# Windsor University School of Medicine

## Brighton's Estates: St. Kitts

# CLINICALTRAINING MANUAL 2021-2022

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## INTRODUCTION

The Clinical Training Manual serves three important functions:

1. It helps students reach the outcome objectives of the School of Medicine

2. It functions as a useful handbook to guide students through the many school and regulatory policies and requirements that characterize this segment of their medical education

3. It is a major component of our affiliation agreements with preceptors, department chairs, clinical affiliates, and ACGME teaching hospitals, also as guidelines for our submission to accreditingagencies.

The three sections of the manual detail the structure of the clinical program, the clinical curriculum, the relationships with affiliated hospitals and the procedures, the 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 as it is 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 to prepare 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 physicians, our students will positively impact 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. Students' attitudes and learning will be directed towards 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 also 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 towards 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 the following 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 communication and relationships based on 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.

**CLINICALCLERKSHIPEXPECTATIONS**

During the two years (MD6-MD10) of clinical education, students will observe and analyze how the physician shows the following qualities:

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 and participate in improving the health of the community.

k. Inform and counsel patients concerning their health problems, recognize and respect 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 the patient and their 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 CLERSKHIPS**

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

- Successfully complete all the Basic Science course requirements with a satisfactory grade point average.
- Pass the NBMEBasic 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.

**The student must complete the followingcourses:**

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

2) BLS CPR for Healthcare provider course
This is provided during MD-4 semester; if you have not done the course during that period, you need to take the course and turn in the completion card before starting the clinical assignment.

3) Submit Infection control certificate
This online course is offered at http://www.compliancepublishing.com/

4) HIPAA (Current/Active):
Please go to http://www.compliancepublishing.com/

5) Background check (Current / Active):
Please go to https://www.goodhire.com/gh.aspx
6) Completion of Basic life support certification training prior to start of clerkship; the completion certificate needs to be sent to clinicals@windsor.edu (for US rotations)
**Or**
**jaya@windsor.edu**( for Caribbean rotations)

Whenever possible, students will be placed at medical centers that provide services in all major clinical departments and subspecialties. To achieve broad 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 their geographic, career, and academic preferences, plus lodging, family considerations and other personal needs. It is necessary to stress the point that while planning to take a USA medical residency, 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

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 the 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 will include the opportunity to take core exams and pretests. For those in other locations, away from Chicago, IL and St. Kitts, the clinical clerk will attend a prearranged 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 come in 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 for him/her to learn hospital medicine, then that student may request 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/Gynecology6 weeks

**Elective Clinical Rotations as Arranged by amedical 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 outside 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 conducted 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. AHDs at clinical centers are members of the Clinical Council, the main advisory body to the Dean for the clinical terms.

The school also appoints the Associate Hospital Deans 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 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, and feedback and suggestions for 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.

This 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, their peers, and 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.

To summarize, 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 the hierarchy of interns, residents, fellows, attending physicians, nurses, technicians and other health care providers and 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 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 workdays, 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. Students' duty hours are set taking into account the effects of fatigue and sleep deprivation following their 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 reviews 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 an integral part

of the core rotation. While all clerkship directors must comply with this policy, they do have the option of allowing additional time off for study.

**Reading and Web-Based Education Resources**

***1.*** **Reading**

A student will not see all of the important and major disorders within a six or twelve-week core rotation. For this reason and also to assure a uniform background in medical studies at different affiliated hospitals, the university provides a list of weekly topics in the core-specific syllabus and requires that a textbook be read and studied during each core rotation. Preceptors are required to deliver weekly didactic lectures pertaining to the weekly topics. In addition to this, web-based assignments must be completed supplementing clinical knowledge specific to the rotation. Students must also study about the patients and the illnesses they see. 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 concepts and facts which are required 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 are small pocketbooks 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: SIMPLE: WISE-MD: fmCASES:**

These are the web-based programs:
Computer – assisted Learning in Pediatrics Program
Simulated – Internal Medicine Patient Learning Experiences Web Initiative for Surgical Education of Medical Doctors – Family Medicine
Computer-Assisted Simulations for Educating Students

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## For cases assignments per kindly refer to your Hybrid clerkship weekly syllabus.

b. **USMLEWorld:**

Students must complete all the questions in Ob / Gyn, Pediatrics, Psychiatry, and Surgery and a minimum of 400 questions in Internal Medicine during the 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 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**

| **Clerkship** | **Web-Based requirements** |
|---|---|
| **Pediatric** | Communication Skills – Modules 21 "Communication and Relationships with Children and Parents" & 22"The Adolescent Interview"<br>UWorld - 300 Pediatric questions |
| **Internal Medicine** | Communication Skills **–** Modules 23 "The Geriatric Interview" & 24 "Tobacco Intervention"<br>UWorld 400 Medicine questions |
| **Ob / GYN** | UWise – Need to Create a UWise Account<br>Communication Skills – Ob / Gyn – Modules 18 "Exploring Sexual Issues" & 28 "Domestic Violence"<br>UWorld 205 Ob / GYN questions |
| **Ob / GYN** | UWise – Need to Create a UWise Account<br>Communication Skills – Ob/Gyn – Modules 18 "Exploring Sexual Issues" & 28 "Domestic Violence"<br>UWorld 205 Ob / GYN questions |
| **Surgery** | Communication Skills Modules 17 "Informed Decision-Making" & 35 "Discussing Medical Error"<br>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, level of responsibility, category of illness, rotation, hospital, communication course module and comments. The comment section is important. Any time students select "other" from any field, they should use the comment section to explain the same. In addition to this, students can include cultural issues, procedures, or medical literature relevant to the patient in the comment section. We recommend that the log be updated 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. The school has developed this log for these reasons and the others discussed below as well as to meet accreditation standards.

One of the competencies that students must develop during their clinical training involves documentation. Documentation is an essential and important feature of patient care; 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, the students will be evaluated not by the number of diagnoses they log, but by how conscientious and honest they keep the 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 encounters with or exposure to a real patient. Simulated patients, case presentations, videos, grand rounds, written clinical vignettes, etc. comprise encounters with a patient that is presented by someone else at the bedside. Although the level of responsibility in the latter case is less, students should log the diagnoses observe 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 believes students should see over two years of clinical training. It is felt 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 may perhaps do some extra reading about them, including some research or review articles, and, in turn, be more knowledgeable about these clinical entities. If relevant, students can study and log a communication skills module.
2. If, at the end of the third year, students discover that 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 on their own.

**B.** The different fields in the log should encourage students to look for and document the complexities of clinical encounters in cases where it is 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. It is expected that keeping the log will he l p students develop a more profound understanding of 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. For example, a new diagnosis might be made, c au s in g the patient to move from the ED to the OR to the wards, or a patient presenting with an acute condition may deteriorate, raising end-of-life issues. These developments require editing of the original entry.

**D.** The chief complaint and diagnosis lists do not include every possible diagnosis or even every diagnostic entity that 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 they prefer. If students encounter a diagnosis that is not on the list, they can select "Other" and add the diagnosis in the comment section. However, students should try to use the diagnoses 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 what they of from their experiences of clinical rotations. The log does not reflect the totality of the educational objectives during core clerkships. Clinical

experience is an important part of the clerkship requirements; however, it constitutes only a part. Students must commit themselves to extensive reading and studying during the clinical years. “Read about patients you see and read about patients you don’t see” should be their mantra.

**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 the logs t o be formally evaluated only during the core clerkship. However, the list reflects those entities tha t the faculty thinks students should encounter during their clinical experience in medical school, not just during core clerkship. Other rotations may decide to use the log and should notify students if they intend to do so.

**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 would either not h a v e b een involved in the rotation or not h a ve taken the log assignment seriously. Since students are responsible for answering questions about the entries in their log, it would not be expected of 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 degree to which 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 that is 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 needs to be done only once and can be done for any service during any rotation. Once certified, students can continue to perform these procedures without an y additional documentation. However, they are always under supervision while performing these procedures. 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 it is best to submit it 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). It is however relevant for 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 retained 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 students' feedback on the core rotations. Examples of these questionnaires are in Appendix F. Each department has modified the questionnaire to measure the extent to which a specific clerkship rotation meets the departmental guidelines and objectives. Data from these questionnaires provide documentation enabling the deans, department chairs, AHDs 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 improving the medical school. Given the importance of student feedback, the school of medicine will not give any student credit for a core rotation until he or she completes and submits the relevant questionnaire. Answers are confidential. While our program can ascertain which students responded, it cannot match a response to an individual student. A separate questionnaire has to be completed at the end of each clerkship.

**Medical Knowledge and Competencies**

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

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

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

specialty; certainly professional behavior, interpersonal skills, and communication are universal.

## OUTCOME OBJECTIVES FOR THE MD PROGRAM

WINDSOR UNIVERSITY
SCHOOL OF MEDICINE
1.844.994.6376 INFO@WINDSOR.EDU

### MD Curriculum Educational Program Objectives Map

**Curriculum Location (CL)**
1. Foundations (basic sciences) phase 1; 2. Clerkships phase 2 & 3;
3. Community service activities; 4.Frontiers; 5.Transitions; 6. Scholarly Project

| Significant Learning Goals | CL | WSUOM Competencies: Medical Knowledge | Patient Care | Communication Skills | Professionalism | Practice-Based Learning and Improvement | Systems-Based Practice | Outcome Measures |
|---|---|---|---|---|---|---|---|---|
| **1. Foundational Knowledge -Medical Knowledge(MK)** | | | | | | | | |
| 1.1 Master fundamental biomedical concepts, terms, processes, and system interactions | 1,3,4 | x | x | | | | | NBME, PE, SGF |
| 1.2 Describe the determinants of health | 1, 2, 4, 5 | x | x | | | | | OSCE, NBME, PE |
| 1.3 Utilize evidence in making clinical decisions | 1, 2, 4, 5 | x | x | | | x | | C, NBME, PE, SGF, OSCE |
| **2. Application— Patient Care (Clinical Skills)-(PC)** | | | | | | | | |
| 2.1 Conduct patient interviews and physical examinations | 1,2,3,5 | x | x | x | x | | x | OSCE, PE, SE,BLS |
| 2.2 Diagnose patient health problems | 1,2,3,5 | x | x | | | x | | OSCE, NBME, PE, CE, SGF |
| 2.3 Propose evidence-based health maintenance and therapeutic options | 1, 2, 3, 5 | x | x | | x | x | x | OSCE, NBME, PE, CE, SGF |
| **3. Integration—Systems-Based Practice (SBP)** | | | | | | | | |
| 3.1 Connect knowledge of patient populations and health delivery processes in making diagnoses and therapeutic recommendations | 1, 2, 3, 4, 6 | | x | | | | x | NBME, CE, PE, |
| 3.2 Advocate for the humane, just, safe and prudent care of persons | 1, 2, 3 | | x | x | x | | x | OSCE, PE |
| 3.3 Adapt to the complex economic and social structure of health care delivery | 1, 2, 3 | | | | x | | x | NBME, CE, PE |
| **4. Human Dimension—Personal and Interpersonal Development (CS)** | | | | | | | | |
| 4.1 Reflect upon one's personal strengths and weaknesses to make positive changes in one's behavior | 1, 2, 3 | | | x | x | | | OSCE, SGF, PE |
| 4.2 Find one's own meaning in medicine | 1, 2, 3,5, 6 | | | x | x | | | SE, CE |
| 4.3 Take care of oneself | 1, 2, 3,5, 6 | | | x | x | | | SE, CE |
| 4.4 Deliver effective patient presentations and document accurately in the medical record | 1, 2 | | X | x | x | | | OSCE, PE |
| 4.5 Communicate and work effectively with others | 1, 2, 3, 4 | | x | x | x | | X | OSCE, PE, SGF |
| 4.6 Demonstrate leadership skills in a variety of settings | 1, 2, 3 | | | x | | x | x | SGF, PE |
| **5. Caring/Valuing—Professionalism(P)** | | | | | | | | |
| 5.1 Care deeply about becoming an excellent physician through a life of service | 1, 2, 5 | | x | | x | | x | OSCE, PE, SGF, SE |
| 5.2 Care about and support others in the profession | 1, 2, 3 | | X | | X | | X | SGF, PE, |
| 5.3 Value and behave in a manner consistent with the highest ethical standards of the profession | 1, 2 | | | | X | | X | SGF, PE, OSCE, CE |
| **6. Learning How to Learn—Practice-Based Learning (PBL)** | | | | | | | | |
| 6.1 Develop a personal plan to become a better medical professional | 1,2 | | | | X | | X | CE, SE |
| 6.2 Stimulate intellectual curiosity to question and advance knowledge through scholarship | 1,2,4,6 | x | x | | | x | | CE, SGF, PE, SE |
| 6.3 Appropriately utilize evidence-based resources to address uncertainty in medicine and gaps in knowledge/skills | 1,2,4,6 | X | X | X | | X | X | CE, SGF, PE, SE |

**Outcome Measures legend:** BLS =Basic Life Support; Capstone = project leading to scholarly presentation; CE = Course Exam; NBME = National Board of Medical Examiners Exams; OSCE = Objective Structured Clinical Examination; PE = Preceptor Evaluation; SE = Self Evaluation; SGF = Small Group Faculty Evaluation

**EvaluationsandGrading**

**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 t he 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 t h e completion of a rotation. The opinions of the physicians who have worked with a student are critical for self- improvement. 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 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:**

- Participation in TBL and Course quizzes as part of TBL - 15%
- Completion of Online Assignments (Aquifer) -5%
- Student Portfolio- EPEL,Case report,log set & MiniChex-10%
- NBME -30%
- Preceptor final evaluation form - 30%
- End of rotation OSCE- 10%, (4stations; two long case, 2 short case and 4 inactive)

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

**Grading:**

**Pass:** Scoring an A in all 4 areas of evaluation.
**In progress:** Fail in 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 inup 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 (30%)**

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 th e 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 the Outcome Objectives of medical education provided above.

**a.** Medical Knowledge: students are evaluated on their 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: students are assessed based on how they establish relationships with patients/families, educates and councils patients/families, maintains comprehensive, timely, and legible medical records.

**e.** Practice- Based Learning: students are evaluated according to how the student self-assesses, uses new technology, accepts feedback.

**f.** Systems-Based Practice: Based on how the students assist 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 t h e independent study and patient log documentation,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 reiate 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 summativeexam.

**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 this exam is done by t he 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 exceptions 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 require 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 receiving 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 about 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 concerned student. This is done at the time of the mid-core evaluation or at any other appropriate time. 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 core clinical rotations included in-hospital patient care which might be coupled with outpatient office experience if 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 through 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 their knowledge of the structure and function of the body, major organ systems and 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. 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 a 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 good 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 consideration of human biology, behavior, and understanding of the epidemiology and path physiology of disease and the mechanisms of treatment. Students master clinical skills in interviewing, physical examination, differential diagnosis, diagnostic testing strategies, therapeutic techniques, counseling, and disease prevention.

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

**include: Knowledge for Practice:**

IMK1. Recognize the physiologic mechanisms that explain key findings in the history and physical exam.

IMK2. Describe the etiologies, pathophysiology, clinical features, differential diagnosis, and related diagnostic testing and management of common inpatient medical conditions.

IMK3. List the indications for the most commonly performed imaging/investigation examinations.

IMK4. Demonstrate knowledge of human anatomy by recognizing key structures on various investigation modalities.

**Interpersonal and Communication Skills:**

IMC1. Demonstrate appropriate listening and verbal skills to communicate empathy, elicit information regarding the patient's preferences and provide basic information and an explanation of the diagnosis, prognosis and treatment plan.

IMC2. Perform as an effective member of the patient care team, incorporating skills in inter-professional communication and collaboration including giving and receiving feedback.

IMC3. Document and orally present new patient and follow up patient cases in a thorough and focused manner.

IMC4. Demonstrate understanding of the important role of communication in radiology/investigation procedures with specific emphasis on the investigation requisition, radiology/specimen/investigation report, urgent or unexpected findings, and recommendations for follow-up imaging or procedures.

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

IMS1. Complete a patient's history and physical exam in a respectful, logical organized and thorough manner. When necessary, obtain supplemental historical information from collateral sources, such as significant others or previous physicians.
IMS2. Evaluate and prioritize problems with which a patient presents, appropriately synthesizing these into logical clinical syndromes.
IMS3. Formulate a differential diagnosis based on the findings from the history and physical examination and apply differential diagnosis to help guide diagnostic test ordering and sequencing.
IMS4. Formulate an initial therapeutic plan and explain the extent to which the therapeutic plan is based on pathophysiologic reasoning and scientific evidence of effectiveness.
IMS5. Advise patients and colleagues on the risks, benefits, limitations, and indications of each of the most commonly performed imaging examinations.
IMS6. Identify critical and high priority imaging/investigation findings on the most commonly performed imaging/procedural exams and discuss their importance in clinical patient management.

**Professionalism:**

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

**Practice-Based Learning and Improvement:**

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

**Systems-Based Practice:**

IMSB1. Differentiate the role and contribution of each team member to the care of the patient, and call on interdisciplinary resources (case workers, nurses, physical therapists, etc.) to provide optimal and comprehensive care.

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

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

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

***CORE TOPICS & PATIENTS***

**For core topics, online assignments, schedule of sessions for Team-Based learning and clinical skills training, kindly refer to you r internal medicine weekly syllabus. Provided to you by your clerkship instructor.**

# Surgery: 12 weeks

***EDUCATIONAL OBJECTIVES AND COURSE TOPICS***

**Knowledge for Practice**

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

**Interpersonal and Communication Skills**

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

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

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

**Professionalism**

SP1. Accept feedback appropriately and use it for self-learning and improvement. SP2. Describe the basic principles of informed consent.

SP3. Work collaboratively with other members of the health care team.

SP4. Demonstrate punctuality and timeliness, attend required conferences and return required assignments in on time.

SP5. Demonstrate respect for all individuals: patients, families, employees, residents, faculty, other students, etc.

**Practice-Based Learning and Improvement**

SPB1. Access, analyze and evaluate the scientific and medical literature in order to address learning needs.

SPB2. Apply the principles of evidence-based practice. SPB3. Use electronically available medical information.

**Systems-Based Practice**

SSB1. Apply HIPAA regulations regarding patient privacy and confidentiality.

SSB2. Describe the triage and referral of patients with a surgical disease and the role of sub-specialty surgical care.

SSB3. Describe screening guidelines and be able to apply those guidelines to surgical patients.

SSB4. Exhibit cost-conscious use of diagnostic and treatment modalities in surgical patients.

***CORE TOPIC GOALS***

**For core topics, online assignments, schedule of sessions for Team-Based learning and clinical skills training, kindly refer to your Surgery weekly syllabus. Provided to you by your clerkship instructor.**

# 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 t h e labor and delivery department, 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 hands-on experience, students' learning will be augmented by three web-based resources. Your patient log along with the web-based resources will constitute your ob/gyn portfolio which students need to present at the end-of- clerkship evaluation.

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

***EDUCATIONAL OBJECTIVES AND COURSE TOPICS:***

**Knowledge for Practice**

OGK1. Demonstrate knowledge of the physiology of the female pelvic anatomy with an emphasis on reproductive development and changes in endocrinology across a woman's lifespan.

OGK2. Acquire a comprehensive understanding of primary and preventive care for women across the lifespan with appropriate screening tests, exams, and treatments at each stage.

OGK3. Develop an evidence-based understanding of the pathophysiology of conditions and common disorders that affect women, tests to diagnose, and the appropriate management options for these conditions.

OGK4. Describe the course of a normal pregnancy and effective health care during pregnancy to ensure the health of the mother and fetus.

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

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

**Interpersonal and Communication Skills**

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

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

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

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

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

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

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

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

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

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

**Professionalism**

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

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

OGP3. Develop management plans for patients considering the physical, emotional, social and financial costs that the condition and its treatment impose on the patient.
OGP4. Take responsibility for accomplishing assigned tasks in an effective and punctual manner. OGP5. Demonstrate trustworthiness by maintaining patient confidentiality at all times.

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

OGPB1. Use evidence-based resources to better understand the condition and treatment of patients under your care.
OGPB2. Improve performance based on instructional feedback from the faculty, residents and health care.
OGPB3. Reflect on your performance as a medical student and identify individual learning goals to accelerate your development as a physician.

### Systems-Based Practice

OGSB1. Know and utilize hospital and community resources to support quality patient care.
OGSB2. Describe how multiple systems – hospitals, insurance carriers, government agencies – intersect in the clinical setting to impact patient care.
OGSB3. Identify the major public health issues impacting women's health care today.
OGSB4. Recognize the effect social and cultural factors have on the provision of quality patient care.
OGSB5. Demonstrate the ability to be an effective team member by assuming an appropriate role in any clinical situation in order to support quality patient care.

**For core topics, online assignments, schedule of sessions for Team-Based learning and clinical skills training, kindly refer to your OBG weekly syllabus. Provided to you by your clerkship instructor.**

# 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 an age range of 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, a nd 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 w ill 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 throughout the duration 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.

***EDUCATIONALOBJECTIVES***

**Knowledge for Practice**

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

**Interpersonal and Communication Skills**

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

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

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

**Professionalism**

PP1. Demonstrate the development of humanistic attitudes in dealing with healthy, acutely ill, and chronically ill pediatric patients and their families.

PP2. Approach your education positively by showing intellectual curiosity, initiative, honesty, integrity, responsibility, maturity in soliciting, accepting, and acting on feedback, dedication to being prepared and reliability in all clinical and educational settings.

PP3. Communicate with patients and families respectfully, compassionately, sensitively and with integrity and flexibility.

**Practice-Based Learning and Improvement**

PPB1. Establish a pattern of continuous inquiry into the problems of human health and development, referring to basic texts and current literature.

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

**Systems-Based Practice**

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

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

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

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

**For core topics, online assignments, schedule of sessions for Team-Based learning and clinical skills training, kindly refer to your Pediatrics weekly syllabus. Provided to you by your clerkship instructor.**

# 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 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 in more detail below. Essentially, students are assigned to one or more interdisciplinary clinical teams during their clerkship and will learn to perform psychiatric evaluation, to construct a diagnosis and formulate a treatment plan by participating in these activities along with other members of the team and under the direction of their preceptors.

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

**Knowledge for Practice**

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

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

## Interpersonal and Communication Skills

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

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

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

## Problem Solving and Clinical Skills/Patient Care

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

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

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

## Professionalism

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

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

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

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

### Practice-Based Learning and Improvement

PsyPB1. Formulate skills in assembling and integrating information relevant to patient care from multiple sources, including utilizing databases in searches for assessment and treatment of psychiatric illness.

PsyPB2. Research evidenced-based materials that are applicable to patients' care and incorporate this evidence into the patient's assessment and treatment of psychiatric illness.

### Systems-Based Practice

PsySB1. Demonstrate respect for, and integrate the care of hospitalized psychiatric patients with all team members, including other psychiatrists, residents, psychologists, nursing staff, social work staff, occupational therapy staff, consulting physician staff, and clergy members.

PsySB2. Demonstrate respect for, and integrate the care of patients in the outpatient setting with all team members, including other psychiatrists, residents, primary care or other physicians, psychologists, nursing staff, social work staff, case managers, family members, and any others involved in the patient's ongoing outpatient care plan.

PsySB3. Educate patients about available system resources for psychiatric illness and their role in accessing and working within these systems.

**For core topics, online assignments, schedule of sessions for Team-Based learning and clinical skills training, kindly refer to your Psychaitry weekly syllabus. Provided to you by your clerkship instructor.**

# 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 students' knowledge and awareness of the impact of cultural issues and family systems.

***EDUCATIONALOBJECTIVES***

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

**Knowledge for Practice**

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

**Interpersonal and Communication Skills**

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

FMC5. Educate patients and families regarding common acute and chronic medical conditions.

FMC6. Demonstrate the process of negotiating management plans with patients,incorporating patient needs and preferences into care.

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

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

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

FMS2. Perform comprehensive wellness exams relevant to the patient's age and comorbidities. FMS3. Formulate treatment plans for common acute and chronic ambulatory medical problems.

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

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

FMS6. Formulate answerable clinical questions from patient interactions.

**Professionalism**

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

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

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

**Practice-Based Learning and Improvement**

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

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

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

**Systems-Based Practice**

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

FMSB2. Demonstrate a clinical perspective that recognizes the impact of multiple health systems on patient health.

**For core topics, online assignments, schedule of sessions for Team-Based learning and clinical skills training, kindly refer to your Family medicine weekly syllabus. Provided to you by your clerkship instructor.**

**ELECTIVES**
***SURGICALSUBSPECIALTIES***

***ANESTHESIOLOGY***:

1. Discuss the pre-operative evaluation of the surgical patient in association with commonly occurring 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's 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. Painmanagement.
7. Early and late complications.
8. Discuss the toxicity of local anesthetics agents.

***ORTHOPEDICS:***

1. Discuss the process of fracture healing.
2. List common 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 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. Develop an understanding of the common conditions of the nose and sinuses including deviated septum, hyper-trophic turbinates, acute sinusitis, and chronic sinusitis.
3. Develop an understanding of common surgically -treatable 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

**B.** Actively use practice-based data to improve patient car

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 availability to patients, families, and colleagues
- Acquire skills of breaking bad news and providing 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/LimbInjuries
5. Gastrointestinalbleeding
6. GeriatricEmergencies
7. Headache
8. PediatricEmergencies
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 patients.

## Windsor University USMLE Step 2 CK Policy

- All USA residency-bound students are required to pass the National Board of

Medical Examiners (NBME) Clinical Comprehensive examination in order to take the USMLE Step 2 CK examination.

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

**GRADUATION REQUIREMENTS:**

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

   - Completion and submission of the case report copies for all core and electives.
4. By the end of 72 weeks of the clerkship program, students must take and pass Exit Written

examinations (NBME CCSE) and Exit OSCE exam prior to graduation.

5. Fill out all the required graduation forms.
6. Complete clearance forms for borrowed library textbooks and housing.
7. Ensure that tuition fees are up to date.
8. Required forms, library texts, housing, and tuition are all in good standing.
9. To avoid a last-minute search for the evaluation form, please always make sure that your clinical coordinator has received your evaluation form from the respective preceptors after your completion of each clerkship rotation (core, elective /selective).
10. ***All completed documents must be submitted to the Registrar's Office at documents@windsor.edu _8 weeks prior to graduation and please note that if any required document is missing, the clearance processing will be delayed.***

**CERTIFICATION FOR GRADUATION**

The Registrar certifies that each candidate for graduation has completed all academic requirements and all administrative requirements of the institution. Any student who has outstanding fees or fines (i.e., tuition, loans. library books, parking fees or tickets) may not graduate. The 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 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 of 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 an explanation of how the exam is conducted, sample OSCE exam and marks distribution, refer to the attachment. Overall, a score of
>60% in OSCE practical is considered as the pass cutoff for this component). In order for the student to be considered pass/successful in the final graduation exit exam, the **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**.

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

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

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

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

2) Six Competencies Assessed

| | | |
|---|---|---|
| a) Detailed Hx | b) Detailed Physical | c) Focused Hx and PE |
| d) Procedure | e) Counseling | f) Distressed 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 by the "Selection Blue Print Template" (See appendix Q). All the bank cases are developed using a 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), an SP performance instruction page, Examiner's checklist page(s) with questions, and a "Student Write-up" page. Every core-rotation has cases specifically designed in the six competencies of assessments.

1) Standardization Process used for our exit OSCE program:
   a. Case Template to design the OSCE cases
   b. Roll-out presentation at each site using the same educational and training material
   c. Bank cases are available for all sites.
   d. Examination stations have a similar setup.
2) Realiabity 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 comparing their checklist score on the student at every site
   c. The "Borderline Marking System" using Hofstee method incorporating theexaminers' input on passing score and the 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
      i. All cases are sent to the preceptor, chairs, and examiners of each core rotation, and feedback is requested on the following 4 questions:
      ii. Is the case representing what the students are learning?
      iii. Is the checklist reflective of a fair scoring process?
      iv. What is the minimal passing score (for the selected case) to the total score at the bottom of the checklist sheet?
      v. What percentage (%) of the students taking the exam should fail the case?
   b. Preceptors and Examiners are encouraged to submit cases for the exit OSCE.
   c. 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 areas of competencies (See appendix L).
   d. Examination Objectives are created for every core-rotation (see Appendix M & N).

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

1) A total of 150 questions 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 areas of competencies.

**Sample corrective measures after each attempt:**

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

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

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

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

1) Fail <4 **active** stations
   a. Immediate or scheduled formative feedback
   b. Mandatory bi-monthly attendance
   c. Mandatory preparation and mock
   d. Retake failed active and inactive station on the next scheduled OSCE date
2) Fail >4 **active** station: (**AcademicProbation**)
   a. Repeat the entire 12 OSCE stations.
   b. Max 3 attempts – dismissal

Students are given a maximum of 3 attempts to pass both components. The 3 attempts include the first (written & OSCE) attempt + two retake attempts (written & OSCE). If the student fails

in these 3 attempts, they will be considered for academic dismissal pending the promotion committee's decision.

**Comprehensive Remediation for Academic Probation:**

1. Before subsequent attempts, students must demonstrate register and attend the Becker or Kaplan review course and demonstrate **Academic Progression** before their 2nd and 3rd attempt(s).

Academic Progression: Register and complete at least 80 hrs with an elective rotation and/or Bi-monthly course (WUSOM).

2. Maximum of 3 attempts in a max time allowed of 12 months
3. 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 per the requirement to start USA clinical rotations in USA ACGME-accredited Hospitals
2. For USMLE part 2 CS and CK. students 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 CK are permitted to those students who demonstrate above-average performance and hold good standing with the school (before completing the exit examination)
   a. If the score is less than 65%, no subsequent permission is allowed for early writing the USMLE part II CK

## APPENDIX A: CLINICAL CENTERS and AFFILIATED HOSPITALS

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

I) The United States-

1. Loretto Hospital – Chicago
2. Community First Medical center – Chicago
3. Weiss memoria -Chicago
4. Access Community Health Network, Chicago, IL
5. Griffin Memorial Hospital – Oklahoma
6. Georgia Regional Hospital, Atlanta, GA

II) Carribbean -

1) May Pen Hospital, Jamaica

2) UWI ,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 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.

Under 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.

To get a copy of log set for each clerkship rotation,kindly contact Clinicals@winsor.edu or jaya@windsor.edu

## Appendix C: Rotation Evaluation Form

WINDSOR UNIVERSITY
SCHOOL OF MEDICINE

# End of rotation Clinical Performance Evaluation on Clerkships

**Student:** _____ **Clerkship Name :** _____
**Number of weeks :** _____

**Hospital:** _____ **Dates of rotation :** _____

**Evaluator role:** ☐ Clerkship chair ☐ Preceptor Name of the Evaluator: _____

**Please evaluate the performance of the student in the following competencies using the anchors described below:**
**Above Expectations:** Highly commendable performance, top 5-10% of students evaluated
**Meets Expectations:** Capable, at expected performance for level
**Below Expectations:** Demonstrates initial growth; opportunity for improvement
**Unacceptable:** Needs Attention

| | Unacceptable: Needs Attention -1 | Below Expectations- 2 | Meets Expectations-3 | Above Expectations-4 | Not Evaluated |
|---|---|---|---|---|---|
| **Patient Care:** Students are expected to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. | | | | | |
| Takes an effective history | ☐ Often misses important information. Patient concerns poorly characterized. | ☐ Sometimes misses important information. History generally not fully characterized. | ☐ Identifies and characterizes most patient concerns in an organized fashion | ☐ Identifies and fully characterizes all patient concerns in an organized fashion. Recognizes and attends to biopsychosocial issues. | ☐ Not observed. |
| Performs appropriate physical exam | ☐ Disorganized. Frequently not thorough. Misses and/or misinterprets findings. | ☐ Does not always demonstrate correct technique. Not consistently organized | ☐ Demonstrates correct technique with an organized approach. | ☐ Able to efficiently focus exam based on differential diagnosis. Attentive to detail. | ☐ Not observed. |
| Generates differential diagnosis | ☐ Poor use of data. Misses primary observed diagnoses repeatedly. | ☐ Cannot consistently generate a complete differential diagnosis | ☐ Consistently generates a complete differential diagnosis | ☐ Consistently generates a complete differential diagnosis. Able to demonstrate clinical reasoning | ☐ Not observed. |
| Generates and manages treatment plan | ☐ Contributes little. Not to the treatment plan and management of patients. May suggest inappropriate treatment options. | ☐ Does not consistently contribute to treatment plan or management of patients. | ☐ Contributes to the treatment plan and management of patients | ☐ Independently generates treatment plans and manages patients with minimal oversight. | ☐ Not observed. |

| | | | | | |
|---|---|---|---|---|---|
| **Medical Knowledge:** Students are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences. | | | | | |
| Exhibits knowledge of diseases and pathophysiology | ☐ Fund of knowledge inadequate for patient care. | ☐Has gaps in basic fund of knowledge | ☐Demonstrates expected fund of knowledge for level of training. | ☐Has fund of knowledge that is beyond expected level of training. Applies knowledge to patient care. | ☐Not observed. |
| **Practice-Based Learning and Improvement:** Students are expected to investigate and evaluate their patient care practices by appraisal and assimilation of scientific evidence. | | | | | |
| Demonstrates skills in evidence- based medicine | ☐No evidence of outside research or reading. Unable to access basic databases. | ☐Reads only provided literature. Inconsistently applies evidence to patient care. | ☐Routinely accesses primary and review literature | ☐Routinely accesses primary and review literature. Applies evidence to patient care. Able to judge quality of evidence. | ☐Not observed. |
| **Systems-Based Practice:** Students are expected to demonstrate an awareness of the larger context and system of health care and effectively call on system resources to provide optimal care. | | | | | |
| Teamwork | ☐No evidence of outside research or reading. Unable to access basic databases. | ☐Occasional misunderstanding of student role in team. Does not always communicate effectively with team. | ☐Respectful of team members. Understands role and communicates effectively with team. Identifies appropriate team member for patient care issues. | ☐Well-integrated with team. Communicates important issues to appropriate team members in a timely fashion. | ☐Not observed. |
| **Interpersonal & Communication Skills:** Students are expected to effectively communicate and collaborate with patients, their families and health professionals. | | | | | |
| Communication with patients and families | ☐Often misses patients' concerns. Does not recognize emotional cues. Frequent use of medical jargon. | ☐Sometimes misses patients' concerns and emotional cues. Often uses medical jargon. | ☐Consistently identifies and responds to patients' concerns, perspective and feelings. Uses language effectively, without jargon. | ☐Identifies nonverbal cues and hidden patient concerns. Consistently demonstrates empathy. | ☐Not observed. |
| Written communication | ☐Inaccurate or absent written record. | ☐Incomplete and poorly organized written record. | ☐Thorough and precise written record. Clearly stated assessment and plan. | ☐Thorough and precise written record. Integrates evidence –based information into assessment plan. | ☐Not observed. |
| Oral presentation skills | ☐Poor presentation. Misses key information | ☐Communication disorganized. Information not clearly presented. | ☐Communicates clearly and concisely. Information complete. | ☐Concise but thorough. Assigns priority to issues. Organized and polished, with minimal written Prompts | ☐Not observed. |

| *Please rate the student's performance in each subject below by choosing a box with the most accurate descriptor. Try to think of specific witnessed events and behaviors when rating each subject.* | | | | |
|---|---|---|---|---|
| **Professionalism:** Students are expected to demonstrate a commitment to carrying out professional responsibilities, and to be responsive, compassionate, and honest. | | | | |
| | **Unacceptable: Needs Attention** | **Below Expectations** | **Meets Expectations** | **Not Evaluated** |
| **RESPECT AND COMPASSION:** Consider how the student shows respect and compassion for others and tolerates differences. | ☐ Disrespectful of others. Intolerant of others' attitudes or beliefs. Treats people preferentially depending on position. Considered untrustworthy. Breaches confidentiality. | ☐Needs to improve ability to demonstrate empathy or demonstrate respect. Careless with confidential information. | ☐Nonjudgmental. Responds with empathy and demonstrates balanced treatment of others. Seeks to understand values and belief systems of others. | ☐Not observed. |
| **RESPONSE TO FEEDBACK:** Consider how the student accepts feedback from faculty, staff and peers. | ☐Denies issues or attempts to blame others. | ☐Accepts feedback with resistance, or takes feedback too personally. | ☐ Accepts feedback without personal offense. Uses feedback to improve performance. | ☐ Not observed. |
| **ACCOUNTABILITY:** Consider whether the student is prepared, can be relied upon to take responsibility for assigned tasks and is punctual. | ☐ Does not accept responsibility. Not dependable. Rarely able to get tasks completed on time. Disorganized. Rarely punctual. | ☐ Assumes responsibility only when asked. Not always dependable. Has some difficulty organizing and completing tasks on time. Sometimes late. | ☐ Readily assumes responsibility. Dependable. Completes tasks on time and is organized. Punctual. . | ☐ Not observed. |

**Comments**

Please comment on this student's overall performance. These comments will be included **verbatim** the Medical Student Performance Evaluation (MSPE, formerly known as the Dean's Letter). ***Attach sheets if necessary.***

Please comment on areas where the student's performance will benefit from enhanced skill development(includin **professionalism** related issues). These comments will **NOT** appear in the MSPE. (**FOR STUDENT ONLY**) ***Attach sheets if necessary.***

I have reviewed this evaluation with the student: ☐Yes ☐No

**The student has received a final grade of** (*Please check **one***):

☐Honors ☐High Pass ☐Pass ☐Fail ☐Incomplete

Signature of evaluator

Date

Signature of student

Date

**Grading:**

| **Grade letter** | **percentage (%):** |
|---|---|
| A+/H (Honors) | 90–100% |
| A / HP(High Pass) | 80-89% |
| B/P (Pass ) | 70-79% |
| C/SP (Pass ) | 65-69% |
| F - FAIL | <65% |

## Appendix D: MID-CORE EVALUATION

## *WindsorUniversitySchoolofMedicine*

**MID-CORE EVALUATION**

**Student's** **Name:**_____

**Hospital:**_____

**Rotation and Start Date:**_____

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

| | **Satisfactory** | | | **Unsatisfactory** | | |
|---|---|---|---|---|---|---|
| **Patient Care:** Performs patient interviews; uses judgment; is respectful of patient preference. | 5 | 4 | 3 | 2 | 1 | 0 |
| **Medical Knowledge:** Exhibits knowledge of diseases and underlying pathophysiology. | 5 | 4 | 3 | 2 | 1 | 0 |
| **Clinical Skills:** Prioritizes H&P data; reviews vital signs and abnormal findings; provides a patient management plan. | 5 | 4 | 3 | 2 | 1 | 0 |
| **Practice-based learning and improvement:** Self- assesses;uses newtechnology;acceptsfeedback, demonstrates skills in evidence-based medicine. | 5 | 4 | 3 | 2 | 1 | 0 |
| **System-based practice :** Demonstrates team work | 5 | 4 | 3 | 2 | 1 | 0 |
| **Interpersonal & Communication Skills:** Establishes relationships with patients/families;educates and counsels patients / families; maintains comprehensive, timely,legiblemedicalrecords. | 5 | 4 | 3 | 2 | 1 | 0 |
| **ProfessionalBehavior:**Shows compassion, respect, and honesty;acceptsresponsibilityforerrors;considers needs of patients / colleagues. | 5 | 4 | 3 | 2 | 1 | 0 |
| **Patient electronic Log Book Check** | 5 | 4 | 3 | 2 | 1 | 0 |

**Comments:**_____

_____

_____

_____

_____

_____

**Name and title of assessor:**_____

**Signature of assessor:**_____Date: _____

**Signature of Student:**_____Date: _____

## Appendix F: Student Evaluation of the Clinical Rotation

## WindsorUniversitySchoolofMedicine

**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 & WILLINGNESSTOTEACH OFPRECEPTOR | |
| ATTITUDEOFOTHERCLINICALPERSONN EL (NURSES, INTERNS, RESIDENTS) | |
| APPROACHABILITY OF CLINICAL COORDINATOR | |
| OBSERVATION OF PROCEDURES | |
| PERFORMANCE OF PROCEDURES | |
| NUMBEROF PATIENTCONTACTSPER DAY | |
| NUMBER OFHISTORY & PHYSICAL EXAMSPER DAY | |
| SCOPEAND VOLUME OF PATHOLOGY | |
| NIGHT AND WEEKEND COVERAGE | |
| DIDACTICS (I.E.,LECTURES,READING,ROUNDS,ETC.) | |
| How was your experience in the operating room? (If applicable) | |
| OVERALL ROTATION EVALUATION | |
| ROTATION: WOULD YOUIN RETROSPECT, TAKE THIS ROTATION AGAIN? | |
| WOULD YOU RECOMMENDIT TO THOSE WHOSUCCEED YOU? | |

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

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## Appendix G: Student Evaluation of the Clinical Preceptor

# Windsor University School of Medicine

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

Name of the clinical preceptor:_____

Hospital or Clinic:_____

Rotation:_____

Rotation Dates:_____to_____

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

| | Strongly Agree | Agree | Neither Agreenor Disagree | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| Established aconducive learning environment(enthusiastic, respectful, approachable, encouraging) | | | | | |
| Wasprepared and organized for preceptorship | | | | | |
| Observedyourclinicalskills periodically | | | | | |
| Provided adequate practice time for clinical skills | | | | | |
| Provided timelyand constructive feedback | | | | | |
| Provided a stimulating introduction to my clinical medicine clerkship | | | | | |
| Overall, my preceptor is an effective teacher | | | | | |

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

_____

_____

## SINGLE ELECTIVE AFFILIATION AGREEMENT & ROTATION DESCRIPTION

Windsor University School of Medicine hereby certifies that:

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

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

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

Name of Institution:_____
(Name of the ACGME/Teaching Hospital Program, location and sponsoring institution)

Address:_____

The institution will allow this medical student to do an elective rotation under the supervision of

_____ M.D., an authorized and/or appointed member of its physician staff.

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

Contact Person:_____ E-mail: _____

Phone:_____ Fax: _____

Elective Name:_____

Please note the following:

- The 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, continued in effect during the clerkship and will terminate when the program is completed.

By: Windsor University School of Medicine By:_____
(Name of Institution)

_____ _____

Dr.Andy Vaithilingam , Dean School of Medicine Authorized Representative

**Windsor University School Of Medicine**

**SINGLE ELECTIVE AFFILIATION AGREEMENT & ROTATION DESCRIPTION**

## CONTACT INFORMATION of Healthcare Professional with whom the elective is arranged

Provider- First Name Last Name:

Provider- Degree and Area of Specialty: _____

Medical Facility/Location Site (Name), Address:

City:___State:___Zip Code:

Phone Number:__Email: __

Dates of Electives Experience:
Start Date:_____End Date:_____

To whom it may concern:

Student (first name and last name) is in the MD program at Windsor University School Of Medicine (WUSOM) and certifies that he/she is currently enrolled as a_____year student in good academic and conduct standing at WUSOM. All immunizations required for this elective experience are up to date. Students will need to provide independent verification of any immunizations required by the institution. The student has undergone HIPAA and OSHA training in Universal Precautions. In addition, he/she is either automatically enrolled in a student health insurance plan or has his/her personal health insurance plan. By signing this form, the student is aware of the following:

1. An elective allows an educational process to occur in a clinical setting. It does not include direct participation in invasive procedures on patients, writing on the medical record, writing orders for patients and/or answering questions posed by patients or other care-providing staff regarding the treatment of patients.
2. Students will be aware of and follow the Hospital/Facility and Practitioner's regulations and Policies that are issued under the Health Insurance Portability and Accountability Act.
3. Elective experience is dependent on practitioner and clinic availability.
4. Students will give the practitioner a minimum of two weeks notice and cancel a minimum of 72 hours in advance for a non-emergency cancellation.
5. Students will wear their white coat and name tag and follow the dress regulations/standards of the hospital/practitioner.
    - Appropriate attire is usually casual business attire.
    - Unacceptable attire may include inappropriate tattoos, excessive jewelry, visible body piercings (except ears), excessive fragrance, smell of smoke, suggestive clothing, denim, shorts/skirts, flip-flops or beach style sandals, inappropriate logos or pictures on clothing, midriff baring tops or spaghetti straps, workout clothing, and ball caps. Thank you for providing this opportunity for the student.

Student Full Name Printed

Student Signature Date

Signature of Practitioner Date

*After the form is completed and signed by the practitioner, drop it off at or scan and email it to the WUSOM Office of Student Affairs. A copy will be forwarded to the student's program Dean's Office or designee.*