

# WAYNE STATE UNIVERSITY

SCHOOL OF MEDICINE

---

## **YEAR IV CURRICULUM GUIDE WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE**

**2017-2018**

Curriculum Guides are subject to revision. Updates will be posted to the electronic version of this Curriculum Guide that can be found on the School of Medicine website.

# Table of Contents

GRADUATION REQUIREMENTS.....	4
OVERVIEW OF THE YEAR 4 CLINICAL CURRICULUM .....	4
Clinical Competencies and the School of Medicine	
Educational Objectives.....	4
Promotion of YR III Students to YR IV (Senior) Status.....	10
YEAR IV POLICIES AND PROCEDURES .....	10
General Policies, Senior Course Requirements and Senior	
Program Scheduling.....	10
Student-Initiated Changes in the Senior Program.....	14
Required Senior Clerkships .....	15
The Year IV Scheduling Process .....	15
Special or Restricted Year IV Programs.....	15
Time Off for USMLE Step 2CK and Step 2CS .....	16
Senior Program Balance .....	17
Time off for Residency Interviews .....	17
Travel To and From AWAY Electives.....	18
Grades in Senior Courses.....	18
Grade Appeals .....	18
ELECTIVES .....	18
AWAY and HOME Electives .....	18
Applying for AWAY Electives .....	18
Independent Study Electives.....	20
Elective Grades.....	21
Changing Your YR IV Elective .....	21
International Electives.....	23
STUDENT RESPONSIBILITY AND CLERKSHIP/ELECTIVE	
EVALUATIONS.....	24
PARKING AT ASSIGNED HOSPITALS .....	24
REQUESTS FOR EXCUSED ABSENCES .....	25
CHANGES TO THESE CURRICULUM GUIDELINES .....	25
OTHER IMPORTANT INFORMATION.....	25
EMERGENCY MEDICINE ROTATION.....	26
SUB-INTERNSHIP ROTATION.....	34



Dear Students,

Congratulations and welcome to Year IV at the School of Medicine! We hope that you will use this year to increase the knowledge and hone the skills you have worked so hard to develop during the first three years of your medical education. This primarily elective- focused year will give you the opportunity to explore different areas of medicine and continue to prepare you for your residency and your career as a physician. While sometimes stressful with the demands of deciding on a career path and pursuing a residency position, many students have described Year 4 as the most enjoyable period of their professional training. We hope that you will find the year both valuable and rewarding.

This curriculum guide contains important information about policies and procedures for Year IV. Among these are a list of the requirements that must be fulfilled in order for you to graduate. Additionally, there is critical information about the structure of Year IV, elective policies, and information about the NBME Step 2 CK and 2 CS examinations. Please take the time now to read over this information carefully and keep the guide available for reference throughout the year. You also will receive information regularly from the Office of Student Affairs regarding the residency application process including important information about ERAS and the NRMP program. As always, it is very important for you to check your email frequently since this is the School of Medicine's official means of communicating with you about these topics that are of vital importance to your future.

Like all curriculum guides, this Curriculum Guide is subject to revision. Updates will be posted to the electronic version of this Curriculum Guide that will be found on the School of Medicine website. Once these revisions are made to the on-line version, any policies they contain will take effect at the time of posting. Important updates also will be emailed to the class. Please refer to this updated information frequently and don't hesitate to contact me or any other member of the School of Medicine administration with questions you might have. Again our goal is to provide you with the best medical education possible and we hope that you will have an enjoyable and enriching Year IV experience.

Sincerely,

Kendra Schwartz, MD, MSPH  
Professor and Assistant Dean of Clinical Education Wayne  
State University School of Medicine

## I. OVERVIEW OF THE YEAR 4 CLINICAL CURRICULUM

In the Senior Year of the medical school curriculum, students are required to complete at least eight (8) months of study, assuming that an elective was done as part of your Year III program. There are two required clerkships of one-month duration each: Inpatient Sub- Internship and Emergency Medicine. The other six months include elective courses, with the intention that you plan a balanced program of study to complete your medical school education. If you deferred your junior elective into the senior year to take a month off in Year III, you must complete seven elective months (9 months total) in Year IV.

### A. Clinical Competencies and the School of Medicine Educational Objectives

#### 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.<sup>1</sup>

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.<sup>2</sup> (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**

---

1 Eglander, R, Cameron, T, Ballard, A, Dodge, J, Bull, J, Aschenbrener, C. Toward a Common Taxonomy of Competency Domains for the Health Professions and Competencies for Physicians: Acad. Med. 2013; 88: 1088-1094

2 Association of American Medical Colleges (AAMC). Core Entrustable Professional Activities for Entering Residency Curriculum Developers' Guide. 2014;

<https://members.aamc.org/eweb/upload/Core%20EPA%20Curriculum%20Dev%20Guide.pdf>

**knowledge to patient care**

Relevant Entrustable Professional Activities	Reference to the PCRS	WSUSOM Competency
EPA 1, 3, 13	KP 1	KP 1: Demonstrate an investigatory and analytic approach to clinical situations
EPA 2	KP 2	KP 2: Apply established and emerging biophysical scientific principles fundamental to health care for patients and populations
EPA 2, 7	KP 3	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
EPA 2, 3, 7	KP 4	<b>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*</b>
	KP 5	<b>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*</b>
	KP 6	KP 6: Contribute to the creation, dissemination, application, and translation of new health care knowledge and practices

\*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**

Relevant Entrustable Professional Activities	Reference to PCRS	WSUSOM Competency
EPA 10, 12	PC 1	PC 1: Perform routine technical procedures specified by the medical school and clerkship
EPA 1, 2, 4, 6, 10	PC 2	PC 2A: Take a satisfactory medical history including psychosocial, nutritional, occupational and sexual dimensions
EPA 1, 2, 4, 6, 10	PC 2	PC 2B: Perform a satisfactory physical exam
EPA 1, 2, 4, 6, 10	PC 2	PC 2C: Accurately document the clinical encounter
EPA 10, 11	PC 3	PC 3: Apply the concepts and principles of patient safety science in the delivery of clinical care
EPA 2, 3, 5, 10	PC 4	PC 4A: Apply laboratory and imaging methods in identifying diseases or health problems
EPA 2, 3, 5, 10	PC 4	PC 4B: Interpret laboratory data, imaging studies, and other tests required for the area of practice

Relevant Entrustable Professional Activities	Reference to PCRS	WSUSOM Competency
EPA 3, 4, 10	PC 5	PC 5A: Utilize data from the history, physical exam and laboratory evaluations, with up-to-date scientific evidence to identify health problems
EPA 3, 4, 10	PC 5	PC 5B: Formulate an appropriate differential diagnosis
EPA 4, 5, 10, 11	PC 6	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
EPA 4, 5, 10, 11	PC 6	PC 6B: Monitor the course of illnesses and to appropriately revise the management plan
EPA 3, 11, 12	PC 7	<b>PC 7: Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making*</b>
EPA 8	PC 8	PC 8: Understand the need and value of consultations and referrals in the delivery of health care
EPA 3	PC 9	<b>PC 9: Apply preventive and health maintenance principles and techniques in the delivery of health care*</b>
	PC 10	PC 10: Provide appropriate role modeling
	PC 11	PC 11: Perform supervisory responsibilities commensurate with one's roles, abilities, and qualifications
	PC 12	<b>PC 12: Diagnose and manage patients with common diseases and health-related conditions prevalent in urban settings*</b>

\*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**

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

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

**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**

Relevant Entrustable Professional Activities	Reference to PCRS	WSUSOM Competency
EPA 1, 4, 5, 6, 11	ICS 1	<b>ICS 1: Effectively interact with patients, peers, families and other healthcare workers from diverse cultural backgrounds*</b>
EPA 2, 5, 6, 7, 8, 9, 10, 13	ICS 2	ICS 2: The ability to effectively communicate with peers and members of the healthcare team in the care of patients and their families
EPA 8, 9	ICS 3	ICS 3: The ability to work cooperatively with other health care workers in the delivery of health care
	ICS 4	ICS 4: Act in a consultative role to other health professionals
EPA 5, 11, 12	ICS 5	ICS 5: Maintain comprehensive, timely, and legible medical records

Relevant Entrustable Professional Activities	Reference to PCRS	WSUSOM Competency
EPA 10, 12	ICS 6	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)
EPA 1, 9, 11	ICS 7	ICS 7: Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions

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

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

Relevant Entrustable Professional Activities	Reference to PCRS	WSUSOM Competency
EPA 1, 6, 9	P 1	<b>P 1: Demonstrate compassion, integrity, and respect for others, in particular people from vulnerable population*</b>
	P 2	P 2: Demonstrate responsiveness to patient needs that supersedes self-interest
EPA 1, 6, 8	P 3	P 3 Respect the patients' dignity, privacy, and confidentiality in the delivery of health care
EPA 5, 13	P 4	P 4: Demonstrate accountability to peers, patients, society, and the profession
EPA 1	P 5	<b>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*</b>
EPA 12	P 6	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
	P 7	<b>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*</b>

\*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**

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

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

**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**

Relevant Entrustable Professional Activities	Reference to PCRS	WSUSOM Competency
EPA 9	IPC 1	IPC 1: Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust
EPA 9	<b>IPC 2</b>	<b>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*</b>
EPA 9	IPC 3	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
	<b>IPC 4</b>	<b>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*</b>

\*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**

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

**B. Promotion of Year III Students to Year IV (Senior) Status**

At the end of Year III, students are promoted to Year IV upon the recommendation of the Clerkship Committee to the School of Medicine Promotions Committee. It is important to note that students are not promoted to Year IV status until all requirements of Year III are met. This includes remediation of any and all Year III courses and examinations, including Incomplete grades. This is an extremely important issue, since senior electives taken without clearing all Year III deficiencies means that those electives will not be credited toward graduation. It is the student's responsibility to make sure that this rule is followed and that all deficiencies and requirements are met.

**II. YEAR IV POLICIES AND PROCEDURES**

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

1. Year IV begins on July 1 of the academic year, and ends on May 31 of the following calendar year. In contrast to the Year III rotations, each senior year course follows the calendar month, beginning on the first of the month and ending on the last day of the month.
2. Each HOME elective is one (calendar) month in length. AWAY (including International) electives may start on a different day than the first of the month, but they **must be at least four (4) weeks long**.

3. Students are required to take a minimum of eight (8) months of course work during this academic year, counting the earned credit for the month of Co- Curricular program if appropriate.
4. If a student elects a clerkship of more than four but less than eight weeks duration, he or she will be awarded only one month of academic credit. Thus, completion of two 6-week electives earns only 2 months of elective credit, not 3 months of credit.
5. The eight months of course work must include at a minimum:
  - A. Two required senior clerkships (see below)
  - B. Six elective courses
6. These courses should constitute a Balanced Program of study. Generally, students are encouraged to take no more than three electives in any one specialty. At least two electives must be outside the specialty inclusive of Years 3 and 4. The reason for this requirement is to assure that you will graduate from medical school as a broadly educated physician with the breadth of knowledge necessary to practice medicine in today's healthcare environment.
7. Upon completion of Phase 2 of the Year IV scheduling process, all student schedules will be reviewed for balance as described above. Students with unbalanced schedules will be required to meet with the Assistant Dean of Clinical Education to discuss their proposed plan of study. The Year III Elective will not be considered in evaluating the Year IV schedule for balance.

Students who believe their chances of successfully matching in the more competitive disciplines (e.g., orthopedics, dermatology) would be improved by taking a fourth elective in that discipline during Year 4 may request a formal Administrative Schedule Review. This review will include a meeting between the student and the Assistant Dean of Clinical Education. Decisions will be made based on the student's residency goals in relationship to their academic record and NBME examination scores.

8. All of the clerkships and elective courses are five to seven full days of work each week. No vacations or other travel (e.g., travel to/from other sites, etc.) are allowed during electives or required YR IV clerkships unless prior arrangements in writing are made with the course director and approved by the Assistant Dean of Clinical Education. Exceptions to this policy, allowing limited number of days away from electives for Residency Interviews, is discussed below.
9. Each student should work with his/her senior program advisor to develop his/ her senior curriculum. Of course, students are free to consult other faculty members for advice as well. The roster of senior program advisors is available :  
<http://www.studentaffairs.med.wayne.edu/faculty-advisors.php>
10. Step 2 Preparation Course: Starting July 1, 2016 the Office of Teaching and Learning (OLT) will require a Step 2CK preparation course. This new self- directed learning course is a one credit hour, satisfactory/unsatisfactory course, that will help provide you with additional structure and medical school resources while preparing for the exam.

All students will be registered for the Step 2CK preparation course and will receive:

- Two NBME-Comprehensive Clinical Science Examination (CCSE) vouchers; one to establish your baseline readiness (content area strengths and weaknesses) prior to studying and one to determine your readiness before taking the exam.
- On-line resources through the OLT
- Consultation within the OLT

In addition to the available resources, students will be required to:

- Register for your test and provide a test date to the OLT
- Submit your study plan/schedule for your exam to the OLT
- Submit weekly updates summarizing your study schedule progress, which may be in person or via Blackboard to the OLT
- Provide the results of your NBME-CCSE diagnostic examinations to the OLT
- Provide your test results to the OLT

Some students have been preparing for the 2016 Step 2CK and may have already purchased study materials, vouchers for practice tests, or may be taking the exam prior to the start of the academic year. To address this cohort of students, there is a “test-out” mechanism that mandates you meet a minimum requirement. *Please note, according to Federal Financial Aid rules and regulations, if you decide to “test-out” of this course, you will not be eligible for one month of federal financial aid which has been packaged for your Step 2CK preparation.* If you have signed up for a separate Step 2CK course, please contact the OLT.

If you choose to “test-out” of the Step 2CK course, you must meet minimum requirements, including:

- Submission of your study plan/schedule to the OLT
- Obtain your own NBME-Comprehensive Clinical Science Practice Exam voucher and submit your score to the Office of Learning and Teaching to determine your readiness to take Step 2CK.
- If you choose to “test-out” you must complete the form that is found on the next page and send it to the Office of Records and Registration no later than Thursday, June 30, 2016. Students submitting a form to “test-out” after June 30, 2016 will be required to remain registered for the course. If you do plan on testing-out and are taking the exam in June 2016 please contact the OLT.

## Step 2CK Preparation Course Test-Out Form

Student ID: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

I elect to test-out of the Step 2CK Preparation course by fulfilling the following requirements:

- Submitting my study plan/schedule to the Office of Learning and Teaching.
- Obtain my own NBME-Comprehensive Clinical Science Practice Exam voucher and submit my score to the Office of Learning and Teaching to determine my readiness to take Step 2CK.

### **Acknowledgements**

I acknowledge that if I do not complete the test-out requirement or fail to submit this form by the published deadline, I will remain enrolled in the course and be responsible for all charges.

I acknowledge that if I test-out of the requirement for the Step 2CK Preparation course, I am ineligible for one month of federal financial aid. The financial aid office will be notified that I tested out and my aid will be calculated accordingly.

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

Please return the completed form to the Office of Records and Registration at [records@med.wayne.edu](mailto:records@med.wayne.edu)

## **B. Student-Initiated Changes in the Senior Program**

1. After the scheduling lottery is completed in the late spring of your junior year, the senior required and elective programs are disseminated to students, hospitals, departments, etc.
2. Because the timing of scheduling in spring would make it impossible to propose changes to senior programs with at least 45 days notice, no changes will be allowed for other than extenuating circumstances to senior programs during the months of July and August.
3. There will be changes in *required course* schedules only under extenuating circumstances at any time in the academic year.
4. Changes to elective courses beginning after September 1<sup>st</sup> will be allowed with at least 45 days written notice as detailed elsewhere in this Curriculum Guide.
5. After all assignments are made, senior student's programs are reviewed for content and balance by the Year IV Committee. Final approval of each proposed student program will be determined by the Year IV Committee. Unapproved senior programs must be modified by students with assistance of the Assistant Dean of Clinical Education.
6. Students who will not complete all required Year IV courses and requirements by May 31<sup>st</sup> of each academic year must have their Year IV proposed programs reviewed by the Office of Student Affairs prior to submitting their proposed program into the lottery request system.
7. Students are advised to allow for time off for residency interviews during the months of November, December or January. Therefore, it is strongly suggested that one of these months should be taken as a vacation period designated for residency interviewing. The policy regarding taking time off from electives for residency interviews are detailed later in this guide.
8. No clerkship can be dropped once it has begun. Any clerkship approved for a student's senior program **MUST** be taken, and students cannot shorten their programs at a later date. Thus, if a student signs up for 9, 10, or 11 months of coursework he or she **WILL BE REQUIRED** to satisfactorily complete that number of clerkships.
9. Up to two months may be taken in research clerkships listed in the School of Medicine on-line Elective Catalog or arranged with a research mentor as Independent Study Electives. However, these two research clerkship months count towards the balance requirement.
10. It is the student's responsibility to contact the coordinator of the clerkship regarding the date, time and location to report to on the first day of the course.
11. Each student is required to pay the full per-credit-hour tuition for all Year IV courses/clerkships, including those required for remediation. In addition, each student is to pay any fees required by other institutions for courses taken at their facilities.

### **C. Required Senior Clerkships**

There are two required senior courses:

1. An Inpatient Sub-Internship clerkship—Can be taken in the departments of Internal Medicine, Family Medicine, Surgery, or Pediatrics at hospitals designated by each respective department. No other inpatient medicine course will be accepted for this Sub-Internship requirement.
2. Emergency Medicine

These requirements must be fulfilled from the list of courses detailed in an annual senior course scheduling document. No other courses can be substituted for these three required courses. These courses complete the sequence of required courses begun in Year III.

Once assignments of these required courses have been made, this schedule cannot be changed except in the case of emergency and/or extenuating circumstances as judged by the Dean's office.

### **D. The Year IV Scheduling Process**

1. The dates for entering your requests for senior courses into the scheduling system will be disseminated by e-mail. A class meeting will be announced and held prior to the start of senior elective scheduling to discuss the senior program scheduling process and the lottery system.
2. The web-based scheduling system will be used by students to input their proposed senior program for their required and elective senior courses. Details of how the scheduling assignment process functions will be provided well in advance of the scheduling period.
3. Results of the computerized scheduling system are final.
4. Students who fail to submit their course requests by the announced date for the closing of the scheduling process system will not be allowed to enter requests into the system at a later date. These students will meet with the Assistant Dean of Clinical Education or his/her designee to schedule their rotations from whatever choices remain after scheduling for all other students is completed.

### **E. Special or Restricted Year IV Programs**

The Clerkship Committee, Year IV Committee, Promotions Committee and the Office of the Associate Dean for Academic and Student Programs (including the Assistant Dean of Clinical Education) are empowered to alter senior programs to guarantee the highest possible academic achievement and knowledge of the graduates of the Wayne State University School of Medicine. This includes, but is not limited to, alterations to help remediate academic difficulties and clinical weakness. No student can receive Year IV credit for Year III make-up work. Year IV clerkships cannot be substituted for Year III clinical core clerkships.

Students who have not completed Year III by June 30 of each academic year or who have an unresolved unsatisfactory grade in any Year III clerkship or whose performance on the end-of-year

## Objective Structured Clinical Examination

(OSCE) indicates a need for remedial work or who have had other significant academic difficulties may be required to do one or more of the following:

1. Make up the deficiency by November 1 of his or her senior academic year. This includes OSCE remediation.
2. Revise his/her previously approved Year IV program to make up a deficiency.
3. Take a prescribed program during their senior year.
4. Not be allowed to take AWAY electives.
5. Take all senior clerkships (required or elective) at locations determined by School of Medicine Administration and/ or Clerkship Directors.

## **F. Time Off for USMLE Step 2CK and Step 2CS**

1. YR III (Junior) students are not allowed to take time off to take the USMLE Step 2 examination.
2. Year IV students are allowed one day off from Senior coursework to take USMLE Step 2 CK (Clinical Knowledge, the written exam) and three days off for the USMLE Step 2 CS (Clinical Skills, see below). No additional time off from Year IV electives or required courses will be allowed to study for the USMLE, or to travel to or from distant testing sites or review courses. There will be no exceptions to this policy.
3. Because you are not allowed to take time away from a senior course to study for the USMLE, students have historically taken a month off during their senior year to complete preparation for USMLE Step 2. Starting in Academic Year 2016-17, the School of Medicine will provide a Step 2 Preparation course as explained in #9 below.
4. Once you have a date for either of these exams, please inform your counselor and the involved clerkship director/elective coordinator in writing at least 2 weeks before the anticipated days off for the exam.
5. The Administration of the School of Medicine strongly recommends that you attempt to post a score for Step 2 CK of the USMLE relatively early in your senior year since many program directors are now requiring a passing score on Step 2 CK before offering interviews for residency positions. Since program directors begin reviewing applications in mid-fall and start to consider who to invite for interviews, it is important to try to have a score as early as possible. Furthermore, if a student does not pass the examination on his or her first attempt, he/she will have sufficient time to repeat the exam and still have a passing score for their residencies of choice before the ERAS match closes. Students who have not passed Step 2 CK before match certification may have difficulty securing their top choices. If the May 1 deadline for posting a passing score for Step 2 CK is not met, it is likely that the student's ability to obtain a temporary license to practice medicine will be delayed and they will not be able to begin their residency on time (July 1).



6. The Administration of the School of Medicine requires that you take Step 2 CS prior to November 1 of Year IV. Taking the exam by November 1 allows for the possibility of repeating the exam in the case of failure and still posting a passing score by May 1. The score for Step 2 CS takes approximately 9 weeks to return.
7. The USMLE Step 2 CS and CK exams can be taken in either order.
8. Additional information regarding the USMLE examination process, including registration for the Step 2 examinations, can be obtained from their website

<http://www.usmle.org>

### **G. Senior Program Balance**

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

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

### **H. Time off for Residency Interviews**

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

1. You must obtain permission from the course director or his/her designee after written request for time off is submitted **at least two weeks** before the start of the course.
2. You are allowed to take up to **two days off from the Sub-Internship or Emergency Medicine. Up to five days may be taken off from electives for interviewing.** No more than 5 days may be taken off in any month for residency interview travel. If more than 5 days is needed, the course should be rescheduled.
3. At the course director's discretion, all time off from the elective or required course must be made up.

## **I. Travel To and From AWAY Electives**

1. If travel time conflicts with the completion of one elective period and the beginning of another, permission must be obtained from the faculty member in charge of the elective from which time will be lost for travel prior to beginning the course that will cause the conflict.
2. Paid clerkships or externships are not acceptable as official electives for credit towards graduation. If you get paid for an elective, you cannot also receive course credit for that elective.

## **J. Grades in Senior Courses**

Students will be evaluated in their respective senior required clerkships and electives, using grading policies and procedures established and disseminated for each course. See the Policies and Procedures Manual for further information regarding grading and remediation policies.

## **K. Grade Appeals**

Refer to the Policies and Procedures Manual regarding the grade appeal process.

## **III. ELECTIVES**

### **A. AWAY and HOME Electives**

AWAY electives are electives that are not at an institution affiliated with WSU-SOM. HOME electives are those that are provided at an institution affiliated with WSU- SOM.

Students need to submit the necessary paperwork for the approval of all electives other than those in the WSUSOM catalog with our affiliated institutions.

A student may elect to do more than the minimum number of electives required for graduation. Please note that any additional elective for which the student wishes to receive academic credit will incur additional tuition fees assessed by the credit hour.

### **B. Applying for AWAY Electives**

1. At no time will a student be allowed to complete his or her two required senior clerkships (Sub-Internship and Emergency Medicine) outside the usual course offerings.
2. AWAY electives are available from many medical schools and a variety of clinical facilities. The Office of Student Affairs has information regarding various available electives which prior students have taken. Counselors also have information regarding AWAY electives that students have found beneficial, as do various faculty members in the departments who act as advisors to junior and senior students.
3. Most medical schools will use the AAMC's Visiting Student Application Service (VSAS) to receive applications from students wishing to do 4<sup>th</sup> year clinical AWAY electives at their institutions. This service includes a searchable database of electives, a short application, the ability to pay application fees online, and tracking of offers and schedules. Detailed

helpful information for students about VSAS and a list of participating host schools is available at:

<https://www.aamc.org/students/medstudents/vsas/>

The WSU School of Medicine Records and Registration office will issue you authorizations to log into VSAS. This office as well as the Office of Student Affairs will assist you in the VSAS application process.

4. The application process for AWAY electives at host schools not yet participating in the VSAS process includes first making contact with the medical school or institution in question. In conjunction with your counselor in the Office of Student Affairs, the School of Medicine's AWAY Elective form is then completed. This includes obtaining approval of the Assistant Dean of Clinical Education. The Office of Student Affairs will also help you complete other application materials required by host institutions such as proof of vaccination or other health matters, verification of 'good standing' status, malpractice insurance, etc. It is the student's responsibility to complete all required forms and requests (health forms, transcript requests, proof of health insurance, HIPAA training, respirator fit testing, USMLE scores, photo ID) and submit the completed packet to the Office of Student Affairs. **Students requesting an elective from a school/hospital requiring additional medical liability insurance beyond the schools policy will bear the cost. This additional fee will not be reimbursed by the School of Medicine.** Be certain to read host school requirements carefully and comply with the policies in addition to all WSU School of Medicine policies. The Office of Student Affairs will review and mail all of this information to the host institution to complete your application for an away elective. Please note that no applications will be processed or mailed by the Office of Student Affairs without submission of all of the required application materials.
5. Only one AWAY clerkship request form will be processed for a given month. Students may not try to get several different AWAY electives for a particular month as "backup electives". Applying to and being accepted at two different institutions for the same month necessitates that the student will have to cancel one of the electives he or she requested after the request was approved by the institution; this is never interpreted favorably by the institution, and could have an impact on future student learning there. You are advised to list alternate courses in the same department when making your requests. By doing so you will avoid having to secure multiple chairs' signatures for a given month and maximize your choices at a given institution.
6. The Office of Student Affairs will maintain a file of all completed requests and provide the student with a copy of the application materials.
7. The AAMC Extramural Electives Compendium (usually released in March or April of each academic year) contains information of electives offered to visiting students from a variety of institutions. It can be found on the web at:

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

The compendium contains detailed information regarding the application, approval processes, deadline dates, etc. for taking guest electives at all accredited US and Canadian schools. Copies

will be available in the Office of Records & Registration, the Office of Student Affairs, Student Organizations Office and the Shiffman Library. Most medical schools also post their senior year curriculum guide and elective offerings on their institutional web-site.

8. WSU AWAY elective forms are available in the Office of Records & Registration and the Office of Student Affairs.
9. The Office of Records & Registration must receive written confirmation of your acceptance as a guest student from the institution at least four weeks prior to the scheduled starting date for the clerkship. Please be sure to monitor this requirement carefully. If you do not obtain written confirmation by one month before the start of the elective, contact the Office of Student Affairs or the Office of the Assistant Dean of Clinical Education for assistance.
10. As with all other clerkships and electives, failure to attend an approved clerkship will result in an unsatisfactory grade. That unsatisfactory grade will be made up at the Detroit Medical Center or Henry Ford Health System.
11. Students will be given credit only for those AWAY courses for which they have registered and which appear on their approved Senior program. If changes are made by the student or imposed by the host institution, the Office of Records & Registration must be notified immediately.

### **C. Independent Study Electives**

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

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

#### **1. HOME Independent Study Electives**

Requests to establish a HOME Independent Study course for your elective will be considered by the Assistant Dean of Clinical Education in conjunction with the relevant Department of the School of Medicine. The request to establish an Independent Study Course is initiated at the Office of the Assistant Dean of Clinical Education or the Office of Student Affairs with the student's counselor. The School of Medicine Independent Study Elective form must be completed in order to process the request. Several criteria are used in considering approval of the Independent Study request, including but not limited to, the student's academic record, departmental resources, the student's planned career, the presence of a compelling reason to establish such a course (for example the absence of an identical elective course at the School of Medicine), etc.

The student must contact the department and/or individual with whom he or she intends to work. Together the plan of study is developed and written on the Independent Study form. When completed and signed, this is then submitted to the Assistant Dean of Clinical Education for formal approval.

## 2. AWAY Independent Study Electives

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

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

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

1. If you plan to do an AWAY Independent Study Elective, it is your responsibility to make all arrangements regarding the elective, including approval by WSU School of Medicine. No credit will be given retroactively for courses taken but not approved before the start of the course.
2. Monitor the situation with regard to your AWAY Independent Study Elective requests carefully. If you determine that you will not get a requested AWAY Independent Study Elective, you must propose a substitute for that course which is then added to your program using the mechanism for course changes specified in this program guide.

## D. Elective Grades

You will be eligible for the usual clinical grades of Honors, Satisfactory, or Unsatisfactory for electives. The elective taken during Year III is not counted towards the number of Honors course evaluations needed to achieve YR III Honors.

## E. Changing Your Year IV Elective

The following policy refers only to changes involving electives.

1. ALL requests to change electives must be initiated through either the Office of Records and Registration or the Assistant Dean of Clinical Education. Records and Registration handles requests that meet the 45-day guideline. The Assistant Dean of Clinical Education handles requests that are less than 45 days before the start of the elective.

2. The current program, requested change (the new course and alternatives, if indicated), and reason for the change will be listed on the Add/Drop Change form available in Student Affairs, Records and Registration, and Academic Affairs offices.
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.
5. 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 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.
6. 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.
7. 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.
8. 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.
9. While you are free to contact an elective coordinator, department, hospital, etc. to discuss your desire to change your senior program and take their elective, the availability of space in their elective does not necessarily mean that your elective change will be approved by the School of Medicine. Similarly, a program change suggested by your advisor or another faculty member is not automatically approved without review by School of Medicine administration via the procedures detailed above.
10. Decisions regarding the approval or disapproval of a senior elective change are final, irrespective of the availability of space to accommodate the student's request.

11. All program changes must follow the policies in force at the School of Medicine, and be approved by School of Medicine administration. There are several reasons for possibly denying approval even though it appears to you that the course is available, including possible obligations by the School of Medicine to fill spots once students have indicated their desire to take them; other changes that have been recorded but not communicated to the coordinator or department or hospital that takes up the free spot; academic concerns after review of a 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.

## **F. International Electives**

A one-month elective within a foreign country may be taken for credit by senior students only if the educational value of the elective can be verified. Establishing and approving the elective follows the guidelines outlined below. Prior to contacting an international institution, students must meet with Dr. Chih Chuang, Director of Global Health and Education.

*Students who have not obtained senior status may not take International Electives for credit. Students who are on academic probation, have a status of Special Matriculation or on leave of absence are not permitted to participate in international clinical experiences.*

Only one international away elective (of one-month duration) is allowed per student. This elective is considered in the evaluation of program balance.

The procedure for approval of international electives for senior students at the School of Medicine involves discussing with the Director of Global Health and Education to assess the educational value as well as assessing the logistical aspects of the elective. The Director will also assess whether the elective fits into the School of Medicine's long term objective of potential partnership and sustainability. The Director will give final approval and all requisite paperwork and evaluations must be completed before a final mark will be issued.

You will need to complete a Schedule Change Request Form if you are adding this elective to your schedule.

#### IV. STUDENT RESPONSIBILITY AND CLERKSHIP/ELECTIVE EVALUATIONS

- A. It is the student's responsibility to know the requirements for completion of the senior program, the requirements for awarding the medical degree, the requirements for graduation, and the rules regarding away electives. Do not procrastinate and put off completion of these requirements until the end of the year when you have insufficient time to complete them before graduation.
- B. In addition, you are required to complete an evaluation of each clerkship and elective course you complete during your clinical years. This requirement applies to both junior and senior elective courses as well as all required junior and senior clerkships. The School of Medicine Administration monitors the educational process with the hope of continually improving it.
- C. No grade will be recorded by the Office of Records and Registration until the student has completed the evaluation for each clerkship or elective.
- D. The School of Medicine may at times require students to complete surveys for ongoing educational research, online educational activities for regulatory compliance (e.g., Risk Management) 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.

#### V. 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. The individual departments will distribute to the students located at DMC Central Campus for Emergency Medicine, Sub-Internship and most electives. **The School of Medicine STRONGLY advises all students to avoid parking on public streets at any time.**

Parking cards and tags will be distributed either by the WSU department to which students are assigned or through the DMC Medical Education Office. 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.



## **VI. 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. 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. The counselor will work with the student to request the time off from the Clerkship/ Elective Director if the request is found to be appropriate. The counselor and student will also determine if the student should offer to make up time in the clerkship/elective; however, the requirement for the time to be made up is at the discretion of the Clerkship/Elective Director. The Clerkship/Elective Director may not grant absences if this policy is not followed.

Your attendance is expected and required at all other times by the faculty and the Clerkship/Elective Director for satisfactory completion of each clinical clerkship or elective. Not appearing for clinical responsibilities and assignments is unprofessional as well.

Indeed, unexcused absences could severely affect your grade; as detailed elsewhere in the policies and procedures for each clerkship, a clerkship or elective may fail you if you do not show up for an assigned activity, miss call, etc.

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

## **VII. CHANGES TO THESE CURRICULUM GUIDELINES**

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

## **VIII. 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

**SENIOR MEDICAL STUDENT  
EMERGENCY MEDICINE ROTATION  
STUDENT MANUAL  
2016 – 2017**

**GUIDELINES FOR SENIOR MEDICAL STUDENTS  
Emergency Medicine Rotation  
Wayne State University  
Department of Emergency Medicine**

Welcome to your senior rotation in Emergency Medicine! The faculty and staff from the various departments of Emergency Medicine assure you that this will be an exciting educational experience. You will have the unique opportunity of being exposed to many different acute care situations and will be actively involved in the clinical care of patients. Below you will find a list of the site coordinators and their email addresses. They are to be contacted for any problems you may encounter during the rotation and will be responsible for coordinating your clinical experience.

**Detroit Receiving Hospital**

Sarkis Kouyoumjian, MD  
Trifun Dimitrijevi, MD  
Shazzandra Doze (Coordinator)

**313-993-2530**

[skouyoum@dmc.org](mailto:skouyoum@dmc.org)  
[tdimitri@med.wayne.edu](mailto:tdimitri@med.wayne.edu)  
[sdoze@med.wayne.edu](mailto:sdoze@med.wayne.edu)

**Children's Hospital of Michigan**

Earl Hartwig, MD

**313-745-5260**

[ehartwig@dmc.org](mailto:ehartwig@dmc.org)

**Sinai-Grace Hospital**

Erin Brennan, M.D.  
Michael Cuz (Coordinator)

**313-966-1020**

[EBrennan@dmc.org](mailto:EBrennan@dmc.org)  
[MCuz@dmc.org](mailto:MCuz@dmc.org)

**St. John Hospital**

Elizabeth Bascom, M.D.  
Lynn Huber (Coordinator)

**313-343-8797**

[lizbascom@gmail.com](mailto:lizbascom@gmail.com)  
[Lynn.Huber@stjohn.org](mailto:Lynn.Huber@stjohn.org)

**Henry Ford Health Systems**

Jacob Manteuffel, MD

**313-916-7232**

**313-916-1553**  
[jmanteu1@hfhs.org](mailto:jmanteu1@hfhs.org)

Revised: 6/3/16  
/waj

Emergency Medicine  
Dates for Orientation and Exams  
July, 2016 - May, 2017

<b>Month</b>	<b>Orientation Day</b>	<b>OSCE/Exam Day</b>
July	Jul. 1, 2016	Jul. 29, 2016
August	Aug. 1, 2016	Aug. 31, 2016
September	Sept. 1, 2016	Sept. 30, 2016
October	Oct. 3, 2016	Oct. 31, 2016
November	Nov. 1, 2016	Nov. 30, 2016
December	Dec. 1, 2016	Dec. 23, 2016
January	Jan. 2, 2017	Jan. 31, 2017
February	Feb. 1, 2017	Feb. 28, 2017
March	Mar. 1, 2017	Mar. 31, 2017
April	Apr. 3, 2017	Apr. 28, 2017
May	May 1, 2017	May 26, 2017

## Objectives

The following competencies address in general terms the attitude, behaviors, knowledge, and skills that should be taught and assessed during the EM rotation. The specific competencies are Patient Care, Medical Knowledge, Practice Based Learning, Interpersonal and Communication Skills, Documentation, System Based Practice, Procedures and Professionalism.

### **Patient care:**

Under direct faculty supervision, students should be given primary responsibility for patient care (of noncritical patients) and begin to act independently during the fourth-year EM rotation. Primary responsibility for patient care will help foster the students' ability to think critically, assess their knowledge and skills, and allow them to make clinical decisions affecting patient care. The student is expected to:

1. Obtain an accurate problem-focused history and physical examination.
2. Recognize immediate life-threatening conditions.
3. Participate in patient management, by developing an evaluation and treatment plan, monitoring the response to therapeutic intervention and developing an appropriate disposition and follow-up plans
4. Health promotion: Educate patients on safety and provide anticipatory guidance as necessary related to the patient's chief complaint. Educate patients to ensure comprehension of discharge plan.

### **Medical Knowledge:**

Students should develop a differential diagnosis that is prioritized on potential life-threatening conditions and likelihood of disease. Students should demonstrate a knowledge (or understanding) of basic diagnostic modalities and interpretation of results. Most importantly, students should cultivate an appreciation of risk stratification and pretest probabilities for selected conditions. The student is expected to:

1. Develop a differential diagnosis when evaluating an undifferentiated patient.
2. Prioritize likelihood of diagnoses based on patient presentation and acuity.
3. List the worst-case diagnoses.
4. Create a diagnostic plan based on differential diagnoses.
5. Develop a management plan for the patient with both an undifferentiated complaint and a specific disease process.

### **Practice Based Learning:**

Practice-based learning can be demonstrated through systematically evaluating patient care and population features; teaching other students and health care professionals; and applying knowledge gained from a systematic evaluation of the medical literature, including study design and statistical methodology. The student is expected to;

1. Effectively use available information technology, including medical record retrieval systems and other educational resources, to optimize patient care and improve their knowledge base.

**Interpersonal and Communication Skills:**

Students are an important element of the health care team, and effective communication with patients and other health care providers is essential for patient care. Students must demonstrate interpersonal and communication skills that result in effective information exchange and interaction with patients, family members, and health care providers. The student is expected to:

1. Effectively communicate with patients, family members, and other members of the health care team.
2. Demonstrate a compassionate and nonjudgmental approach when caring for patients.
3. Presentation skills: Present cases in a complete, concise, and organized fashion; Effectively communicate with consultants and admitting services.

**Documentation:**

Provide accurate and organized documentation in the medical record when appropriate.

**System Based Practice:**

Systems-based practice extends beyond the individual patient's bedside to include an understanding of how EM relates to other practitioners, patients, and society at large, while considering the cost of health care and the allocation of health care resources. Understanding the "system" involves learning ways to advocate for patient care and assist patients in dealing with system complexities (such as assuring appropriate follow-up) and how to partner with health care providers to assess, coordinate, and improve patient care. The student is expected to:

1. Recognize when patients should be appropriately referred to the emergency department (ED).
2. Recognize the importance of arranging appropriate follow-up plans for patients being discharged from the ED.
3. Recognize the role of EM in the community, including access to care and its impact on patient care.
4. Understand the indications, cost, risks, and evidence behind commonly performed ED diagnostic studies.

**Procedures:**

In addition to proper technique, focus should be given to recognizing the indications, contraindications, and complications associated with each.<sup>24</sup> The student should be able to discuss aftercare and reasons to return for further evaluation with the patient. Although students are not permitted to obtain informed consent from patients, they should be able to describe the elements of this necessary step for all procedures they perform. Finally, all procedures are to be performed under appropriate supervision.

## **Professionalism:**

Professionalism should be viewed as an academic virtue, not just an expected set of behaviors. Students should learn to reflect on their professionalism during clinical rotations and learn from faculty role models. The student is expected to:

1. Display a strong work ethic. Be conscientious, on time, and responsible. Exhibit honesty and integrity in patient care.
2. Practice ethical decision-making.
3. Demonstrate professional behavior. Exercise accountability. Maintain a professional appearance. Be sensitive to cultural issues (age, sex, culture, disability, etc.). Work in a collegial manner with other members of the health care team.

## **Clerkship Orientation**

The course begins on the first weekday of the month with a mandatory orientation at 8:30 am in Mazurek Medical Commons room 301-302 unless specified otherwise by Sonya Scott in the Orientation email. In addition, there is a mandatory Hospital Site Orientation at each individual site. The time and location will be specified by the site director.

## **Clerkship Locations and Hours**

The clerkship is composed of approximately 16-18 clinical shifts in a variety of clinical settings from high volume urban centers to high volume suburban centers. The clinical sites include Detroit Receiving Hospital, Sinai-Grace Hospital, St. John's Hospital, Henry Ford Hospital. The student will be expected to perform as a sub intern, working under the direct supervision of a senior emergency medicine resident and attending staff.

There is a weekly didactic program for the medical students consisting of a core curriculum and facilitated discussions. All students will attend lectures at a central location in Mazurek Medical Commons 307-308 or at another location specified during orientation. In addition, a High Fidelity Patient Simulator in the Kado Clinical skills center is used to simulate a variety of clinical settings.

Students are provided with a student Emergency Medicine Rotation Manual upon which the facilitated weekly discussions are based. They also are encouraged to attend the weekly Emergency Department Grand Rounds in the department they are rotating.

Days/Week: 5 clinical 1 didactic

Hours/Week: 52. Students will work day, afternoon, and midnight shifts.

Maximum Number of Students: Maximum visiting students: 1 / Month

## **Evaluation of Student Performance**

There is both an OSCE and a written final exam on the last day of the clerkship, which is the last weekday of the month. The student can receive the grade of Unsatisfactory, Satisfactory with Remediation, Satisfactory, S with commendation or Honors. The grade is based on clinical evaluations, final exam score and conference attendance and dependent upon completion of all requirements in a timely manner. Clinical evaluations and the examination are weighted equally. If the student wants to attain Honors or Satisfactory with commendation they must attend resident grand rounds at their site.

The OSCE is a single case OSCE and is only formative, not summative. The students will be given feedback by faculty immediately following their OSCE.

### 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 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.

- **Clinical “Unsatisfactory”**

Students achieving “Fails to meet course expectations” in any of the five critical competencies, or is rated as “Failed to Meet Course Expectations” in any three of the non-critical competencies will receive a final clinical evaluation of “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.”

### **Student Evaluation of the Clerkship**

Students will be expected to complete an evaluation of their clinical site and to evaluate the OSCE. A clerkship evaluation is to be completed on E\*Value and a hospital site evaluation is to be completed on Blackboard.

### **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- due by the midnight of the last Wednesday 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 when the assignments, including Px/Dx, are completed and turned in.

### **Clinical Encounters and Procedures (Px/Dx) Requirement**

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 monitor the skills/experiences acquired by the students and monitor 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 Px/Dx 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.**



## EMERGENCY MEDICINE REQUIRED PxDx

Required Diagnoses	# Required	Student Role- D= Care of Patient-Direct, O= Care of Patient-Observed	Clinical Setting (inpatient/outpatient)	Alternative Option (MedU case/paper case, etc.)
Abdominal Pain	1	D/O	O	Paper case
Chest Pain	1	D/O	O	Paper case
Respiratory Distress	1	D/O	O	Paper case
Medical Code	1	D/O	O	Paper case
Eyes, Ears or Throat Case	1	D/O	O	Paper case
Musculoskeletal Case	1	D/O	O	Paper case
Neurologic Case	1	D/O	O	Paper case
Pediatric Case	1	D/O	O	Paper case
Traumatic Injury Case (not trauma code)	1	D/O	O	Paper case
Trauma Code	1	D/O	O	Paper case

  

Required Procedures	# Required	Student Role- P= Actual Patient-performed, O= Actual Patient-observed	Clinical Setting (inpatient/outpatient)	Alternative Option (MedU case/paper case, etc.)
IV/Blood Draw	1	P	O	Clinical Skills Simulation
ABG	1	P	O	Clinical Skills Simulation
Suturing/Wound Repair	1	P	O	Clinical Skills Simulation
Foley	1	P	O	Clinical Skills Simulation

### Grade Appeals

If a student wishes to appeal their grade, they must contact the Clerkship Director in writing (by email) within 30 days of receiving their grade. All appeals must be directed to the Clerkship Director. Students must not contact their Site Director regarding appeals. Appeals will be voided if the student contacts the Site Director for the purpose of Appeal.

# **Wayne State University School of Medicine**

## **Year IV Sub Internship**

**2016—2017**

## **SUBINTERNSHIP**

The Sub-Internship rotation is mandatory in Year 4. Sub-Internships are available in Family Medicine, Internal Medicine, Pediatrics and Surgery. Students schedule their preference through the lottery. The date of the rotation is determined in the lottery.

## **CONTACTS AND KEY PERSONNEL**

Each of the specialties with a Sub-Internship has a coordinator who facilitates the student's placement for their rotation. Students may be contacted by the coordinator or may be contacted by the site where the rotation will occur. Contact should be made a week or more prior to the start of the clerkship. Students who do not receive notice of where to report within a week of the start of the Sub- Internship should contact the appropriate person below.

Family Medicine Sub-Internship Coordinator Ms. Lisa Blackwell  
Program Project Assistant (313) 577- 0878  
[lblackwe@med.wayne.edu](mailto:lblackwe@med.wayne.edu)

Internal Medicine Sub-Internship Coordinator Shirley Kmetz (K is silent)  
Department of Internal Medicine  
University Health Center, Suite 2E (near Crockett classrooms) 313 966-7541 or 313 745-4901  
Fax: 313 745-4052  
skmetz@med.wayne.edu

Pediatrics Sub-Internship Coordinator Kelly Wood  
Undergraduate Medical Education Coordinator (313) 745-5751  
[kwoo@med.wayne.edu](mailto:kwoo@med.wayne.edu)

Surgery Sub-Internship Coordinator Nancy Linenger  
(313) 916-2879  
[nlinenge@med.wayne.edu](mailto:nlinenge@med.wayne.edu)

## **EVALUATION OF STUDENT PERFORMANCE**

Students have the possibility of earning Unsatisfactory, Satisfactory or Honors in this clerkship based on the evaluation of their clinical skills, knowledge and attitude. The evaluation form is the same used in all required clerkships and is completed by your site preceptor.

Honors are awarded to students who achieve "Exceeds course expectations" in seven out of eleven competencies on the clinical evaluation, including three of the first five critical competencies, AND have no ratings of "Below expectations".

Unsatisfactory is awarded to students who are "Below expectations" in any of the five critical competencies OR three or more competencies total are evaluated as "Below expectations".

## **SUCCESSFUL CLERKSHIP**

Students must obtain a Satisfactory Final Clinical Evaluation. If an Unsatisfactory evaluation is awarded, students must repeat the clerkship.

## **GRADE APPEALS**

Students who want to appeal their grade must contact the Clerkship Coordinator, who will then direct the student to Clerkship Director of that specialty. All grade appeals must be submitted in writing (email) to the Clerkship Director within 30 days of receipt of the grade. Students should not contact their site director/ preceptor. If the site director is contacted, the appeal will be voided.

### **Year IV Sub-Intern Clinical Competencies (Abridged Form)**

**I. Communication Skills** – Sub-Interns play a key role in communicating aspects of patient care to patients, families and healthcare providers, often in diverse clinical settings.

- A. Communicate effectively with patients and family members
  - 1. Utilize lay terms appropriate to the patient’s or patient’s family level of education and be able to explain scientific terminology.
  - 2. Communicate abnormal results and/or “bad news” to patients or their families in a sensitive manner.
  - 3. Discuss end-of-life issues with patients and family members
  - 4. Provide concise daily updates for patients and family members regarding hospital course and rationale for ongoing or new treatment plans.
  - 5. Consider cultural sensitivities and patient wishes when providing information.
- B. Recognize verbal and non-verbal clues of a patient’s mental and physical health.
- C. Clearly summarize for the patient and/or family the reason for admission and rationale for clinical plan.
- D. Initiate a conversation with a patient about advance directives.
- E. Demonstrate the ability to clearly and concisely present oral and written summaries of patients to members of the health care team.
  - 1. Recognition and synthesis of relevant information
  - 2. Communication of clinical information to the primary care physician

**II. Coordination of Care** – Sub-Interns play a central role in coordinating patient care; both during hospitalization and upon transition from the inpatient to outpatient setting. This involves communication between the patient and his/her family, colleagues, consultants, members of the health care team and other hospital personnel. Appropriate; management and coordination is essential to ensure optimal patient care.

- A. Prioritize tasks for daily patient care in order to effectively utilize time.
- B. Appropriately utilize consultants
  - 1. Define a consultant’s role in the care of a patient.
  - 2. Identify appropriate issues for the consultant referral.
  - 3. Discuss a consultant’s recommendation with members of the health care team.
- C. Effectively coordinate with physician and non-physician members of the health care team including:
  - 1. Nursing staff
  - 2. Physician assistants and nurse practitioners
  - 3. Social Workers
  - 4. Therapists (occupational, physical, speech, art...)
  - 5. Pharmacists

- 6. Nutrition support staff
  - 7. Discharge planners
  - 8. Respiratory therapists
- D. Identify on-call housestaff and cross-coverage schedules among housestaff
- E. Communicate oral and written transfer of patient care responsibilities to other housestaff:
- 1. During on-call days
  - 2. Upon transfer of the patient between services.
- F. Demonstrate proficiency in coordinating a comprehensive, longitudinal patient care plan.
- G. Communicate the plan with outpatient health care provider; arranging for follow-up when appropriate
- H. Coordinate care plan utilizing community resources when necessary.

**III. Information Management** –Sub-Interns face an extraordinary challenge in managing large amounts of clinical information relevant to a patient’s hospital admission. Accurate and timely acquisition, documentation and transfer of clinical information are necessary for safe and efficient hospital practice.

- A. Be able to access the clinical information system in use at their hospital.
- B. Understand how panic values are communicated from the hospital laboratory to the responsible team member
- C. Use a systematic method to track clinical/laboratory/radiologic data.
- D. Be aware of patient confidentiality regulations governing medical records and clinical information.
- C. Understand the importance of precision and clarity when prescribing medications.
- F. Document the following in an organized and efficient manner:
  - 1. Admissions notes; including the History and Physical Exam
  - 2. Daily progress notes
  - 3. Transfer notes
  - 4. On-call emergency notes
  - 5. Discharge summaries
- G. Use electronic or paper reference to access evident based medicine to solve clinical problems

**IV. Procedures** - The sub-internship presents an opportunity to gain experience with procedures that are commonly performed by interns and residents. The sub-intern should be able to:

- A. Describe indications, contraindications, risks and benefits of each of the following procedures:
  - 1. Venipuncture
  - 2. Intravenous catheter insertion
  - 3. Intravenous catheter insertion
  - 4. Arterial blood sampling
  - 5. Nasogastric tube placement
  - 6. Lumbar puncture
  - 7. Urethral catheter insertion
  - 8. Intramuscular and subcutaneous injections
  - 9. Bag and Mask placement and utilization
  - 10. Other procedures that are service appropriate
- B. Recognize clinical situations where one or more procedures are indicated.
- C. Effectively explain the rationale, risks and benefits for the procedure in language that is understandable by the patient and/or his/her family.
- D. Obtain and document informed consent, if necessary

- E. Recognize limitations of skill or proficiency in performing one of the above procedures.
- F. Recognize potential procedure related risks for the operator and the need for universal precautions.
- G. Personally perform, with direct supervision, the above procedures, when possible.
- H. Write a procedure note.
- I. Ensure that samples obtained are properly prepared for laboratory processing.
- J. Teach procedure skills to a third year medical student, when appropriate.

## **Step 2 CK Preparation-New Course for 2016-2017**

A new course is being designed for the academic year 2016-17 to take during Year 4 as preparation for Step 2 CK. The one-credit course will be a required course.

### **Course Description:**

Students will be introduced to methods for successfully passing the mandatory Step 2CK United States Licensing Examination (USMLE)

### **Expected Outcomes:**

- 1) Students will identify the importance of the structure of the exam and the relative weight associated with each content area
- 2) Students will accurately interpret clinical vignettes
- 3) Students will analyze their test performance to determine weaknesses in content

Course Director: TBD

Required Material: TBD