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June 30, 2016

Dear Year III Students:

Welcome to Year III of your medical school program. We believe that the courses you have completed in the first two years at Wayne State have prepared you well to learn and succeed in your clinical rotations. During this year you will be applying your knowledge of basic medical sciences, history taking skills, physical examination skills, and doctor-patient communication skills in a wide variety of clinical settings. During this time you will learn a great deal about how to work with patients, how to gather and interpret medical information including diagnostic studies, how to identify problems faced by patients, how to develop an appropriate differential diagnosis, how to devise an effective treatment program and plan for follow-up, how to skillfully perform many medical procedures, and how to help patients maintain health and wellness. This year also provides you with the opportunity to interact with many skilled and dedicated physicians and other healthcare professionals in world-class medical facilities. Finally, you should use this year to explore your interests and talents to help you determine the area of medicine you wish as your future career.

This Guide describes the general policies of the Medical School relative to Year III. I highly recommend that you read this guide thoroughly, and review pertinent sections at the start of each clerkship. Note that each required clerkship in Year III has provided its learning goals, educational philosophy and grading policies. Use these to organize, structure and focus your studies. Each clerkship also provides their course objectives in their syllabus and on the Blackboard site. These course level goals and objectives are designed to achieve the overall School of Medicine Medical Student Competencies. The competencies can be found in this Guide and you should review them as a means of judging your progress through the Year III program.

During Year III you will be evaluated by written examinations (NBME subject and/or clerkship exams), clinical evaluations from your attendings and residents, and, in some clerkships, other methods. These are clearly outlined in the clerkship descriptions in this guide. Among the things you can do to have a successful year are to read constantly about the patients and conditions you see. You need to go beyond review books and question banks, which while useful, cannot replace the required or recommended texts and readings in all clerkships. Another key is to arrive promptly for all clerkship activities prepared to fully and actively participate in the learning and patient care activities. Professionalism is a key element to success in the clinical years and we hope that you will continue to display professional characteristics as expected of a student of Wayne State University School of Medicine.

As you rotate through the various departments work to develop relationships with faculty and other physicians. Seek out mentors who can help guide your future career choices. Looking to the future, you will be required to discuss your Year IV schedule with a faculty advisor. This is a time when you should think about the fields in which you may be interested and consider talking to the designated advisors in the various departments. Throughout this year, you should try to identify physicians from whom you might request letters of recommendation to include with your residency applications.
Although graduation seems far off, the following requirements should be kept in mind as you go through Year III and plan for the senior year:

- Complete and achieve a Satisfactory grade in all required YR III clerkships before the start of any senior work
- From the start of YR III through graduation, complete and receive credit for seven electives
- During YR IV, complete two required clerkships
- Take and pass USMLE Step 2 CK Exam (Clinical Knowledge, the written exam)
- Take and pass USMLE Step 2 CS Exam (Clinical Skills, the clinical exam)

The timeline for completion of the School of Medicine requirements related to the USMLE exams is contained in this Guide.

Please thoroughly review the information in this guide. Changes may be made to these guidelines for the junior and senior clinical curriculum at any time. The administration will notify you by e-mail when a change has been made. It is important for you to keep up with the policies as they may change during the course of the academic year. Check your email daily for messages or announcements from your clerkship director/coordinator or the School of Medicine administration. Remember that email is the official method of communication between you and the School for all issues regarding the clinical curriculum and clinical courses. All email correspondence will be sent only to your official School of Medicine address, so if you regularly use other email accounts you should make arrangements to have your Medical School email forwarded.

Finally, while you should never hesitate to speak directly to the clerkship director if you have any questions or problems while on a clerkship or elective, if you need further assistance please do not hesitate to contact your counselor or me directly.

I hope that you find your clerkships this year enriching and enjoyable and that you have a successful year of studies.

Sincerely,

Kendra Schwartz, MD, MSPH
Professor and Assistant Dean of Clinical Education
Wayne State University School of Medicine
Wayne State University School of Medicine
RECORDS AND REGISTRATION OFFICE
2016/17 ACADEMIC SCHEDULE/CALENDAR –YEAR III

Registration ................................................. Monday –Friday, June 13-17, 2016
Academic Year Begins-Orientation ............ Thursday, June 30, 2016
Clinical Campus Orientation ....................... Friday, July 1, 2016
Independence Day Recess ......................... Monday, July 4, 2016
Start of Clerkships ................................... Tuesday, July 5, 2016
Labor Day Recess ...................................... Monday, September 5, 2016
Thanksgiving Recess ................................. Thursday – Friday, November 24-25, 2016
Christmas/Winter Recess ......................... Monday, December 19 – January 2, 2017
Classes Resume ....................................... Tuesday, January 3, 2017
Martin Luther King, Jr. Day Recess .......... Monday, January 16, 2017
Memorial Day Recess ............................... Monday, May 29, 2017
OSCE Examination ................................. TBD
Academic Year Ends ................................. Friday, June 16, 2017

Two (2) month Clerkships
July 5 – August 26, 2016
August 29 – October 21, 2016
October 24 - December 16, 2016
January 3 – February 24, 2017
February 27 – April 21, 2017
April 24 – June 16, 2017

One (1) month clerkships
July 5 - July 29, 2016
August 1 – August 26, 2016
August 29 – September 23, 2016
September 26 – October 21, 2016
October 24 – November 18, 2016
November 21 – December 16, 2016
January 3 - January 27, 2017
January 30 - February 24, 2017
February 27 – March 24, 2017
March 27 – April 21, 2017
April 24 – May 19, 2017
May 22 – June 16, 2017
IMPORTANT POLICIES PERTAINING TO YEAR III AND YEAR IV

MANDATORY ATTENDANCE POLICY FOR CLERKSHIP ORIENTATIONS

Students are required to attend the entire Clerkship Orientation Session for each of their required Year III and Year IV clerkships. Any student who does not attend a clerkship’s Orientation Session will be prohibited by the Clerkship Director from participating in that clerkship for the scheduled period and may have their entire schedule of clerkships revised by the Assistant Dean of Clinical Education as deemed necessary to meet School of Medicine academic requirements.

SCHEDULE AND SITE CHANGES FOR ADMINISTRATIVE OR EDUCATIONAL REASONS

The School of Medicine Administration or individual Clerkship Directors maintain the right to alter the sequence and/or sites of students’ assigned clerkships for administrative or educational reasons.

ENTRY POINTS FOR BEGINNING YEAR III COURSE WORK

Only two entry points are permitted for students to begin Year III course work. These are:

1. At the beginning of Period 1 (the beginning of July)
2. At the beginning of Period 3 (late August/beginning of September)

These two allowed entry points for students to begin Year III clerkships apply to all students regardless of the reason(s) for their delayed start of Year III.

CLINICAL READINESS ASSESSMENT POLICY

The Clinical Readiness Assessment (CRA) was created to help students be successful in clinical clerkships after being out of school for an extended period of time. The purpose of the CRA is to assess and provide enhancement, if necessary, for clinical skills prior to the resumption of clinical training. This course is a mandatory experience for students who have been out of school for more than 1 year, all returning MD/PhD students, and students who meet the following criteria:

1. Away from Year 2 for greater than 2 months
2. Taken Step 1
3. Did not achieve the mean of their class in Physical Diagnosis Final Practical Exam.

Structure of Course
Each student is scheduled for a 2-hour baseline assessment of clinical skills. Enhancement sessions and a re-assessment of areas of deficiency are scheduled as needed. The CRA is offered monthly.

Content of Course
Session 1 - Baseline Assessment: The baseline assessment is a 2-hour head-to-toe exam (H&P) with a Standardized Patient followed by a SOAP note station and presentation of the
case to a faculty member. This assessment is scored and reviewed in cooperation with a faculty member. If the student satisfactorily performs in all areas of the baseline assessment, they require no additional (enhancement) sessions.

**Sessions 2 – 4 - Enhancement:** Up to 6 hours of “Enhancement Sessions” are scheduled in 2-hour blocks. The content of the sessions depends entirely on the results of the baseline assessment. If a student scores unsatisfactorily in areas involving communication, s/he will be required to work with a Standardized Patient Communications Associate. If the student scores unsatisfactorily in any physical exam skills, s/he will be required to work with a Standardized Patient Teaching Associate. Students requiring enhancement in either the written SOAP note or presentation components of the baseline assessment will be provided with didactic materials and/or one-on-one sessions with faculty.

**Session 5: Reassessment:** Upon completion of any required Enhancement Sessions, students will be re-assessed in any areas of deficiency. If further enhancement is required, students will be referred to a member of the faculty for follow-up.

**Limited Space**
The space per session is limited; therefore students cannot be guaranteed a spot in a particular session. Although we will do our best, some students may have to be re-scheduled for a later session if the number of students exceeds the available slots.

**Keeping Us Apprised of Your Plans**
Please keep in touch with your counselor in Student Affairs (577-1463) in order to ensure that you receive information about, and are scheduled for, an upcoming CRA session.

---

**DEADLINES FOR POSTING USMLE STEP 1 SCORES IN ORDER TO BEGIN A CLERKSHIP**

A passing score is required prior to starting a clerkship for students who previously have taken and failed the exam. The deadline to report a passing score is the Wednesday before your expected return, as scores are only released on Wednesdays.

- For a July return, the deadline is mid-June
- For a September return, the deadline is mid-August
<table>
<thead>
<tr>
<th>GROUP I</th>
<th></th>
<th>GROUP IV</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>July – Aug</td>
<td>Medicine</td>
<td>July – Aug</td>
<td>Surgery</td>
</tr>
<tr>
<td>Sept – Oct</td>
<td>Fam Med/Elective or Free</td>
<td>Sept – Oct</td>
<td>OB/GYN</td>
</tr>
<tr>
<td>Nov – Dec</td>
<td>Pediatrics</td>
<td>Nov – Dec</td>
<td>Neurology/Psychiatry</td>
</tr>
<tr>
<td>Jan – Feb</td>
<td>Surgery</td>
<td>Jan – Feb</td>
<td>Medicine</td>
</tr>
<tr>
<td>Mar – Apr</td>
<td>OB/GYN</td>
<td>Mar – Apr</td>
<td>Fam Med/Elective or Free</td>
</tr>
<tr>
<td>May – June</td>
<td>Neurology/Psychiatry</td>
<td>May – June</td>
<td>Pediatrics</td>
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</tbody>
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<tr>
<th>GROUP II</th>
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<th>GROUP V</th>
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<tbody>
<tr>
<td>July – Aug</td>
<td>Pediatrics</td>
<td>July – Aug</td>
<td>Neurology/Psychiatry</td>
</tr>
<tr>
<td>Nov – Dec</td>
<td>Fam Med/Elective or Free</td>
<td>Nov – Dec</td>
<td>OB/GYN</td>
</tr>
<tr>
<td>Jan – Feb</td>
<td>Neurology/Psychiatry</td>
<td>Jan – Feb</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Mar – Apr</td>
<td>Surgery</td>
<td>Mar – Apr</td>
<td>Medicine</td>
</tr>
<tr>
<td>May – June</td>
<td>OB/GYN</td>
<td>May – June</td>
<td>Fam Med/Elective or Free</td>
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<tr>
<th>GROUP III</th>
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<th>GROUP VI</th>
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<tbody>
<tr>
<td>July – Aug</td>
<td>Fam Med/Elective or Free</td>
<td>July – Aug</td>
<td>OB/GYN</td>
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<tr>
<td>Sept – Oct</td>
<td>Pediatrics</td>
<td>Sept – Oct</td>
<td>Neurology/Psychiatry</td>
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<tr>
<td>Nov – Dec</td>
<td>Medicine</td>
<td>Nov – Dec</td>
<td>Surgery</td>
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<tr>
<td>Jan – Feb</td>
<td>OB/GYN</td>
<td>Jan – Feb</td>
<td>Fam Med/Elective or Free</td>
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<tr>
<td>Mar – Apr</td>
<td>Neurology/Psychiatry</td>
<td>Mar – Apr</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>May – June</td>
<td>Surgery</td>
<td>May – June</td>
<td>Medicine</td>
</tr>
</tbody>
</table>
SUBJECT EXAM TESTING DATES BY CLERKSHIP -2016-2017

<table>
<thead>
<tr>
<th>FAMILY MEDICINE</th>
<th>NEUROLOGY</th>
<th>PSYCHIATRY</th>
<th>INTERNAL MED</th>
<th>OB/GYN</th>
<th>PEDIATRICS</th>
<th>SURGERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 AM</td>
<td>9:00 AM</td>
<td>9:00 AM</td>
<td>1:00 PM</td>
<td>9:00 AM</td>
<td>9:00 AM</td>
<td>9:00 AM</td>
</tr>
<tr>
<td>August 26, 2016</td>
<td>August 26, 2016</td>
<td>August 26, 2016</td>
<td><strong>October 20, 2016</strong></td>
<td><strong>October 20, 2016</strong></td>
<td><strong>October 20, 2016</strong></td>
<td>October 21, 2016</td>
</tr>
<tr>
<td><strong>September 23, 2016</strong></td>
<td><strong>September 23, 2016</strong></td>
<td><strong>September 23, 2016</strong></td>
<td><em>December 16, 2016</em></td>
<td><em>December 16, 2016</em></td>
<td><em>December 16, 2016</em></td>
<td><em>December 16, 2016</em></td>
</tr>
<tr>
<td><strong>November 18, 2016</strong></td>
<td><strong>November 18, 2016</strong></td>
<td><strong>November 18, 2016</strong></td>
<td>April 21, 2017</td>
<td>April 20, 2017</td>
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<td>April 21, 2017</td>
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<tr>
<td>May 19, 2017</td>
<td>May 19, 2017</td>
<td>May 19, 2017</td>
<td>May 19, 2017</td>
<td>May 19, 2017</td>
<td>May 19, 2017</td>
<td>May 19, 2017</td>
</tr>
</tbody>
</table>

SUBJECT RE-EXAM DATES
9:00 AM
Tuesday, January 4, 2017
Friday, July 7, 2017

**Shelf Exams scheduled on the following dates will start at 4:00 pm
Thursday, August 25, 2016
Friday, September 23, 2016
Thursday, October 20, 2016
Friday, November 18, 2016

*DECEMBER 16 SUBJECT EXAM SCHEDULE
9:00 AM – Family Medicine, Pediatrics, Psychiatry and Surgery
1:00 PM – Internal Medicine, OB/GYN and Neurology

***SUBJECT EXAM MAKE-UP DATES
9:00 AM – 313 Mazurek Education Commons
Monday August 1, 2016
Tuesday August 30, 2016
Friday September 30, 2016
Friday October 28, 2016
Tuesday November 29, 2016
Wednesday January 4, 2017
Wednesday March 1, 2017
Friday March 30, 2017
Thursday April 27, 2017
Friday May 26, 2017
Friday July 7, 2017

6/2/16
I. INTRODUCTION

This Curriculum Guide provides information which applies to you as a medical student during Year III regardless of which clerkship or elective you are on. Important policies and procedures are contained in the School of Medicine’s Policies and Procedures Manual at http://asp.med.wayne.edu/policiesandprocedures.php.

A. Overview of the Clinical Curriculum

Following satisfactory completion of your basic science courses and passage of USMLE Step 1, you are officially promoted to Year III status by the Promotions Review Committee of the School of Medicine. Students who begin Year III with presumptive evidence of passing USMLE Step 1 but are subsequently found to have failed the examination are not considered regular Year III students.

The Junior Year of medical school begins with Orientation scheduled for June 30 at the School of Medicine. Clerkships start on July 5, 2016. Students who delay entry into YR III because of academic or personal reasons beyond this date will begin clerkships in September of the same academic year. Deviations from these start dates for YR III is rarely approved by the School of Medicine after written petition to start at a different time.

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

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

Note that the Continuity Clinic Clerkship is a longitudinal, six-month experience with a consistent ½-day assignment to a primary care office. The Continuity Clinic Clerkship can only be done during the Primary Care block of clerkships unless special permission is given by the School of Medicine to allow any portions of that clerkship to be completed at a different time.

Please be aware, the School of Medicine Administration or individual clerkship directors have the right for educational or administrative reasons to alter the sequence of a student’s clerkships and/or the site to which they are assigned for a clerkship at any time including after the beginning of a rotation.

B. Longitudinal Curricular Themes

The art and practice of medicine is not static but rather continually evolves as new information presents itself and our understanding of health, illness and disease changes. Medical education requires constant updating and inclusion of new content areas while curricular hours remain
fixed. We incorporate new important content areas by integrating them into existing required courses and clerkships. These vertically integrated portions of the curriculum, termed Longitudinal Curricular Themes (LCT), have defined educational goals, objectives, educational activities and expectations and are implemented across the four years of the undergraduate curriculum. The LCTs at the School of Medicine currently include:

- Alcohol, Tobacco and Other drugs
- Clinical Prevention and Population Health
- Complementary and Alternative Medicine
- Cultural Competence and Health Disparities
- End-of-Life Issues
- Ethics and Professionalism
- Geriatrics and Gerontology
- Human Sexuality
- Interpersonal Violence Across the Lifespan
- Interprofessional Teams
- Managing Care
- Occupational and Environmental Medicine
- Quality and Patient Safety
- Translational Medicine/Evidence Based Practice
- Ultrasound Training

Assessment of knowledge in LCT topics is measured by various methods including OSCE performance, course examinations and completion of web-based assignments. Theme topics may appear explicitly—in lectures, directed readings, or course objectives—or their appearance may be subtle and indirect, woven into your day-to-day educational and patient care activities. However, they appear, the topics covered by these LCTs are vital to the professional growth and development of a student physician. Their organization into themes, which cut across required courses and clerkships, should not be taken to imply that they are viewed as less important than other content by the School of Medicine, but rather, they represent the inclusion of relevant cutting edge topics into the traditional curriculum.

C. Clinical Competencies and the School of Medicine Educational Objectives

The Wayne State University School of Medicine has established a comprehensive set of competencies and institutional objectives to prepare students for practicing medicine in the 21st century. These competencies are based on the Association of American Medical Colleges’ Core Entrustable Professional Activities for Entering Residency. There are 13 core competencies (see list in appendix below).

The competencies related to EPAs are a part of the Physician Competency Reference Set (PCRS), which are the desired outcomes across the continuum of physician training.

The 8 domains are:
- Knowledge for practice
- Patient care
- Practice-based learning and improvement
- Interpersonal and communication skills
- Professionalism

12
• Systems-based practice
• Interprofessional collaboration
• Personal and professional development

As you progress through the clinical curriculum of medical school, periodically review these competencies. They provide valuable guides to the organization of the knowledge, skills and attitudes you will learn during this phase of your professional growth and use for the rest of your professional life.
Wayne State University School of Medicine
Domains and Competencies for the Medical Education Program Leading to the MD Degree

Background information

In 2013, the Association of American Medical Colleges (AAMC) synthesized over 150 competency lists from across medical education continuum, physician specialties and subspecialties, countries and healthcare professions to develop a list of common learner expectations utilized in the training of physicians and other health professionals: Physician Competency Reference Set (PCRS). These competencies define the desired outcomes across the continuum of education, training, and practice.¹

The AAMC also developed the 13 Core Entrustable Professional Activities for Entering Residency (EPAs) that all entering residents should be expected to perform on day 1 of residency without direct supervision regardless of specialty choice (see Appendix 1). The EPAs provide the clinical context for the PCRS competencies. Each EPA can be mapped to the competencies that are critical to making an entrustment decision.² (More information about the EPAs and development of curriculum for the measurement of entrustment is available in the AAMC’s Publication: Core Entrustable Professional Activities for Entering Residency Curriculum Developers Guide: https://members.aamc.org/eweb/upload/Core%20EPA%20Curriculum%20Dev%20Guide.pdf)

New Institutional Domains of Competency and Competencies

In 2016, Wayne State University School of Medicine (WSUSOM) analyzed the current institutional learning objectives and decided to revise its competency domains and related competencies for the program leading to the MD degree. As a result, the new AAMC domains of competency were assumed and many institutional competencies changed; in some areas, the previous WSUSOM competencies were maintained but mapped to a PCRS competency and in other areas the new PCRS competencies were adopted. The new domains and competencies are intended to be in line with the AAMC’s PCRS and to map the competencies to the EPAs. WSUSOM Undergraduate Medical Education Curriculum Committee approved the competency domains and competencies on June 8, 2016; they will be instituted in the 2016-2017 academic year. Please note that the competencies that represent the WSUSOM mission toward urban clinical excellence are highlighted throughout the document.

**DOMAIN 1: KNOWLEDGE FOR PRACTICE (KP):** Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care

<table>
<thead>
<tr>
<th>Relevant Entrustable Professional Activities</th>
<th>Reference to the PCRS</th>
<th>WSUSOM Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA 1, 3, 13</td>
<td>KP 1</td>
<td>KP 1: Demonstrate an investigatory and analytic approach to clinical situations</td>
</tr>
<tr>
<td>EPA 2</td>
<td>KP 2</td>
<td>KP 2: Apply established and emerging biophysical scientific principles fundamental to health care for patients and populations</td>
</tr>
<tr>
<td>EPA 2, 7</td>
<td>KP 3</td>
<td>KP 3: Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision making, clinical problem solving, and other aspects of evidence-based health care</td>
</tr>
<tr>
<td>EPA 2, 3, 7</td>
<td>KP 4</td>
<td>KP 4: Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations*</td>
</tr>
<tr>
<td></td>
<td>KP 5</td>
<td>KP 5: Apply psychosocial principles and concepts in the delivery of health care, including assessment of the impact of psychosocial-cultural influences on health, disease, care-seeking, care-compliance, and barriers to and attitudes toward care*</td>
</tr>
<tr>
<td></td>
<td>KP 6</td>
<td>KP 6: Contribute to the creation, dissemination, application, and translation of new health care knowledge and practices</td>
</tr>
</tbody>
</table>

*Represents a WSUSOM Undergraduate Medical Education mission based competency toward urban clinical excellence

**DOMAIN 2: PATIENT CARE (PC):** Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health

<table>
<thead>
<tr>
<th>Relevant Entrustable Professional Activities</th>
<th>Reference to PCRS</th>
<th>WSUSOM Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA 10, 12</td>
<td>PC 1</td>
<td>PC 1: Perform routine technical procedures specified by the medical school and clerkship</td>
</tr>
<tr>
<td>EPA 1, 2, 4, 6, 10</td>
<td>PC 2</td>
<td>PC 2A: Take a satisfactory medical history including psychosocial, nutritional, occupational and sexual dimensions</td>
</tr>
<tr>
<td>EPA 1, 2, 4, 6, 10</td>
<td>PC 2</td>
<td>PC 2B: Perform a satisfactory physical exam</td>
</tr>
<tr>
<td>EPA 1, 2, 4, 6, 10</td>
<td>PC 2</td>
<td>PC 2C: Accurately document the clinical encounter</td>
</tr>
<tr>
<td>EPA 10, 11</td>
<td>PC 3</td>
<td>PC 3: Apply the concepts and principles of patient safety science in the delivery of clinical care</td>
</tr>
<tr>
<td>Relevant Entrustable Professional Activities</td>
<td>Reference to PCRS</td>
<td>WSUSOM Competency</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>EPA 2, 3, 5, 10</td>
<td>PC 4</td>
<td>PC 4A: Apply laboratory and imaging methods in identifying diseases or health problems</td>
</tr>
<tr>
<td>EPA 2, 3, 5, 10</td>
<td>PC 4</td>
<td>PC 4B: Interpret laboratory data, imaging studies, and other tests required for the area of practice</td>
</tr>
<tr>
<td>EPA 3, 4, 10</td>
<td>PC 5</td>
<td>PC 5A: Utilize data from the history, physical exam and laboratory evaluations, with up-to-date scientific evidence to identify health problems</td>
</tr>
<tr>
<td>EPA 3, 4, 10</td>
<td>PC 5</td>
<td>PC 5B: Formulate an appropriate differential diagnosis</td>
</tr>
<tr>
<td>EPA 4, 5, 10, 11</td>
<td>PC 6</td>
<td>PC 6A: Formulate effective management plans (diagnostic, treatment, prevention strategies, including relieving pain and ameliorating the suffering of patients) for diseases and other health problems</td>
</tr>
<tr>
<td>EPA 4, 5, 10, 11</td>
<td>PC 6</td>
<td>PC 6B: Monitor the course of illnesses and to appropriately revise the management plan</td>
</tr>
<tr>
<td>EPA 3, 11, 12</td>
<td>PC 7</td>
<td>PC 7: Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making*</td>
</tr>
<tr>
<td>EPA 8</td>
<td>PC 8</td>
<td>PC 8: Understand the need and value of consultations and referrals in the delivery of health care</td>
</tr>
<tr>
<td>EPA 3</td>
<td>PC 9</td>
<td>PC 9: Apply preventive and health maintenance principles and techniques in the delivery of health care*</td>
</tr>
<tr>
<td></td>
<td>PC 10</td>
<td>PC 10: Provide appropriate role modeling</td>
</tr>
<tr>
<td></td>
<td>PC 11</td>
<td>PC 11: Perform supervisory responsibilities commensurate with one’s roles, abilities, and qualifications</td>
</tr>
<tr>
<td></td>
<td>PC 12</td>
<td>PC 12: Diagnose and manage patients with common diseases and health-related conditions prevalent in urban settings*</td>
</tr>
</tbody>
</table>

*Represents a WSUSOM Undergraduate Medical Education mission based competency toward urban clinical excellence
**DOMAIN 3: PRACTICE-BASED LEARNING AND IMPROVEMENT (PBLI):** Demonstrate the ability to investigate and evaluate one’s care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning

<table>
<thead>
<tr>
<th>Relevant Entrustable Professional Activities</th>
<th>Reference to PCRS</th>
<th>WSUSOM Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA 2, 4, 6, 7</td>
<td>PBLI 1</td>
<td>PBLI 1: Recognize personal educational needs and to select and utilize appropriate resources to optimize learning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PBLI 2: Set learning and improvement goals</td>
</tr>
<tr>
<td>EPA 7</td>
<td>PBLI 3</td>
<td>PBLI 3: Identify and perform learning activities that address one’s gaps in knowledge, skills, or attitudes</td>
</tr>
<tr>
<td>EPA 13</td>
<td>PBLI 4</td>
<td>PBLI 4: Systematically analyze practice using quality-improvement methods and implement changes with the goal of practice improvement</td>
</tr>
<tr>
<td>EPA 8</td>
<td>PBLI 5</td>
<td>PBLI 5: Incorporate feedback into daily practice</td>
</tr>
<tr>
<td>EPA 7</td>
<td>PBLI 6</td>
<td>PBLI 6: Locate, appraise, and assimilate evidence from scientific studies related to patients’ health problems</td>
</tr>
<tr>
<td>EPA 4, 7, 8</td>
<td>PBLI 7</td>
<td>PBLI 7: Use information technology to optimize learning</td>
</tr>
<tr>
<td></td>
<td>PBLI 8</td>
<td>PBLI 8: Participate in the education of patients, families, students, trainees, peers, and other health professionals</td>
</tr>
<tr>
<td>EPA 3, 7</td>
<td>PBLI 9</td>
<td>PBLI 9: Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care*</td>
</tr>
<tr>
<td>EPA 13</td>
<td>PBLI 10</td>
<td>PBLI 10: Recognize the need to engage in lifelong learning to stay abreast of relevant scientific advances</td>
</tr>
</tbody>
</table>

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**DOMAIN 4: INTERPERSONAL AND COMMUNICATION SKILLS (ICS):** Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals

<table>
<thead>
<tr>
<th>Relevant Entrustable Professional Activities</th>
<th>Reference to PCRS</th>
<th>WSUSOM Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA 1, 4, 5, 6, 11</td>
<td>ICS 1</td>
<td>ICS 1: Effectively interact with patients, peers, families and other healthcare workers from diverse cultural backgrounds*</td>
</tr>
<tr>
<td>EPA 2, 5, 6, 7, 8, 9, 10, 13</td>
<td>ICS 2</td>
<td>ICS 2: The ability to effectively communicate with peers and members of the healthcare team in the care of patients and their families</td>
</tr>
<tr>
<td>EPA 8, 9</td>
<td>ICS 3</td>
<td>ICS 3: The ability to work cooperatively with other health care workers in the delivery of health care</td>
</tr>
<tr>
<td></td>
<td>ICS 4</td>
<td>ICS 4: Act in a consultative role to other health professionals</td>
</tr>
</tbody>
</table>

*Represents a WSUSOM Undergraduate Medical Education mission based competency toward urban clinical excellence
## Relevant Entrustable Professional Activities

<table>
<thead>
<tr>
<th>EPA Activities</th>
<th>Reference to PCRS</th>
<th>WSUSOM Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA 5, 11, 12</td>
<td>ICS 5</td>
<td>ICS 5: Maintain comprehensive, timely, and legible medical records</td>
</tr>
<tr>
<td>EPA 10, 12</td>
<td>ICS 6</td>
<td>ICS 6: Demonstrate sensitivity, honesty, and compassion in difficult conversations (e.g., about issues such as death, end-of-life issues, adverse events, bad news, disclosure of errors, and other sensitive topics)</td>
</tr>
<tr>
<td>EPA 1, 9, 11</td>
<td>ICS 7</td>
<td>ICS 7: Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions</td>
</tr>
</tbody>
</table>

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### DOMAIN 5: PROFESSIONALISM (P): Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles

<table>
<thead>
<tr>
<th>Relevant Entrustable Professional Activities</th>
<th>Reference to PCRS</th>
<th>WSUSOM Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA 1, 6, 9</td>
<td>P 1</td>
<td>P 1: Demonstrate compassion, integrity, and respect for others, in particular people from vulnerable population*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>P 2: Demonstrate responsiveness to patient needs that supersedes self-interest</td>
</tr>
<tr>
<td>EPA 1, 6, 8</td>
<td>P 3</td>
<td>P 3: Respect the patients' dignity, privacy, and confidentiality in the delivery of health care</td>
</tr>
<tr>
<td>EPA 5, 13</td>
<td>P 4</td>
<td>P 4: Demonstrate accountability to peers, patients, society, and the profession</td>
</tr>
<tr>
<td>EPA 1</td>
<td>P 5</td>
<td>P 5: Demonstrate sensitivity and responsiveness to diverse populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation*</td>
</tr>
<tr>
<td>EPA 12</td>
<td>P 6</td>
<td>P 6: Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations</td>
</tr>
<tr>
<td></td>
<td>P 7</td>
<td>P 7: Demonstrate credibility, initiative, integrity and professional competence needed to gain the confidence and respect of others while providing clinical care or other services to diverse populations in an urban setting*</td>
</tr>
</tbody>
</table>

*Represents a WSUSOM Undergraduate Medical Education mission based competency toward urban clinical excellence
**DOMAIN 6: SYSTEMS-BASED PRACTICE (SBP):** Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care

<table>
<thead>
<tr>
<th>Relevant Entrustable Professional Activities</th>
<th>Reference to PCRS</th>
<th>WSUSOM Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA 5</td>
<td>SBP 1</td>
<td>SBP 1: Describe the health care delivery systems including social, economic and political dimensions</td>
</tr>
<tr>
<td>EPA 9</td>
<td>SBP 2</td>
<td>SBP 2: Coordinate patient care within the health care system relevant to one’s clinical specialty</td>
</tr>
<tr>
<td><strong>EPA 3, 4, 11, 12</strong></td>
<td><strong>SBP 3</strong></td>
<td><strong>SBP 3:</strong> Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population based care*</td>
</tr>
<tr>
<td>EPA 13</td>
<td>SBP 4</td>
<td>SBP 4: Advocate for quality patient care and optimal patient care systems to support and contribute to a culture of safety</td>
</tr>
<tr>
<td>EPA 13</td>
<td>SBP 5</td>
<td>SBP 5: Participate in identifying system errors and implementing potential systems solution</td>
</tr>
<tr>
<td></td>
<td>SBP 6</td>
<td>SBP 6: Perform administrative and practice management responsibilities commensurate with one’s role, abilities, and qualifications</td>
</tr>
</tbody>
</table>

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**DOMAIN 7: INTERPROFESSIONAL COLLABORATION (IPC):** Demonstrate the ability to engage in an inter-professional team in a manner that optimizes safe, effective patient and population-centered care

<table>
<thead>
<tr>
<th>Relevant Entrustable Professional Activities</th>
<th>Reference to PCRS</th>
<th>WSUSOM Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA 9</td>
<td>IPC 1</td>
<td>IPC 1: Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust</td>
</tr>
<tr>
<td>EPA 9</td>
<td>IPC 2</td>
<td>IPC 2: Use the knowledge of one’s own role and those of other professions to appropriately assess and address the health care needs of the patients and populations served*</td>
</tr>
<tr>
<td>EPA 9</td>
<td>IPC 3</td>
<td>IPC 3: Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations</td>
</tr>
<tr>
<td></td>
<td>IPC 4</td>
<td>IPC 4: Participate in different team roles to establish, develop, and continuously enhance inter-professional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable*</td>
</tr>
</tbody>
</table>

*Represents a WSUSOM Undergraduate Medical Education mission based competency toward urban clinical excellence
**DOMAIN 8: PERSONAL AND PROFESSIONAL DEVELOPMENT (PPD):** Demonstrate the qualities required to sustain lifelong personal and professional growth

<table>
<thead>
<tr>
<th>Relevant Entrustable Professional Activities</th>
<th>Reference to PCRS</th>
<th>WSUSOM Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PPD 1</td>
<td>PPD 1: Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors</td>
</tr>
<tr>
<td></td>
<td>PPD 2</td>
<td>PPD 2: Demonstrate healthy coping mechanisms to respond to stress</td>
</tr>
<tr>
<td></td>
<td>PPD 3</td>
<td>PPD 3: Manage conflict between personal and professional abilities</td>
</tr>
<tr>
<td>EPA 6</td>
<td>PPD 4</td>
<td>PPD 4: Practice flexibility and maturity in adjusting to change with the capacity to alter behavior</td>
</tr>
<tr>
<td></td>
<td>PPD 5</td>
<td>PPD 5: Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients</td>
</tr>
<tr>
<td></td>
<td>PPD 6</td>
<td>PPD 6: Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system</td>
</tr>
<tr>
<td>EPA 6, 11, 12</td>
<td>PPD 7</td>
<td>PPD 7: Demonstrate self-confidence that puts patients, families, and members of the health care team at ease</td>
</tr>
<tr>
<td>EPA 2</td>
<td>PPD 8</td>
<td>PPD 8: Recognize that ambiguity is part of clinical health care and respond by using appropriate resources in dealing with uncertainty</td>
</tr>
</tbody>
</table>
# AAMC Core Entrustable Professional Activities for Entering Residency

<table>
<thead>
<tr>
<th>EPA 1:</th>
<th>Gather a history and perform a physical examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA 2:</td>
<td>Prioritize a differential diagnosis following a clinical encounter</td>
</tr>
<tr>
<td>EPA 3:</td>
<td>Recommend and interpret common diagnostic and screening tests</td>
</tr>
<tr>
<td>EPA 4:</td>
<td>Enter and discuss orders and prescriptions</td>
</tr>
<tr>
<td>EPA 5:</td>
<td>Document a clinical encounter in the patient record</td>
</tr>
<tr>
<td>EPA 6:</td>
<td>Provide an oral presentation of a clinical encounter</td>
</tr>
<tr>
<td>EPA 7:</td>
<td>Form clinical questions and retrieve evidence to advance patient care</td>
</tr>
<tr>
<td>EPA 8:</td>
<td>Give or receive a patient handover to transition care responsibility</td>
</tr>
<tr>
<td>EPA 9:</td>
<td>Collaborate as a member of an interprofessional team</td>
</tr>
<tr>
<td>EPA 10:</td>
<td>Recognize a patient requiring urgent or emergent care and initiate evaluation and management</td>
</tr>
<tr>
<td>EPA 11:</td>
<td>Obtain informed consent for tests and/or procedures</td>
</tr>
<tr>
<td>EPA 12:</td>
<td>Perform general procedures of a physician</td>
</tr>
<tr>
<td>EPA 13:</td>
<td>Identify system failures and contribute to a culture of safety and improvement</td>
</tr>
</tbody>
</table>
II. EVALUATION, GRADING & PROMOTION POLICIES FOR CLERKSHIPS & ELECTIVES

The evaluation of Year III students is the responsibility of the School of Medicine Clerkship Committee, which delegates that authority to the individual Year III Clerkship Directors. In turn, Clerkship Directors and Departmental Medical Student Education committees determine the clerkship grade for each student and recommend this grade to the Clerkship Committee. The Clerkship Committee reviews and approves grades on a bi-monthly basis. Grade Report Forms and Clinical Performance Evaluation Forms are disseminated to students through the E*value system.

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

Students should direct questions regarding the evaluation and grading system of a specific clerkship to that clerkship director.

A. Mid-Clerkship Evaluations

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

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

Administration recommends that copies of these written evaluations be kept by the student for future reference and reflection.
### SAMPLE MID-CLERKSHIP EVALUATION (Actual format may vary by clerkship)

**MID-CLERKSHIP EVALUATION**—Rate yourself in each of these areas:

| Student Name________________________ | Signature________________________ | Date_________________

#### PROFESSIONAL RESPONSIBILITY

<table>
<thead>
<tr>
<th>Performance Needs Improvement at Mid-Clerkship</th>
<th>Performance Satisfactory at Mid-Clerkship</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can be relied upon to complete tasks</td>
<td></td>
</tr>
<tr>
<td>I have unexcused absences from clinical duties</td>
<td></td>
</tr>
<tr>
<td>I am persistently tardy</td>
<td></td>
</tr>
<tr>
<td>I can fulfill responsibilities independently</td>
<td></td>
</tr>
<tr>
<td>I take independent responsibility for patient care</td>
<td></td>
</tr>
</tbody>
</table>

#### SELF-IMPROVEMENT, ADAPTABILITY, LEARNING

<table>
<thead>
<tr>
<th>Performance Needs Improvement at Mid-Clerkship</th>
<th>Performance Satisfactory at Mid-Clerkship</th>
</tr>
</thead>
<tbody>
<tr>
<td>I accept criticism without becoming resistant or defensive</td>
<td></td>
</tr>
<tr>
<td>I engage in self-directed learning</td>
<td></td>
</tr>
<tr>
<td>I am respectful of others in lectures/educational environment</td>
<td></td>
</tr>
<tr>
<td>I am consistently prepared for rounds/other educational duties</td>
<td></td>
</tr>
<tr>
<td>I actively seek feedback from my peers and preceptors</td>
<td></td>
</tr>
<tr>
<td>I respond to critique of my performance by making changes in behaviors/attitudes</td>
<td></td>
</tr>
</tbody>
</table>

#### RESPECT FOR OTHERS

<table>
<thead>
<tr>
<th>Performance Needs Improvement at Mid-Clerkship</th>
<th>Performance Satisfactory at Mid-Clerkship</th>
</tr>
</thead>
<tbody>
<tr>
<td>I establish good rapport with patients and families</td>
<td></td>
</tr>
<tr>
<td>I demonstrate empathy for patients</td>
<td></td>
</tr>
<tr>
<td>I function well within a health care team by: Demonstrating respect for supervisors</td>
<td></td>
</tr>
<tr>
<td>I function well within a health care team by: Demonstrating respect for nursing staff</td>
<td></td>
</tr>
<tr>
<td>I function well within a health care team by: Demonstrating respect for other professionals</td>
<td></td>
</tr>
</tbody>
</table>

#### HONESTY

<table>
<thead>
<tr>
<th>Performance Needs Improvement at Mid-Clerkship</th>
<th>Performance Satisfactory at Mid-Clerkship</th>
</tr>
</thead>
<tbody>
<tr>
<td>I provide honest answers to patients regarding their illness and treatment</td>
<td></td>
</tr>
<tr>
<td>Honesty in data collection (accurate medical records, attendance sheets)</td>
<td></td>
</tr>
<tr>
<td>APPLICATION OF KNOWLEDGE IN THE CLINICAL SETTING</td>
<td>Performance Needs Improvement at Mid-Clerkship</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>I have gained an appropriate level of medical knowledge in the discipline in which I am currently studying</td>
<td></td>
</tr>
<tr>
<td>I integrate basic science knowledge with my clinical findings</td>
<td></td>
</tr>
<tr>
<td>I apply my knowledge base to the patients I see</td>
<td></td>
</tr>
<tr>
<td>Development of an appropriate Differential Diagnosis</td>
<td></td>
</tr>
<tr>
<td>Development of an appropriate Treatment Plan</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HISTORY AND PHYSICAL EXAM</th>
<th>Performance Needs Improvement at Mid-Clerkship</th>
<th>Performance Satisfactory at Mid-Clerkship</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can do an appropriate history and physical exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I prioritize and focus on the most important parts of the patient history and physical exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have effective interviewing skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I put the patient at ease when I ask about difficult topics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can recognize abnormal and normal findings on the physical exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I gather data independently, from multiple sources</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RECORD KEEPING</th>
<th>Performance Needs Improvement at Mid-Clerkship</th>
<th>Performance Satisfactory at Mid-Clerkship</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am accurately logging the required clinical Procedures and Diagnoses (Px Dx) in E*Value</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My notes are timely and legible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My notes convey relevant clinical information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My notes are concise and organized</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My notes are accurate and complete</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ORAL PRESENTATIONS</th>
<th>Performance Needs Improvement at Mid-Clerkship</th>
<th>Performance Satisfactory at Mid-Clerkship</th>
</tr>
</thead>
<tbody>
<tr>
<td>My oral presentations are well organized</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My oral presentations include all relevant data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My oral presentations are concise and focused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I prioritize information well in presentations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I adapt format and style of presentation as needed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NEEDS IMPROVEMENT: Action Plan (continue on reverse)**
B. Year III Examinations

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

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

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

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

1. Examination Policies

Refer to P&P

2. Grading Examinations

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

The NBME provides each clerkship director with individual examination scores and the mean and the standard deviation for the NBME Subject Examination for the WSU School of Medicine group administered that examination. Each Department through its clerkship director and departmental medical education committee decides how passing scores and honors scores for the written examinations are determined using this information. Again, this information is published in materials specific to each clerkship.
**Guaranteed Minimum Pass (GMP) Level** – The GMP is the minimal NBME subject exam score with which students are guaranteed to pass the exam. The GMP is derived from the most recent NBME grading guideline produced for each medical specialty and based on the Modified Angoff procedure, which is a content-based standard setting approach. The GMP for each WSUSOM MS3 Clerkship is listed below. No grade appeals will be entertained regarding NBME objective scoring.

<table>
<thead>
<tr>
<th>Clerkship</th>
<th>Pass Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine</td>
<td>59</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>58</td>
</tr>
<tr>
<td>Neurology</td>
<td>61</td>
</tr>
<tr>
<td>OBGYN</td>
<td>62</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>58</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>63</td>
</tr>
<tr>
<td>Surgery</td>
<td>57</td>
</tr>
</tbody>
</table>

**C. Clinical Performance Evaluation and Grade Report Forms**

At the completion of each clerkship, the student’s clinical performance is evaluated using the Clerkship Evaluation of Student form (see the following two pages) by those faculty and/or residents who have worked with him/her. Students are evaluated as ‘1, 2, 3, 4 or 5 on the different competencies (see example below). There is also space on the form for comments by the evaluator, along with suggestions for additional development. Note that no grade is assigned on this Evaluation form; faculty or residents are allowed to comment on what grade they believe the student earned in their comments section, but this constitutes only a recommendation from that evaluator. Your clinical grade, along with other aspects of your grade, are determined only by the department medical education committee and clerkship director. Again, it must be emphasized that a particular faculty member or resident who works with you does not assign grades. This is an important point that surfaces periodically: a student says “Dr. Samples said I was doing honors work, yet I was only given satisfactory. Why?” The answer is that Dr. Samples can only recommend that grade in the comments section; if, in the competencies, a sufficient number of competencies are not ranked high, the clerkship director (who assigns the grade) will assign a satisfactory grade.
Evaluation forms are completed by one or more faculty members, senior residents, or faculty-resident teams who have directly observed the student during the course of his/her training on the clerkship. Exactly who evaluates each student is determined by departmental policy, as is the number of evaluations expected for each student at the completion of the clerkship. This will vary from clerkship to clerkship based on the educational structure and curriculum of each clerkship.

Each of the completed Clerkship Evaluation of Student forms is submitted through E*value to the School of Medicine as a part of the student’s grade report from that clerkship. Students should keep in mind that each department has discretion as to how to reduce the individual Evaluations to the Summary Grade Report, e.g. assigning more weight to certain evaluations, simply averaging the evaluations, etc.

The Summary Grade Report Form is a summary of your performance in a clerkship. Detailed on your Grade Report Form is a summary of the Clerkship Evaluation of Student form(s) and your written exam and other assessment scores. At the bottom of the Grade Report is your final course grade. These Grade Report Forms essentially are a “report card” of your performance during a clerkship. You may obtain a copy of your Grade Report Form from each clerkship through E*value. The School of Medicine administration recommends that you keep them in a portfolio for periodic reflection and review.
WSU CLERKSHIP EVALUATION OF STUDENT

If any of the following are true please close this form and Suspend. If none of the following apply, please continue with your evaluation of the student.

- I did not work with the student
- I did not have a sufficient amount of time to properly evaluate the student
- I have a conflict of interest evaluating the student
- I professionally treated the student for sensitive medical problem and/or health issues

TIMELINE TO SUBMIT EVALUATION

- Evaluations must be completed after working with a medical student. The evaluation form will be sent to you via email through E*Value
- Complete the evaluation as soon as possible after working with the student
- All evaluations are due two weeks after the end of clerkship
- If you do not complete your evaluation in a timely manner, it will automatically expire and you will not be able to complete it

RANKING

- WSUSOM expects its medical students to perform at the level of "3" or higher in every competency listed on the evaluation form
- Anchor descriptions for "3" describe the school's expectation for a third year medical student in a clinical clerkship
- Anchor descriptions for "1" describe a student who is not consistently performing at the level of a third year medical student
- Anchor descriptions for "5" describe a student who is consistently performing above the level of a third year medical student
- If a student consistently falls below a "3", which is the level expected for that competency, s/he should be rated as "1"
- If a student consistently excels beyond the level expected, s/he should be rated as "5"

If a student's proficiency falls between the anchor descriptions, then please use "2" or "4"
### Mandatory Question 1 of 15

<table>
<thead>
<tr>
<th>Performance not consistent with Junior student</th>
<th>Often performs below expected level but not consistently</th>
<th>Performance at expected level</th>
<th>Often performs above expected level but not consistently</th>
<th>Performance far above expected level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generally incomplete history. Frequently disorganized. Does not focus on the patient's problem. Important/key information is often missing and/or not reliable. Struggles to establish rapport.</td>
<td>Able to elicit key elements of patients' history. Generally complete with appropriate organization. Often includes most important information. Often establishes a therapeutic relationship.</td>
<td></td>
<td></td>
<td>Outstanding history taking. Excellent organization and consistently includes important information. Skillful at establishing rapport even in challenging situations.</td>
</tr>
</tbody>
</table>

#### 1. History Taking

<p>| | | | | |</p>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

### Mandatory Question 2 of 15

<table>
<thead>
<tr>
<th>Performance not consistent with Junior student</th>
<th>Often performs below expected level but not consistently</th>
<th>Performance at expected level</th>
<th>Often performs above expected level but not consistently</th>
<th>Performance far above expected level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incomplete, superficial, cursory, or inaccurate. Misses’ major findings frequently. Often unable to perform common physical exam maneuvers or mental status observations.</td>
<td>Able to perform necessary physical exam/mental status exam activities. Recognizes abnormalities are present; not necessarily able to identify the abnormality.</td>
<td></td>
<td></td>
<td>Consistently performs physical exam/mental status exam activities accurately and appropriately. Able to recognize and identify most abnormalities.</td>
</tr>
</tbody>
</table>

#### 2. Performing Physical/Mental Status Exam

<p>| | | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

### Mandatory Question 3 of 15

<table>
<thead>
<tr>
<th>Performance not consistent with Junior student</th>
<th>Often performs below expected level but not consistently</th>
<th>Performance at expected level</th>
<th>Often performs above expected level but not consistently</th>
<th>Performance far above expected level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Often unable to construct a problem list. Poor ability to develop differential diagnosis</td>
<td>Able to construct a problem list. Able to interpret clinical and diagnostic studies to develop a differential diagnosis. Often able to identify most likely diagnosis.</td>
<td></td>
<td></td>
<td>Consistently develops a comprehensive differential diagnosis and is astute at prioritizing diagnoses in an accurate, logical order.</td>
</tr>
</tbody>
</table>

#### 3. Ability to Synthesize Data into Assessment

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

### Mandatory Question 4 of 5

<table>
<thead>
<tr>
<th>Performance not consistent with Junior student</th>
<th>Often performs below expected level but not consistently</th>
<th>Performance at expected level</th>
<th>Often performs above expected level but not consistently</th>
<th>Performance far above expected level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has difficulty developing a logical plan of care. Does not avail him/herself to information sources to assist in developing plans for treatment.</td>
<td>Able to develop an appropriate initial plan of care informed by the differential diagnosis, and using available information sources.</td>
<td></td>
<td></td>
<td>Consistently develops comprehensive care plans. Seeks out multiple information sources to inform treatment plans.</td>
</tr>
</tbody>
</table>

#### 4. Ability to Formulate Therapeutic Plan

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Mandatory Question 5 of 15</td>
<td>N/A</td>
<td>Performance not consistent with Junior student</td>
<td>Often performs below expected level but not consistently</td>
<td>Performance at expected level</td>
</tr>
<tr>
<td>---------------------------</td>
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<td>-----------------------------------------------</td>
<td>---------------------------------------------------------</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Lack of preparation. Presentation poorly organized. Key information is missing. Consistent inattention to detail. Unable to organize and/or express thoughts clearly.</td>
<td>Evidence of preparation. Clear summaries of findings, diagnostic and therapeutic plans. Able to present key information in an organized fashion and appropriate time frame (no more than 10 minutes).</td>
<td>Well prepared and well organized. Consistently provides pertinent information in a concise, logical and fluent manner with minimal use of notes.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Oral Presentations</th>
<th>☐</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mandatory Question 6 of 15</th>
<th>N/A</th>
<th>Performance not consistent with Junior student</th>
<th>Often performs below expected level but not consistently</th>
<th>Performance at expected level</th>
<th>Often performs above expected level but not consistently</th>
<th>Performance far above expected level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Consistently incomplete and poorly organized. Major omissions. Information is unreliable. Does not reflect discussion with team members or use of information resources.</td>
<td>Able to write in an organized and clear manner. Note conveys key information about patient's clinical status. Reflects use of available information and discussion with team members.</td>
<td>Written documentation is consistently organized and includes thorough summary of the history, physical/mental status exam, assessment and plan. It reflects use of multiple resources including the team.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Written Documentation</th>
<th>☐</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mandatory Question 7 of 15</th>
<th>N/A</th>
<th>Performance not consistent with Junior student</th>
<th>Often performs below expected level but not consistently</th>
<th>Performance at expected level</th>
<th>Often performs above expected level but not consistently</th>
<th>Performance far above expected level</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>7. Technical/Procedural Skills (OBGYN/SUR/FM Only)</th>
<th>☐</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mandatory Question 8 of 15</th>
<th>N/A</th>
<th>Performance not consistent with Junior student</th>
<th>Often performs below expected level but not consistently</th>
<th>Performance at expected level</th>
<th>Often performs above expected level but not consistently</th>
<th>Performance far above expected level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Often unable to demonstrate adequate knowledge of basic and clinical sciences as related to their patients' problems. Rarely able to answer general questions requiring basic science knowledge.</td>
<td>Demonstrates knowledge related to assigned patients' problems. Working knowledge of basic and clinical sciences as demonstrated by ability to answer most questions.</td>
<td>Consistently integrates basic and clinical sciences as related to the patients' problems. Consistently able to answer general questions requiring basic science and clinical knowledge.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| 8. Medical Knowledge | ☐ | 0 | 1 | 2 | 3 | 4 | 5 |</p>
<table>
<thead>
<tr>
<th>Mandatory Question 9 of 15</th>
<th>N/A</th>
<th>Performance not consistent with Junior student</th>
<th>Often performs below expected level but not consistently</th>
<th>Performance at expected level</th>
<th>Often performs above expected level but not consistently</th>
<th>Performance far above expected level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Rarely shows initiative in seeking out information, feedback, etc. Infrequently responds to instruction</td>
<td>Demonstrates initiative in seeking out information and using available resources. Solicits and responds to instruction and feedback.</td>
<td>Is inquisitive and consistently demonstrates initiative in seeking out information and resources. Seeks out additional information. Consistently incorporates feedback and demonstrates improvement.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mandatory Question 10 of 15</th>
<th>N/A</th>
<th>Performance not consistent with Junior student</th>
<th>Often performs below expected level but not consistently</th>
<th>Performance at expected level</th>
<th>Often performs above expected level but not consistently</th>
<th>Performance far above expected level</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Self-Directed Learning</td>
<td>0</td>
<td>Often causes friction. Poor team skills. Often disrespectful. Often works in isolation. Cannot be relied upon by other team members.</td>
<td>Respectful and open to all team members (pharmacists, nurses, MA’s, etc). Ability to work cooperatively with all team members. Mature and dependable. Sensitive to others. Shares pertinent information.</td>
<td>Excellent interpersonal skills. Respectful, mature, and cooperative with all team members including non-physicians. Highly sensitive to others’ needs. Appropriately assertive. Highly dependable, identifies opportunities to assist teammates</td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Mandatory Question 11 of 15</th>
<th>N/A</th>
<th>Performance not consistent with Junior student</th>
<th>Often performs below expected level but not consistently</th>
<th>Performance at expected level</th>
<th>Often performs above expected level but not consistently</th>
<th>Performance far above expected level</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Professionalism and Relationships with Team Members</td>
<td>0</td>
<td>Does not recognize urgent or emergent signs or symptoms. Is unable to quickly develop a plan of care for decompensating patient. Is unable to apply basic and advanced life support.</td>
<td>Often recognizes signs and symptoms of patient doing poorly. Responds to emergency situation by prioritizing that patient and engages supervisors of the health care team to develop an initial plan of care. Is able to assist in basic and advanced life support.</td>
<td>Consistently recognizes signs and symptoms of patient decompensation and quickly responds to the urgent/emergent situation by requesting immediate help in treating the patient. Is able to initiate basic life support.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Mandatory Question 12 of 15</th>
<th>N/A</th>
<th>Performance not consistent with Junior student</th>
<th>Often performs below expected level but not consistently</th>
<th>Performance at expected level</th>
<th>Often performs above expected level but not consistently</th>
<th>Performance far above expected level</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Recognize a patient requiring urgent or emergent care and initiate evaluation and management (PEDS/ER ONLY)</td>
<td>0</td>
<td>Is unorganized in handover communication. Does not check that both parties are in agreement regarding the tasks associated with the handover. Does not document well the handover. Does not respect patient or patient’s privacy during handover.</td>
<td>Often conducts handover that minimizes known threats to transition of care, using a standardized handover tool, and documenting the exchange. Respects the patient’s privacy.</td>
<td>Consistently conducts handover that is succinct, well-structured, addresses all points of care, and assures that the plan is understood by both parties (transmitter and receiver of information). Documents the exchange using a standardized handover tool. Always respects the patient’s privacy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>N/A</td>
<td>Performance not consistent with Junior student</td>
<td>Often performs below expected level but not consistently</td>
<td>Performance at expected level</td>
<td>Often performs above expected level but not consistently</td>
<td>Performance far above expected level</td>
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<tr>
<td>12. Give or receive a patient handover to transition care responsibly (IM/PEDS ONLY)</td>
<td>N/A</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. Professionalism, Ethics and Interpersonal Relationships with Patients</td>
<td>N/A</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. Professionalism Behavior, Demeanor, and Work Ethic</td>
<td>N/A</td>
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<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>15. This student performed below the level of Reporter and requires remediation.</td>
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<tr>
<td>RIME Evaluation: Please assess this student's overall performance</td>
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</tr>
</tbody>
</table>

General Comments (to be included in the Dean's letters):

Additional comments NOT to be included in the Dean's Letters (include areas needing improvement)
D. GRADING POLICIES
   Refer to P&P manual

1. Determination of Clerkship Final Clinical Evaluations

   Either all or a large component of your final clinical evaluation is determined by the Clerkship Evaluations of Student. Some clerkships also factor in an observed standardized examination of students to determine the final clinical evaluation.

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

   The Final Clinical Evaluation for the clerkship is reported on the Clerkship Summary Grade Report form. Generally, an ‘Outstanding’ Clinical Evaluation is needed for Course Honors, although this is at the discretion of each clerkship. In order to attain an “Outstanding” Clinical Evaluation, a student must obtain a minimum of 85% of the points available. Points are calculated based on the ranking for each of the evaluation items. In addition, the student cannot have lower than a 3 on the final clerkship evaluation to be considered for clinical outstanding. The final grade will be determined by the Clerkship Director.

   A 1 in any clerkship evaluation item may result in failure of the clerkship.

2. Requirement to Complete All Clerkship Assignments

   Students are required to complete all clerkship assignments before the end of the clerkship (including the logging of all Procedures and Encounters (PxDx) cases). The deadline for logging all PxDx cases is midnight of the Wednesday of the last week of the rotation. The clerkships establish the deadlines for other assignments. If assignments are not completed by the respective deadlines, the student will be considered incomplete. The incomplete will change to a final grade when the assignments, including PxDx, are completed and turned in.

3. Clinical Encounters and Procedures Requirement

   Students are required to log all required clinical encounters and procedures (Px/Dx) in E*value. Clerkship directors need to ensure that all students are having similar educational experiences at all sites. By logging required cases, clerkship directors and the Office of Assessment will have the opportunity to observe in real-time what experiences are lacking. Students also will be able to track these experiences to build their portfolio of their Years 3 and 4 clinical skills. Additionally, this requirement will allow students to start the habit of logging, which is a requirement in residency.
The deadline for logging all PxDx cases is midnight of the Wednesday of the last week of the rotation.

The following table provides the requirements for each of the Year 3 rotations. Please refer to the individual clerkship’s curriculum guide for additional information.

<table>
<thead>
<tr>
<th>INTERNAL MEDICINE</th>
<th>SURGERY</th>
<th>OB/GYN</th>
<th>FAMILY MEDICINE</th>
<th>NEURO</th>
<th>PSYCH</th>
<th>PEDIATRIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required Diagnoses</td>
<td>Required Diagnoses</td>
<td>Required Diagnoses</td>
<td>Required Diagnoses</td>
<td>Required Diagnoses</td>
<td>Required Diagnoses</td>
<td>Required Diagnoses</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>Abdominal Pain (Acute)</td>
<td>Abnormal Pap Smear (2)</td>
<td>Hypertension</td>
<td>Stroke</td>
<td>Unipolar Depression Diagnosis</td>
<td>Acute Illness</td>
</tr>
<tr>
<td>Acute medical illness</td>
<td>Breast Problem</td>
<td>Pregnancy Complications- 3rd Trimester (2)</td>
<td>Low Back Pain</td>
<td>Seizure</td>
<td>Bipolar Diagnosis</td>
<td>Chronic Disease</td>
</tr>
<tr>
<td>Altered mental status</td>
<td>Common Malignancy</td>
<td>Contraceptive Counseling (2)</td>
<td>Vaginitis &amp; STDs</td>
<td>Potential Neurologic Emergencies</td>
<td>Anxiety Disorder Diagnosis</td>
<td>Infectious Disease</td>
</tr>
<tr>
<td>Worsening of a chronic medical problem</td>
<td>Subspecialty Case</td>
<td>First Trimester Pregnancy Complications (2)</td>
<td>Headache</td>
<td>Dementia</td>
<td>Substance Use Disorder Diagnosis</td>
<td>Newborn Infant 0-4 wks</td>
</tr>
<tr>
<td>Chest pain syndrome</td>
<td>GI Bleeding</td>
<td>Menopause (2)</td>
<td>Chest Pain/Ischemic Heart Disease</td>
<td>Movement Disorder</td>
<td>Cognitive Disorder Diagnosis</td>
<td>Well infant 1 mo – 36 mos</td>
</tr>
<tr>
<td>Metabolic Problem (e.g., Diabetes Mellitus, thyroid disease, obesity)</td>
<td>Rectal Problem</td>
<td>Menstrual Disorder (2)</td>
<td></td>
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<td>Multiple Sclerosis</td>
<td>Psychotic Disorder Diagnosis</td>
</tr>
<tr>
<td>Fever</td>
<td>Acute Surgical Problem (incl. Trauma)</td>
<td>Prenatal Care (2)</td>
<td>Diabetes Mellitus</td>
<td>Headache</td>
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</tr>
<tr>
<td>Geriatric syndromes (e.g., fall, incontinence)</td>
<td>Surgically Treated Infection</td>
<td>Preterm Labor (2)</td>
<td>Asthma and COPD</td>
<td>Low Back Pain</td>
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<tr>
<td>Shortness of breath</td>
<td></td>
<td>Vaginitis/STDs (2)</td>
<td>Arthritis</td>
<td>Mononeuropathy</td>
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<tr>
<td>HIV/AIDS</td>
<td></td>
<td></td>
<td>Pharyngitis/URI/Pneumonia</td>
<td>Polyneuropathy</td>
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<tr>
<td>Renal injury and chronic kidney disease</td>
<td></td>
<td>Abdominal Pain/Pepic Ulcer Disease</td>
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<tr>
<td>Liver Disease</td>
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<td></td>
<td>Anxiety/Depression</td>
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<tr>
<td>Patient with multiple medical problems</td>
<td></td>
<td>Urinary Tract Infection</td>
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<tr>
<td>Patient admitted due to lack of access to primary care (societal issue)</td>
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### 4. Determination of Final Clerkship Grades

Criteria for Clerkship Honors and Unsatisfactory grades are as follows:

a. Performance in all components of the student’s grade (clinical evaluation, assignments and examination) must be satisfactory for a student to be given a passing grade. Outstanding clinical performance does not compensate for a failing exam score, nor does an Outstanding exam score compensate for unsatisfactory clinical performance. Failure in one or the other category results in an unsatisfactory grade.
b. Performance in both components of the student’s grade must be Outstanding for a student to be given an Honors grade. In addition, the student must meet all clerkship deadlines and other criteria to be eligible for an Honors grade.

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

   i. If the student performs adequately on the re-examination, the transcript grade will be recorded as "S*" (Satisfactory upon remediation).

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

NOTE: STUDENTS WILL BE SCHEDULED & ASSESSED FEES FOR ANY REPEATED COURSEWORK.

5. Reporting Clerkship Grades
   Clerkship grades are determined by each department’s medical student education committee. Students’ grades are discussed by the School of Medicine Clerkship Committee, after which they are recorded by Records and Registration. Grades are then made available in E*value to students. Students will have a copy of the Grade Report and Clinical Evaluations in their E*value file for each clerkship.

   The Clerkship Directors and staff of the clerkships are not permitted to report the results of examinations, clinical evaluations, or overall clerkship grades directly to individual students outside of the process described in the preceding paragraph.

6. Criteria for Awarding Year III Honors
   There are two different ways to receive Comprehensive Honors in Year 3. The first uses the number of months of clerkship honors (e.g., honoring Internal Medicine results in two months of honors whereas honoring Family Medicine results in one month of honors). Any student with a minimum of 6 months of Honors in Year 3 clerkships receives Year 3 Comprehensive Honors.

   The second uses the overall ranking system (described in detail in #8. Determination of Standard Scores section below). Any student who achieves Superb Clinical Skills (a score of 35 or greater), but has less than 6 months of Honors also receives Year 3 Comprehensive Honors. Comprehensive Honors are recorded on the student’s transcript. Grades for the Elective and Continuity Clerkships do NOT count toward Year 3 honors.

   A reported Unsatisfactory grade in any clerkship or documented unprofessional behavior will automatically disqualify a student from receiving Year III Comprehensive Honors.
7. Remediation of Failed Examinations

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

Each department allows both special testing dates for remediation of failed or missed clerkship examinations in addition to regularly scheduled examinations. The exact dates for scheduled repeat examinations will be established by the Director of Assessment in consultation with the Assistant Dean of Clinical Education. Once a student fails a written clerkship examination, the student, his or her counselor in the office of the Assistant Dean of Student Affairs, and the Assistant Dean of Clinical Education will develop a written plan for examination remediation. It is recommended that students attempt to remediate failed clerkship examinations as early in the academic year as possible. In general, students with a written examination failure during the months of July through December will be scheduled for the January special test date, while students with an examination failure between January and June will retake their failed exam in July. Students with more than one outstanding NBME failure will be stopped in their progress in order to remediate their examinations. Only one exam may be taken at the January or July special test date.

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

8. Remediation of Failed Clinical Work or Failed Courses

Students who fail more than one NBME examination or fail a clerkship clinically will be required to meet with the Promotions Subcommittee and will be placed on Academic Probation for the remainder of Year III. The Promotions Subcommittee consists of the Assistant Dean of Clinical Education, Assistant Dean of Student Affairs, an elected Clerkship Director, and the student’s counselor. The Promotions Subcommittee will decide the remediation requirement for the student. Students will be required to repeat clinical work after a clerkship failure or after a second failure of the clerkship examination. Students will be assessed fees for any repeated coursework. It is emphasized again that students must satisfactorily complete all Year III requirements and pass all Year III Clerkships before starting Year IV work.
9. Determination of Standard Scores at the End of Year III

Standard scores are computed at the end of each year of medical school to allow comparison of student performance.

The YR III Standard Score is calculated as follows:

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

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

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

c. The maximum possible score is 44 (11 months of honors). Grades in YR III electives or Continuity Clinic Clerkship (CCC) are not counted in this computation.

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

e. Mean = 28.54; Standard deviation = 7.72

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

f. Note that commendations are determined differently by clerkship (refer to the Clerkship Syllabi for specific information).

g. The standard score is not used to determine Year 3 honors or for the overall student ranking in the MSPE.
## 10. Overall Comparative Performance in Medical School (Years 1-3)

The Medical School Performance Evaluation (MSPE) contains information about an individual student’s overall performance over the first three years of medical school. A new system was developed to present our students in a more positive light during an increasingly competitive residency application process. The new system uses two dimensions—Academic Performance and Clinical Skills—plus end of year Comprehensive Honors, to arrive at an overall descriptive term (Exceptional, Outstanding, Excellent, Very Good, Good, and Satisfactory).

### Overall Comparative Performance in Medical School

<table>
<thead>
<tr>
<th>Performance Descriptor</th>
<th>Approximate Percentage</th>
<th>Level of Academic Performance and Clinical Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceptional</td>
<td>5%</td>
<td>Outstanding academic performance and Superb clinical performance PLUS Comprehensive Honors for all 3 Years</td>
</tr>
<tr>
<td>Outstanding</td>
<td>25%</td>
<td>Outstanding academic performance and Superb clinical performance</td>
</tr>
<tr>
<td>Excellent</td>
<td>30%</td>
<td>Outstanding academic performance and Proficient clinical performance OR Very Good academic performance and Superb clinical performance</td>
</tr>
<tr>
<td>Very Good</td>
<td>20%</td>
<td>Very Good academic performance and Proficient clinical performance OR Good academic performance and Superb clinical performance</td>
</tr>
<tr>
<td>Good</td>
<td>20%</td>
<td>Good academic performance and Proficient clinical performance</td>
</tr>
</tbody>
</table>

**ACADEMIC PERFORMANCE BASIC SCIENCE** (Average Standardized score over Years 1-2)

\[
\text{[(Year 1 Standardized score plus Year 2 Standardized score divided by 2]}
\]

- Outstanding Academic Performance ≥ 485 (approximately 60%)
- Very Good Academic Performance = 431 to 484 (approximately 20%)
- Good Academic Performance ≤ 430 (approximately 20%)

**CLINICAL PERFORMANCE** (Year 3 Grades Converted to Scores)

- Superb Clinical Performance ≥ 35 points (approximately 25%)
- Proficient Clinical Performance = 14 to 34 points (approximately 74%)
- Competent Clinical Performance ≤ 13 points (approximately 1%)

**CLINICAL SKILLS** (Year 3 Grades Converted to Scores)

Clerkship grades are converted to scores, where Honors = 4 points, Satisfactory with Commendations = 3 points, Satisfactory = 2 points, and Unsatisfactory = 0 points. Each clerkship (grade) score is then multiplied by the appropriate number of months (e.g., honoring Surgery would be $4 \times 2 = 8$ points versus honoring Psychiatry would be $4 \times 1 = 4$ points). Clerkship scores are summed across all clerkships. The maximum possible score is 44 (which would result if a student honored all 11 months of Year 3 clerkships). Getting Satisfactory for all clerkships would result in a score of 22. Students who have failed a clerkship will get a score of zero for the clerkship even after the clerkship has been remediated.
E. Grade Appeals

Refer to P&P manual

F. Academic Probation During YR III

Refer to P&P manual

G. Graduation Requirements

In order to graduate from WSUSOM, each Year IV student must:

- Achieve a satisfactory or honors grade for all prescribed clerkships and electives
- Complete all required assignments
- Complete any OSCE remediation
- Meet all attendance requirements and satisfactorily complete all make-up provisions
- Act professionally toward patients, fellow students, faculty, standardized patients and staff
- Pass USMLE Step 1
- Pass USMLE Step 2CK
- Pass USMLE Step 2CS

May 1st of each year is the deadline for completion of all Year 4 requirements, including coursework and passing USMLE examinations. Students who have not passed USMLE Step 2CK or 2CS examinations by May 1st will not be allowed to participate in graduation activities, including commencement. Students who owe only coursework after May 1 may be allowed to participate in graduation activities on a case by case basis, as determined by the Vice Dean for Medical Education or his/her designee.

It is the student’s responsibility to know the requirements for completion of the senior program and the requirements for the award of the medical degree and graduation. Failure to complete all requirements by the May 1st deadline may delay a student's application for a temporary license, which may mean that the student is unable to begin his/her residency on time.

III. ELECTIVES

A. YR III Elective/YR III Vacation

The YR III curriculum includes 8 required clerkships (Continuity Clinic Clerkship, Internal Medicine, Surgery, Pediatrics, Family Medicine, Psychiatry, Neurology and Obstetrics and Gynecology), which comprise 11 months of study. The twelfth month of your Year III curriculum is a month of elective clinical time. During Year IV, you are required to complete 6 electives.

As a junior medical student, you may select any elective available to Year III students. A listing of those electives will be provided to you at the time you are contacted by Records and Registration to schedule an elective. Some electives have specific clerkship prerequisites. Note,
however, that your elective could be changed if a course is failed that is a required prerequisite of the elective. This is at the discretion of the Department offering the elective and the School of Medicine Administration.

In addition, you have the choice of taking a month of vacation in your third year and deferring this required Year III elective into Year IV. Note, however, that there are significant ramifications to this choice. You will not get as much vacation, interview or travel time in your senior year because you now have 9 months of study to complete in Year IV (the two required courses, six Year IV electives, and now the Year III elective); this is balanced against the vacation time that you will have during Year III if you elect to take this time off. You also will not receive financial aid for that month.

**Continuity Clinic Clerkship and the Year III Elective**

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

Since you are allowed to miss only a small number of CCC sessions before satisfactory completion of that clerkship is jeopardized, it is NOT possible for you to be away from the Detroit metropolitan area for both the Family Medicine Clerkship and Year III elective. However, if you complete your Family Medicine Clerkship in the Detroit metropolitan area, you are permitted to take an established Year III elective at another medical school (as distinct from an independent study elective defined below) outside the Detroit metropolitan area. **However, the AWAY elective within Year III cannot be an international elective and it cannot be an Independent Study elective.**

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

Students are not permitted to schedule electives with physician family members.

Refer to the Year IV Curriculum Guide for further information about electives.

**B. Elective Grades**

You will be eligible for the clinical grades of Honors, Satisfactory, or Unsatisfactory in electives. A grade of S+ (Satisfactory with commendations) is not given for electives. **The elective taken during Year III is not counted towards the number of Honors course evaluations needed to achieve YR III Honors.**
C. Changing Your YR III Elective

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

1. ALL requests to change electives are initiated either through Records and Registration or the Assistant Dean of Clinical Education. Students should list their current program, requested change (the new course and alternatives, if indicated), and reason for the change on the Add/Drop Change form available in Student Affairs, Records and Registration, and Academic Affairs offices.

2. This documentation is to be submitted to the Assistant Dean of Clinical Education for approval of the curricular modification IF the submission is less than 45 days prior to the start of the elective. If the submission is 45 days or more from the start of elective, the request can be turned directly into the Records and Registration office.

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

4. All requests to change electives must be submitted at least 45 days before the start of the elective. Note that all paperwork to effect a change must be submitted at least 45 days before the start of the elective in question. This will allow completion of the change request within the Office of Records and Registration at least 30 days before the start of the elective. Affiliated hospitals and other clinical facilities have agreed to reserve their spots for WSU SOM students in exchange for the School’s adherence to the policy that last minute changes (i.e., those elective changes within 30 days of the start of the elective) will be significantly limited. Since those individuals in the Offices of Student Affairs and/or Clinical Education who can approve your request could be busy, out of the office, etc., you should plan to initiate your request early.

There will generally be no exceptions to the 45-day limit for changing electives, and in the case where the 45-day limit is waived it is only for extenuating circumstances beyond the control of the student.

5. If requested by administration, or at the student’s request, the student will meet with the Assistant Dean of Clinical Education for discussion of his or her modified program. Once approved, the documents will be forwarded to the Office of Records and Registration for modification of the student’s official record. Course directors impacted by the change will be notified by the Office of Records and Registration.
6. It is to your advantage to submit the request as soon as you know you want to change your program, since the elective you wish to change into may not be available at a later time.

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

8. Students are requested to not directly contact the elective coordinator, department, hospital, etc. to discuss their desire to change their program/elective. Doing so puts the coordinator in an awkward position as the availability of space in their elective does not necessarily mean that your elective change will be approved by the School of Medicine. Similarly, a program change suggested by your advisor or another faculty member is not automatically approved without review by School of Medicine administration via the procedures detailed above.

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

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

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

Each Year III student will participate in the Objective Structured Clinical Examination (OSCE) given during Year III to assess his or her clinical skills. The OSCE is a series of simulated clinical encounters during which students perform clinical tasks under the direct observation of faculty, proctors, and standardized patients. The Year 3 OSCE is patterned after the USMLE Step 2 CS examination and includes several clinical stations where the student is expected to obtain a history from a patient with a particular chief complaint and perform a physical examination appropriate to the chief complaint. Students also are expected to complete a post-encounter note that encompasses the data the student has gathered, as well as the synthesis of the data including differential diagnosis and first steps of a management plan.

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

Because one of the objectives of the Year III OSCE is to prepare students for the USMLE Step 2CS examination, students must complete the OSCE and allow time for remediation (up to 1 month after the OSCE) before they schedule for Step 2CS. This scheduling guideline provides at-risk students with the opportunity to practice and prepare further in a supportive setting before taking Step 2CS.

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

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

B. In addition, you are required to complete an evaluation of each clerkship and elective course you complete during your clinical years. This requirement applies to both junior and senior elective courses as well as all required junior and senior clerkships. The School of Medicine Administration monitors the educational process with the purpose of continual improvement. To that end, the School of Medicine requires the use of online systems to assist the Administration in gathering information regarding case exposure, procedures and assessment of educational programs by students. The policies and procedures for evaluating elective courses will be modified as new or modified online evaluation systems become available. **No grade will be recorded by the Office of Records and Registration until the student has completed the evaluation for each clerkship or elective.**

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

VI. NEEDLESTICKS AND OTHER EXPOSURE TO BODY FLUIDS

During the course of a medical student’s education, s/he will come into contact with occupational hazards as a natural consequence of caring for sick patients. Medical students have an increased risk for injuries due to needle sticks or contact with other sharp instruments since they may not yet be skilled in the procedures being performed. At all times, if a student is uncomfortable performing an assigned procedure because they feel either that their skills are inadequate or that they need more supervision/guidance than is available, then that student MUST refrain from doing the procedure.
Never attempt a procedure you are uncomfortable performing.

It is the obligation of the School of Medicine to formally educate its students regarding the prevention of occupational injuries. In addition, the school has developed programs by which students who are injured or exposed to blood or body fluids in the course of their training have the knowledge to properly seek care. Such programs are formally presented to students in the first, second and third years of the medical school curriculum, most recently as part of your Year 3 Orientation. In the event that a student is stuck with a needle or other sharp instrument, or sustains exposure to a body fluid on mucus membranes or non-intact skin, the student must report this to his/her senior resident or attending physician immediately. A written report must be completed detailing the circumstances of the exposure. The student must also notify the School of Medicine’s Medical Student Health Officer of the reported incident.

The medical school has established relationships through affiliation agreements with all of our Clinical Partner Sites (hospitals and ambulatory sites). Specific policies must be followed when an exposure or potential exposure has occurred:

A. A student who sustains an exposure to blood and/or body fluids in the course of a clinical assignment at any of our affiliated clinical institutions should immediately seek care in the designated department of that facility. These departments are listed for each institution on the laminated cards that are distributed at Year 3 Orientation. You should keep this list for your potential use during Year 4 as well. If the incident occurs after hours or if you are unsure of where you should seek care at the institution, then you should report to the facility’s Emergency Department.

B. When a student receives initial care for a needlestick or other exposure incident at one of our partner institutions, either the institution waives the cost or WSU Risk Management covers the cost of the initial visit at the emergency room. This policy applies only to care of the initial event, and does not obligate any hospital or clinic to provide or pay for ongoing or long-term care resulting from an injury, accident or exposure which might have occurred on their premises.

C. After the initial treatment encounter at the clinical institution, students should subsequently follow-up with their personal physician using their own health insurance coverage within five days of the incident.

D. All injured students MUST complete a short Wayne State University Report of Injury form for the WSU Office of Risk Management within 48 hours after the incident. This form is online at: http://idrm.wayne.edu/risk/student-forms.php. It is important to follow the instructions on that page since students only need to fill out the top portion of the form. The form may be submitted electronically to WSU Risk Management. If there are any questions about that form, the WSU Office of Risk Management can be contacted at (313) 577-3110.

E. A copy of the Report of Injury form must be submitted at the same time to the Medical Student Health Officer at healthofficer@med.wayne.edu.
VII. PARKING AT ASSIGNED HOSPITALS

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

Because of a supply-demand mismatch at the Detroit Medical Center Central Campus, contiguous parking in well-lit, safe lots or structures is not always provided by the hospital or department to which you are assigned. Students should understand that WSU does not control the lots and structures owned by the DMC and its member Hospitals.

The DMC has indicated that they will only be able to provide parking for students assigned to the DMC as their clinical site. No parking will be available for students in DMC lots on electives or non-DMC assigned clinical students. Student vehicles that are found to be in DMC lots or structures during the day may be subjected to ticketing/towing. The School of Medicine STRONGLY advises all students to avoid parking on public streets at any time.

The WSU parking cards and tags will be distributed either by the WSU department to which students are assigned or through the DMC Office of Medical Education. Failure to return parking cards and tags immediately upon completion of a rotation or elective may lead to the imposition of late fees and/or administrative sanctions being applied to the student. Please see above requirements for graduation.

VIII. REQUESTS FOR EXCUSED ABSENCES FOR RELIGIOUS HOLIDAYS AND OTHER ABSENCES

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

Requests for time away from clerkships and electives must be submitted in writing to the student’s counselor as soon as possible upon knowing of the need for an excuse. The student’s counselor will work with the student to contact the Clerkship/Elective Director to request the time off if the request is considered appropriate. The counselor and student will work with the Clerkship/Elective Director to determine how/if the time can be made up. Excused absences may not be granted by the Clerkship/Elective if this policy is not followed.

Your attendance is expected and required at all other times by the faculty and the Clerkship Director or Elective Coordinator for satisfactory completion of each clinical clerkship or elective. Not appearing for clinical responsibilities and assignments is unprofessional as well. Indeed, unexcused absences could severely affect your grade; as detailed elsewhere in the policies and procedures for each clerkship, you may fail a clerkship or elective if you do not show up for an assigned activity, miss call, etc.
If for any reason you miss clinical time for illness, family emergency, weather delays, etc., you should immediately notify your supervising resident/faculty member or site coordinator and the Clerkship Director or his/her designee. Having notified these individuals, it is still the student's responsibility to obtain an approved/excused absence from the Office of Student Affairs. To do so you must contact the Assistant Dean of Student Affairs or your counselor. When you return from an excused absence, plan to discuss making up the missed clinical time with the Clerkship.

IX. CHANGES TO THESE CURRICULUM GUIDELINES

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

X. OTHER IMPORTANT INFORMATION

Refer to the Policies and Procedures Manual for information about:

- Duty Hours and Work Environment
- Clinical Student Dress and Grooming Standards
- Student Mistreatment Policy
- Sexual Harassment Statute and Policy
CLERKSHIP DIRECTORS CONTACT INFORMATION

**FAMILY MEDICINE and CONTINUITY CLINIC CLERKSHIP**
Director: Dr. Margit Chadwell - Coordinator: Lisa Blackwell  lblackwe@med.wayne.edu
Phone: 313-57708-78 Fax: 313-577-2710
Orientation Location: Instructions will be forthcoming

**INTERNAL MEDICINE**
Director: Dr. Diane Levine - Coordinator: Carmen McIntosh  cmcintosh@med.wayne.edu
Phone: 313-996-7119  Fax: 313-745-4052
Orientation Location: Instructions will be forthcoming

**SURGERY**
Director: Dr. Christopher Steffes - Coordinator: Nancy Linenger  nlinenge@med.wayne.edu
Phone: 313-916-2879  Fax: 313-916-8312
Orientation Location: Instructions will be forthcoming

**PEDIATRICS**
Director: Dr. Yvonne Friday - Coordinator: Kelly Wood  kwoo@med.wayne.edu
Phone: 313-745-5751  Fax: 313-993-7118
Orientation Location: Instructions will be forthcoming

**PSYCHIATRY**
Directors: Dr. Eva Waineo - Coordinator: Yolanda Pitts  ypitts@med.wayne.edu
Phone: 313-577-3130  Fax: 313-577-2233
Orientation Location: Instructions will be forthcoming

**OB/GYN**
Directors: Drs. Sun Kwon Kim and Rehab Shabana - Coordinator: Cathy Rutkowski  crutkows@med.wayne.edu
Phone: 313-993-4032  Fax: 313-993-4116
Orientation Location: Hutzel Women’s Hospital – 4th Fl. Hudson Building – Morse Aud.

**NEUROLOGY**
Director: Dr. Maher Fakhouri – Coordinator: Lenora Paul  lpaul@med.wayne.edu
Phone: 313-577-1243  Fax: 313-745-4216
Orientation Location: Instructions will be forthcoming

**EMERGENCY MEDICINE**
Director: Dr. Sarkis Kouyoumjian - Coordinator: Shazzandra Doze  sdoze@med.wayne.edu
Phone: 313-993-2527  Fax: 313-993-7703
Orientation Location: Instructions will be forthcoming

**SUB-INTERNSHIP**
Director: Dr. Joel Appel - Coordinator: Shirley Kmetz  skmetz@med.wayne.edu
Phone: 313-745-4901  Fax: 313-745-4052
Orientation Location: Instructions will be forthcoming
CONTINUITY CLINIC CLERKSHIP

YEAR III CURRICULUM GUIDE

WAYNE STATE UNIVERSITY
SCHOOL OF MEDICINE

2016-2017
I. KEY PERSONNEL
Clerkship Director
Margit Chadwell, M.D., FAAFP
Department of Family Medicine
mchadwel@med.wayne.edu

Clerkship Coordinator
Lisa Blackwell
Department of Family Medicine
lblackwe@med.wayne.edu

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

We distinguish managing the care of patients from managed care. Managed care is a market force that has added several features to the principles of managing care including the assumption of financial risks by physicians, the use of physicians as “gatekeepers,” the marketing of plans to selected low-risk patients, reducing utilization of services (especially of specialists), and the use of external vendors for pre-approval and utilization review. 3

The increase in the influence of managed care on the delivery of health care has had several positive effects including the development of databases to measure outcomes and identify unwarranted variations in surgical and other procedures. However, managed care has also created conditions that can inhibit the practice of quality clinical medicine. For example, one study found that the only cost advantage associated with managed care came from the denial of services. 4

III. OVERVIEW
The goal of the clerkship is to provide a continuity experience that will introduce the student to the basic skills, knowledge and attitudes necessary to manage the care of patients in an outpatient primary care setting.

The CCC occurs one half day each week during the six-month block of the Family Medicine, Internal Medicine, Pediatrics, and elective rotations. You will be assigned to a primary care clinic. You must contact your preceptor to arrange your half day per week clinic. It is important to attend clinic on the same day each week for consistency and to optimize the opportunity to see the same patient on return visits. If you cannot reach your preceptor, or experience any other difficulties, please contact Ms. Blackwell immediately.

Please keep in mind that preceptors are voluntary faculty – they teach because they enjoy working with students. It is mandatory that you attend the CCC orientation, which is delivered during the year III orientation. The clerkship syllabus will be posted on

3 Kuttner R, Must Good HMO’s Go Bad? NEJM 338(21) 1558-63 May 1998
Blackboard, and you will receive your assignment with the name and contact information for your preceptor on Blackboard as well.

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

IV. CLERKSHIP REQUIREMENTS
   A. One half day each week must be spent in the preceptor’s office. It should be the same half day each week so that patients may be scheduled for return visits when you are in the office.
   B. Students must attend a minimum of 18 of the possible 23 sessions. This allows some flexibility for you to complete out-of-town clerkships, take exams, etc.
   C. Students must complete and turn in at the end of the clerkship:
      1. Attendance Log, with attendance documented for 18 visits
      2. Patient Log
      3. Completed Clinical Learning Exercises
      4. The student evaluation of the preceptor and site
   D. Students must satisfactorily complete the Final Self-Assessment Module (80% correct or 44/55).

V. REQUIREMENT TO COMPLETE ALL CLERKSHIP ASSIGNMENTS
Students are required to complete and submit all clerkship assignments on the last day of the clerkship. Students will be given the initial grade of Incomplete if assignments are not completed by the deadline. The Incomplete grade will change to a final grade as detailed below.

VI. EVALUATION AND FEEDBACK/GRADING
   A. This is a PASS/FAIL course with a final grade of SATISFACTORY or UNSATISFACTORY. There is no ‘HONORS’ grade.
   B. The SATISFACTORY grade is based on:
      1. Preceptor’s satisfactory evaluation: the preceptor will complete a preliminary evaluation at the midpoint of the clerkship and a final evaluation at the completion of the clerkship.
      2. Satisfactory (80% correct or 44/55) and timely completion of the Final Self-Assessment Module given at the end of the CCC block (December or June).
3. Completion of the above clerkship requirements. Failure to meet the clerkship requirements, including timely submission of completed assignments and the attendance log may result in grade of S* or UNSATISFACTORY.

VII. GRADE APPEAL PROCESS
   A. Any grade appeal should be submitted to the Clerkship Director.
   B. Your site preceptor should NOT be contacted regarding grade appeals.

VIII. RECOMMENDED EQUIPMENT
Students should bring the same equipment they would use during their inpatient primary care rotations, including a short white coat, high-quality stethoscope, reflex hammer, and a penlight.
I. KEY PERSONNEL & CONTACT INFORMATION
Clerkship Director
Margit Chadwell, MD, FAAFP
(313) 577-0878
mchadwel@wayne.edu

Program Project Assistant
Ms. Lisa Blackwell
(313) 577-0878
lblackwe@wayne.edu

II. INTRODUCTION
The Family Medicine Clerkship provides a four-week experience in community-based ambulatory primary care. The unique nature of this Clerkship arises from the variability of presenting conditions seen in Family Medicine. A patient of any age may present with any condition, from newborns with acute diseases to adolescents with behavioral issues to adults with acute and chronic diseases to the elderly who may present without any health problems! You will experience not only variety in patient experiences, but will also experience how diagnostic and preventive medicine procedures are utilized in ambulatory patient care. You will also have an opportunity to practice primary prevention in the outpatient clinical setting.

This will be a rich and rewarding month. During this clerkship you will be expected to complete several exercises with patients including behavioral risk factor interventions. In addition, you will visit a hospice facility, interview a hospice patient, and discuss these experiences in a “debriefing” session.

III. OVERVIEW
A. Any questions regarding the Clerkship should be directed to Dr. Margit Chadwell or Ms. Lisa Blackwell.
B. With the exception of students assigned to the DMC, all preceptor assignments will be made within your clinical campus. Once assigned, preceptor sites may not be switched by the student.
C. If you are assigned to the DMC, you should submit an online application https://apps.med.wayne.edu/ssonew/ for your Clerkship site no later than four weeks prior to the scheduled start of your Family Medicine Clerkship. We will do our best to assign a preceptor of your choice, but please realize that it is not always possible to do so.
D. Students requesting a rural placement must submit an online application https://apps.med.wayne.edu/ssonew/ for site placement at least eight weeks in advance of the beginning of the clerkship.

CLERKSHIP REQUIREMENTS

IV. ATTENDANCE AND ABSENCE POLICIES
A. You are expected to conform to professional standards during this four-week clerkship in a community practitioner’s office. These standards include timely attendance, appropriate attire and professional behavior.
B. Any absences during the Clerkship must be reported immediately by the student to his/her preceptor, the Clerkship Director/Coordinator, and their counselor in the Office of Student Affairs. Failure to provide timely notification of an absence from the Clerkship may result in a grade of **Incomplete** or **Unsatisfactory** for the Clerkship and may result in the student being required to complete additional days at the clinical site.

C. In addition to attendance at your practitioner’s office, you are required to attend:

- Clerkship Orientation – 8:30 AM – 12:00 PM on the first day of the clerkship (3939 Woodward, second floor conference room).
  
  **All Clerkship students, including those who will be working at locations outside of the Detroit Metropolitan Area MUST attend Orientation on the first day of the Clerkship!**

- Supplemental campus/residency-specific didactics (unless your scheduled Continuity Clinic Clerkship or hospice day occurs during that time).

- Assigned Hospice visit
- Hospice debriefing
- NBME Shelf Examination

D. Students who miss the orientation session and are unexcused will not start clerkship duties and be referred to the Assistant Dean of Clinical Sciences.

E. You must satisfactorily complete and turn in The Clerkship Activity Card with all required Learning Activities signed off where indicated by 3:00 PM on the day of the Shelf Examination at 3939 Woodward.

F. You must comply with the requirements for e-value documentation of your patient encounters during the Clerkship as described below. All logging must be completed by midnight of the last Wednesday of the clerkship.

G. You must obtain a grade of Satisfactory on the Examination

H. You must obtain a Satisfactory Final Clinical Evaluation

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

Students with Rural Placements:

A. Orientation is mandatory.

B. Day two (the day after orientation) may be used as a travel day. However, arrival at your site by the next day is expected.

C. The last Thursday of the clerkship (the day before the exam) may also be a travel day.

D. Students are encouraged to arrange a hospice experience through their preceptor.

E. Students do not attend CCC during the clerkship

F. Students don’t attend Campus Didactics/Case Discussions. This time may be used to complete/review the core Med-U Family Medicine cases outlined in the syllabus.
V. CLERKSHIP EVALUATION
Student evaluation of the Clerkship per e-value must be completed at the end of the course with other written assignments.

STUDENT EVALUATION AND FEEDBACK
All students will complete a Mid-Clerkship Evaluation with their assigned preceptor.

Evaluation of student performance in the Clerkship will be based on the following criteria:
A. Clinical Assessment - School of Medicine Clinical Performance Evaluation forms will be completed by the physician(s) to whom the student was assigned and by whom the student was observed. The Clerkship Director will assign a Final Clinical Evaluation score based on the Clinical Performance Evaluation form(s) submitted and all clerkship assignments and responsibilities.

B. The Final Examination - The final examination is a standardized National Board of Medical Examiners Subject (“Shelf”) Examination. The examination includes questions on all aspects of Family Medicine, including obstetric, gynecology, and pediatric problems. It will be scheduled through the Office of Academic and Student Programs in the Mazurek computer lab.

VI. CLINICAL ASSESSMENT
Students will be graded on 12 Core Competencies. The maximum number of points awarded for any competency is 5.

For Clinical Outstanding/Honors: Students must obtain a minimum of 85% of available points (51/60) with no evaluation less than 3 on the final clerkship evaluation to be considered for clinical outstanding. The final grade will be determined by the clerkship director taking into consideration all elements of the clerkship.

For Clinical Failure/Unsatisfactory: A rating of 1 in any essential competency results in a clinical failure.

VII. THE FINAL EXAMINATION
A. Honors: To achieve “Honors” on the clerkship examination, you must achieve a score of 79 or above.
B. Satisfactory: A score of 59-78 on the clerkship examination will result in an examination grade of “Satisfactory.”
C. Unsatisfactory: A score of 58 or below will result in an examination grade of “Unsatisfactory.”
VIII. REQUIREMENT TO COMPLETE ALL CLERKSHIP LEARNING ACTIVITIES
Students are required to complete all clerkship LA’s before the end of the clerkship (including the logging of all required clinical encounters and procedures (Px/Dx) cases in E*Value- due by the midnight of the last Wednesday of the Clerkship). Students will be given the initial grade of Incomplete if the logging is not completed by the deadline. The Incomplete grade will change to a final grade as detailed below.

A. Completion of assignments (all required LA’s) after the deadline, but before two weeks after the deadline:
   • Students will receive their earned grade if they complete all requirements within the two-week grace period.

B. Completion of assignments (all required LA’s) after the two-week grace period and before four weeks after the deadline:
   • Students will receive a grade no higher than Satisfactory. Because the assignment was completed late, students will not be eligible for “Satisfactory with Commendation” or “Honors”.

C. Failure to complete assignments (all required LA’s) by four weeks after the deadline:
   • Students will receive a grade of Unsatisfactory. The remediation will be decided by the Clerkship Director. The clerkship grade on the transcript will be S*, indicating “Satisfactory upon remediation”.

IX. Clinical Encounters and Procedures (Px/Dx) Requirement
In an effort to ensure that all students are having similar educational experiences at all sites, students must log all required encounters/procedures (direct patient care and alternative experiences). By logging patient encounters (Px/Dx) in E*Value, students will be able to build and maintain a portfolio of their clinical skills and experiences in Year 3 and 4. Additionally, this requirement will allow students to start the habit of logging, which is a requirement in residency.

   The deadline for logging all PxDx cases is midnight on the Wednesday of the last week of the rotation. Refer to the “Requirement to Complete All Clerkship Assignments” section above for more information regarding the grading policies that apply to this clerkship requirement.
### X. FAMILY MEDICINE REQUIRED Dx AND Px

<table>
<thead>
<tr>
<th>Required Diagnoses</th>
<th># Required</th>
<th>Student Role-</th>
<th>Clinical Setting (inpatient/outpatient)</th>
<th>Alternative Option (MedU case/paper case, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>D= Care of Patient-Direct, O= Care of Patient-Observed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td>1</td>
<td>D</td>
<td>O</td>
<td>MedU Case #8</td>
</tr>
<tr>
<td>Low Back Pain</td>
<td>1</td>
<td>D</td>
<td>O</td>
<td>MedU Case #10</td>
</tr>
<tr>
<td>Vaginitis &amp; STDs</td>
<td>1</td>
<td>D</td>
<td>O</td>
<td>MedU Case #20</td>
</tr>
<tr>
<td>Headache</td>
<td>1</td>
<td>D</td>
<td>O</td>
<td>MedU Case #18</td>
</tr>
<tr>
<td>Chest Pain/Ischemic Heart Disease</td>
<td>1</td>
<td>D</td>
<td>O</td>
<td>MedU Case #9 or #31 or SIMPLE case #2</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>1</td>
<td>D</td>
<td>O</td>
<td>MedU Case #6</td>
</tr>
<tr>
<td>Asthma and COPD</td>
<td>1</td>
<td>D</td>
<td>O</td>
<td>MedU Case #13 or # 28</td>
</tr>
<tr>
<td>Arthritis</td>
<td>1</td>
<td>D</td>
<td>O</td>
<td>MedU Case #11</td>
</tr>
<tr>
<td>Pharyngitis/URI Pneumonia</td>
<td>1</td>
<td>D</td>
<td>O</td>
<td>MedU Case #21</td>
</tr>
<tr>
<td>Abdominal Pain/Peptic Ulcer Disease</td>
<td>1</td>
<td>D</td>
<td>O</td>
<td>MedU Case #19 or #15</td>
</tr>
<tr>
<td>Anxiety/Depression</td>
<td>1</td>
<td>D</td>
<td>O</td>
<td>MedU Case #3</td>
</tr>
<tr>
<td>Urinary Tract Infection</td>
<td>1</td>
<td>D</td>
<td>O</td>
<td>MedU Case #29</td>
</tr>
<tr>
<td>Comprehensive H&amp;P</td>
<td>1</td>
<td>P</td>
<td>O</td>
<td>MedU Cases # 1 &amp; 2</td>
</tr>
<tr>
<td>Domestic Violence Screening</td>
<td>1</td>
<td>P</td>
<td>O</td>
<td>MedU Case #20</td>
</tr>
<tr>
<td>End of Life Care</td>
<td>1</td>
<td>P</td>
<td>O</td>
<td>Alternative Assignment</td>
</tr>
<tr>
<td>Preventive Medicine</td>
<td>1</td>
<td>P</td>
<td>O</td>
<td>MedU SIMPLE Case #16</td>
</tr>
</tbody>
</table>

### XI. COURSE GRADE

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

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

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

D. **Unsatisfactory:** Fails to meet requirements for Satisfactory.
XII. GRADE APPEAL PROCESS
At the end of your clerkship, your final exam will be graded and the clinical evaluations will be sent from your preceptor to the Family Medicine Office at 3939 Woodward. Written assignments are also reviewed. You will then be assigned a grade of satisfactory, honors, unsatisfactory or incomplete. These grades are approved at the monthly Year 3 Committee Meeting.

A. When approved, this grade is reported to Office of Student Affairs at which time it is considered an officially reported grade and is available for student review. You will have 4 weeks from when your grade has become available to appeal the grade. If an appeal has not been initiated by the appeal deadline schedule below, the grade is final and will not be reconsidered.

B. You are not allowed to appeal the Subject (“Shelf”) Examination.

To appeal your grade:
All appeal requests should be directed to Ms. Lisa Blackwell within 30 days of receiving official notification of the Clerkship grade.

A. You must notify the Clerkship Director in writing indicating that you are filing a formal appeal of your grade.

B. A detailed explanation of reasons for appeal must be received within 4 weeks of the official availability of course grades.

C. Additional appeal material will be forwarded to you from the Family Medicine Department Office including a self-evaluation. A clinical self-evaluation must be completed and submitted to the Department of Family Medicine Office.

D. DO NOT CONTACT YOUR PRECEPTOR REGARDING AN APPEAL OF YOUR GRADE. The appeal will be handled by the Department of Family Medicine. If you contact your preceptor your appeal will be voided.

RECOMMENDED TEXTBOOK

The recommended textbook for the Clerkship is Sloane, Essentials of Family Medicine, Sixth Edition, 2011.
I. KEY PERSONNEL & CONTACT INFORMATION

Department of Internal Medicine - Wayne State University
Department Interim Chairman  Dr. Basim Dubaybo   (313) 745-8244
Clerkship Director  Dr. Diane Levine  (313) 577-0348
Clerkship Coordinator Carmen McIntosh

Detroit Receiving Hospital
WSU III/IV Site Director Dr. Diane Levine  (313) 577-0348
Site Coordinator Roselyn Jennings

Sinai-Grace Hospital
WSU III Site Director Dr. Marc Feldman Pager: 1556
mfeldman@dmc.org
Secretary Pam Nelson-Jones (313) 966-1728
Pnelson@dmc.org Fax: (313) 966-1738

Henry Ford Hospital
WSU III Site Director Dr. Joshua Collins
jcollins4@hfhs.org
Secretary Monica Lacoursiere (313) 916-3829
Mlacour1@hfhs.org

Oakwood Hospital
WSU III/IV Site Director Dr. Rajiv John
rajiv.john@oakwood.org
Student coordinator Marianne Soroka-Martin (313) 593-7872
Marianne.Soroka@beaumont.org

St. John Hospital
WSU III/IV Site Director Dr. Donald Rozzell (313) 343-3878
donald.rozzell@stjohn.org (313) 343-3051
Secretary Jennifer Donnelly (313) 343-7843
Jennifer.donnelly@stjohn.org
Student Coordinator Kathy Clancy (313) 343-3576
Kathy.clancy@stjohn.org

Veterans Administration Hospital
WSU III Site Director Dr. Kareem Bazzy (313) 576-3027
Kareem.Bazzy@va.gov
House Staff Coordinator Beverly Greene (313) 576-1000 ext. 63334
Beverly.greene@va.gov (313) 576-3334
II. INTERNAL MEDICINE CLERKSHIP - SITE ORIENTATION INFORMATION

Detroit Receiving Hospital — Report at 12:00 PM to KEI Auditorium at the Kresge Eye Institute for DMC Campus Longitudinal Educational Series. After conference report to Chief Resident in 2E for team assignments.

Henry Ford Hospital — Report for Orientation at 12:15. Please park in Lot 8 on Amsterdam and take the shuttle to the hospital. For further question please contact Lauren Beller at (313) 916-1465.

Oakwood — Student report at 1:00 PM to Kalman Auditorium. Students will be notified via email by Marianne Soroka-Martin as to where and what time to report. Please park in the Old Ford Lot (Located across from the hospital behind St. Martha’s Church). For further questions, Marianne can be reached at (313) 593-7872.

Sinai-Grace — Report to Pam Nelson-Jones at 1:00 pm at 6071 W. Outer Drive, in the main hospital. The student parking lot is located on Schafer Avenue right across the street from the visitor’s parking lot. Proceed to the 4th floor; follow sign to Dept. of Medicine. Prior to the start day a welcome letter with further information will be forwarded to your WSU email. Any questions Pam Nelson-Jones can be reached at 313.966.1728 or 313.966.3250.

St. John — Students will be notified via email by Kathy Clancy, WSU Student Coordinator, as to where and what time to report. Please park in the West parking structure on the 2nd level or higher. For further questions, call (313) 343-3576.

Veterans Administration Medical Center — Report to Beverly Greene at 1:00 pm in B3243. For further questions, please contact Beverly at (313) 576-3334.
III. DESCRIPTION OF CLERKSHIP - Goals

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

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

During this rotation you will learn
A. To develop the knowledge, skills, and attitudes to ensure patients receive high quality and safe care.
B. To develop familiarity with the common problems seen by internists in the hospital setting and develop skills in the evaluation and management of hospitalized patients.
C. To understand the role of the general internist in providing care within a health system and coordinating care and transitions of care for hospitalized patients.
D. At the end of the Internal Medicine Clerkship third year medical students should have a well-developed foundation in the in-patient setting.

IV. EXPECTATIONS AND RESPONSIBILITIES
A. All Year III students must report for the Internal Medicine Clerkship Orientation.
B. Students will report to their assigned sites for a site-specific orientation.
C. Attendance is mandatory. Students are excused from ward duties to attend ACLS, the OSCE and for all WSUSOM recognized holidays. Students are excused to attend continuity clinic. Students must notify Student Affairs for all other absences. Extended absences must be made up.
D. Students are assigned to a floor team or consult team. Students are an integral part of the team and must learn to work as a team member.
E. Students are expected to arrive at the hospital early enough to see and evaluate their patients prior to work rounds. This usually means about 6:00-7:30 A.M. but varies depending on the student's patient load and the student's efficiency as well as the requirements of the specific site.
F. Students will attend work rounds and teaching rounds with their team.
G. Students are expected to attend laboratory and x-ray rounds with their team, participating in interpretation of studies performed on their assigned patients.
H. Students are expected to attend assigned Year III teaching activities at each site.
I. Students are expected to be in the hospital daily and take call as assigned by their site director and team. The nature of call varies depending on the assigned site.

J. **Students’ duty hours follow** intern duty hours at each assigned site.

K. **Students will complete an H&P or consult on all assigned admissions and newly assigned patients** including patients redistributed from the night float. Students will write daily progress and discharge summaries on their patients. Notes should be reviewed with the resident and/or attending physician.

L. **Students are responsible for soliciting feedback** and completing the Internal Medicine formative feedback form. **Feedback forms must be turned in at the end of the clerkship to pass the clerkship.**

M. Students must log all assigned Dx and Px on E*Value.

N. Students must submit all learning assignments by Wednesday at midnight of the last week of clerkship.

O. The clerkship is completed at all sites at 5:00 pm the two days prior to the exam to allow for 1 study day.

P. Students will evaluate their resident and attending physicians’ performance and evaluate their site of rotation at the end of the clerkship. This must be done on E*Value.

V. REQUIRED CLERKSHIP LEARNING ASSIGNMENTS

A. **Students must log all patients seen on E*Value (http://www.e-value.net/)** Patients may be “counted” if the student had primary responsibility for the patient and had to write an H&P or consult for that patient.

B. **Students must log (Dx) listed in the table below.** Please note that there is some flexibility in your role. To fulfill this requirement, you may care for an actual patient or observe the care provided for each required problem below. If you do not see or observe an actual patient, please list “alternative experience” and in the alternative experience field and click on “virtual case.” The SIMPLE virtual cases address all required problems with the exception of the last problem (patient with a preventable adverse event) in which case the alternative experience is the “AHRQ case.”

C. **Students must also log the required Internal Medicine “procedures” (Px) listed in the table below.**
<table>
<thead>
<tr>
<th>Required Diagnoses</th>
<th># Required</th>
<th>Student Role: D= Care of Patient-Direct, O= Care of Patient-Observed</th>
<th>Clinical Setting</th>
<th>Alternative Option (MedU case/paper case, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute medical illness</td>
<td>1</td>
<td>D/O</td>
<td>Inpatient</td>
<td>MedU</td>
</tr>
<tr>
<td>Worsening of a chronic medical problem</td>
<td>1</td>
<td>D/O</td>
<td>Inpatient</td>
<td>MedU</td>
</tr>
<tr>
<td>Patient with multiple medical problems</td>
<td>1</td>
<td>D/O</td>
<td>Inpatient</td>
<td>MedU</td>
</tr>
<tr>
<td>Patient admitted due to lack of access to primary care</td>
<td>1</td>
<td>D/O</td>
<td>Inpatient</td>
<td></td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>1</td>
<td>D/O</td>
<td>Inpatient</td>
<td>MedU</td>
</tr>
<tr>
<td>Altered mental status</td>
<td>1</td>
<td>D/O</td>
<td>Inpatient</td>
<td>MedU</td>
</tr>
<tr>
<td>Chest pain syndrome</td>
<td>1</td>
<td>D/O</td>
<td>Inpatient</td>
<td>MedU</td>
</tr>
<tr>
<td>Fever</td>
<td>1</td>
<td>D/O</td>
<td>Inpatient</td>
<td>MedU</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>1</td>
<td>D/O</td>
<td>Inpatient</td>
<td>MedU</td>
</tr>
<tr>
<td>Kidney disease</td>
<td>1</td>
<td>D/O</td>
<td>Inpatient</td>
<td>MedU</td>
</tr>
<tr>
<td>Liver disease</td>
<td>1</td>
<td>D/O</td>
<td>Inpatient</td>
<td>MedU</td>
</tr>
<tr>
<td>Metabolic problem</td>
<td>1</td>
<td>D/O</td>
<td>Inpatient</td>
<td>MedU</td>
</tr>
<tr>
<td>Geriatric syndrome</td>
<td>1</td>
<td>D/O</td>
<td>Inpatient</td>
<td>MedU</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>1</td>
<td>D/O</td>
<td>Inpatient</td>
<td>MedU</td>
</tr>
<tr>
<td>Educate a patient about his/her illnesses using “teach back” technique</td>
<td>1</td>
<td>P</td>
<td>Inpatient</td>
<td>Remediation at clinical site</td>
</tr>
<tr>
<td>Counsel a patient about healthy lifestyle</td>
<td>1</td>
<td>P</td>
<td>Inpatient</td>
<td>Remediation at clinical site</td>
</tr>
<tr>
<td>Counsel a patient on a substance abuse</td>
<td>1</td>
<td>P</td>
<td>Inpatient</td>
<td>Remediation at clinical site</td>
</tr>
<tr>
<td>Acid-base/electrolyte interpretation</td>
<td>1</td>
<td>P</td>
<td>Inpatient</td>
<td>Remediation at clinical site</td>
</tr>
</tbody>
</table>
"Students should log the information (Dx or Px) for a patient on the day of the encounter to maintain timely and accurate records. Alternative experiences must be completed and logged for all procedures or diagnoses that are not seen during the clerkship rotation.

- Note: Alternative experiences should not be regarded as supplemental to actual patient encounters, but rather as an alternative methodology for the rare outstanding clerkship requirement.
- A student should communicate the PxDx requirements to his/her preceptor during the clerkship and maintain communication with the Clerkship Director and Coordinator when a real patient encounter is not attainable for a given PxDx requirement.

THE DEADLINE FOR LOGGING ALL PXDX CASES IS MIDNIGHT OF THE WEDNESDAY OF THE LAST WEEK OF THE ROTATION. LOGGING THE REQUIRED PXDX DATA IS THE ONLY WAY A STUDENT CAN OBTAIN CREDIT FOR COMPLETING THE PXDX REQUIREMENT. FAILURE TO DO THIS WILL AFFECT YOUR FINAL GRADE, AS PER THE REQUIRED ASSIGNMENT POLICY.

D. Students must call one patient post discharge and complete post discharge checklist.
E. Students must read AHRQ cases
F. Student must complete the **IHI modules**
G. Student must attend the **IM patient safety day**.
H. Students will complete **required MedU SIMPLE and cost of care cases**.
I. Access to SIMPLE cases can be accomplished through Blackboard or by going to:
   
   http://www.med-u.org/communities/students/
   "simple" > Login > Click "simple" again > (tab) Case selections
J. Students must complete a 2-3-paragraph **essay on the impact of the healthcare system on one of his or her patients**.
K. Students will also complete a 2-3 paragraph reflective essay on every patient he or she personally cared for that died.
L. Student must submit the Critical appraisal assignment.

VI. ASSESSMENTS
- Bedside and clinical rounds
- Clinical documentation (histories and physicals and progress notes)
- Clinical Evaluations by experienced faculty and residents
- Small group discussions
- Assignments
- National Medical Subject Examination (shelf exam)

VII. EVALUATION AND FEEDBACK
A. **Clinical Evaluation**: Students must seek formal feedback on their performance from their resident and attending physicians. This allows for identification of deficiencies and provides time for improvement in performance. The student should be proactive in arranging these meetings.

   The Department of Medicine has developed a formative feedback form which is located on BlackBoard. Each student must complete and submit this form by the end of the clerkship to get credit for the rotation.
B. **Examinations**: At the end of the two-month clerkship, students will take the **National Board of Medicine Examination** subject examination (aka the “shelf exam”). This exam consists of 110 multiple-choice questions given over two hours and thirty minutes. One make-up test will be allowed for each examination.
VIII. POLICIES

Required Assignments Policy
Students are required to complete all clerkship assignments before the end of the clerkship (including the logging of all Procedures and Encounters (Px/Dx) cases). The deadline for logging all PxDx cases is midnight of the Wednesday of the last week of the rotation. The clerkships establish the deadlines for other assignments. If assignments are not completed by the respective deadlines, the student will be considered incomplete. The incomplete will change to a final grade when the assignments, including Px/Dx, are completed and turned in.

Assignment of Clinical Grade
The Clerkship Director in accordance with the SOM grading policies assigns the clinical grade. Determination of the composite clinical grade is based on the clinical evaluations received and any additional input from the Site Directors.

- **Clinical “Outstanding”**
  Students must achieve 85% of available points and no score of < 3.

- **Clinical “Unsatisfactory”**
  Students receiving a 1 in any critical competency will receive an “Unsatisfactory”.

- **Clinical “Satisfactory”**
  Students who do not meet the criteria for a clinical grade of “Outstanding” or Unsatisfactory” will receive a clinical grade of “Satisfactory.”

Assignment of Final Grade
The final clerkship grade is based on clinical evaluations, review of all required assignments, and results of the shelf exam.

- **Criteria for satisfactory**
  To receive a “Satisfactory” students must successfully complete all learning assignments and requirements and receive a “Satisfactory” on the final clinical evaluation and pass the shelf exam.

- **Criteria for commendation** (two ways to secure commendation): To receive a commendation, students must receive an “Outstanding” on the final clinical composite evaluation and a shelf exam score of 68. Students may also receive a commendation if they achieve clinical “Satisfactory” on the final clinical composite evaluation a score of 79 or one half standard deviations above the national mean.

- **Criteria for honors:**
  Students must receive a final clinical evaluation “Outstanding” and score at least one half standard deviation above the mean or 79 on the exam.

- **Criteria for failing:**
  Failure to pass either the shelf exam or the clinical rotation will result in an “Unsatisfactory” grade for the clerkship. Good or superior clinical performance does not compensate for a failing exam score, nor does a high exam score negate unsatisfactory clinical performance.
Students with clinical failures will be discussed in the Internal Medicine Education Committee. The Clerkship Director will assign the final clerkship grade.

The criteria for unsatisfactory, satisfactory, commendation and honors are summarized below.

<table>
<thead>
<tr>
<th>Clinical Performance</th>
<th>Exam Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelf exam score</td>
<td>&lt; 58</td>
</tr>
<tr>
<td></td>
<td>58-67</td>
</tr>
<tr>
<td></td>
<td>68—78</td>
</tr>
<tr>
<td></td>
<td>&gt;0.5 WSU SD above mean or 79</td>
</tr>
</tbody>
</table>

| Outstanding          | Repeat Exam | Pass       | Commendation | Honors  |
| Satisfactory         | Repeat Exam | Pass       | Pass         | Commendation |
| Unsatisfactory       | Repeat Clerkship | Repeat Clerkship | Repeat Clerkship | Repeat Clerkship |

Students who fail the shelf exam will receive an unsatisfactory grade for the clerkship. Students who fail to pass the exam by the second attempt will be required to do additional clinical time as determined by the Clerkship Director.

IX. GRADE APPEALS
Students wishing to appeal their grade must submit a formal appeal to the Clerkship Director who in turn will present the appeal to the Medical Education Committee. Students may not appeal directly to the site director where they completed their clinical rotation; doing so will invalidate the student’s right to appeal. The Internal Medicine Education Committee (IMEC) will meet and make a determination regarding the student’s appeal. This decision by the IMEC may be appealed to the Year III Grading Committee. Appeals for passing, commendation or honors will not be accepted if student did not meet the minimum passing exam score.
X. CHECKLIST FOR SUCCESSFUL COMPLETION OF CLERKSHIP

1. Log **required Dx/Px**
2. Submit **Med rec** assignment
3. Observe **Hand-off**, complete hand-off review
4. Submit 1 **sign-out**
5. Complete 1 **post discharge phone call**
6. Complete 2 required **IHI modules**
7. Complete **AHRQ** cases
8. Submit **Near miss/adverse event assignment**
9. Attend **Patient Safety Day**
10. Complete **MedU** cases
11. Complete **Cost-of-care assignment**
12. Submit **Critical Appraisal assignment**
13. Submit **Health System Essay**
14. Submit **Formative Feedback** form
15. Complete **clinical rotation**
16. Pass **shelf exam**
17. Complete attending, resident, and site **evaluations on E*Value**
I. KEY PERSONNEL
WAYNE STATE UNIVERSITY DEPARTMENT OF NEUROLOGY
Maher Fakhouri, M.D., Clerkship Director
Sharon Washington, Contact, (313) 577-1244

HARPER HOSPITAL/DETROIT RECEIVING HOSPITAL
Maher Fakhouri, M.D. (Site Director)
Sharon Washington, Contact (313) 577-1244

VETERANS AFFAIRS HOSPITAL
Humeira Fahim, MD (Site Director)
Rocky Debose, Program Support Assistant
(313) 576-3371 - Contact
(313) 576-3316 – Fax

CHILDREN’S HOSPITAL OF MICHIGAN
Lalitha Sivaswamy, M.D. (Site Director)
Jacqueline Taylor, Medical Administrative Secretary
Contact – (313) 966-5201; (313) 745-5788
Fax – (313) 745-5074

HENRY FORD HOSPITAL
Youssef Dakka, MD; (Site Director)
Lauren Beller, Undergraduate Med. Education Representative
Lbeller1@hfhs.org
(313) 916-1465 - Telephone
(313) 916-2018 - Fax

ST. JOHN’ S HOSPITAL
Paul Cullis, MD. (Site Director)
Kathy Clancy, WSU Student Coordinator
Kathy.clancy@stjohn.org
(313) 343-3567 Contact

SINAI/GRACE HOSPITAL
Dr. Bill Lutcher
Drs. Emmer, Eilender, and Lutcher
Beverly Mutchnick, Practice Administrator – Contact (248) 208-8787 ext. 306
Faye Johnson, Co-Practice Administrator – Contact (248) 208-8787 ext. 309

MT. CLEMENS GENERAL HOSPITAL/ST. JOSEPH’S MERCY HOSPITAL
Jay Kaner, D.O. (Site Director)
Sarina Kaner, Contact (586) 286-2770

ST. JOSEPH’S/MERCY HOSPITAL – PONTIAC
Baharat Tolia, MD. (Site Director)
Jennifer Jacobs, Office Manager, Contact (248) 334-0115
II. INTRODUCTION
The clinical specialty of Neurology is chiefly concerned with disorders of the nervous system: the brain, spinal cord, nerve roots, nerves and muscles. Because of the critical role played by the nervous system in biology and behavior, such disorders rapidly impair a patient’s ability to function. Further, not only is the nervous system subject to its own diseases, it is exceptionally sensitive to disruption of normal metabolic processes controlled by other organs. While it is sometimes considered to be the most complex of the diagnostic specialties, Neurology lends itself to a straightforward and logical approach that is distinct from those used in branches of Internal Medicine. This clerkship is meant to provide a framework upon which the students can build an understanding of neurological function and pathophysiology.

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

ON THE FIRST DAY OF THE ROTATION, PLEASE REPORT TO THE UNIVERSITY HEALTH CENTER, CROCKETT CORRIDOR AT 7:30 AM, REGARDLESS OF HOSPITAL ASSIGNMENT.

Because students are distributed among a number of different hospitals, under the supervision of neurologists with distinctive teaching styles, the experience will vary according to placement. Students in community hospitals are expected to follow the patients of the private attending neurologist through both inpatient consultation and outpatient office visits. Students at the DMC hospitals will have a faculty attending neurologist as a tutor. They will be assigned to a senior resident-led team at either Detroit Receiving Hospital or Harper Hospital where they are expected to work-up and follow patients requiring neurological consultation or care. Students at the VA Medical Center will divide their time between Neurology Clinic, the consultation service and inpatient service. Modifications have been made to ensure an equivalent, although not identical experience among all locations.

IV. EVALUATION AND FEEDBACK
The supervising attending or tutor will evaluate students with input from senior residents, when appropriate. When multiple neurologists participate in student supervision, the evaluators may submit a unified evaluation form with feedback from the senior resident.
At the end of the rotation, students will be given a general course evaluation developed by the Medical School for the entire clerkship experience.

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

VI. MINIMUM PROFICIENCY STANDARD - YEAR III STUDENTS
By the end of the clerkship, each student should be able to take an appropriate clinical history and perform a complete and orderly neurological examination as well as pertinent aspects of a general physical examination (e.g. carotid artery examination in a patient with a stroke). Students are expected to be able to localize the most likely site of the problem within the nervous system and to justify their opinion. Students are also expected to approach patients with appropriate sensitivity and to respect the patient’s dignity. There is a Neurology passport that must be completed by the supervising attending or the senior resident and must be returned at the end of the clerkship. (The clerkship will not be complete without returning this passport). The passport involves performing a history and a Neurological exam on a patient. The students are also required to complete online lectures that represent the major neurology subspecialties and to complete 45 cases of “Practical Neurology Visual Review”.

VII. REQUIREMENT TO COMPLETE ALL CLERKSHIP ASSIGNMENTS
Students are required to complete all clerkship assignments before the end of the clerkship (including the logging of all Procedures and Encounters (PxDx) cases). The deadline for logging all PxDx cases is midnight of the Wednesday of the last week of the rotation. The clerkships establish the deadlines for other assignments. If assignments are not completed by the respective deadlines, the student will be considered incomplete. The incomplete will change to a final grade when the assignments, including PxDx, are completed and turned in.

VIII. CLINICAL ENCOUNTERS AND PROCEDURES (PxDx) REQUIREMENT
The requirement for logging of all required clinical encounters and procedures (PxDx) is new in 2013. Clerkship directors need to ensure that all students are having similar educational experiences at all sites; thus, students at all sites must log all required encounters/diagnoses and procedures. By logging required cases, clerkship directors and the Office of Assessment can track and observe the skills/experiences acquired by students and monitor any areas of change in the curriculum in real-time. By logging patient encounters (PxDx) in E*Value, students will be able to build and maintain a portfolio of their clinical skills and experiences in Years 3 and 4. In addition, this requirement will allow students to start the habit of logging, which is a requirement in residency.
The deadline for logging all PxDx cases is midnight of the Wednesday of the last week of the rotation. The table below lists the PxDx cases required by Neurology. Refer to the “Requirement to Complete All Clerkship Requirements” section above for more information on the grading policies that apply to this clerkship requirement.

### NEUROLOGY PxDx REQUIREMENTS

<table>
<thead>
<tr>
<th>Required Diagnoses</th>
<th># Required</th>
<th>Student Role-D= Care of Patient-Direct, O= Care of Patient-Observed</th>
<th>Clinical Setting (inpatient/outpatient, etc.)</th>
<th>Alternative Option (MedU case/paper case, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke</td>
<td>1</td>
<td>D/O</td>
<td>I/O</td>
<td>Neurology Media</td>
</tr>
<tr>
<td>Seizure</td>
<td>1</td>
<td>D/O</td>
<td>I/O</td>
<td>Neurology Media</td>
</tr>
<tr>
<td>Potential Neurologic Emergencies</td>
<td>1</td>
<td>D/O</td>
<td>I/O</td>
<td>Neurology Media</td>
</tr>
<tr>
<td>Dementia</td>
<td>1</td>
<td>D/O</td>
<td>I/O</td>
<td>Neurology Media</td>
</tr>
<tr>
<td>Movement Disorder</td>
<td>1</td>
<td>D/O</td>
<td>I/O</td>
<td>Neurology Media</td>
</tr>
<tr>
<td>Multiple Sclerosis</td>
<td>1</td>
<td>D/O</td>
<td>I/O</td>
<td>Neurology Media</td>
</tr>
<tr>
<td>Headache</td>
<td>1</td>
<td>D/O</td>
<td>I/O</td>
<td>Neurology Media</td>
</tr>
<tr>
<td>Low Back Pain</td>
<td>1</td>
<td>D/O</td>
<td>I/O</td>
<td>Neurology Media</td>
</tr>
<tr>
<td>Mononeuropathy</td>
<td>1</td>
<td>D/O</td>
<td>I/O</td>
<td>Neurology Media</td>
</tr>
<tr>
<td>Polyneuropathy</td>
<td>1</td>
<td>D/O</td>
<td>I/O</td>
<td>Neurology Media</td>
</tr>
<tr>
<td>Neurological Exam</td>
<td>1</td>
<td>P</td>
<td>I/O</td>
<td>None</td>
</tr>
<tr>
<td>History Taking</td>
<td>1</td>
<td>P</td>
<td>I/O</td>
<td>None</td>
</tr>
<tr>
<td>Lumbar Puncture (Optional)</td>
<td>0</td>
<td>O/P</td>
<td>I/O</td>
<td>Neurology Media</td>
</tr>
<tr>
<td>Examine patient with altered level of consciousness or abnormal mental status</td>
<td>1</td>
<td>P</td>
<td>I/O</td>
<td>Neurology Media</td>
</tr>
</tbody>
</table>

### IX. GRADING PROCESS

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

The clerkship director determines final grades with assistance from a grading committee consisting of the Departmental Chairman and Associate Chairman. Students must obtain a minimum of 85% of available points with no evaluation less than 3 on the final clerkship evaluation to be considered for clinical outstanding. All grades may be appealed to the committee. Students receiving a failing clinical grade must repeat the clinical portion of the clerkship.

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

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

XI. PROFESSIONALISM & ETHICS
The clerkship will follow and apply the WSU SOM guidelines for professionalism and ethics.

XII. GRADING CRITERIA AND FINAL GRADES
The Clinical Neurology Subject Examination (SHELF) has been used since 2004 - 2005; the grading of this test is determined by the national percentile average for the previous 2 years, for outstanding score the student needs to score above the 80th national percentile (83 Equated Percent Correct Score for the 2016 – 2017 academic year). For the pass cut-off the student needs to score above 5th percentile of national average (61 Equated Percent Correct Score for the 2016 – 2017 academic year). The criteria are consistent with the SOM guidelines.

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

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

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

**XIII. PASSPORT**

Each student will be given a Passport at the orientation. The passport is a document to be filled out by the supervising neurologist as he/she observes the student taking the history and performing the neurological exam. The Clerkship will be incomplete without returning the passport completed and signed at the end of the clerkship. This assignment is subject to the “Requirement to Complete All Clerkship Assignments” policy.

**XIV. PRACTICAL NEUROLOGY VISUAL REVIEW:**

Starting in 2014 – 2015 each student will receive a copy of “Practical Neurology Visual Review” (2013) to be used during the Clerkship. This is a book of case vignettes with video clips of real patients online. It is recommended that students read and watch most of the cases and answer the related questions for each case. The book with a list of required cases to be read (represent common problems in neurology) will be given to the students at the orientation. The students are required to read the cases on the list and sign and date next to each case when read. The book and the completed required case list need to be returned at the end of the clerkship (no later than the exam date, as the next students group will be using the same books) If not returned the clerkship will be incomplete.

**XV. TEXTS**

Most students have found Neurology for the House Officer useful although it serves more as an outline than a textbook. Merritt’s Textbook of Neurology is a good Neurology textbook and should be purchased by any student interested in diseases of the nervous system. In general, the Neurology sections of both Harrison’s and Cecil’s textbooks of Internal Medicine are useful at a student’s level and may be used.
XV. NEUROLOGY BIBLIOGRAPHY

BOOKS:


Weiner and Levitt’s Neurology (House Officer Series)

INTERNET:
(Neurology streaming media/curriculum lecture web site):
http://www.med.wayne.edu/news_media/streamingmedia/curriculum/GradPrograms/PYC_7150/index.asp

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

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

PDA (E-BOOKS):
MGHNeuroTM (The Massachusetts General Hospital Handbook of Neurology) by Alice W. Flaherty, MD, PhD

Harrison’s (Harrison’s Manual of Medicine, 1th Ed. 2016). (The Neurology section in this e-book is very good and you will also use Harrison’s for other rotations.)
XVI. REQUIRED CASE REVIEW from “Practical Neurology Visual Review” & DIDACTIC SESSIONS (follow the online link)

Name:______________________________________ WSU#____________________

<table>
<thead>
<tr>
<th>CASE</th>
<th>DATE</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Bilateral Carpal Tunnel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-Ulnar Neuropathy at elbow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-Peripheral Facial Palsy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7-Polyneuropathy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8-L-5 Radiculopathy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-Foot Drop</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11-Motor Neuron Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12-Myasthenia Gravis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14-Posttrumatic Syrinx</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-Ischemic Mylepathy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-Non-Fluent Aphasia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22-Fluent Aphasia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28-Gerstmann Plus Syndrome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-Amnesia (PCA Infarct)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31-Dementia (Early Alzheimer)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32-Dementia (Late Alzheimer)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34-Asymptomatic Carotid Artery Stenosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35-VertebroBasilar TIA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37-Pure Motor Hemiparesis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40-Wallenberg Syndrome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>48-Pure Sensory Stroke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>53-Essential Tremor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55-Parkinson’s Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60-Cerebral Palsy/Dystonia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65-Tic Disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>67-Acute Dystonic Reaction</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
XVI: REQUIRED CASE REVIEW & DIDACTIC SESSIONS (continued)

Name: __________________________________________ WSU# _______________

<table>
<thead>
<tr>
<th>CASE</th>
<th>DATE</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>71-Hereditary Ataxia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>75-Bilateral INO in MS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>76-Nystagmus/Ataxia in MS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>86-Homonymous Hemianopia</td>
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<td></td>
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<tr>
<td>88-Herpes Zoster</td>
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<td></td>
</tr>
<tr>
<td>89-Recurent Aseptic Meningitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>93-Deafness/Tinnitus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>94-Vertiginous Dizziness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>96-Wernicke’s Encephalopathy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>98-Migraine Headaches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99-Cluster Headaches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>101-Idiopathic Intracranial Hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>102-Trigeminal Neuralgia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>104 &amp; 105-Partial Complex Seizures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>109-Cough Syncope</td>
<td></td>
<td></td>
</tr>
<tr>
<td>110-Obstructive Sleep Apnea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>119-Acute Cerebellar Infarction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>129-Polymyositis/Myasthenia</td>
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</table>
It is also required to complete all the Neurology didactic sessions from the SOM Undergraduate Medical Education Streaming Media website: http://www.med.wayne.edu/news_media/streamingmedia/curriculum/GradPrograms/PYC_7150/index.asp

Name: ____________________________  WSU# ________________

<table>
<thead>
<tr>
<th>CASE</th>
<th>DATE</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Approach to neurological disorders &amp; the neurological exam (Dr. C. Watson)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-Headache &amp; the pathophysiology of pain (Dr. J. Adler)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-Neuromuscular disorders (Dr. A. Acsadi)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-Cerebrovascular disorders (Dr. K. Rajamani)</td>
<td></td>
<td></td>
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<tr>
<td>5-Movement disorders (Dr. E. George)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-Multiple sclerosis &amp; other demyelinating disorders (Dr. R. Lisak)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7-CNS infections (Dr. A. Tselis)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8-Primary &amp; metastatic tumors of the CNS (Dr. Mittal)</td>
<td></td>
<td></td>
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<tr>
<td>9-Neuro-ophtalmological disorders (Dr. G. Van-Stavern)</td>
<td></td>
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<tr>
<td>10-Disorders of higher cortical function (aphasia, dementia, etc.)</td>
<td></td>
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</tr>
<tr>
<td>11-Neurogenetic disorders (Dr. J. Garbern)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12-Seizures &amp; epilepsy (Dr. C. Watson)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

YR III CURRICULUM GUIDE

WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE

2016 - 2017
I. KEY PERSONNEL

HUTZEL HOSPITAL
Department Chairman Chuar-Dong Hsu, MD (313) 993-4049
Residency Program Director Satinder Kaur, MD, MHA (313) 993-3456
Co-Clerkship Directors Sun Kwon Kim, MD, PhD (313) 993-4032
and
Rehab Shabana, MD (313) 993-4032
Education Coordinator Ms. Cathy Rutkowski (313) 993-4032

SINAI-GRACE HOSPITAL
Chief, OB/GYN L. Andrea Coleman, MD (313) 966-3246
Site Coordinator Ronald Cheek, MD (313) 966-3246
Education Coordinator Ms. Jane Stephens (313) 966-3246

OAKWOOD HOSPITAL
Department Chairman Marija Grahovac, MD (313) 593-7819
Residency Program Director Theodore Jones, MD (313) 593-7819
Site Coordinator Despina Walsworth, MD (313) 593-7819
OB/GYN Residency Program Coordinator Ms. Lori Pilkington (313) 436-2582
Program Secretary and Medical Student Program Ms. Kelly Smith (313) 593-7819

ST. JOHN HOSPITAL
Department Chairman Mitchell Dombrowski, MD (313) 343-7798
OB/GYN Student Director Anne Schneider, MD (313) 343-7798
Residency Program Director Michael Prysak, M.D. (313) 343-8306
Medical Student Coordinator Kathy Clancy (313) 343-3576
Residency/Student Coordinator Dana Trysh (313) 343-8306

HENRY FORD HOSPITAL
Department Chairman Adnan Munkarah, MD (313) 916-2493
Site Coordinator Taimur Anwar, MD (313) -283-9233
Medical Education Specialist Ms. Lauren Beller (313) 916-1465
Student Program Coordinator Kenyatta Moore (313) 916-5049
Resident Program Coordinator Roslyn Gerich (313) 916-1023

Kendra Schwartz, MD (313) 577-1450
Professor and Assistant Dean of Clinical Education

II. INTRODUCTION
Welcome to the Obstetrics and Gynecology Clerkship! The main goal of our rotation is to expose all students to an overview of women’s health care. Although few students will enter OB/GYN as a specialty, nearly everyone will need an understanding of women’s healthcare in their chosen specialty.
III. OVERVIEW OF THE CLERKSHIP
Your time in Obstetrics and Gynecology will be divided between clinical experience (in the office, operating room, delivery suite, and emergency department and hospital room) and didactic sessions covering core subjects. Although few will choose Obstetrics and Gynecology as a career path, it is still important that all physicians understand the unique diseases and health concerns of the female population, no matter what their medical discipline. The goal of this clerkship is to help you achieve that understanding. Lectures and reading assignments encompassing these core subjects have been chosen to meet this broad clinical goal. The core curriculum and specific enabling objectives to help you meet this goal will be provided at the start of the clerkship. Please pay careful attention to these objectives and use them to plan and guide your study. These are developed from the Association of Professors of Gynecology and Obstetrics (APGO) objectives.

Students will be assigned to Hutzel Women’s Hospital or one of the other affiliated hospitals, based upon schedules prepared through the School of Medicine. All students, regardless of assigned hospital, are to report to Hutzel Women’s Hospital, Hudson Building, 4th floor, Morse Auditorium on the first day of the Obstetrics and Gynecology rotation at 8:00AM for orientation. At that orientation session, logistical aspects of the clerkship will be reviewed including grading policies, exam dates, and lectures, etc.; the objectives of the clerkship, terminology and procedures will be reviewed; and information for all hospitals will be distributed. Didactic presentations will begin that day as well. The remainder of the lecture series is held in the Morse Auditorium, Margherio Conference Center, or Sinai-Grace Hospital. You will receive a mass email informing you of the date, time, and location of orientation. Please make sure that when you receive this email that you open and read the instructions before orientation day.

You will work both with general obstetrician and gynecologists as well as subspecialists in OB/GYN. Subspeciality areas for which OB/GYN physicians can obtain additional board certification include Maternal-Fetal Medicine, Gynecologic Oncology, Reproductive Endocrinology and Infertility, Urogynecology, and Reproductive Genetics. If you have particular interests in these areas, contact Drs. Kim or Shabana or Cathy to arrange for electives in these areas. In addition, an optional elective experience with the nurse midwifery service at Hutzel Women’s Hospital is available for those students wishing to have clinical exposure to our excellent certified nurse midwives.

IT IS MANDATORY THAT ALL STUDENTS ATTEND ORIENTATION ON THE FIRST DAY OR YOU WILL NOT BE ALLOWED TO START YOUR ROTATION.

IV STUDENT EXPECTATIONS – WHAT WE EXPECT OF YOU DURING THIS CLERKSHIP

ON THE FIRST DAY OF THE ROTATION, ALL STUDENTS ARE TO REPORT TO THE MORSE AUDITORIUM WHICH IS LOCATED AT HUTZEL WOMEN’S HOSPITAL, 4th FLOOR, HUDSON BUILDING FOR ORIENTATION AT 8:00 AM. ATTENDANCE AT THIS DEPARTMENTAL ORIENTATION IS MANDATORY, REGARDLESS OF THE HOSPITAL YOU ARE ASSIGNED FOR THE REMAINDER OF THE CLERKSHIP. IF
YOU ARE NOT AT ORIENTATION, YOU MUST CONTACT THE COURSE DIRECTOR at 313-993-4032 PERSONALLY AND ALSO CONTACT YOUR COUNSELOR AT THE SCHOOL FOR AN EXCUSED ABSENCE. AN UNEXCUSED ABSENCE WILL CAUSE YOU TO FAIL THE ROTATION.

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

- Attendance at Grand Rounds during the OB/GYN rotation is mandatory for all students regardless of which hospital you are assigned. Grand rounds take place at Hutzel Women’s Hospital in the Kresge Auditorium on the 2nd floor from 8:00am - 9:00am every Tuesday, except for the second Tuesday of the month in which Grand Rounds is held at Sinai-Grace.

- Attend all scheduled core lectures on Tuesdays and as scheduled throughout the week. ATTENDANCE AT ALL OF THE TUESDAY LECTURES IS MANDATORY BOTH AT HUTZEL HOSPITAL AND AT SINAI-GRACE WHICH FOLLOW GRAND ROUNDS.

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

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

- WHEN TUESDAY LECTURES ARE SCHEDULED, YOU ARE ALLOWED TO LEAVE BY 11 PM ON MONDAY NIGHT. IF YOU ARE ON CALL, YOU ARE NOT REQUIRED TO MAKE ROUNDS BEFORE COMING TO LECTURE. IF YOU HAVE ANY DIFFICULTY WITH THIS, ASK THE RESIDENT/ATTENDING TO CONTACT THE SITE DIRECTOR OR DR. KIM (#1405) OR DR. SHABANA (#1406).

- When assigned patients (either on labor and delivery, post-operative, or post-partum etc.) the student will write progress notes at the appropriate interval depending upon the patient’s clinical condition, e.g., daily for postoperative patients, more frequently for patients in labor, at each outpatient clinic visit, etc.

- Students are required to prepare discussions and reports as assigned by your Faculty/Resident team. Use of web-based case entries is mandatory on E-Value. STUDENTS ARE EXPECTED TO SUBMIT A MINIMUM OF 4 CASES IN EACH CATEGORY. You are responsible for logging the cases on a regular basis, and
are not permitted to log only at the close of the clerkship. Students who complete the rotation with insufficient (or) NO/LOW number of cases will be given an **INCOMPLETE GRADE**, and may need to repeat part of the clerkship to get adequate numbers. Cases need to be logged into 2 broad categories (Procedure and Diagnosis).

- Students will evaluate the course, its faculty and residents. Final grades will not be released to the School of Medicine until this record is completed.
- The live female and male pelvic model sessions, known as the Gynecologic Teaching Associate/Genitourinary (GTA/GU) program, are scheduled in the AFTERNOON at the beginning of your clerkship. **These are MANDATORY exercises. You are required to attend the entire 3-hour session. If you miss a GTA/GU session, the opportunity to makeup may occur during the following clerkship and your grade will be INCOMPLETE until that time.**
- A Lucinda Training OB simulation session is scheduled in the first month of your two-month rotation. (See Lucinda Simulation explanation).

**V. EVALUATION AND FEEDBACK**

A. Students are evaluated by the residents and faculty to which they are assigned at each hospital and evaluations are sent through E-value. Comments from faculty and residents are compiled onto a single evaluation form which is then completed through E-value via the Clerkship Director.

B. Midway through the clerkship, a faculty attending or senior resident is asked to evaluate each student and report back to the coordinator at each site and the Clerkship Director. **If any problems are encountered or if the student is at risk of receiving an unsatisfactory clinical evaluation**, the student will be informed and remedial action will occur. Note that this midterm evaluation is designed to identify students with significant deficiencies; no grade is recorded at this time, and a satisfactory or honors midterm evaluation does not imply or guarantee that this final grade will be awarded. You will also have an opportunity to evaluate yourself. You will review this form with your site director, preceptor, or clerkship director have it signed and returned to Cathy Rutkowski. You should review your self-evaluation with your senior resident prior to submission.

C. The final clinical clerkship evaluation is submitted though E-Value to the School of Medicine. We use the same evaluation form as all the other clinical clerkships. Examinations at the end of the clerkship and grading policies for the clerkship are described below. **Each individual site director completes the clinical competency evaluation. It is obviously beneficial for you to acquaint yourself with your site director!**

D. At the completion of each scheduled Tuesday lecture you will receive an email with a link to survey monkey to complete for each lecture that was given to complete.
E. At the end of the rotation students are asked to evaluate each faculty member and house staff with whom he or she worked during the clerkship. These forms, are designed to evaluate the teaching effectiveness of the faculty or residents. They will be available to the students at the beginning of the rotation on E-Value. Submission of the faculty/resident evaluation by the final examination is mandatory, and an incomplete grade will be submitted for any student who has not completed the course evaluation.

F. Students will complete a course evaluation of the clerkship. You will receive an email with a link to survey monkey to complete this evaluation after the completion of the rotation.

VI. EXAMINATIONS
Written Examination (Shelf exam) - The Obstetrics and Gynecology Subject Examination prepared by the USMLE/National Board of Medical Examiners is the final written examination of the course. This exam is a computer-based approximately 100 item two (2) hours and (45) thirty-minute test used by many medical schools for clerkship testing. The content area of the test closely matches the Course Objectives referenced above. The test is closely proctored, test books and answer sheets are collected before leaving the room, seating is controlled, etc. You are graded against the national curve and not against your classmates. Cutoffs are normally defined as 62 points (passing) and 80 points (Honors). Remember that since this is a curved exam, the exact number of correct answers is not known.

VII. MINIMUM PROFICIENCY STANDARD
To receive a satisfactory clinical evaluation for the Obstetrics and Gynecology clerkship, the student must demonstrate the knowledge, attitudes and skills referred to in the Course Objectives in the care of patients and performance of clinical duties at a level expected for a Year 3 medical student.

To receive a satisfactory examination grade for the Obstetrics and Gynecology clerkship, the student must demonstrate the knowledge, attitudes and skills referred to in the Course Objectives on a written exam at a level expected for a junior medical student. The cut off is 62 (minimum).

If at any time professionalism is breached on your part, this is grounds for failure even if you have received a passing grade in the mid-clerkship evaluation.
VIII. GRADING PROCESS

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

1. **Clinical Evaluation** 50% of grade
   - Your clinical performance will be assessed using criteria established by the School of Medicine. You will be graded on various competencies including data gathering skills (histories, physical examinations, laboratory, radiology, etc.), ability to synthesize data (differential diagnosis, diagnosis), recommend treatment and follow-up, manual skills in the operating and delivery room, and interpersonal skills. As described in the section entitled Minimum Proficiency Standard (above), the Course Objectives form the list of cognitive, attitudinal and skill areas to which these criteria are applied in evaluating the student.
   - Outstanding: Students must obtain a minimum of 85% of available points with no evaluation less than “3” on the final clerkship evaluation to be considered for clinical outstanding. The final grade will be determined by the clerkship director.”
   - Satisfactory: All competencies must be “meets expectations”
   - Unsatisfactory: Any competency is “below expectations”. The Site Director will counsel the student before this grade is given, unless the student’s performance is grossly negligent or endangers patient safety. Professionalism is the most common reason for intervention during the clerkship.
   - The clinical evaluations will be completed at the site where the student was assigned, by faculty and residents who interacted with and supervised the student. A single clinical evaluation will be submitted for the 8-week rotation. Your participation in and evaluations from tutorials will also be included in your clinical grade.
   - **YOUR CLINICAL EVALUATION MAY BE SIGNED ONLY BY THE SITE DIRECTOR. THIS IS NOT CONSIDERED GROUNDS FOR AN APPEAL!**

2. **Examination Grade** - 50% of grade
   - The examination grade you attain for the course will be derived from your performance on the NBME shelf examination at the end of the clerkship.
   - Shelf examination results are reported using a two-digit score which “resembles” (but is not actually) the percent of items answered correctly.
   - A score of 62 is required to pass.
   - A score of 78 is required to honor the exam.
IX. Course Grades

To pass the Obstetrics and Gynecology clerkship, students must pass the clinical portion of the course and pass both the written and physical diagnosis exams. Each student must also attend the mandatory Tuesday morning lectures and the GTA/GU program. In addition, all students must complete the required logging in E*value as described below. Failure in any of these areas must be remediated to complete the clerkship. Also the OB simulation session is mandatory for all students and if missed then it will need to be made-up with the next rotation, and your grade will be reported as INCOMPLETE.

To receive honors for the course, students must receive an honors evaluation for the clinical portion and honors on the shelf examination portion. A student who receives honors for either the clinical or examination portions, but not both, will receive a grade of satisfactory with commendation.

If the student fails the written examination, he or she will have the opportunity to retake the examination at a later time based upon the rules of the medical school. If the student passes the repeat examination, a grade of S* will be given. Even if other grades were honors, failure on the written exam excludes the possibility of an honors grade, despite the grade attained on the repeat examination. If the student fails the repeat examination, he or she will be required to repeat 4 or 8 weeks of the clinical portion of the clerkship before repeating the written examination, as determined by the Department of Obstetrics and Gynecology (see below).

A student will be assessed tuition charges if required to repeat clinical time.

The following may require the student to repeat some or all of the entire clerkship:

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

2. Failure of a repeat written examination - Either 4 or 8 weeks will be required in repeating the clinical portion of the rotation. All repeat clinical rotations will be completed at Hutzel Women’s Hospital with the Clerkship Director acting as the student’s preceptor. 100% attendance at lectures will be required. This clinical time will be completed before the student is allowed to retake the deficient exam.

When repeating clinical time for a clinical or examination failure, credit will be given for previously passed examinations. No examinations for which a satisfactory grade is obtained will have to be repeated.
To summarize, if the clinical portion is failed, time in the hospital must be repeated. If an examination is failed, the first attempt to retake the exam is allowed without additional clinical time. If this repeat exam is not successfully passed, additional clinical time will usually be required before the deficient exam is retaken.

The Clerkship Director reserves the right to require a student to repeat clinical time should an egregious professionalism violation take place.

X. Requirement to Complete All Clerkship Assignments
Students are required to complete all clerkship assignments before the end of the clerkship (including the logging of all required clinical encounters and procedures (Px/Dx) cases in E*Value, which are due by the midnight of the last Wednesday of the Clerkship). Students will be given the grade of INCOMPLETE until the assignment is completed.

XI. Clinical Encounters and Procedures (Px/Dx) Requirement
The requirement for logging of all required clinical encounters and procedures (Px/Dx) started in 2013. Clerkship directors need to ensure that all students are having similar educational experiences at all sites; thus, students at all sites must log all required encounters/procedures (direct patient care and alternative experiences). By logging required cases, clerkship directors and the Office of Assessment will have the opportunity to track and observe, the skills/experiences acquired by the students and monitor any areas of change in the curriculum in real-time. By logging patient encounters (Px/Dx) in E*Value, students will be able to build and maintain a portfolio of their clinical skills and experiences in Year 3 and 4. Additionally, this requirement will allow students to start the habit of logging, which is a requirement in residency.

The deadline for logging all PxDx cases is midnight of the Wednesday of the last week of the rotation. Refer to the “Requirement to Complete All Clerkship Assignments” section above for more information regarding the grading policies that apply to this clerkship requirement.

### OB/GYN REQUIRED Dx AND Px

<table>
<thead>
<tr>
<th>Required Diagnoses</th>
<th># Required</th>
<th>Student Role- D= Care of Patient-Direct, O= Care of Patient-Observed</th>
<th>Clinical Setting (inpatient, outpatient, etc.)</th>
<th>Alternative Option (MedU case/paper case, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abnormal Pap Smear</td>
<td>4</td>
<td>D/ O</td>
<td>O</td>
<td>Remediation at clinical site</td>
</tr>
<tr>
<td>Pregnancy Complications- 3rd Trimester</td>
<td>4</td>
<td>D/ O</td>
<td>I</td>
<td>paper case</td>
</tr>
<tr>
<td>Required Diagnoses</td>
<td># Required</td>
<td>Student Role- D= Care of Patient-Direct, O= Care of Patient-Observed</td>
<td>Clinical Setting (inpatient, outpatient, etc.)</td>
<td>Alternative Option (MedU case/paper case, etc.)</td>
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</tr>
<tr>
<td>Contraceptive Counseling</td>
<td>4</td>
<td>D</td>
<td>I/O</td>
<td>paper case</td>
</tr>
<tr>
<td>First Trimester Pregnancy</td>
<td>4</td>
<td>D/ O</td>
<td>I</td>
<td>virtual case</td>
</tr>
<tr>
<td>Complications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Menopause</td>
<td>4</td>
<td>D/ O</td>
<td>O</td>
<td>paper case</td>
</tr>
<tr>
<td>Menstrual Disorder</td>
<td>4</td>
<td>D/ O</td>
<td>I/O</td>
<td>Remediation at clinical site</td>
</tr>
<tr>
<td>Prenatal Care</td>
<td>4</td>
<td>D</td>
<td>O</td>
<td>Remediation at clinical site</td>
</tr>
<tr>
<td>Preterm Labor</td>
<td>4</td>
<td>D/ O</td>
<td>I</td>
<td>paper case</td>
</tr>
<tr>
<td>Vaginitis/STDs</td>
<td>4</td>
<td>D/ O</td>
<td>I/O</td>
<td>paper case</td>
</tr>
<tr>
<td>Cervical Examination-pregnant patient</td>
<td>4</td>
<td>O</td>
<td>I/O</td>
<td>Remediation at clinical site</td>
</tr>
<tr>
<td>Culture Swab Acquisition</td>
<td>4</td>
<td>P</td>
<td>O</td>
<td>Remediation at clinical site</td>
</tr>
<tr>
<td>Abdominal/Vaginal Ultrasound</td>
<td>4</td>
<td>P/O</td>
<td>I/O</td>
<td>Remediation at clinical site</td>
</tr>
<tr>
<td>Cesarean</td>
<td>4</td>
<td>O</td>
<td>I</td>
<td>Remediation at clinical site</td>
</tr>
<tr>
<td>Pelvic Examination-bimanual incl. pap smear</td>
<td>4</td>
<td>P</td>
<td>I/O</td>
<td>Remediation at clinical site</td>
</tr>
<tr>
<td>Sterile Technique-scrub, gown, glove</td>
<td>4</td>
<td>P</td>
<td>I</td>
<td>Remediation at clinical site</td>
</tr>
<tr>
<td>Vaginal Delivery (non-operative)-Identify Need for Repair</td>
<td>4</td>
<td>P</td>
<td>I</td>
<td>Remediation at clinical site</td>
</tr>
<tr>
<td>Breast Examination</td>
<td>4</td>
<td>P</td>
<td>O</td>
<td>Remediation at clinical site</td>
</tr>
<tr>
<td>Sexual/tory/Obstetric History/Gyn History</td>
<td>4</td>
<td>P</td>
<td>I/O</td>
<td>Remediation at clinical site</td>
</tr>
</tbody>
</table>
XII. GRADE APPEALS

- Grade appeals should first be sent to the Co-Directors, Dr. Kim and/or Dr. Shabana.
- Do NOT contact any faculty or residents that have written your evaluation. This could result in your appeal being rejected.
- Co-Clerkship Director(s) will contact your site director about the appeal. If it is accepted, the grade will be changed at the next Year III Committee meeting.
- If the appeal is rejected by the site director, you will need to appeal to the Year III committee. Please be sure that your counselor is involved with this step.

XIII. ATTENDANCE

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

1. the coordinator at your hospital site
2. to the office of the Director of Undergraduate Medical Education, Cathy Rutkowski, Education Coordinator at Hutzel Women’s Hospital, 313-993-4032,
3. the student’s counselor in the Office of Student Affairs
4. the resident on your team at your assigned hospital site

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

Attendance at Grand Rounds each Tuesday from 8:00AM to 9:00AM in the Kresge Auditorium at Hutzel Women’s Hospital every Tuesday except for the second Tuesday because they are held at Sinai-Grace.

Lectures are an important part of the teaching experience in Obstetrics and Gynecology, since they reinforce the objectives, clinical experience and reading assignments. All lectures are on Tuesday from 9:15AM to 12:30PM at Hutzel Women's Hospital. Lectures are arranged in blocks, reflecting related content areas and objectives. The content areas of the lectures are as follows:

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

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

XIV. TEXTBOOKS
The required textbook for the clerkship is Obstetrics and Gynecology by Beckman, Ling, Laube, and Smith, 7th edition, published by Lippincott Williams and Wilkins. This book is written to cover the material required by the APGO Objectives, i.e., it is written specifically for students on an obstetrics and gynecology clerkship or those studying for standardized examinations in obstetrics and gynecology. It also includes over 2,000 questions with answers for self-assessment.

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

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

XVI. CONCLUSION
All members of the Obstetrics and Gynecology Department look forward to helping you make the best of your time in our department. Please call upon the Clerkship Director at any time for help both during your clerkship and in any other way during medical school. Enjoy your time with us, and good luck!

Revised 6 13 16
DEPARTMENT OF PEDIATRICS

YEAR III CURRICULUM GUIDE

WAYNE STATE UNIVERSITY
SCHOOL OF MEDICINE

2016 – 2017
I. KEY PERSONNEL and Contact Information

Undergraduate (Medical Student) Kelly Loury (313) 745 5751
Education Coordinator
CHM, main hospital, 3rd floor. Take main elevators to 3rd floor.
Make a right turn out of the elevator. Continue down corridor T to
door marked Pediatric Education = 3T72

Director, Undergraduate Education
Yvonne M. Friday MD (313) 745 5751
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Pediatrician-in-Chief Chairman Department of Pediatrics
Steven Lipshultz MD (313) 745-5870
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Vice Chief of Education
Deepak Kamat MD (313) 944-2810
dkamat@med.wayne.edu

Pediatric Program Director
Lynn Smitherman MD (313) 745-5533
lsmither@med.wayne.edu Beeper #1520

II. INTRODUCTION - GENERAL GOAL STATEMENT:
The 8-week clerkship in Pediatrics will give you an opportunity to integrate your
knowledge of pathology and physiology with the processes of growth and development
of the child and to observe how these processes are affected by disease states. More
than in any other rotation the student will have an opportunity to use preventive medicine
as a device to insure optimal health.

Upon completion of the Junior Pediatric Clerkship, the student should be able to:
A. Gather a history and perform a physical exam. Emphasis will be placed on the
acquisition of neonatal, immunization, developmental and social histories. The
student will also obtain an understanding of the different elements required in data
gathering of infant, toddler, school-aged child and adolescent patients.

B. Prioritize a differential diagnosis following a clinical encounter based on common
pediatric signs and symptoms. The student will learn to recognize the variance of
signs and symptoms by age groups.

C. Recommend and interpret common pediatric, age-based diagnostic and screening
tests. This will include screening tests used to promote well child care, health care
maintenance and common disease management.

D. Enter and discuss orders and prescriptions based on age, weight and diagnosis of
the pediatric patient.

E. Document a clinical encounter in the patient record using medical language
specific to pediatrics.
F. Provide an oral presentation of a clinical encounter using medical language specific to pediatrics.
G. Form clinical questions and retrieve evidence to advance patient care from pediatric resources.
H. Give and receive a patient handover to transition care responsibility.
I. Collaborate as a member of an interprofessional team.
J. Recognize a patient requiring urgent or emergent care and initial evaluation and management.
K. Obtain informed consent for tests and/or procedures. This will include immunizations, imaging, lab studies and screening modalities for well child care.
L. Perform general procedures of a pediatric physician.
M. Identify system failures and contribute to a culture of safety and improvement in a pediatric setting. This will include an understanding of the rules governing HIPPA, confidentiality, and consent in the pediatric setting.

III. PEDIATRIC CLERKSHIP OVERVIEW

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

IV. ORGANIZATION OF CLERKSHIP

The 8-week pediatric clerkship is divided into clinical blocks;

A. Inpatient

During your inpatient rotation you will be assigned to an inpatient ward team consisting of 4-5 interns, 1-2 senior pediatric residents, 1-2 faculty attendings. You are responsible for 2-4 patients on a daily basis.

B. Primary Care

C. Emergency Medicine

D. Newborn Nursery

E. Specialty Site

Inpatient – Outpatient switch:

On the day you switch to the in-patient service, you should report to your designated ward at 6:00 am. The Senior Resident, will introduce the student to the interns and assign patients to the students. The shift/call schedule is given to the students at orientation. On the day you switch to inpatient, we will have a session to review inpatient responsibilities.

Those students switching to the ambulatory service should report for Ambulatory Pediatrics as indicated on the schedule received during the general orientation.
You will have an outpatient orientation on the day of your switch to review your schedule and responsibilities.

The Clerkship Director must be informed if a student cannot make it to the orientation sessions.

V. PEDIATRIC CLERKSHIP REQUIREMENTS

- You will not be allowed to begin the rotation if you miss the general Pediatric Clerkship Orientation. This orientation takes place at Children’s Hospital of Michigan and is not same as your medical campus orientation.
- Please note: Most students will spend time at Children’s Hospital of Michigan no matter what clinical campus they are assigned to.

Didactic Responsibilities

Mandatory attendance is required for the Pediatric Orientation held at Children’s Hospital of Michigan

We also provide the following didactic experiences:

- Student Report, 1-2:30 pm Wednesday afternoons.
- Children Are Different, 10:30 am on the first day of Clerkship Orientation
- Procedure Fair 3:30 pm-5 pm, during the first week of the Clerkship
- Mock Student Report, first week of the Clerkship
- Fluid Management, during the first week of the Clerkship
- Professor Rounds - 2:00 pm, Selected Thursdays
- Grand Rounds - 8:00 am, Fridays, CHM Auditorium
- X-Ray Conference - 12:00 noon - 1:00 pm, Fridays, CHM Auditorium
- Clerkship Review as scheduled
- Rash Reviews as scheduled

Required Assignments: we require the completion of the following assignments:

- Observed History
- Observed Physical Exams – thorax, abdomen, HEENT, newborn exam
- Student Report Presentation
- Rash Presentation
- Written H&P critiques – at least two
- Pediatric OSCE

VI. REQUIREMENT TO COMPLETE ALL CLERKSHIP REQUIREMENTS

Students are required to complete all clerkship assignments before the end of the clerkship, the last Friday of the rotation at 5 pm. PXDX requirements are listed below. If assignments are not completed by the respective deadlines, the student will be considered Incomplete. The Incomplete will change to a final grade as detailed below.
Consequences for Noncompliance

- Completion of assignments after the deadline, but before two weeks after deadline:
  - Students will receive their earned grade if they complete the requirement within the two-week grace period.

- Completion of assignments after the two-week grace period and before four weeks after the deadline:
  - Students will receive a grade of S* (Satisfactory upon remediation). This grade will show on the transcript and indicate an initial failure of the clerkship.

- Failure to complete the assignments by 4 weeks after the deadline:
  - Students will receive a grade of Unsatisfactory and must repeat the entire clerkship. The clerkship will be listed twice on the transcript, once with a grade of Unsatisfactory and once with a grade of Satisfactory (the highest grade that can be achieved after remediating a failed course).

VII. PXDX LOGGING EXPECTATIONS

Medical students are expected to log onto E*Value (http://www.e-value.net/) to enter patient diagnoses and procedure requirements (PxDx), as determined by the Clerkship Director. The deadline for logging all PxDx cases is midnight of the Wednesday of the last week of the rotation. The required patient conditions (diagnoses) and procedures appear in the table below. The table shows the required role of the patient, clinical setting and alternative experience for every PxDx.

Students should log the information (diagnoses (Dx) or procedure (Px)) for a patient on the day of the encounter to maintain timely and accurate records. Alternative experiences must be completed and logged for all procedures or diagnoses that are not seen during the clerkship rotation. Note: Alternative experiences should not be regarded as supplemental to actual patient encounters, but rather as an alternative methodology for the rare non-patient experience. A student should communicate the PxDx requirements to his/her preceptor during the clerkship and maintain communication with the Clerkship Director and Coordinator when a real patient encounter is not attainable for a given PxDx requirement.

Logging the required PxDx data is the only way a student can obtain credit for completing the PxDx requirement. Failure to do this will affect your final grade, as per the Required Assignment policy detailed above.
VIII. STUDENT FEEDBACK and EVALUATIONS:
Student clinical evaluations are based on your clinical performance. Students are judged on the completeness and accuracy of history and physical exam data acquisition, clinical knowledge application; communication skills, and diagnostic and problem solving skills.

Mid-Rotation Review
A "Mid-Rotation Review" is submitted during your in-patient month. The review simply states whether the student is satisfactory or unsatisfactory in the following areas:
- Attendance
- Appearance
- Motivation
- Historical data acquisition
- Physical exam accuracy
- Data integration
- Differential diagnosis formulation
A “needs improvement” assessment in any of the components requires a remediation plan.

Direct Feedback is given for the following:
- Written H&P critique
- Written critique of Student Report Presentation and Rash Review Presentation.
- Oral feedback for observed physical exam sessions
- Written feedback regarding observed history session
- Written and oral feedback for patient presentations

Evaluations – see below
You will receive School of Medicine Evaluations from Inpatient Preceptors (residents and attendings) and Outpatient Preceptors (primary care, specialty site, emergency medicine and newborn nursery)

IX. PEDIATRIC GRADING PROCESS

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

B. Ambulatory Pediatric Preceptor Evaluations
Evaluations will be completed from preceptors on Primary Care, Specialty Site and Emergency Medicine evaluations. These evaluations are submitted to the clerkship director in order to compute the student’s final clinical evaluation

C. Observed Clinical Evaluation
The Observed Clinical Evaluation is based on your Pediatric OSCE; Oral Presentations (Student Report and Rash Review); Written History and Physical Exam critiques (Inpatient and Outpatient); and Observed Physical Exam sessions from Inpatient, Outpatient and NewBorn Nursery.

D. Professionalism
Evaluation is based on “degree of effort” as evidenced by timely completion of assignments, patient encounter volumes, core patient documentation on e*value, student report attendance.

Written Exam:
An NBME shelf exam is given at the end of the clerkship. In preparation for the exam, students are expected to complete the study modules and work through the differential diagnoses for common pediatric problems and diseases. A Clerkship Review is available on Blackboard. A review session will be held prior to the end of the clerkship.
Most questions are in "vignette" format; i.e. you will be given data in a narrative format and be asked to select either the most appropriate diagnosis, select the most appropriate diagnostic work-up, the most likely causative agent, or the most appropriate management plan. There are usually 100 questions. This is a timed exam of 2 ½ hours (150 minutes). The exact date and site can be found on your lecture schedule.

Please visit the NBME website for information and content of Pediatric Exam www.nbme.org
• On the Left handed menu select “Services for Medical Schools”
• On the top menu select “Subject Exams”
• Download “Content Outlines and Sample Questions”
• Use the index to go to “Pediatric Subject Exam”

The standardized mean = 70 test score.
Satisfactory/Pass = 58 test score.
Honors = 82 test score.

**OSCE (Objective Structured Clinical Evaluation):**
The OSCE is used to verify pediatric competencies and is one of the determinants of the Observed Clinical Evaluation.
The Pediatric OSCE consists of:
- Part I: Knowledge exam – short answers, video clips, graphs and photographs
- Part II: Three – four clinical stations with standardized patients and raters.

The following Competencies will be evaluated:
- Anticipatory Guidance provision (safety, nutrition, injury prevention etc.)
- Development Assessment
- Focused History acquisition
- Growth evaluation
- Heart and lung sounds interpretation
- Immunization analysis/management
- Physical Exam/Vital Signs acquisition
- Radiograph interpretation

**OSCE graded exam**
You will receive a copy of your graded OSCE answer packet within 7 days.
You are graded either Satisfactory or Incomplete at each station.
An Incomplete station score identifies a deficiency that needs to be reviewed by the student prior to the end of the pediatric clerkship.
Review options are listed on the graded exam.

**GRADE COMPUTATION:**
Your final grade will be computed on the basis of the following criteria:
Final Clinical Evaluation – preceptor evaluations and observed clinical evaluation
NBME Shelf Exam
Professionalism

REPORTING OF GRADES:
Grades are reported through e*value.

PEDiatric grade appeals
GRADE APPEALS MUST BE INITIATED WITHIN 4 WEEKS OF GRADE REPORTING.
Initiation of an appeals request is made by first scheduling an appointment with the
Clerkship Director or designee. Please email Dr Friday at yfriday@med.wayne.edu to
schedule your appointment.
After discussion, the student must complete an appeal letter to the Pediatric
Undergraduate Education Committee. The Clerkship Director or designee will provide
guidance regarding the content of the appeals letter. You will be informed of the time and
date of the next scheduled Pediatric Undergraduate Education Committee meeting.

The student will be informed by email, of the Committee's decision. The information will
be emailed to the student’s School of Medicine email address.

If the student's appeal is denied, and the student desires to pursue the matter further, the
student should then appeal to the School of Medicine Third Year Committee.

X. TEXTBOOKS OF PEDIATRICS
Core Textbooks Recommended for Purchase:

You will receive a copy of Pediatric Case Files for your use at orientation. This book must
be returned at the end of the clerkship

*1. Behrman, R.E: Nelson Essentials of Pediatrics, W. B. Saunders Co
Diagnosis and Treatment, Lange Medical Books/McGraw-Hill.
3. Toy, E., Yetman, R., Girardet, R., Hormann, M., Lahoti, S., McNeese, M.,
Sanders, M., Case Files Pediatrics, Lange Medical Books/McGraw-Hill.

XI. EQUIPMENT
You will need a stethoscope (pediatric size), oto-ophthalmoscope, reflex hammer
Other equipment will be provided.
DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL NEUROSCIENCES

YEAR III CURRICULUM GUIDE

WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE

2016-2017
I. KEY PERSONNEL AND CONTACT INFORMATION

Psychiatry Clerkship Director - Eva Waineo, MD
ewaineo@med.wayne.edu   (313) 993-3462 * Fax: (313) 993-3421
Tolan Park Building  3901 Chrysler Service Drive, Suite 300, Detroit, Michigan 48201

Director of Medical Student Education in Psychiatry - Mary Morreale, MD
mmorreale@med.wayne.edu   (313) 577-1779 * Fax: (313) 577-2233
Tolan Park Building  3901 Chrysler Service Drive, Suite 300 Detroit, Michigan 48201

Program Assistant   Yolanda Pitts  ypitts@med.wayne.edu   (313) 577-3130 *

*EMAIL IS THE PREFERABLE METHOD OF COMMUNICATION

II. INTRODUCTION
Psychiatry is the branch of medicine concerned with the prevention, diagnosis, and treatment of mental disorders. The educational mission of the Department of Psychiatry and Behavioral Neurosciences at Wayne State University is to teach the knowledge base, skills, and professional attributes in psychiatry and behavioral neurosciences for future physicians to practice competently in any medical specialty.

III. OVERVIEW
The psychiatry clerkship is one month in length, and is one of the core clerkships for medical students during their third year of medical school. Your time during the clerkship will be divided between clinical experience and didactic lectures covering core subjects. Students are assigned to one site offering both an inpatient and outpatient experience, with a variety of clinical settings, which may include inpatient, partial hospitalization programs, consultation services, emergency room, and outpatient services.

All students, regardless of site assignment, are to report at **10:15 am** on the first day of their psychiatry clerkship for a mandatory orientation session, *unless notified of a change by our office*. At this meeting, logistical aspects of the clerkship will be reviewed (grading policy, exam date, lectures, etc), information regarding the sites will be distributed, and objectives for the clerkship will be reviewed.

IV. CLERKSHIP REQUIREMENTS
   A. Prior to the start of the clerkship, you will receive an email informing you of the location for orientation. Attendance at this departmental orientation is mandatory, regardless of the site to which you are assigned for the remainder of the clerkship. Please wear professional attire (see WSU SOM dress code policy). A white coat is not required on this clerkship at some clerkship sites.
   B. You are expected to attend centralized Wednesday meetings scheduled for all students in the psychiatry clerkship. Attendance is mandatory. ***A make-up
assignment will be required for any student who has an excused absence from didactics. Any unexcused absences will result in a clinical failure of the rotation, with the need to repeat the entire rotation.

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

D. Site Assignments: As much as possible, we will attempt to place you at the rotation site to which you were assigned on your schedule at the beginning of the year. However, there are times when students must be reassigned to a different site for administrative or other purposes.

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

F. You are expected to attend and participate in all didactic sessions including those at the rotation site and centralized lectures or meetings with Dr. Waineo, or other faculty.

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

H. You are expected to log a total of six patient encounters on E*value. The six patient encounters are as follows: two from the mood disorders category (one bipolar diagnosis, one unipolar diagnosis), one anxiety disorder, one psychotic disorder, one substance use disorder, and one cognitive disorder diagnosis.

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

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

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

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

M. In the event you feel you are being abused or mistreated, please contact your site coordinator, Dr. Morreale, Dr. Waineo, the Office of Student Affairs or report the incident through the SOM website: http://studentaffairs.med.wayne.edu/form-mistreatment.php

N. A student will be assessed tuition charges if required to repeat clinical time.

V. REQUIREMENT TO COMPLETE ALL CLERKSHIP ASSIGNMENTS

Students are required to complete all clerkship assignments before the end of the clerkship (including the logging of all required clinical encounters and procedures Px/Dx cases in E*Value). Students will be given the initial grade of Incomplete if the assignment is not completed by the deadline. The Incomplete grade will change to a final grade as detailed below.

A. Completion of assignments after the deadline, but before two weeks after the deadline:

B. Students will receive their earned grade if they complete all requirements within the two-week grace period.

C. Completion of assignments after the two-week grace period and before four weeks after the deadline:

D. Students will receive a grade no higher than Satisfactory. Because the assignment was completed late, students will not be eligible for “Satisfactory with Commendation” or “Honors”.

E. Failure to complete assignments by four weeks after the deadline:

Students will receive a grade of Unsatisfactory. The remediation will be decided by the Clerkship Director. The clerkship grade on the transcript will be ‘S*’, indicating “Satisfactory upon remediation”.

The requirement for logging of all required clinical encounters and procedures (Px/Dx) is a school wide mandatory component of the clerkship since 2013. Clerkship directors need to ensure that all students are having similar educational experiences at all sites; thus, students at all sites must log all required encounters/procedures (direct patient care and alternative experiences). By logging required cases, clerkship directors and the Office of
Assessment will have the opportunity to track and observe the skills/experiences acquired by the students and monitor any areas of change in the curriculum in real-time. By logging patient encounters (Px/Dx) in E*Value, students will be able to build and maintain a portfolio of their clinical skills and experiences in Year 3 and 4. Additionally, this requirement will allow students to start the habit of logging, which is a requirement in residency.

The deadline for logging all PxDx cases is midnight of the Wednesday of the last week of the rotation. Refer to the “Requirement to Complete All Clerkship Assignments” section above for more information regarding the grading policies that apply to this clerkship requirement.
PSYCHIATRY PxDx REQUIREMENTS

<table>
<thead>
<tr>
<th>Required Diagnoses</th>
<th># Required</th>
<th>Student Role</th>
<th>Clinical Setting (inpatient/outpatient, etc.)</th>
<th>Alternative Option (MedU case/paper case, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unipolar Depression Diagnosis</td>
<td>1</td>
<td>D/O</td>
<td>I/O</td>
<td>Paper Case</td>
</tr>
<tr>
<td>Bipolar Diagnosis</td>
<td>1</td>
<td>D/O</td>
<td>I/O</td>
<td>Paper Case</td>
</tr>
<tr>
<td>Anxiety Disorder Diagnosis</td>
<td>1</td>
<td>D/O</td>
<td>I/O</td>
<td>Paper Case</td>
</tr>
<tr>
<td>Substance Use Disorder Diagnosis</td>
<td>1</td>
<td>D/O</td>
<td>I/O</td>
<td>Paper Case</td>
</tr>
<tr>
<td>Cognitive Disorder Diagnosis</td>
<td>1</td>
<td>D/O</td>
<td>I/O</td>
<td>Paper Case</td>
</tr>
<tr>
<td>Psychotic Disorder Diagnosis</td>
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<td>I/O</td>
<td>Paper Case</td>
</tr>
<tr>
<td>Psychiatric Evaluation</td>
<td>1</td>
<td>P</td>
<td>I/O</td>
<td>None</td>
</tr>
</tbody>
</table>

VI. EVALUATION AND FEEDBACK

A. Formative Evaluation

A mid-month evaluation, in the form of an observed clinical interview, is to be filled out by all students and turned in to Dr. Waineo. This form is used to promote discussion with your site coordinator or supervising faculty about your performance. Feedback is essential and expected during this rotation. The observed interview form is used as a tool for students to develop skills for seeking feedback from their supervising resident or attending physician. Although you may also request that a resident fills out this form, one formative faculty evaluation is required.

It is your responsibility to ask for this evaluation to be completed. After discussing your performance at the mid-point of the clerkship, you and the supervising attending physician are to sign the evaluation form. In addition, other methods of formative evaluation may be used at individual sites.

B. Summative Evaluation (these will be used to determine your final grade)

a. **Clinical Evaluation**: Calculation of the final clinical grade will be done by Dr. Waineo based on the student’s overall performance at their rotation site (based on written report by the site coordinators), assignments, presentations and participation. The residents and attending physicians to whom you are assigned at your clerkship site will evaluate your clinical performance. The Clerkship Director will use this composite evaluation as
a portion of your final clinical grade, as reported on the WSU Student Clerkship Grade Report Form.

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

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

IF YOU HAVE AN UNEXCUSED ABSENCE FROM ANY PART OF THE CLERKSHIP, YOU WON’T QUALIFY FOR CLINICAL HONORS.

VII. GRADING
Course Grades:

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

2. Satisfactory: To receive a grade of satisfactory for the psychiatry clerkship, you must have no unexcused absences and receive:
   a. A satisfactory evaluation for the clinical portion of the clerkship, and a satisfactory score on the written exam
   b. A satisfactory evaluation for the clinical portion of the clerkship, and an outstanding score on the written exam (Satisfactory with Exam Commendations)
   c. An outstanding evaluation for the clinical portion of the clerkship, and a satisfactory score on the written exam (Satisfactory with Clinical Commendations)

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

Examination Score:
Your written examination performance will be assessed using the NBME Psychiatry Subject Test, taken at the end of the clerkship. A score of 86% or above will be reported as outstanding (this equates to 1 standard deviation above the national mean) A score of 62% or below will be reported as unsatisfactory (63% and above is passing) These scores are fixed; no additional work may be done to boost examination scores into a higher category.

Clinical Evaluation:
Outstanding:
All of the following must be satisfied for an outstanding clinical evaluation:
• You MAY NOT have unexcused absences from any part of the clerkship
• You must have a total minimum of 85% of available points for all competencies on the final grade (which equates to at least 47 out of the available 55 points); AND
• No competencies rated below a 3
• Note that performance in participation and other assignments required by the clerkship director is included in the final score of some of these clinical competencies
• The final grade will be determined by the clerkship director

Unsatisfactory:
Any of the following are criteria for an unsatisfactory clinical grade:
• A 1 in any of the critical competencies on the final grade; OR
• Unexcused absences from clinical duties or lectures.

Satisfactory: All other point combinations will be considered satisfactory.

GRADE APPEAL PROCESS:
In accordance with Wayne State University School of Medicine policy, all grade appeals are to be directed in writing to the clerkship director within one month of recording of the grades. This includes the appeal of any part of your final grade (for example, reconsideration of your clinical performance as rated on your clinical evaluation). Students are encouraged to make an appointment with Dr. Waineo to discuss the concerns with their grade when they submit the grade appeal. Under no circumstances should a student contact the attending staff, residents, or site coordinator at the rotation site to request a re-evaluation of their clinical performance. If a student approaches his
or her preceptor regarding a change in evaluation, the appeal process will be null and void. Once the grade appeal is turned in, all aspects of the student’s evaluation are reviewed by the grade appeal committee, who decides whether or not to grant the appeal. Dr. Waineo informs the student of the grade appeal’s decision.

VII. REQUIRED AND RECOMMENDED TEXTBOOKS/REFERENCES:
Surveys of students have found that multiple resources are utilized during the psychiatry clerkship. The coursepack given at orientation is often cited as being a helpful tool for studying, as well as First Aid, Pre-Test, Case Files, and USMLE World Question Bank. There are NO required texts for the psychiatry clerkship. Resources which provide shelf-style practice questions are beneficial to many students. Dr. Morreale and Dr. Waineo have also reviewed and can suggest the following texts and resources as follows:

1. Comprehensive Textbook of Psychiatry, Kaplan and Sadock, is considered by most to be the standard text of psychiatry. At over 3,000 pages, it is more than you’ll want to read in a month, but you may wish to refer to it as a reference for in-depth information about a specific topic (for presentations, etc). There is a shorter Synopsis of Psychiatry used by most psychiatry residents during training.

2. DSM-5: the standard reference for psychiatric diagnostic criteria, with the newest version out in May 2013. It is also more than you’ll want to read this month, but it is an excellent reference, and there are pocket versions which some students find useful.

3. Electronic Resources: The blackboard website has many documents you can refer to during the clerkship, including American Psychiatric Association Practice Guidelines for major psychiatric disorders. Many students also find the Year II Psychiatry lecture notes helpful.

4. Practice Questions: Found in a variety of sources. Practice questions in shelf exam format are strongly recommended.
I. KEY PERSONNEL

**Children’s Hospital of Michigan**
- Chief of Service: Joseph Lelli, M.D. (313) 966-7584
- Site Director: Scott Langenburg, M.D. (313) 745-5881
- Admin. Student Coordinator: Geraldine Wilson (Dene) (313) 745-5839

**Detroit Receiving Hospital**
- Chief of Service: James Tyburski, M.D. (313) 745-3487
- Site Director: David Edelman, M.D. (313) 745-8775
- Admin. Student Coordinator: Jamie Carson (313) 745-8775

**Harper Hospital**
- Chief of Service: Donald Weaver, M.D. (313) 745-8778
- Site Director: David Edelman, M.D. (313) 745-8775
- Admin. Student Coordinator: Jamie Carson (313) 745-8775

**Henry Ford Hospital**
- Chief of Service: Scott Dulchavsky, M.D. (313) 916-9903
- Site Director: Erin Field, M.D. (313) 916-2879
- Admin. Student Coordinator: Nancy Linenger (313) 916-2879

**Oakwood Hospital**
- Chief of Service: John Fath, M.D. (313) 593-0810
- Site Director: Hubert Huebl, M.D. (313) 593-8660
- Admin. Student Coordinator: Jill Balazsi (313) 593-8660

**St. John’s Hospital & Medical Center**
- Chief of Service: Richard Fessler, M.D. (313) 343-3360
- Site Director: Donn Schroder, M.D. (313) 343-7849
- Admin. Student Coordinator: Sherry Piccione (313) 343-7846

**Veterans Administration Hospital**
- Chief of Service: Gamal Mostafa, M.D. (313) 576-3598
- Site Director: Walter Salwen, M.D. (313) 576-3971
- Admin. Student Coordinator: Leana Saylor (313) 576-3251

II. INTRODUCTION
The WSU Department of Surgery is pleased to offer an 8-week clerkship which we promise will be challenging. You will in most cases perform the clerkship at your assigned clinical campus. The material that we will teach encompasses not only General Surgery, but also surgical specialties. We hope that after 8 weeks you will not only master the
knowledge base that encompasses the “surgical diseases” but also appreciate the role of surgery in the overall care of the patient. You will be able to do what few people in the world are allowed to do—participate in the operative care of the patient.

Our overall goals are as follows: To ensure that you are competent in obtaining a history and performing a physical exam on a patient with a potential surgical problem. You will be able to reach a differential diagnosis and outline a plan of treatment. You will be able to demonstrate proficiency in documenting your work and findings. Furthermore, you are able to accompany your patient to the operating room to observe and treat the pathology first hand!

The curriculum is organized in several levels. The first is a problem based approach, where we will cover common surgical conditions encountered by all physicians, especially in primary care and emergency care. You will receive a list of 50 common surgical cases which will be the basis for weekly discussion groups, as well as serving as the test questions on the final oral examination. You will be expected to master the historical and physical exam findings pertinent to each case, outline the differential diagnosis and outline a plan of treatment.

The second level is organized by organ system, disease process and specialty. A robust series of 24 lectures, including subspecialty lectures is required to be viewed by streaming video. These are supplemented by several modules available on the MED-U service. The purchase and reading of the textbook is required. A complete list of goals and detailed objectives is available to help guide your study. These are keyed to the aforementioned lectures, and book chapters. Your knowledge will be tested both on a written departmental final exam and the NBME shelf exam.

A third level of instruction is potentially the most important—that of learning from your patients, your residents and attending surgeons. All three will challenge your knowledge base, preparation, decision making skills, coordination and stamina on a daily basis. Surgeons love to teach and an interested prepared student will receive a great amount of education while taking care of patients with experienced surgeons.

While we realize that most students will not pursue careers in surgery, all will require knowledge and experience to properly take care of their patients in whatever field they eventually practice. But some will gain or further an interest in surgery, whether it is in general surgery or one of the many surgical specialties. While you are on the rotation you will have opportunities to scrub in with other specialties. The Department of Surgery is available for advice and to help interested students start their careers in the wonderful and rewarding calling of Surgery.

Christopher Steffes, M.D.
Clerkship Director
III. SURGERY CLERKSHIP - SITE ORIENTATION INFORMATION

A general WSU Clerkship orientation is held for all surgery clerks on the first day of the rotation beginning at 7:00 a.m. with Dr. Steffes in Margherio in the Mazurek Education Building. You are required to check your WSU email for assignments.

This orientation is MANDATORY - All students are required to attend. If you do not attend you will be unable to start the clerkship. You are also required to be on time. If you are late, you will not be able to start the clerkship.

IMMEDIATELY Following WSU Orientation with Dr. Steffes, report to your Hospital site:

- **DMC** – Report to Suite 400 in the Harper Professional Bldg. for orientation with Dr. Edelman and Jamie Carson.
- **Henry Ford** – Report to Henry Ford Hospital (exact room TBD) for 10:30am orientation with Dr. Field and Nancy Linenger. (This DOES NOT apply to July/Aug students) Following this orientation, you will then have longitudinal orientation at 12:00. You will get a separate email from UGME office at Henry Ford with details.
- **St. John** – Report to PB1, Suite, 212 for your orientation at 10:00am with Sherry Piccione. You will get a separate email from Sherry prior to your rotation.
- **Oakwood/Beaumont** – Report to Oakwood/Beaumont Hospital, Surgical Education, Suite 139A (next to Kalman Auditorium). You will receive a separate email from Marianne Soroka-Martin/Jill Balaszi regarding your orientation there
- **VA** – Report to the VA, 4th floor, next to Yellow elevators, Rm. C4684 where you will meet with Leana Saylor.

An operating room (OR) orientation teaching sterile techniques and surgical scrubbing will also be given at individual hospitals.

IV. HISTORIES AND PHYSICALS

On patients to whom you are assigned, you will be expected to write a complete history and physical. This again is your chance to demonstrate not only your ability to take a history and perform a physical examination but also to synthesize an assessment and a plan. The H & Ps that you hand in for evaluation should be complete histories and physicals as you learned in the second year course. These must be your own work. No pre-populated forms, templates or cutting/pasting allowed.

It is your responsibility to have the history and physical evaluated by your resident/attending who will then countersign your signature. After the H & P is signed, a copy should be turned into your specific hospital site coordinator.
A minimum of 10 history and physicals are required for the clerkship. Please note: If it is observed that you have copied a resident’s or other physician’s note and submitted it as your own, you will be held to the WSU policy on plagiarism (academic fraud).

V. DAILY NOTES
You will be expected to write a SOAP note on every patient you are following. Your intern or resident will review these notes and affix a counter-signature. These notes should be completed first thing in the morning. The details of note taking varies by hospital electronic medical records.

VI. THE OPERATING ROOM
The feature that distinguishes the surgeon from their non-surgical colleagues is the surgical operation. Your trips to the operating room and observing and assisting in the operating room really represent the guts (no pun intended) of this rotation. You will be orientated on how to scrub, where to stand, where to place your hands, etc. Expect to feel lost and to feel a bit uncomfortable in your first cases. However, being comfortable in the operating room setting is certainly one of the goals of this rotation, and you will.

VII. DIDACTICS
1. Small group core topics - given in small group settings at each hospital. Most didactic teaching occurs in small group sessions at the hospital each lead by a faculty member. Your preparation for these rounds is essential to your learning. Since these teaching sessions involve quite a bit of student and faculty effort, your attendance is required. They should take priority over any other activities that are going on. You must attend 100% of lectures. Attendance is taken.
2. Med-U – Online modules are required. Details given at orientation.
3. Clerkship-wide lectures
These are on streaming video on Blackboard. All are required. This required list may change during the year with continuous updating.
<table>
<thead>
<tr>
<th>Chapters in Becker</th>
<th>Topic</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEAM book (receive at orientation)</td>
<td>TEAM (Trauma Eval &amp; Mgt)</td>
<td>Courses held at DMC and Henry Ford for all students</td>
</tr>
<tr>
<td>Slides on Blackboard</td>
<td>Surgery Review</td>
<td>Chief Resident</td>
</tr>
<tr>
<td>54</td>
<td>Pediatric Surgery A</td>
<td>Dr. Langenburg</td>
</tr>
<tr>
<td>55</td>
<td>Pediatric Surgery B</td>
<td>Dr. Langenburg</td>
</tr>
<tr>
<td>56</td>
<td>Pediatric Surgery C</td>
<td>Dr. Langenburg</td>
</tr>
<tr>
<td>13</td>
<td>Burns</td>
<td>Dr. White</td>
</tr>
<tr>
<td>59-60</td>
<td>Plastic Surgery</td>
<td>Dr. Balakrishnan</td>
</tr>
<tr>
<td>47-49</td>
<td>Neurosurgery</td>
<td>Dr. Hornyak</td>
</tr>
<tr>
<td>50-53</td>
<td>ENT/Facial Trauma</td>
<td>Dr. Folbe</td>
</tr>
<tr>
<td>61-63</td>
<td>Urology</td>
<td>Dr. Triest</td>
</tr>
<tr>
<td>739</td>
<td>Anesthesia</td>
<td>Dr. Marsh</td>
</tr>
<tr>
<td>5</td>
<td>Preop Care</td>
<td>Dr. Steffes</td>
</tr>
<tr>
<td>Slides on Blackboard</td>
<td>Acid Base</td>
<td>Dr. Wilson</td>
</tr>
<tr>
<td>6</td>
<td>Fluids and electrolytes</td>
<td>Dr. Ledgerwood</td>
</tr>
<tr>
<td></td>
<td>Shock</td>
<td>Dr. Tyburski</td>
</tr>
<tr>
<td>40</td>
<td>Breast</td>
<td>Dr. Kosir</td>
</tr>
<tr>
<td>14</td>
<td>Acute abdominal pain</td>
<td>Dr. Lucas</td>
</tr>
<tr>
<td>18, 19, 20</td>
<td>Liver, Spleen</td>
<td>Dr. Weaver</td>
</tr>
<tr>
<td>17, 24</td>
<td>Pancreas/Biliary</td>
<td>Dr. Edelman</td>
</tr>
<tr>
<td>15, 21, 25</td>
<td>SB/Colon</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Anorectal</td>
<td>Dr. Steffes</td>
</tr>
<tr>
<td>31-34</td>
<td>Thyroid, Parathyroid &amp; Adrenals</td>
<td>Dr. Webber</td>
</tr>
<tr>
<td>41</td>
<td>Surgical Oncology</td>
<td></td>
</tr>
<tr>
<td>28-29</td>
<td>Acid Base &amp; Thoracic</td>
<td>Dr. Wilson</td>
</tr>
<tr>
<td></td>
<td>Cardiothoracic</td>
<td>Dr. Jahania</td>
</tr>
<tr>
<td>35-38</td>
<td>Vascular Surgery</td>
<td>Dr. Haddad</td>
</tr>
<tr>
<td>11</td>
<td>Trauma</td>
<td>Dr. Baylor</td>
</tr>
<tr>
<td>7,9</td>
<td>Nutrition, wound healing, infection</td>
<td>Dr. Tennenberg</td>
</tr>
<tr>
<td></td>
<td>Upper GI bleeding</td>
<td>Dr. Steffes</td>
</tr>
<tr>
<td></td>
<td>Orthopedics</td>
<td>Dr. Guthrie</td>
</tr>
<tr>
<td></td>
<td>Trauma Assessment</td>
<td>Dr. Dulchavsky</td>
</tr>
</tbody>
</table>
VIII. OUTPATIENT CLINICS
Most services have a half-day or more per week in the outpatient clinic. This is where much of the surgical decision-making takes place. When attending these clinics, be prepared to see the patient and take a very brief history and physical examination and be prepared to present the patient in a concise fashion to the surgical faculty. Please adhere to the WSU dress code during these office times. NO SCRUBS!

IX. ATTENDANCE
Please see attached working hours policy to be distributed at orientation. Attendance is required on a daily basis. Patients are in the hospital over the weekends as are their attendings and residents. You too will be expected to follow the patients on a daily basis.

If you are ill:
First contact your School of Medicine class counselor to document an excused absence. The counselor will email the Department of Surgery. If you do not notify the counselor, it is unexcused.

Secondly contact the student offices listed in the front of the Surgery Curriculum Guide. It is also wise to let your chief resident know if you are ill.

Other excused absences:
First contact your School of Medicine class counselor to document an excused absence. Questions regarding unforeseen events in your life which require your absence should be addressed to the site coordinator in a prospective fashion. Days off are rarely granted, except for presentations at national scientific or medical conferences.

Any student granted an excused absence will be expected to make up the time by taking extra call days and nights. This will be approved and documented on the makeup form included in your packet or available from the department office. All of these are subject to final approval by the clerkship director. The forms will be kept in your file.

Unexcused absences:
May be grounds for clinical failure and repeating the course.

DAYS OFF
There is one – the day before the exam. Some well-intentioned attendings and senior residents have in the past given certain students an extra day off at the end of the rotation. This, being unfair to the remainder of the students in your class, is not tolerated by the clerkship director. All other days off during the rotation are scheduled individually by service and hospital.
X. TEXTBOOKS/READING

REQUIRED
This is the assigned text you are required to read cover to cover:

   This textbook is not encyclopedic. However, it represents a good basis of knowledge. It will be read to completeness in two months and they obtain sample questions and clinical scenarios to aid in teaching. An electronic version is available through Shiffman Library at DMC or the Sladen Library at Henry Ford.

2. *Clinical Surgery*, Henry & Thompson, Saunders
   A longer book with more detail. (Alternative to no. 1)

REFERENCE TEXTS

1. *Principles of Surgery*, Schwartz
2. *Textbook of Surgery*, Sabiston

These books should be borrowed and used for detailed study and preparation for a presentation.

POCKETBOOKS
Most students opt to buy a book that will fit in their pocket for reading while waiting for cases to start, waiting for rounds to start, etc. Using these books as a sole basis of study for the test is likely to be disastrous. These include the following:

1. *Surgery: A Competency Based Companion* (Mann)
2. *The Mount Sinai Handbook of Surgery*
3. *Surgical Secrets* (a popular student choice)

ON LINE REFERENCES
AccessSurgery.com carries many reference texts and resources and is available free through the Shiffman Library VPN and also an in-house resource in the Henry Ford library system.

MED-U ONLINE TEACHING
You are able to access the online Surgical teaching modules on the WISE-MD website through the Med U website. WSU has subscribed, so access is free (and mandatory) for all WSU students. You must submit a transcript of completion of the surgical modules at the end of the rotation. The modules will be assigned at orientation.

You can start using the cases after you self-register using your SOM email address. Instructions on how to do this can be found on the MedU website at http://www.med-u.org/support/logging_in/

Should you need assistance email medusupport@i-intime.org
Med U (WISE-MD)
1. Abdominal Aortic Aneurysms
2. Adrenal Adenoma
3. Anorectal disease
4. Appendicitis
5. Bariatric
6. Bowel Obstruction
7. Breast Cancer Surgery
8. Burn management
9. Carotid Stenosis
10. Cholecystitis
11. Colon Cancer
12. Diverticulitis
13. Hypercalcemia
14. Inguinal Hernia
15. Lung Ca
16. Pancreatitis
17. PEDS Hernia
18. PEDS Pyloric stenosis
19. Skin cancer
20. Thyroid nodule
21. Trauma resuscitation

XI. E*VALUE – DIAGNOSIS/PROCEDURE (PX/DX) REQUIREMENTS
Logging Expectations
Students should log onto E*Value (http://www.e-value.net) to enter patient diagnoses (Dx) and procedure (Px) requirements (as listed below). Students should log the information (PxDx) for a patient on the day of the encounter to maintain timely and accurate records.

Alternative experiences must also be completed and logged for all PxDx that are not seen during the clerkship rotation. NOTE: Alternative experiences should not be regarded as supplemental to actual patient encounters, but rather as an alternative methodology for the (rare) unavailable clerkship requirement.

You should communicate with the Clerkship Director/Coordinator when a real patient encounter is not attainable for a particular PxDx requirement.

IMPORTANT: Students are required to complete ALL clerkship assignments before the end of the clerkship. The deadline for logging all PxDx cases is midnight of the Wednesday of the last week of the rotation.
<table>
<thead>
<tr>
<th>Required Diagnoses</th>
<th># Required</th>
<th>Student Role</th>
<th>Clinical Setting (Inpatient / Outpatient, etc.)</th>
<th>Alternative Option (MedU case/paper case, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Pain (Acute)</td>
<td>1</td>
<td>D</td>
<td>I/O</td>
<td>MedU</td>
</tr>
<tr>
<td>Breast Problem</td>
<td>1</td>
<td>D</td>
<td>I/O</td>
<td>MedU</td>
</tr>
<tr>
<td>Common Malignancy</td>
<td>1</td>
<td>D</td>
<td>I/O</td>
<td>MedU</td>
</tr>
<tr>
<td>Subspecialty Case</td>
<td>1</td>
<td>D</td>
<td>I/O</td>
<td>MedU</td>
</tr>
<tr>
<td>GI Bleeding</td>
<td>1</td>
<td>D</td>
<td>I/O</td>
<td>MedU</td>
</tr>
<tr>
<td>Rectal Problem</td>
<td>1</td>
<td>D</td>
<td>I/O</td>
<td>MedU</td>
</tr>
<tr>
<td>Acute Surgical Problem (ind. Trauma)</td>
<td>1</td>
<td>D</td>
<td>I/O</td>
<td>MedU</td>
</tr>
<tr>
<td>Surgically Treated Infection</td>
<td>1</td>
<td>D</td>
<td>I/O</td>
<td>MedU</td>
</tr>
<tr>
<td>History &amp; Physicals</td>
<td>10</td>
<td>P</td>
<td>I/O</td>
<td>None</td>
</tr>
<tr>
<td>Pre-Op Eval – Outpatient</td>
<td>2</td>
<td>P</td>
<td>O</td>
<td>None</td>
</tr>
<tr>
<td>Post-Op Care – Outpatient</td>
<td>4</td>
<td>P</td>
<td>O</td>
<td>None</td>
</tr>
<tr>
<td>Suturing</td>
<td>1</td>
<td>P</td>
<td>I/O</td>
<td>Practice on trainer</td>
</tr>
<tr>
<td>Knot Tying</td>
<td>1</td>
<td>P</td>
<td>I/O</td>
<td>Practice on trainer</td>
</tr>
<tr>
<td>Draw Blood</td>
<td>1</td>
<td>O</td>
<td>I/O</td>
<td>None</td>
</tr>
<tr>
<td>Foley Catheter</td>
<td>1</td>
<td>P</td>
<td>I/O</td>
<td>None</td>
</tr>
<tr>
<td>Rectal Exam/Prostate Eval</td>
<td>1</td>
<td>P</td>
<td>I/O</td>
<td>None</td>
</tr>
<tr>
<td>Start IV</td>
<td>1</td>
<td>O/P</td>
<td>I/O</td>
<td>None</td>
</tr>
<tr>
<td>Obtaining informed consent/explaining procedure</td>
<td>1</td>
<td>O/P</td>
<td>I/O</td>
<td>None</td>
</tr>
<tr>
<td>Place N/G Tube</td>
<td>1</td>
<td>O/P</td>
<td>I/O</td>
<td>None</td>
</tr>
<tr>
<td>Sterile Prep and Draping of Surgical Field</td>
<td>1</td>
<td>O/P</td>
<td>I/O</td>
<td>None</td>
</tr>
</tbody>
</table>

**XII. CLERKSHIP EVALUATIONS**

We take your evaluations of the clerkship quite seriously. Since the clerkship is undergoing constant evolution, we pay attention to your suggestions and many of the current practices are direct evaluation results from your predecessors. You will be required to complete attending and resident evaluations on E*Value along with a clerkship evaluation from WSU, also on E*Value. These will go out the week before the rotation ends. You will also have a clerkship evaluation to complete on Survey Monkey for which you will receive an email the last week of the rotation with a link to fill it out. These evaluations must be completed within 48 hours upon completion of the rotation. All evaluations are required. If they are not completed, you will receive an Incomplete grade (which converts to a failure in 60 days per WSU policy).
Please be assured of your anonymity on these evaluations. Comments are welcome and we ask that you be frank.

XIII. GRADING CRITERIA
In order to arrive at a projected grade for your performance during the Surgery Clerkship, we utilize the following tools for evaluating your performance. This is in addition to fulfilling the course requirements of completing lecture viewing, completing all Med U cases (not watching concurrently), logging all cases on E*Value, finishing all H&Ps as required, attending all required sessions, and completing any and all assignments from the site directors. Also any unprofessional behavior will affect the final grade adversely and leave the student ineligible for an Honors grade.

1. Multiple choice NBME shelf examination (Guaranteed minimum pass of 57)
2. Evaluations of ward performance by attending faculty, residents and the site director.
3. Oral examination (Pass = 8/30)
4. Departmental written exam (Pass = 50%)

Honors
> 0.5 SD above mean on shelf exam
24 or above on oral exam (80%)
80% on the departmental exam
All 5’s on the summary evaluation by the hospital site director

NOTE: The scores on the individual evaluations will be interpreted by the site director in awarding the grade. There is no arithmetic average taken of the individual evaluation—they are designed to provide you feedback.

Satisfactory
57 or greater on the shelf exam
50% on the departmental exam
8 or more on the oral exam
Clinical pass awarded by site director

Satisfactory w/Academic Commendation
> 1 SD above the mean on shelf exam
At least Satisfactory marks on all of the other criteria

Satisfactory w/Clinical Commendation
> Mean on shelf exam
24 or above on oral exam
80% on the departmental exam
All 5’s on the summary evaluation by the hospital site director
NOTE: The scores on the individual evaluations will be interpreted by the site director in awarding the grade. There is no arithmetic average taken of the individual evaluation—they are designed to provide you feedback.

WARD PERFORMANCE
A final clinical grade is arrived by the site coordinator based on the evaluations of staff and residents. A brief mid-term evaluation will be given to every student by each site. The student should request this at the one-month point.

XIV. EXAMS

NBME SHELF EXAMINATION (given the last Friday of rotation)
The Surgery subject examination is utilized to provide an objective, comprehensive determination of your knowledge of the surgical field. The examination consists of approximately 100 multiple choice questions given over a 2.5-hour time period encompassing General and Trauma Surgery, Vascular, Pediatrics, Neurosurgery, Urology, Plastics, Transplant and ENT. The examination is very difficult and requires diligence and discipline in study during your rotation. Review of post-test answers is not possible due to confidentiality requirements by the National Board.

ORAL EXAM (Given 1 week before shelf exam)
An oral exam will be given covering common topics in surgery. Refer to the oral exam study guide.

WRITTEN EXAM (Given 1 week before shelf exam)
A written exam will be given during the clerkship which will cover material presented during the lectures, the textbook and Med U modules. It is 75 questions and two hours in length.

REQUIRED ASSIGNMENTS
Students are required to complete all clerkship assignments before the end of the clerkship. The deadline for logging all PxDx cases is midnight of the Wednesday of the last week of the rotation. The clerkships will establish the deadlines for other assignments. If assignments are not completed by the respective deadlines, the student will be considered Incomplete.

GRADE APPEALS
May be made per University Policy. You MAY NOT contact the clerkship about your evaluations prior to actually being awarded a grade, i.e. no pre-appeals.

REMEDICATION
Students failing the shelf exam must call their class counselor for information on scheduling a make-up exam.

When retaking the test after a fail, a score of 57 will result in a passing grade (56.9 is a FAIL).
Failing the examination *twice* will require repeating at least a one-month surgical rotation and examination. There are no exceptions. In some circumstances the department may require a two month repeat rotation.

Retake of the Oral Examination will be given on a regularly scheduled testing date. There are no other makeups for the oral exam.

Retake of the Written Examination must be scheduled through Jason Booza in the testing office at WSU and *cannot be taken during another clerkship*.

A clinical fail will require repeating the entire two-month rotation including *all exams*.