboratory and imaging studies) in establishing a list of differential diagnoses and a primary working diagnosis for treatment and further investigation.
   c. To develop interpersonal and communication skills, in conjunction with the broad-range of clinical skill acquisition, by accessing and completing modules of the Drexel University communications course.
   d. To identify the importance of and approach to informed consent for surgical operations and procedures, with emphasis on the risks, benefits, and alternatives.
   e. To identify the importance of interpersonal and communication skills and to apply those skills in the multidisciplinary care of the surgical patient in an environment of mutual respect.
   f. To demonstrate the ability to conduct proper sterile preparation and technique.

3. PROFESSIONAL BEHAVIOR
   a. To function as a part of the surgical care team in the inpatient and outpatient setting.
   b. To demonstrate proper behavior in the procedural setting, including the operating room, at all times.
   c. To understand the limits of one’s position within the surgical care team in order to appropriately engage each patient, their friends and associates and their family.
   d. To appropriately seek supervision as provided through the hierarchical structure of the surgical care team.
e. To identify and respond sensitively to cultural issues that affect surgical decision-making and treatment.

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

**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
REQUIDED
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).

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)
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 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 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”

USMLEWorld

USMLEWorld Assignment - 162 questions

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:

Medical Knowledge: The student will learn:

1. Health maintenance and preventive care for women, including age-related issues in cancer screening, screening for other common adult-onset illnesses, nutrition, sexual health, vaccination and risk factor identification and modification.
2. Acute and chronic conditions common in women’s general and reproductive health, including their diagnosis and treatment.
3. Principles of physiology and pharmacology applicable to women from puberty through their reproductive life and menopause, especially pregnancy and age-related changes.
4. Prenatal, intrapartum and post-partum care of normal pregnancy and common pregnancy-related complications as well as the care of women with acute or chronic illness throughout pregnancy.
5. Fetal and immediate neonatal assessment.

Clinical Skills: The student will demonstrate competence in:

1. Communication skills
2. Interacting effectively and sensitively with patients, families, and with health care teams in verbal and written presentations.
3. Recognize the important role of patient education in prevention and treatment of disease.
4. Verbal Presentations: Organize a case presentation to accurately reflect the reason for the evaluation, the chronology of the history, the details of physical findings, the differential diagnosis and the suggested initial evaluation. Include age specific information and precise description of physical findings. Justify the thought process that led to the diagnostic and therapeutic plan.
5. Written Documentation: Document the independent clinical thinking of the student. When using templates, or their own prior documentation, students should carefully adjust the note to reflect newly completed work and to ensure the note is a useful addition to the medical record.
6. History Taking: From patients in more complex situations such as in the emergency and labor setting, collecting complete and accurate information and focusing appropriately.
7. Describe how to modify the interview depending on the clinical situation— inpatient, outpatient, acute and routine settings.
8. Physical Exams: complete and focused depending on indication and condition.
11. Evidence - Based Medicine: Ability to conduct an evidence-based search surrounding a specific clinical question and to appropriately evaluate the literature to answer such question.
12. Self - Education: Recognizing knowledge deficits and learning needs through a reflective self- assessment process, plan or seek assistance in remediation of knowledge deficits, develop key critical thinking and problem solving skills. Seek feedback.

Professional Behavior: The student will be expected to:
1. Demonstrate compassion, empathy and respect toward patients, including respect for the patient’s modesty, privacy and confidentiality.
2. Demonstrate communication skills with patients that convey respect, integrity, flexibility, sensitivity and compassion.
3. Demonstrate respect for patient attitudes, behaviors and lifestyle, paying particular attention to cultural, ethnic and socioeconomic influences.
4. Function as an effective member of the health care team, demonstrating collegiality and respect for all members of the health care team.
5. Demonstrate a positive attitude and regard for education by demonstrating intellectual curiosity, initiative, honesty, responsibility, dedication to being prepared, maturity in soliciting, accepting and acting on feedback, flexibility when differences of opinion arise and reliability.
6. Identify and explore personal strengths, weaknesses and goals.

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  
  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  
- **OBGYN 101: Introductory Obstetrics and Gynecology”**: obgyn-101.org  
- MDConsult: mdconsult.net  
- Up To Date: UpToDateOnline.com
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 ob/gyn. As part of their evaluation students need to bring this portfolio to the end-of-clerkship oral exam.

**Communication Skills**


**USMLE**

USMLE World Assignment - 205 Ob/GYN questions

**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**

**Medical Knowledge**

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

**Clinical Skills**

- Demonstrate the ability to approach the patient and family in an empathic and focused manner to form a positive and informative relationship.
- Demonstrate the ability to perform an accurate and organized diagnostic interview and record the information precisely and concisely.
- Perform complete physical examinations on newborns, infants, toddlers, children and adolescents.
- Participate in the selection of relevant laboratory and radiological tests.
- Interpret results to support or rule out diagnoses and arrive at a working diagnosis.
- Actively participate in formulating a management plan and participate in carrying out that patient care plan.
- Communicate orally and in writing, the information necessary to educate the patient and family regarding the situations or conditions they are involved with.
- Participate in making decisions regarding management, discharge and follow-up plans.
- Interpret laboratory values according to age-related norms.
- Accompany and observe senior staff in the delivery room for high risk births.
- Communicate with families regarding education and anticipatory guidance during outpatient visits.
- Evaluate common infections and acute illness of children of all ages in the urgent care or emergency setting.
- Evaluate children with serious illness in the inpatient setting.
Evaluate children with chronic and rare illnesses in the outpatient and sub-specialty centers.

Prepare management plans that consider the patient’s identity, culture and ability to adhere to the recommendations.

Demonstrate your ability to research topics and apply clinical research to your understanding of patient issues.

Participate in clinical research when possible, either by participating in an ongoing project or initiating a new line of inquiry.

**Professional Behavior**

- Establish rapport with patients and families that demonstrates respect and compassion.
- Appreciate and acknowledge their identity and culture.
- Demonstrate honesty, integrity and respect in dealing with patients, families and colleagues.
- Adhere to the principals of confidentiality, privacy and informed consent.
- Demonstrate that you are a responsible team member and carry out all of your assigned duties in a timely manner.
- Offer assistance when and where it is needed.
- Demonstrate that you are an effective member of the team by fully participating in discussions and contributing to learning endeavors.
- Demonstrate sensitivity to issues related to culture, race, age, gender, religion sexual orientation and disabilities.
- React appropriately to conflicts and ethical dilemmas by working toward solutions.
- Demonstrate a commitment to professionalism and adherence to the principals of bioethics.

**CORE TOPICS**

**General**

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

**Well Child Care**

- Immunizations
- Routine screening tests
- Anticipatory guidance
- Nutrition

**Growth and Development**

- Developmental milestones (when and how to evaluate)
- Failure to thrive
- Short stature
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)  g. Bronchiolitis
   b. Pharyngitis  h. Asthma
   c. Otitis media  i. Foreign body
   d. Sinusitis  j. Pneumonia
   e. Cervical adenitis  k. Cystic fibrosis
   f. Croup/epiglottitis  l. Tuberculosis
2. Eyes
   a. Conjunctivitis  c. Amblyopia
   b. Ocular trauma  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
7. Hematology/Oncology
   a. Anemias/hemoglobinopathies
   b. Pediatric malignancies (Acute Lymphatic Leukemia, lymphomas, neuroblastoma, Wilm’s tumor)
   c. Immune thrombocytopenic purpura (ITP)
8. Renal and Genitourinary (G.U.)
   a. Urinary tract infections (UTI’s)
   b. Nephritis/nephrosis
   c. Fluid and electrolyte balance
   d. Congenital anomalies
9. Dermatology
   a. Seborrheic dermatitis
   b. Atopic dermatitis
   c. Impetigo
   d. Fungal Infections
   e. Exanthems
   f. Neurocutaneous stigmata (neurofibromatosis, etc.)
10. Ingestions and Toxidromes
    a. Lead poisoning
    b. Salicylate, acetaminophen
    c. Iron
11. Common Pediatric Orthopedic Problems
    a. Developmental dysplasia of the hip
    b. Osgood Schlatter
    c. Slipped Capital Femoral Epiphysis
    d. Torsions
    e. Legg-Calve-Perthes disease
    f. Dislocated radial head (nursemaid’s elbow)
    g. Fractures
12. Musculoskeletal System
    a. Osteomyelitis/septic arthritis
    b. Muscular dystrophies
13. Adolescence
    a. Tanner staging
    b. Precocious/delayed puberty
    c. Stages of adolescent development
    d. Sexually transmitted infections
    e. Pregnancy/menstrual irregularities
    f. Vaginal discharge
14. Child Maltreatment Syndrome
    a. Physical abuse
b. Sexual abuse
c. Emotional abuse
d. Neglect
15. Genetics
   a. Down Syndrome, # 21 trisomy
   b. #13 trisomy
   c. #18 trisomy
   d. Turner Syndrome
   e. Klinefelter Syndrome
16. Collagen Vascular
   a. Juvenile Rheumatoid Arthritis
   b. Systemic Lupus Erythematosus
   c. Henoch Schonlein purpura
   d. Kawasaki disease
   e. Hemolytic Uremic Syndrome
17. Behavioral Issues
   a. Temper tantrums
   b. Discipline issues
   c. Sleep disorders
   d. Attention Deficit Disorders
   e. Hyperactivity issues
   f. Learning disabilities
   g. Oppositional defiant disorders
18. Miscellaneous
   a. Fever without focus
   b. Human Immunodeficiency Virus infection (HIV)
   c. Acquired Immunodeficiency Syndrome (AIDS)
   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


**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.

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLIPP Pediatrics Course</td>
<td>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.</td>
</tr>
<tr>
<td>USMLE</td>
<td>USMLE World Assignment - 400 Ob/GYN questions</td>
</tr>
</tbody>
</table>
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:

Medical Knowledge

1. Identify and define a broad spectrum of psychopathology, taking into account multiple factors including age, phase of life, sex, ethnicity, culture and co-morbidities.
2. Construct a formulation and comprehensive differential diagnosis using the Biopsychosocial-cultural model; include a consideration of the direct impact of physical problems and substance abuse as well as of secondary psychological effects of these.
3. Demonstrate knowledge of the major indications for, use and side effects of commonly prescribed psychiatric medications as well as behavioral side effects of commonly prescribed medications and substances of abuse.

4. Demonstrate knowledge of when and how to make a referral to a psychiatrist.

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

**Clinical Skills**

1. Conduct a diagnostic psychiatric interview demonstrating empathy and an ability to form a therapeutic alliance, to elicit valid and reliable information, including in potentially sensitive areas such as sexual history.

2. Organize and present a full psychiatric history and mental status examination, including differential diagnosis and treatment plan.

3. Evaluate and participate in the management of psychiatric emergencies, including the assessment of suicidality, dangerousness, intoxication and withdrawal syndromes.

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

**Professional Behavior**

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

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

3. Demonstrate awareness of one’s own limits and seek supervision.

4. Demonstrated behavior consistent with the setting and maintenance of professional boundaries.

**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.

<table>
<thead>
<tr>
<th>Communication Skills Modules</th>
<th>Students are responsible for completing DOCCOM communication Skills Complete modules 13 “Managing Strong Emotions” and 15 “Culture in the Clinical interview”.</th>
</tr>
</thead>
<tbody>
<tr>
<td>USMLE</td>
<td>USMILE World Assignment - 150 questions</td>
</tr>
</tbody>
</table>
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

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

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

6. The ability to identify and understand the principles of End of Life Care, Hospice Care, and Palliative Care

**Professional Behavior**

1. Demonstrate empathy and respect irrespective of people’s race, ethnicity, cultural background, social and economic status, sexual orientation or other unique personal characteristics.

2. The importance of professional behavior, empathy, and sensitivity to cultural and economic issues when interacting with patients and members of the healthcare team.

3. Demonstrate humility, compassion, integrity and honesty when dealing with patients, colleagues and the healthcare team.

4. Promote self care and wellness for ourselves, our patients and colleagues.

5. The ability to identify and understand the principles of ethics including: i. autonomy, ii. Responsibilities, iii. Beneficence, iv. nonmalfeasance, v. equality.

**CORE TOPICS:**

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

**Medical Conditions**

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

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

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

**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.
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 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, hypertrophic 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
- 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.
Windsor University USMLE Step 2 CK Policy

- Effective the September, 2015 semester, 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 70 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:

To be eligible for graduation, one must meet all the following requirements:
- In good standing with the Windsor University School of Medicine.
- Passed all basic medical sciences courses.
- Passed NBME CBSE (and for USA Clerks Passed Step 1 for US clerkship)
- Passed all core subject NBME and end-of rotation OSCE.
- Passed Windsor Internal Comprehensive examination – 50% of final grade (and for USA clerks Passed Step 2 for US clerkship)
- Passed Final exit OSCE examination – 50% of final grade (Combined of >65%).
- Filled out all required graduation forms.
- Required forms, library texts, and tuition are all in good standing.

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.

Exit OSCE EXAM STRUCTURES IS BASED ON THE WUSOM OSCE POLICY MANUAL (See appendix S):
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 Action required OSCE

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 (See
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 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. Manditory Bi-monthly attendance
   c. Manditory 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.

**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 2nd and 3rd 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
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. Jackson Park Hospital – Chicago
   3. Griffin Memorial Hospital – Oklahoma
   4. Memorial Hermann Hospital - Houston, TX
   5. Access Community Health Network, Chicago, IL
   6. Georgia Regional Hospital, Atlanta, GA

II) Carribean -
   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.

Students should print the section below called Required Manual Skills and have the eight required skills certified. This only has to be done once. When complete, students should fax a copy to their clinical coordinators who shall collect them and provide to Associate Dean`s. They should keep a permanent copy for themselves as long as they are a student at WUSM. Students cannot receive completion towards graduation until documentation of these eight procedures is received by the school.

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

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

Detailed protocols about selected manual skills can be found on the Clinical curricular manual.
REQUIRED MANUAL SKILLS

Student Name _________________________________

Student ID# _________________________________

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Signature</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform a vein-puncture and blood draw</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start an intravenous line</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place and remove sutures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insert a nasogastric tube</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insert a urinary catheter:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remove a urinary catheter:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
OPTIONAL MANUAL SKILLS AND OBSERVED PROCEDURES

Student Name ____________________________________________

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

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

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

Surgery
Appendectomy
Spinal/epidural anesthesia
Exploratory laparotomy
Diagnostic laparoscopy
Laparoscopic cholecystectomy
Laparoscopic appendectomy
Colon resection
Breast procedures
Cystoscopy
Joint arthroplasty
Fracture fixation
Endovascular procedure
Strabismus surgery
Cataract surgery
Appendix C: Rotation Evaluation Form

Rotation Evaluation Form

Students Last Name: __________________________ M.I. __________ Students First Name: __________________________

Hospital/Site: __________________________

Start Date: __________ End Date: __________ No. of Weeks: __________

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

________________________________________________________________________________________________________________________________________________________________________________________________________________________

Primary Preceptor Signature: __________________________ Date: __________

Print Name: __________________________

Student Signature: __________________________

Date: __________
Rotation Evaluation Form

**Name of Student:**

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.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substandard</td>
<td>Marginal</td>
<td>Adequate</td>
<td>Competent</td>
<td>Proficient</td>
<td>Outstanding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substandard</td>
<td>Marginal</td>
<td>Adequate</td>
<td>Competent</td>
<td>Proficient</td>
<td>Outstanding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substandard</td>
<td>Marginal</td>
<td>Adequate</td>
<td>Competent</td>
<td>Proficient</td>
<td>Outstanding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substandard</td>
<td>Marginal</td>
<td>Adequate</td>
<td>Competent</td>
<td>Proficient</td>
<td>Outstanding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substandard</td>
<td>Marginal</td>
<td>Adequate</td>
<td>Competent</td>
<td>Proficient</td>
<td>Outstanding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 councils patients/families; maintains comprehensive, timely, legible medical records.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substandard</td>
<td>Marginal</td>
<td>Adequate</td>
<td>Competent</td>
<td>Proficient</td>
<td>Outstanding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substandard</td>
<td>Marginal</td>
<td>Adequate</td>
<td>Competent</td>
<td>Proficient</td>
<td>Outstanding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substandard</td>
<td>Marginal</td>
<td>Adequate</td>
<td>Competent</td>
<td>Proficient</td>
<td>Outstanding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substandard</td>
<td>Marginal</td>
<td>Adequate</td>
<td>Competent</td>
<td>Proficient</td>
<td>Outstanding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Primary Preceptor Name: _________________________________  Date: ______________

Primary Preceptor Signature: ______________________________

Student 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

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

Comments:___________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Name and title of assessor: ___________________________________________ 
Signature of assessor: ___________________________ Date: ________________
Signature of Student: _______________________________ Date: _______________
Appendix E: Mid Core Rotation Reference Forms for 6 cores
Windsor University School of Medicine

Surgery Clerkship
Mid-Rotation Assessment Reference Form

Instructions:
The list below includes core experiences that each student should complete before the end of the clerkship. All students must meet with his/her clerkship preceptor at the end of the sixth week of the rotation to discuss these core experiences. This conversation will give the student and the preceptor an opportunity to informally discuss the students’ performance so far and to determine which core experiences still need to be completed before the end of the rotation.

CORE EXPERIENCES:

<table>
<thead>
<tr>
<th>Met this Goal:</th>
<th>Still to be Performed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete a history &amp; physical examination and write-up on patients assigned</td>
<td></td>
</tr>
</tbody>
</table>

For each presenting symptom, condition, or disease state the Windsor student is expected to know:
- Anatomy
- Pathophysiology
- Common associated symptoms
- Positive physical finding
- Differential diagnosis

Treatment:
- Medical/Surgical alternatives
- Risk factor assessment
- Pre-post operational management
- Prognosis
Met this Goal:  Still to be Performed:

- Discharge: timing, patient education, follow up

Knowledge:

- Demonstrate understating of common surgical problem
- Limitations of essential diagnosis studies
- Surgical treatments/alternative treatments
- Become familiar with various surgical procedures
- Construct risk/cost benefit appreciation
- Familiar with action, dosage and use of common pharmacologic agents
- Proper gowning and scrubbing

Procedure Skills:

- Venipuncture
- Placement of intravenous catheter
- Insertion of urethral (Folex) catheter
- Insertion of masogastric tube
- Removal of surgical drains
- Closure of surgical incisions
- Removal of sutures/staples
- Dressing changes
- Procedures for gowning and scrubbing
- Interpret common laboratory test
- Interpret common radiologic test
- Interpret EKG
Surgical entities to recognize:

- Intracranial tumors, aneurysm
- renal calculi/masses/cancer
- Shock
- Bowel disorder
- Lung tumors
- Common orthopedic injuries and tumors
- Common ENT problems
- Choragic vascular problems
- Common anesthesia scenarios

Still to be Performed:

Research and read information relevant to a major aspect of a patients' illness
Internal Medicine Clerkship
Mid-Rotation Assessment Reference Form

Instructions:
The list below includes core experiences that each student should complete before the end of the clerkship. **All students must meet with his/her clerkship preceptor at the end of the sixth week of the rotation to discuss these core experiences.** This conversation will give the student and the preceptor an opportunity to informally discuss the students’ performance so far and to determine which core experiences still need to be completed before the end of the rotation.

**CORE EXPERIENCES:**

<table>
<thead>
<tr>
<th>Met this Goal:</th>
<th>Still to be Performed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete a history, physical examination and write - up or patients assigned</td>
<td></td>
</tr>
</tbody>
</table>

**Know the major signs and symptoms:**

- Abdominal Pain
- Acute Infection
- Alcohol/substance abuse/dependency
- Allergies
- Anemia
- Asthma (chronic cough/wheeze)
- Back Pain
- Benign Prostate Hypertrophy
- Biliary /Pancreatic Disease
- Breast Disease
<table>
<thead>
<tr>
<th>Met this Goal:</th>
<th>Still to be Performed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Cancer (breast/lung/thyroid/skin/colon/prostate)</td>
</tr>
<tr>
<td></td>
<td>- Chest Pain</td>
</tr>
<tr>
<td></td>
<td>- Chronic or Acute Pelvic Pain</td>
</tr>
<tr>
<td></td>
<td>- Cirrhosis/end stage liver disease</td>
</tr>
<tr>
<td></td>
<td>- Congestive Heart Failure</td>
</tr>
<tr>
<td></td>
<td>- COPD/Emphysema</td>
</tr>
<tr>
<td></td>
<td>- Coronary Artery Disease</td>
</tr>
<tr>
<td></td>
<td>- Delirium/Dementia/Altered Mental States</td>
</tr>
<tr>
<td></td>
<td>- Depression</td>
</tr>
<tr>
<td></td>
<td>- Diabetes Mellitus</td>
</tr>
<tr>
<td></td>
<td>- DVT/PE/Hypercoagulable State</td>
</tr>
<tr>
<td></td>
<td>- Dyslipidemia</td>
</tr>
<tr>
<td></td>
<td>- Dyspnea/Respiratory Distress</td>
</tr>
<tr>
<td></td>
<td>- Electrolyte or Acid/base disorder/dehydration</td>
</tr>
<tr>
<td></td>
<td>- Esophageal Reflux Disease</td>
</tr>
<tr>
<td></td>
<td>- Fatigue</td>
</tr>
<tr>
<td></td>
<td>- Fever, Bacteremia, sepsis</td>
</tr>
<tr>
<td></td>
<td>- Gastrointestinal Bleed</td>
</tr>
<tr>
<td></td>
<td>- Headache</td>
</tr>
<tr>
<td></td>
<td>- Hypertension</td>
</tr>
<tr>
<td></td>
<td>- Insomnia</td>
</tr>
<tr>
<td></td>
<td>- Joint/Limb Pain/Injury</td>
</tr>
</tbody>
</table>
- Menopause
- Nausea/Vomiting
- Noncompliance with Medication Regimen

Met this Goal: Still to be Performed:

- Obesity
- Osteoarthritis
- Osteoporosis
- Pain Management
- Peripheral Vascular Disease
- Renal Insufficiency/Failure
- Sexually Transmitted Infection
- Skin Disorder/Problem
- Thyroid Disorder
- Tobacco Abuse
- Upper Respiratory Infection
- Urinary Incontinence
- Urinary Tract Infection

Create a differential diagnosis based on the findings from patient’s H & P exam

- Interpretation: common serum chemistries, lipid profiles
- Interpretation: arterial blood gas
- Interpretation: Electrocardiography
- Interpretation: Chest Radiography

Research and read information relevant to a major aspect of a patient’s illness
Procedures:
- Peripheral Venous Access
- Arterial Blood Draw
- Venous Blood Draw
- Central Venous Catheterization
- Lumbar Puncture
- ACLS

Met this Goal: Still to be Performed:
- Suturing
- IV Set Up
- Abdominal Paracentesis
- Arthrocentesis
- Thoracentesis
**OB/GYN Clerkship**  
Mid-Rotation Assessment Reference Form

**Instructions:**

The list below includes core experiences that each student should complete before the end of the clerkship. All students must meet with his/her clerkship preceptor at the end of the third week of the rotation to discuss these core experiences. This conversation will give the student and the preceptor an opportunity to informally discuss the students’ performance so far and to determine which core experiences still need to be completed before the end of the rotation.

**CORE EXPERIENCES:**

<table>
<thead>
<tr>
<th>Met this Goal:</th>
<th>Still to be Performed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete a history and physical examination and write up on a pregnant patient either an antepartum admission or labor admission.</td>
<td></td>
</tr>
<tr>
<td>Complete a history and physical examination and write up from a gynecologic oncology patient admission.</td>
<td></td>
</tr>
<tr>
<td>Practice preventive care for women in an ambulatory setting</td>
<td></td>
</tr>
<tr>
<td>- Perform breast and pelvic exam</td>
<td></td>
</tr>
<tr>
<td>- Diagnose pregnancy</td>
<td></td>
</tr>
<tr>
<td>- Document comprehensive specific and sexual historian</td>
<td></td>
</tr>
<tr>
<td>- Identify and implement age appropriate or gestational age appropriate screening procedure</td>
<td></td>
</tr>
<tr>
<td>- Synthesize a problem test with appropriate differential diagnosis</td>
<td></td>
</tr>
<tr>
<td>Improve clinical communication skills such as contraception choices, prevention of STI, smoking cessation, drug cessation, exercise, nutrition in pregnancy, immunization.</td>
<td></td>
</tr>
<tr>
<td>- Use screening tests to identify women at risk for depression, abuse or sexual dysfunction</td>
<td></td>
</tr>
<tr>
<td>- Use principles of clinical ethics to deal with issues</td>
<td></td>
</tr>
</tbody>
</table>
Met this Goal:  Still to be Performed:

**Participate in obstetric care:**

- Participate in vaginal deliveries
- Demonstrate an understanding for the variation in labors
- Participate in preoperative, surgical, labors, and delivery as well as post procedure care
- Responsible for rounding on either postpartum as antepartum patients each morning
- Keep notes on patients you are following identify symptoms and summarize physical findings associated with gestational hypertension, preeclampsia, and eclampsia

**Gynecology:**

- Summarize the risk factors, signs and symptoms, physical exam findings and initial management plans for patients presenting with cervical, uterine, and ovarian malignances
- Discuss endocrinology and physiology of menarche, normal menstrual cycle and menopause
- Address sensitive issues with compassion and respect, regardless of a patient's gender, race/ethnicity, sexual preference, cultural, or socioeconomic background

**Gynecology: Patient Types/Clinical Condition**

- Breast disease/breast health/abnormal
- Mammography
- Pelvic pain
- Amenorrhea
- Menstrual Disorders (AUB/PMS)
- Contraception
- Perimenopause/Menopause
- Infertility
- Pelvic Mass
- Prolapse/Incontinence
- Abnormal cervical cytology
- STI screening/management
- Vaginitis/Vaginal discharge
- Post-operative visit
- Well woman history/exam

**Obstetrics: Patient Types/Clinical Condition**

- First trimester bleeding
- Third trimester bleeding
- Abdominal pain in pregnancy
- Antepartum visit
- Diabetes in pregnancy
- Gestional HTN/preeclampsia
- Post-term pregnancy
- PROM/PTL
- Term Labor
Met this Goal: Still to be Performed:

- Peripartum infection
- Multiple gestation
- Breastfeeding

Clinical Skills: Physical Examination Skills

- Breast examination
- Speculum examination
- Bimanual examination
- Estimation of gestational age (fundal height measurement) and fetal heart tone exam technique

Clinical Skills: Testing and Procedural Skills

- Pap test
- Wet mount preparation and exams
- Cervicovaginal testing for STIs
- Evaluation of ROM
- Interpretation of pelvic ultrasound findings
- Demonstration of basic steps in vaginal delivery
- Cesarean section
- Tubal ligation (PPTL or interval procedure)
- Hysterectomy (any type)
- Colposcopy
- Dilation and curettage
- Hysteroscopy
- Laparoscopy

Research and read information relevant to a major aspect of a patient's development or illness
**Pediatric Clerkship**  
**Mid-Rotation Assessment Reference Form**

**Instructions:**  
The list below includes core experiences that each student should complete before the end of the clerkship. **All students must meet with his/her clerkship preceptor at the end of the third week of the rotation to discuss these core experiences.** This conversation will give the student and the preceptor an opportunity to informally discuss the students’ performance so far and to determine which core experiences still need to be completed before the end of the rotation.

**CORE EXPERIENCES:**

<table>
<thead>
<tr>
<th>Met this Goal</th>
<th>Still to be Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evaluate pediatric patients from infants through adolescence in a variety of clinical settings establishing rapport with the patient and family in order to obtain a complete history and physical examination. Develop a complete problem list and a differential diagnosis for each problem.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

Development of strategies for health promotion as well as disease and injury prevention.

**Expectations:**

- **Newborn**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

- Newborn Resuscitation
- Newborn Exam
- Circumcision for male patients; separation of fixed labia

- **Inpatient Services**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

- Admission History and Physical
- Daily Progress Notes
- Interpret the results of commonly ordered laboratory tests, such as diagnostic imaging studies, CBC, urinalysis, serum electrolytes and recognize that the normal value of some tests may vary with the age of the patient.
Met this Goal: Still to be Performed:

- **Ambulatory Clinic**
  - Discharge Plans

- Well infant and child exam

- Sick visit care

- Adolescent health physical

**Pediatric clerkship areas of competency topics:**

- **Medical Record**
  - Documentation of admission history and physical exam: severity iconicity
  - Progress Notes

- Procedure Notes

- Change of laboratory procedures on chart if not in line with differential diagnosis
  - Problem notes and/or differential diagnosis

- **Procedural Skills**
  - Complete child physical exam including initial communication with parent and/or grandparent
  - Complete adolescent physical exam

  - Presentation of pediatric patient while on rounds

- **Health Supervisor**
  - Normal vital signs for age
  - Injury prevention
  - Immunizations

  - Screening tests for vision, hearing, reflexes
  - Safety

  - Substance abuse, smoking abuse, alcohol abuse
Met this Goal: Still to be Performed:

- Cerebral Palsy

Childhood epistemology: Piaget, Erickson, Frard, Maher
Denver Developmental Screening
Developmental Milestones
Growth Charts
Macro and Microcephaly
Mental Retardation; Asbergers; Autism
Short Stature
Tanner Stages
Behaviorism

Attention Deficit Disorder
Depression
Eating Disorder
Encopresis
Enuresis
Temper Tantrums; Excitability
Toilet Training
Sleep Problems
- Nutrition
  - Breastfeeding
  - Constipation
  - Dental Care
  - Failure to Thrive
  - Formula Feeding
  - Infant, child and teen dietary requirements
  - Nutritional Anemia
  - Obesity

Met this Goal: Still to be Performed:

- Issues Unique to Newborns
  - APGAR
  - Congenital Malfunctioning/ Medical Genetics
  - Colic
  - Cyanosis
  - Development Dysplasia
  - Diaper Rashes
  - Dubowitz Evaluation
  - Fetal Alcohol Syndrome
  - Gastroesophagial Reflux
  - Hydrocele
  - Infections of the Newborn; AIDS
  - Inborn errors of Metabolism
Newborn Care and Exam
- Pyloric Stenosis
- Respiratory Distress in the Newborn

- Fluid and Electrolyte Management

- Daily Fluid and Electrolyte requirements
- Dehydration
- Fluid Replacement
- Sodium Abnormalities

- Common Pediatric Illnesses

Met this Goal: Still to be Performed:

- Asthma
- Bronchitis
- Cellulites
- Conjuctuities
- Croup
- Cystic Fibrosis
- Dermatitis
- Fever
- Fungal Infections
- Glomerulonephristis
- Headache
- Henoch-Scholen Purpura; ITP
<table>
<thead>
<tr>
<th>Met this Goal:</th>
<th>Still to be Performed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>▶ Hematuris</td>
</tr>
<tr>
<td></td>
<td>▶ Hemolytic Uremic Syndrome</td>
</tr>
<tr>
<td></td>
<td>▶ Hepatitis</td>
</tr>
<tr>
<td></td>
<td>▶ Insulin Dependent Diabetes Mellitus</td>
</tr>
<tr>
<td></td>
<td>▶ Kaworski Syndrome</td>
</tr>
<tr>
<td></td>
<td>▶ Lead Poisoning</td>
</tr>
<tr>
<td></td>
<td>▶ Limping Child</td>
</tr>
<tr>
<td></td>
<td>▶ Meningitis</td>
</tr>
<tr>
<td></td>
<td>▶ Nephrotia Syndrome</td>
</tr>
<tr>
<td></td>
<td>▶ Otitis Media and Externa</td>
</tr>
<tr>
<td></td>
<td>▶ Pneumonia</td>
</tr>
<tr>
<td></td>
<td>▶ Rheumatic Fever</td>
</tr>
<tr>
<td></td>
<td>▶ Seizures</td>
</tr>
<tr>
<td></td>
<td>▶ Sinuses; Strep Throat</td>
</tr>
<tr>
<td></td>
<td>▶ Strabismus</td>
</tr>
<tr>
<td></td>
<td>▶ Urinary Tract Infection</td>
</tr>
<tr>
<td></td>
<td>▶ Viral Examinations</td>
</tr>
</tbody>
</table>

- Pediatric Emergencies

|               | ▶ Acute Abdomen       |
|               | ▶ Airway Obstruction; Apnea |
|               | ▶ Apparent Life Threatening Event (ALTE) |
|               | ▶ Biles               |
## Conditions

- Burns
- Diabetic Ketacedosis
- Fractures
- Head Infections
- Near Drowning
- Poisons/Injections
- Reye Syndrome
- Sudden Infant Death Syndrome (SIDS)
- Testicular Torsion

**- Child Abuse and Neglect**

- Child Advocacy
- Munchausen by Proxy
- Neglect
- Physical and Sexual Abuse

**Met this Goal: Still to be Performed:**

- Shaken Baby Syndrome

**- Issues Unique to Adolescence**

- Acne
- Bullying; Sexual Identity
- Breast Problems
- High Risk Behavior
- Menstrual Problems
- Sexually Transmitted Diseases
Sports Medicine

Suicide

- Formulate an initial diagnosis and therapeutic plan, considering the cost, risk benefits, and limitations of laboratory tests, imaging studies, medications, consultations, social services, hospitalization and more conservative measures such as observation.

- Use the pediatrics literature and EBM subscriptions to research the diagnosis and management of clinical problems.
**Psychiatry Clerkship**  
**Mid-Rotation Assessment Form**

**Instructions:**

The list below includes core experiences that each student should complete before the end of the clerkship. All students must meet with his/her clerkship preceptor at the end of the third week of the rotation to discuss these core experiences. This conversation will give the student and the preceptor an opportunity to informally discuss the students' performance so far and to determine which core experiences still need to be completed before the end of the rotation.

**CORE EXPERIENCES:**

<table>
<thead>
<tr>
<th>Met this Goal:</th>
<th>Still to be Performed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete a history, physical examination and write-up on patients assigned</td>
<td></td>
</tr>
</tbody>
</table>

Know the major DSM-V signs and symptoms:

<table>
<thead>
<tr>
<th>Met this Goal:</th>
<th>Still to be Performed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- AD/HD / Learning Disability</td>
<td></td>
</tr>
<tr>
<td>- Adjustment Disorder</td>
<td></td>
</tr>
<tr>
<td>- Autism/Pervasive Developmental Disorder</td>
<td></td>
</tr>
<tr>
<td>- Bereavement</td>
<td></td>
</tr>
<tr>
<td>- Bipolar Disorder</td>
<td></td>
</tr>
<tr>
<td>- Borderline Personality Disorder</td>
<td></td>
</tr>
<tr>
<td>- Delirium</td>
<td></td>
</tr>
<tr>
<td>- Dementia</td>
<td></td>
</tr>
<tr>
<td>- Dysthymic Disorder</td>
<td></td>
</tr>
<tr>
<td>- Generalized Anxiety Disorder</td>
<td></td>
</tr>
<tr>
<td>Met this Goal:</td>
<td>Still to be Performed:</td>
</tr>
<tr>
<td>---------------</td>
<td>------------------------</td>
</tr>
<tr>
<td></td>
<td>- Major Depressive Disorder</td>
</tr>
<tr>
<td></td>
<td>- Obsessive Compulsive Disorder</td>
</tr>
<tr>
<td></td>
<td>- Panic Disorder</td>
</tr>
<tr>
<td></td>
<td>- Post-Traumatic Stress Disorder</td>
</tr>
<tr>
<td></td>
<td>- Schizophrenia</td>
</tr>
<tr>
<td></td>
<td>- Somatization Disorder</td>
</tr>
<tr>
<td></td>
<td>- Substance Abuse &amp; Dependency</td>
</tr>
<tr>
<td></td>
<td>- Substance Intoxication &amp; Withdrawal</td>
</tr>
</tbody>
</table>

Recognize which common medical disorders and medications may contribute to the onset or worsen the course of the above disorders

- Antipsychotics (both typical agents and atypical agents)
- Antidepressants (selected serotonin reuptake inhibitors, Tricyclic antidepressants, and monoamine oxidize inhibitors)
- Benzodiazepines
- Mood Stabilizer (lithium, valproate, carbamazepine)
- Medications for substance abuse (antabuse, clonidine, methadone)
- Electroconvulsive Therapy
- Research and read information relevant to a major aspect of a patient's illness
**Windsor University School of Medicine**

**Family Medicine Clerkship**

**Mid-Rotation Assessment reference Form**

**Instructions:**
The list below includes core experiences that each student should complete before the end of the clerkship. All students must meet with his/her clerkship preceptor at the end of the third week of the rotation to discuss these core experiences. This conversation will give the student and the preceptor an opportunity to informally discuss the students' performance so far and to determine which core experiences still need to be completed before the end of the rotation.

**CORE EXPERIENCES:**

<table>
<thead>
<tr>
<th>Met this Goal:</th>
<th>Still to be Performed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete a history physical examination and write up a patient by demonstrating competency in advance elicitation of history, communication, physical examination, and critical thinking skills</td>
<td></td>
</tr>
<tr>
<td>Develop evidence based health promotion/disease prevention for patients of any age or gender</td>
<td></td>
</tr>
</tbody>
</table>

**Management Ability:**

- Chronic disease management
- Essential hypertension
- Diabetes Mellitus
- Hyperlipidemia
- Asthma
- Common Ambulatory illnesses
- Upper and lower respiratory tract infection
- Headache
<table>
<thead>
<tr>
<th>Met this Goal:</th>
<th>Still to be Performed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Sexually transmitted infection</td>
</tr>
<tr>
<td></td>
<td>- Anxiety</td>
</tr>
</tbody>
</table>

**Practice skills and procedures commonly used in Family Medicine:**

<table>
<thead>
<tr>
<th></th>
<th>- Immunization administration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- TB skin testing</td>
</tr>
<tr>
<td></td>
<td>- Glucose testing</td>
</tr>
<tr>
<td></td>
<td>- Phlebotomy</td>
</tr>
<tr>
<td></td>
<td>- Urinalysis</td>
</tr>
<tr>
<td></td>
<td>- CBC understanding</td>
</tr>
<tr>
<td></td>
<td>- Pregnancy testing</td>
</tr>
<tr>
<td></td>
<td>- Office microscopy (wet mount and koti)</td>
</tr>
<tr>
<td></td>
<td>- EKG interpretation</td>
</tr>
<tr>
<td></td>
<td>- Awareness of a 61 counter</td>
</tr>
<tr>
<td></td>
<td>- Proper use of a stethoscope</td>
</tr>
<tr>
<td></td>
<td>- Suturing</td>
</tr>
<tr>
<td></td>
<td>- Casting</td>
</tr>
</tbody>
</table>

**Medical drugs and over the counter drug interactions:**

<table>
<thead>
<tr>
<th></th>
<th>- Blood thinners and aspirin products</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Complementary alternative medicine</td>
</tr>
</tbody>
</table>

**Awareness of primary care opportunities:**

<table>
<thead>
<tr>
<th></th>
<th>- Loans</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Types of family medicine practice opportunities</td>
</tr>
<tr>
<td></td>
<td>- Certificate credentialing in primary care subspecialties</td>
</tr>
<tr>
<td></td>
<td>- Genetic counseling and genetic markers</td>
</tr>
</tbody>
</table>
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:

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________
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.

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

Describe in your words how we can improve:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Appendix H: Log Chart

Windsor University
School of Medicine

Logs

To access the clinical Logs, log in to the following website-
http://admin.windsor.edu/
Important instructions/information regarding the logs:

* Use the Electronic patient encounter log to list a minimum of at least twelve (12) important cases during your rotation

* Take two (2) cases from that log chart and prepare a thorough work-up using the case reports section on the website.

  - You also are required to do 4 SOAP sheets

* Also, you have a Student Evaluation of the Clinical Preceptor evaluation form and a Student Evaluation of the Rotation form to email back stating your opinion of the rotation.

Your log may concern some of the following:

* Access and manage accurate and chronic assigned cases medical/surgical/OBGYN/pediatric/psychiatric/ family medicine.

* Provide personal care and comfort for individual patients and their families as prescribed in the psychosocial economic and ethical model.
* Provide continuous as well as episodic health care that may include preventative, chronic, acute, and palliative medical care.

* Develop medical problem solving skills. Able to define and prioritize the patients problem and with staff supervision develop and implement a management plan.

* Develop proficiencies in using computer based EBM resources for improving on one ability to acquire and extend health care knowledge.

* Integrate principles of community and population factors when co-managing an assigned patient "from the floor to the door".

* On the following pages, please indicate the number of cases for each statement that you had some form of involvement. It is customary to write down the patients' admission number, gender and age.
**Electronic Patient Encounter Log (EPEL)**

**Sample LOG:**

**Clinical Clerkship**
- Core Clerkships

**Patient Encounter**
- Date added: 11/09/2014 2:02:43
- Date of the Encounter: 10/24/2014
- Patient Initial: RC
- Age Range: 19-44 Years
- Gender: Female
- Race: Hispanic/Latino

**Chief Complaint**
- Chief Complaint: Blurred Vision, Dizziness, Tingling of fingers

**Primary Diagnosis**
- Primary Diagnosis: Diabetes

**Secondary Diagnosis**
- Secondary Diagnosis

**Visit Level of Care:** Moderate

**Moderate**
(To be filled by the physician)

**Treatment/Plan**
- Blood work for lipid profile.
- Referral to neurology, and to an optometrist for visual change.

**Clinical Setting**

**Sample SOAP sheet:**
### SOAP NOTES - View

<table>
<thead>
<tr>
<th>Patient Initials</th>
<th>SM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subjective</strong></td>
<td>Mom states baby still having periods of difficulty breathing. Episodes improve after nebulizer treatments but are back after 1 to 2 hours. Neither mom nor baby slept last night. Mom very concerned at this time.</td>
</tr>
</tbody>
</table>
| **Objective**    | Vitals: RR 41, Temp: 98.6, SpO2: 93%  
As per recommendations from yesterday visit, baby getting albuterol/steroid treatments every 4 hours.  
General: Patient is crying and in clear distress  
HEENT PEERL, EOMI  
CV: High pitch, II/VI blowing holosystolic murmur, best heard at left 2nd-3rd intercostal space with no radiation  
Resp: Patient is tachypnic with shallow inspiratory phase and inspiratory retractions of accessory muscles. There are wheezes and crickets heard throughout inspiration and expiration all over, with expiratory phase > inspiratory phase.  
Labs: CBC (results pending)  
Imaging: CXR (results pending) |
| **Assessment**   | 9-month old baby boy back to clinic today due to no improvement of difficulty breathing. Baby born with pulmonary stenosis and AV valve defect. |
| **Plan**         | 1. Worsening SOB with accessory muscle retractions  
2. Asthma  
3. Pneumonia |
|                  | 1. Patient will be sent to Texas Children Hospital ED for admission.  
2. Patient will most likely need to be intubated to assist with respiration.  
3. Rule out pneumonia, pending CBC and CXR |
Appendix I: Single elective affiliation agreement & rotation description

Windsor University School of Medicine

SINGLE ELECTIVE AFFILIATION AGREEMENT & ROTATION DESCRIPTION

Windsor University School of Medicine hereby certifies that:

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

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 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)

______________ Brijinder k. Gupta, Dean School of Medicine ____________________________

Authorized Representative
Appendix J: ORAL EXAM FORM
Windsor University School of Medicine

ORAL EXAM FORM
1. Student Portfolio Review

Patient Encounter Log
A review of the printed log presented by the student should result in grading based on:
a. Completeness and reasonableness reflecting a commitment for documentation.
b. Understanding and documentation of the complexities of patient care.

_____Complete_____Incomplete

Independent Study Web-based Courses
a. Communication skills modules _ complete___Incomplete
b. USMLE World ______Complete___Incomplete
c. Clerkship Course ____Complete____Incomplete

2. Integrated Clinical Encounter (Refer To OSCE rubric in Appendix L)
A student should be graded on their ability to discuss a patient by integrating the history, physical exam findings, laboratory results into an impression and plan. Grading should assess the student’s understanding of path physiology, work-up, management, problem solving and critical thinking. If appropriate, a student understands of ethical issues and cultural problems should be explored.

A       B       C       F

3. Communications Skills and Interpersonal Relationship (Refer To OSCE rubric in Appendix L)
Students should be graded on their quality of the oral presentation and their response to questions. The examiner should include “challenging” questions as well as traditional “scientific” ones. The examiner, as a simulated patient, needs to grade students on their interpersonal relationship.

A       B       C       F

FINAL ORAL EXAM GRADE

A       B       C       F
Appendix K: OSCE Marking Rubrics

1. Decide the types of skills to be examined
2. Decide the types of assessment (such as a uniform checklist)
3. Consider the number of skill assessment stations needed (it is recommended to have 10 to 15 stations, and six minutes for each station) because the length of the examination is determined by the number of assessment stations and the time each candidate will spend at each station.
4. Allocate resources for the examination (such as space for examination rooms, marking sheets and plastic models)
5. Prepare the staff resources needed (including examiners, timekeepers and patient/volunteers)
6. Determine/arrange the day/period of exam
7. Conduct a review/evaluation of the arrangement of the exam after it is over
8. To design concise marking schemes that focus on actions that distinguish between good and poor performance
9. To provide marking scheme instructions on what students would do at each station for the examiners
10. To provide instructions which outline exactly the task required at each station for students

Marking Rubrics

Below is a sample of the OSCE rubric:

<table>
<thead>
<tr>
<th>MARKING RUBRICS</th>
<th>Excellent</th>
<th>Proficient</th>
<th>Average</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis:</td>
<td>Able to give an excellent analysis and understanding on the patients’ problems and situations and applied medical knowledge to the clinical practice and determined the appropriate treatment</td>
<td>Able to demonstrate medical knowledge with a satisfactory analysis on the patients’ problems, and determined the appropriate treatment</td>
<td>Showed a basic analysis and knowledge on the patients’ problems, still provided the appropriate treatment</td>
<td>Only able to show minimal level of analysis and knowledge on the patients’ problems, unable to provide the appropriate treatment</td>
</tr>
<tr>
<td><strong>Problem-solving skills:</strong></td>
<td>Able to manage the time to suggest and bring out appropriate solutions to problems; more than one solutions were provided; logical approach to seek for solutions was observed</td>
<td>Able to manage the time to bring out only one solution; logical flow was still observed but there was a lack of relevance of the flow</td>
<td>Still able to bring out one solution on time; logical flow was hardly observed</td>
<td>Failed to bring out any solution in specific time; logical flow was not observed</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Communication and interaction with patients:</strong></td>
<td>Able to get detail information needed for diagnosis; gave very clear and detail explanation and answers to patients; paid attention to patients’ responses and words</td>
<td>Able to get detail information needed for diagnosis; gave clear explanation and answers to patients; attempted but only paid some attention to patients’ responses and words</td>
<td>Only able to get basic information needed for diagnosis; attempted to give a clear explanation to patients but omitted some points; did not pay attention to patients’ responses and words</td>
<td>Failed to get information for diagnosis; gave ambiguous explanation to patients</td>
</tr>
<tr>
<td><strong>Clinical skills:</strong></td>
<td>Perfectly performed the appropriate clinical procedures for every clinical tasks with no omission; no unnecessary procedure was done</td>
<td>Performed the required clinical procedures satisfactorily; committed a few minor mistakes or unnecessary procedure which did not affect the overall completion of the procedure</td>
<td>Performed the clinical procedures at an acceptable standard; committed some mistakes and some unnecessary procedures were done</td>
<td>Failed to carry out the necessary clinical procedures; committed lots of mistakes and misconception about operating clinical apparatus</td>
</tr>
</tbody>
</table>