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Introduction

The Clinical Training Manual (CTM) serves four primary functions:

- Guides students in achieving the program objectives of the School of Medicine
- Provides a practical reference for policies and requirements during the clinical phase of medical education
- Serves as a key academic and policy document for hospital affiliation agreements and accreditation submissions
- Provides initial guidance as students prepare for postgraduate training

This Manual has evolved over 50 years in response to accreditation expectations, residency and licensing requirements, clinical faculty input, and the experience of thousands of SGU medical students who have completed the clinical terms.

SGUSOM encourages students and faculty to use this Manual as a reference for both long-range educational goals and day-to-day guidance. Students are expected to read this Manual carefully and consult it as needed.

This Manual is reviewed regularly and may be revised and updated as necessary.

Mission: The Doctor of Medicine Program

St. George's University School of Medicine provides a diverse, multicultural and international environment that empowers students to learn the medical knowledge, clinical skills, and professional behaviors to participate in healthcare delivery to people across the world.

Welcome to the Clinical Years

An Open Letter from the President and Dean to Beginning Third Year Students:

You are about to enter a new, exciting and demanding phase of your education. You have had some introductory clinical experiences during the pre-clerkship years, but it is different to be immersed all day, every day, in hospital life, wearing the white coat you received when you started medical school. This is a significant transition and as in all transitions, some aspects will be immediately rewarding; others will require some adjustment.

In the first two years of medical school, lectures, labs and exams were scheduled to maximize the learning process. In hospitals, the needs of patients take precedence over yours; you cannot always study at the time of day you prefer; you cannot always go home when you want to; your obligation to patients and the health care team comes first. As a result, years three and four will place upon you a completely different set of demands and expectations from those you have been accustomed to until now.

During the clinical years you are still expected to give the highest priority to the acquisition of medical knowledge and performance on the NBME Clinical Subject Examinations. In addition, you must also now learn to conduct yourself in a professional manner as part of a health care team. This role is quite different from anything in your previous educational experience. You must begin the process of shifting your own self-image and behavior from that of a student, with the license and freedom that often entails, to a doctor with serious responsibilities. You will still be expected to do well on exams, but you will also be judged on your ability to take responsibility, to relate to and work harmoniously with

professional colleagues, to exhibit maturity in the way you conduct yourself on the wards and to demonstrate that you are successfully acquiring the communication skills and behaviors needed to relate and care for patients.

Years three and four are demanding, these demands will consume almost 100 percent of your time. Your clinical supervisors must judge you on the basis of your performance as you would be judged as a practicing physician. If you are having personal problems that interfere with your ability to function as a student, you should seek immediate help. The Office of the Dean, Office of Senior Associate Dean of Clinical Studies, Office of Clinical Education Operations, Office of the University Registrar, Office of Student Affairs, directors of medical education, clerkship directors, faculty advisors, and faculty are available to help you.

Missing a lecture during the basic sciences years was not considered a serious transgression. During your clinical years, however, missing a lecture or failing to fulfill a ward assignment will call into question your ability to accept the necessary responsibilities required of you as a physician. No unexcused absences are permitted. Permission to leave a rotation, even for a day, requires prior approval from a clerkship director or director of medical education.

Your clinical years should be an exciting experience. Your dedicated ambition to becoming a physician, your maturity, and your preparation over the last two years will enable you to handle the demands of the clinical clerkships without difficulty.

You will now begin the work for which you have been preparing for so many years. You will find it infinitely challenging and sometimes frustrating; enormously fun, but sometimes tragic; very rewarding and sometimes humbling. Make the most of it.

Marios Loukas, MD, PhD, MPH, Dr. h.c., Hon DSc.
President, St. George's University
Dean, School of Medicine

Section One: Clinical Program Administration and Staff

Clinical Program Administration and Staff

SGU supports over 80 physicians, student coordinators, administrators, and clinical academic advisors who are responsible for the clinical training program. This staff is based in the Office of the Dean, Office of the Senior Associate Dean of Clinical Studies, the Office of Clinical Education Operations, the Office of Student Affairs, and Office of Career Guidance and Academic Advising. This staff is available to support students in all aspects of their clinical studies, requirements for graduation, and academic and career advising. They also remain in frequent contact with all affiliated hospitals to coordinate the administrative details of the clinical program. The recommended means of contact with the US and the UK clinical offices is by SGU email. Announcements from the Office of Clinical Education Operations are communicated through the student's SGU assigned email account and located on the SGU Clinical portal. In addition to the above, a large number of hospital-based physicians and staff support the clinical program and students.

Offices of Deans and Administrative Faculty and Staff

Office of the Dean, SOM

Office of the Dean, SOM	Title/Role	Contact Information
Marios Loukas, MD, PhD, MPH, Dr.h.c.	Dean, School of Medicine	officeofthedeansgusom@sgu.edu
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Office of Admissions, SOM

Office of Admissions	Title/Role	Contact
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Faculty Student Selection Committee (FSSC)		
Admission Policy Board for the School of Medicine (APBSOM)		

Office of Student Academic Affairs

Office of Student Academic Affairs	Title/Role	Contact Information
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Office of Student Affairs

Office of Student Affairs	Title/Role	Contact Information
Office of Student Affairs	**Shared email account Clinical Studies - US and UK**	**studentaffairsclinical@sgu.edu**
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	Shared email account Basic Sciences - Northumbria (NU)	**studentaffairsnu@sgu.edu**
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Office of Clinical Studies

Office of Clinical Studies

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SOM Academic Department Chairs - Clinical Studies

To contact a clinical chair, please email the Office of the Dean (officeofthedeansgusom@sgu.edu).

Department	Chair	Associate Chair	Associate Chair	Associate Chair
Internal Medicine	Jeffrey Brensilver, MD	Jimmy Chong, MD	Stanley Bernstein, MD	Gary Ishkanian, MD
Surgery	Ron Chamberlain, MD	Lee Dvorkin, MD, FRCS		
Pediatrics	Warren Seigel, MD, MBA, FAAP, FSAHM	Mary-Anne Morris, MBBS, FRCPCH, MD		
Obstetrics and Gynecology	Vacant*	Timothy Hillard, BM, DM, MRCOG, FRCOG	Michael Cabbad, MD	
Psychiatry	Toni Liggins, MD	Brian C. Douglas, MBChB, MRCP	Elizabeth Ryznar, MD	
Family Medicine / General Practice	Chris Magnifico, MD	Adnan Saad, MRCS, MBBS, MRCGP, BSC		

Emergency Medicine	Theodore Gaetta, DO, MPH			

*Responsibilities of the vacant Chair position are temporarily being fulfilled by the Associate Chairs.

Office for Clinical Development

Office for Clinical Development	Title/Role	Contact Information
Daniel Ricciardi, MD, FACR	Executive Vice President, Clinical Development	Dricciardi@sgu.edu
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Office for Curriculum Evaluation and Assessment (CEAD)

Office for Curriculum Evaluation and Assessment (CEAD)	Title/Role	Contact Information
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Rocksann Burris, MBA	Assistant Coordinator - Academic Progress Review & Data Analysis (Clinical Studies)	rburris01@sgu.edu
Shonnel Edmund, BSc	Curriculum Evaluation and Assessment Support Specialist	sedmund1@sgu.edu
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Office of Accreditation, Quality Assurance, and Strategic Planning

Office of Accreditation, Quality Assurance, and Strategic Planning	Title/Role	Contact Information
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Office of Faculty Affairs

Office of Faculty Affairs	Title/Role	Contact Information
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Nichole (Nikki) John	Clinical Faculty Coordinator	OfficeofFacAffairs@sgu.edu

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Office of Research, SOM	Title/Role	Contact Information

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Office of Multicultural Affairs

Office of Multicultural Affairs	Title/Role	Contact Information
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Office of Basic Sciences

Office of Basic Sciences	Title/Role	Contact Information
Mark Clunes, PhD, MPH	Senior Associate Dean Basic Sciences; Chair, Curriculum Committee	mclunes@sgu.edu
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SOM Academic Department Chairs – Basic Sciences

DEPARTMENT	CHAIR/CO-CHAIR	DEPUTY CHAIR	ASSOCIATE CHAIR – NU, SGI SOM
Anatomical Sciences	Kazzara Raeburn, MD, MSc, MPH	Maira Du Plessis, PhD, MSc Michael Montalbano, MD, MPH	Shubhra Malhotra, MBBS
Biochemistry	Sharmila Upadhya, MBBS, MD, DNB Biochemistry	Mary Maj, PhD	Robert Finn, BSc, PhD, FHEA
Clinical Skills	Dolland Noel, MD Anna Cyrus-Murden, MD, MPH		
Medical Humanities and History of Medicine	Arlette Herry, PhD		
Pathology	Ewald Marshall, MD, MSc		
Pathophysiology	Mohit Preet Kaur, MD, MBBS		
Pharmacology, Microbiology, and Immunology	Theofanis Kollias, MD	Hisham Elnosh, MBBS	
Physiology, Neuroscience, and Behavioral Sciences	Brenda Kirkby, PhD	Juanette McKenzie, MBBS	Brianna Fahey, MSc, PhD, SFHEA
Public Health and Preventive Medicine	Kerry Mitchell, PhD	Lindonne Glasgow, Dip., MSPH, DrPH	

Office of Clinical Education Operations

Office of Clinical Education Operations Leadership Team

NAME	TITLE	OVERSEES	EMAIL ADDRESS
Gary Belotzerkovsky	Chief Enrollment Services and Student Operations Officer	All matters relating to Enrollment Services and Student Operations	gbelotze@universitysupport.com
Anthony LiCausi	University Registrar	All matters related to the Office of the University Registrar	regmail@sgu.edu
Liza Dominioni	Director, Clinical Education Operations	All matters relating to clinical scheduling	ldominioni@sgu.edu
Alison Allen	Manager, Clinical Education Operations - UK	Administrative oversight of clinical training at UK sites	ukclinical@sgu.edu
TBD	Manager, Hospital Relations	Primary contact for hospitals with any questions or concerns	Hosppaper@sgu.edu

Clinical Student Administrators (CSA) are responsible for placing clinical students into core and elective clerkships, managing, and ensuring students are scheduled to meet graduation requirements. The CSA team provides support, guidance and information about SGU resources to help address student issues and promote student success. CSA assignments are listed in each student's schedule under the Contacts tab in Clerkship Management.

Program Coordinators are responsible for ensuring requisite documentation, including letters of good standing, health assessments/immunizations, transcripts, USMLE scores, clinical assessments, and any clerkships applications associated with the clinical sciences are processed efficiently and within designated timelines. They also help ensure that all required documentation is accurate, complete, and meets University and hospital requirements.

Office of MSPE

Students are assigned to an MSPE coordinator based on the first letter of their last name as shown below:

Last Name Assignment	MSPE Team Member	Email	Phone Extension
A-C, X-Z	Christiana Pironti, Senior MSPE Coordinator	cpironti@sgu.edu	x1315
D-J, U-V	Anthony Pellegrino, MSPE Coordinator	apellegr@sgu.edu	x1542
K-L, P-Q, W	Ellie Flanagan, MSPE Coordinator	eflanaga@sgu.edu	x1313
M-O	Steven Orkin, MSPE Supervisor	sorkin@sgu.edu	x1262
R-T	Christopher Stebbins, MSPE Coordinator	cstebbins@sgu.edu	x1445
MSPE Assistants			
A-L	Aabidah Roberts, MSPE Assistant	arobert5@sgu.edu	x3847
M-Z	Brian Alexis, MSPE Assistant	balexis@gu.edu	x3385

MSPE-related questions should be directed to the student's MSPE coordinator.

Nondiscrimination Statement and Title IX Information

SGU Nondiscrimination Statement Publication

The following language is the full nondiscrimination statement that should be published in the locations listed below, as required by the Office of Civil Rights (OCR) of the U.S. Department of Education.

It is the policy of St. George's University ("University") to provide an educational and working environment that provides equal opportunity to all members of the University community. To the extent applicable, the University prohibits discrimination, including discrimination against persons in the United States on the basis of race, color, national origin, religion, sex, disability, or age. In accordance with Title IX of the Education Amendments of 1972, the University does not discriminate on the basis of sex in its education programs and activities against a person in the United States, including with respect to admissions and employment.

The following person has been designated to handle inquiries regarding discrimination prohibited under Title IX against persons in the United States:

Toni Johnson Liggins M.D.
Associate Dean, Clinical Studies (US)
Title IX Coordinator
Address: 3500 Sunrise Highway, Bldg 300, Great River, NY 11739
Telephone No.: +1 (631) 665-8500 X1634
E-mail: Title-IX-Coordinator@sgu.edu

Further information regarding the application of Title IX is available from the U.S. Department of Education's OCR at https://www.ed.gov/about/ed-offices/ocr or by phone at 1-800-421-3481.

Other inquiries regarding the University's nondiscrimination and sexual misconduct policies, including any allegations of discrimination against persons outside of the United States, can be directed as follows:

Students	Office of Student Affairs	473-444-4175, ext. 3138/3027 studentaffairs@sgu.edu
Students	Office of Judicial Affairs	473-444-4175 ext. 3137 judicial@sgu.edu
Faculty	Office of Human Resources	473-444-4175, ext.3762 FacultyHR@sgu.edu
Staff	Office of Human Resources	473-444-4175, ext. 3380 hr@sgu.edu
Vendors	Office of Vice President of Business Administration	473-444-4175, ext. 4031 dbuckmire@sgu.edu
Any Report	EthicsPoint at:	1-844-423-5100, Online here

Section Two: Overview of Clinical Studies

Clinical Training Sites

St. George's University School of Medicine (SGUSOM) has provided high-quality clinical education since 1977. More than 80 formally affiliated teaching hospitals in the US and the UK provide clinical training during the clinical years.

One of the unique opportunities available to students at SGUSOM is the ability to experience a wide range of patients, hospital systems, and national health systems. Students have the option to complete clerkships in the US, UK, and Grenada. During the senior year, students may complete rotations not only at affiliated hospitals, but also at out-of-network training hospitals and international sites, including Canada and other locations worldwide.

SGU has developed “clinical centers” for students who prefer to complete all or most of their clinical training in one area. These are affiliated teaching hospitals, or groups of affiliated teaching hospitals, that offer all clerkships, sub-internships and electives. Major affiliated hospitals provide some third- and fourth-year rotation requirements.

Appendix A provides information about all clinical centers, major affiliated hospitals, and limited affiliated hospitals in the US and UK. Clinical training occurs exclusively at sites participating in postgraduate training programs. Many of SGU's affiliated hospitals and clinical centers also train medical students from UK and US medical schools.

Role of Affiliated Hospitals

SGU maintains formal affiliation agreements with affiliated hospitals and/or clinical centers where clinical training occurs for its third- and fourth-year medical students.

Clinical centers and hospitals accept qualified students into organized, patient-based teaching programs and provide additional instruction through lectures, conferences, ward rounds, and seminars.

Designated hospital staff supervise the educational experience and assess each student’s progress toward achieving MD program objectives during clinical rotations. Within the bounds of their teaching programs, affiliated hospitals adhere to the precepts and standards of the SGUSOM teaching curriculum as outlined in this Manual.

Based on appropriate qualifications and recommendations of the hospital, SGUSOM appoints a director of medical education (DME) who is the hospital administrator responsible for SGU clinical training and is the liaison with the School of Medicine. DMEs receive formal appointments to the School of Medicine’s faculty that are commensurate with their qualifications and duties. Their principal role is to supervise clinical training and ensure its quality and conformity with the University’s guidelines described in this Manual and the School of Medicine Faculty Handbook. The DME is responsible for appointing a clerkship director (CD) for each core rotation and to ensure that:

1. Faculty teaching SGU students are of high quality
2. Faculty teaching SGU students at each hospital are evaluated appropriately
3. Feedback to faculty is timely

The CDs, the hospital’s medical staff, and postgraduate trainees play active roles in teaching SGUSOM students; many also hold clinical faculty appointments at SGUSOM. The CD and clinical teachers lead orientations, lectures and conferences. They conduct bed-side rounds, teach clinical skills, conduct mid-core formative assessments, maintain students’ records, and help determine students’ final grades.

To promote consistency in clinical training across sites and support University-wide integration, SGU’s clinical faculty participate in the School of Medicine’s ongoing educational activities, administrative meetings, and clinical department meetings.

The University retains sole and final authority to evaluate each student’s overall academic performance and to make all determinations regarding promotion, retention, remediation, and graduation, including the granting of the Doctor of Medicine (MD) degree.

All hospitals are selected to ensure their facilities meet SGU’s standards. They must demonstrate a continuing commitment to medical education and provide the infrastructure to support high-quality clinical training, including integrating medical students into the health care team, providing access to hospital computer systems, and supervising student involvement with patients.

Assignment of Students to Hospitals

General Comments

Students' clinical placement schedules are designed to enable them to complete the clinical curriculum within the 6-year timeline standard for completing the MD program. Clinical placement is one component of the clinical curriculum and should be considered in the broader context of residency preparation and career development.

A future career in medicine, including the ability to obtain a US residency program, depends on students' academic record and personal characteristics. The particular hospital in which students train, or the order in which they complete rotations, is less significant than United States Medical Licensing Examination (USMLE) Step 1 and 2 performance, qualifying examinations of other countries, grades, letters of recommendation, Medical Student Performance Evaluation (MSPE), personal statements, and interviews.

While the School appreciates that some assignments or schedules may be inconvenient, the School's priority is to ensure that all students are placed, afforded an opportunity for clinical training, and that agreements with SGU-affiliated hospitals are fulfilled. SGU considers SGU-affiliated hospitals substantially equivalent in terms of the educational experiences they provide. Detailed information about each hospital is unlikely to allow students to determine whether a particular hospital is best suited to them. The main reason for choosing one geographical area in the US over another relates to convenience, including living arrangements or proximity to home. Students have the opportunity to explain such considerations during the placement process.

Clinical Placement and Selection Process

During Term 5, students are required to select a Clinical Pathway (US, UK, or US/UK) by completing the electronic Clinical Pathway Form. Once all eligibility requirements for clinical placement have been met, students receive instructions for the clinical placement process based on their academic timeline and selected pathway:

1. Students receive a list of available clinical placement locations.
2. Students submit their placement preferences by the deadline provided.
3. Clinical placement assignments are determined based on student preferences, hospital availability, and scheduling requirements. Students are then notified of their confirmed placement.

Important Information

- Every effort is made to accommodate students' geographic preferences; however, placement at a specific hospital, healthcare facility, or clinical site cannot be guaranteed.
- Certain clerkship specialties may need to be completed at an alternate location if they are not available at the student's primary clinical placement site.
- Some clinical sites require designated elective rotations as part of the Year 3 curriculum. These required electives cannot be removed or changed.
- **All clinical placements are final.** Once a placement has been confirmed, changes are not permitted.
- Students who require accommodations should contact Student Accessibility and Accommodation Services as early as possible by emailing accommodations@sgu.edu.
- Students who do not begin clinical training as scheduled and instead take a leave of absence (LOA) will be placed based on hospital availability. The LOA may be noted on the student's transcript and in the Medical Student Performance Evaluation (MSPE).

US CLINICAL PLACEMENT

USMLE Step 1 and Clinical Exam Tracker Requirements

Students who wish to begin rotations in the US must pass USMLE Step 1 unless they are able to start due to a timeline concern.

Students are required to enter their examination date and upload confirmation of their scheduled testing date to the Clinical Exam Tracker. Students who cancel or reschedule their examination must update the tracker with the new date and confirmation. Students who take the examination must upload their Testing Center Attendance Receipt (provided by the testing center) and their USMLE Step 1 score in the Clinical Exam Tracker.

Students may access the tracker using the Clinical Exam Tracker link. Students with questions about using the tracker are encouraged to review the Clinical Exam Tracker Review link. Questions can be directed to Clinicalexam@sgu.edu.

Placement Assignment Process
The Office of Clinical Education Operations assigns all third-year clinical placements. The Clinical Pathway Form is reviewed for placement purposes, including any special circumstances identified by the student. Placement priority is not determined by grades, USMLE Step 1 score, or citizenship. The clinical placement process begins with an effort to accommodate students' geographic preferences; however, SGUSOM does not guarantee placement according to any student request.

Students must submit: NYS Infection Control Certificate, uploaded to the Clinical Exam Tracker

A clinical student administrator will email clinical placement assignments after receipt of a passing USMLE Step 1 score in the Clinical Exam Tracker and completion of all pre-clerkship requirements, including web-based requirements and health clearance.

New York State Paperwork Requirements
In addition to the requirements in the previous section, students assigned to New York hospitals must submit the required New York State (NYS) paperwork twithin 3 days of assignment. Required materials include:

- NYS application, including a copy of the student's four-page USMLE Step 1 score report
- Students must submit: NYS Infection Control Certificate
- $20 paid via credit card link to NYSED.

Hospital Contact and Arrival Restrictions
The Office of Clinical Education Operations is responsible for scheduling all core clerkships.

- Students are prohibited from contacting affiliated hospitals directly regarding core clerkship scheduling, availability, or assignments.
- Students are prohibited from arriving at any hospital before placement has been confirmed by their clinical student administrator.
- **After placement has been confirmed**, students may contact the medical education coordinator at their assigned hospital.

Failure to comply with these restrictions will result in referral to the Office of Student Affairs and may result in loss of the current clinical placement schedule.

Schedule Requirements

Students must begin their assigned clinical placement as scheduled by the Office of Clinical Education Operations. Students who do not start as scheduled will be referred to the Office of Student Affairs.

After starting at a US hospital, students must complete all assigned third-year rotations within that hospital program, including any additional hospitals paired with the assignment.

Some hospitals require students to complete Emergency Medicine, Family Medicine and/or a Medicine elective during the third year. Students may not remove or cancel these rotations from their schedule.

A clinical student administrator will attempt to assign the majority of third-year rotations. If any required third-year clerkships remain unscheduled, the administrator will work with the student individually to arrange them.

UK CLINICAL PLACEMENT

Students who intend to complete all clerkships in the UK are not required to take the CBSE or USMLE Step 1.

Eligibility
Students seeking placement in UK core clerkships must submit the UK Clinical Placement Request Form after successfully completing Term 5 and all pre-clerkship requirements, including health clearance.

Placement Requirements
Students assigned to clerkships in the UK must complete a minimum of 24 weeks (6 months) of core clerkships in the UK. Although this is the minimum required period, students are encouraged, whenever possible, to complete the full third year in a single location. This allows students to acclimate to the healthcare system and focus on successfully completing their core clerkships.

Transitioning from the UK to the US
After completing the minimum 24-week UK placement, students who wish to complete their remaining clerkships in the US will work with their clinical student administrator to arrange their schedule. Students planning to transition from the UK to the US should also work closely with their academic advisor at clinicaltransitionaads@sgu.edu.

Health Requirements for Clinical Rotations

Students must have a confirmed placement letter to begin clinical training. Before the Office of Clinical Education Operations can issue a confirmed placement letter, all mandatory health requirements must be completed, documented, and cleared.

Students must upload their Health Form and any applicable documents through the Student Health Records Portal (SHRP) using the “Upload File” function. All health records, including any corresponding laboratory results, must be combined into a single PDF document. Submissions with multiple PDF files may be rejected. Guidance is available in *How to Merge Documents into a single PDF*.

Questions regarding health documentation should be directed to studenthealthforms@sgu.edu

Students should retain original copies of all health records, as they will be required for future residency applications and credentialing processes.

These requirements are mandatory for all healthcare workers and are intended to comply with public health and hospital regulations designed to protect patients, healthcare personnel, and the clinical learning environment.

SGU health requirements have three parts:

Part I: HEALTH HISTORY

Students are required to complete and sign a current personal history form within six months prior to the start of clinical rotations.

Part II: PHYSICAL EXAM

Students must have a physical examination completed within six months prior to the start of their first clinical rotation. The SGUSOM physical exam form must be completed, dated, and signed by the student's personal physician, nurse practitioner or physician assistant.

Tuberculosis Screening

Part III: TB SCREENING and IMMUNIZATION RECORD

Screening consists of a 2-step PPD test or an interferon gamma release assay blood test, such as QuantiFERON-TB Gold, within 6 months prior to the start of their first rotation. This requirement applies only to students who do not have a history of a positive PPD.

The two-step PPD consists of two PPD skin tests administered 1–3 weeks apart. PPD results must be reported in millimeters. If students choose an IGRA test, such as QuantiFERON-TB Gold, a single screening satisfies the TB requirements if the result is negative. Students with a history of BCG vaccination or anti-tuberculosis therapy are not excluded from this requirement.

If a student's QuantiFERON-TB Gold is positive, or if the student's PPD is >10mm currently or by history, the student does not need to repeat these tests. In this case, the following statement must be signed and dated by a physician and submitted with the official report of a recent chest X-ray. This must be done annually.

"I have been asked to evaluate [student name] because of a positive PPD (>10mm) or a positive QuantiFERON-TB Gold. Based upon the student's history, my physical exam, and recent chest X-ray (date < 6 months), I certify that the student is free of active tuberculosis and poses no risk to patients."

The exam and the chest X-ray should be completed within 6 months prior to the start of the first rotation.

Mandatory Immunizations

1. Serum IgG titers

Students are required to submit laboratory copies of serum IgG titers for measles, mumps, rubella, and varicella. If any measles, mumps, or rubella serum IgG titer indicates non-immunity, students must submit evidence of an MMR vaccination obtained after the non-immune titer date. For a non-immune varicella titer, students must obtain two varicella vaccines at least 30 days apart after the non-immune titer date. If a student received a varicella vaccine as a child, that vaccine date may be used as proof of one of the two required varicella vaccines.

2. Hepatitis B

Completion of a hepatitis B vaccination as a series is mandatory. Students must submit the dates of vaccination and the results of a serum hepatitis B surface antibody test obtained after the series was completed. If the hepatitis B titer indicates non-immunity, students satisfy SGU requirements by submitting proof of one additional vaccine after the titer result date. Students should consult their personal physician, who may advise further vaccines and titers.

Acceptable hepatitis B vaccine schedules are:

- Recombivax HB or Engerix-B: three-dose series administered over a six-month period.
- Heplisav-B: two intramuscular doses administered one month apart.

3. Tdap vaccination

Tdap vaccination within the previous five years is mandatory.

4. Meningococcal Meningitis Vaccine

Meningococcal meningitis vaccination within the previous five years is mandatory.

Proof of Vaccinations

Handwritten vaccine dates are not accepted unless accompanied by proper documentation. Acceptable proof includes:

- Immunization cards with the student's full name and vaccine dates
- Receipts or official records clearly showing the vaccine name, date administered, and the student's identifiable information

Additional Vaccinations

Students should also review the health form recommendations for polio and hepatitis A vaccinations.

UK Requirements

In addition to the requirements in the previous section, UK hospitals require the following:

1. Proof of an inactivated polio vaccine (IPV) received within the past 10 years. Students are encouraged to get this vaccination before traveling to the UK. If this is not possible, the vaccination may be obtained in the UK for a fee.
2. Upon arrival at UK hospitals, students will undergo blood testing for human immunodeficiency virus (HIV), antibodies to hepatitis C (anti-HCV), hepatitis B surface antigen (HBsAg), and possibly other titers. Hospitals may charge students for this testing. Students should request and retain copies of all laboratory results, as they may be required for future hospital placements.

Annual Requirements

After starting clinical training, students must submit evidence of the following to continue clinical training:

1. Tuberculosis screening every 11 months: Students complete this requirement by submitting the annual tuberculosis self-assessment form sent to them.
2. Influenza vaccination every year: Students must receive the annual influenza vaccine for each applicable influenza season. The updated vaccine is typically available beginning each September. Students should be vaccinated before November 1, retain written documentation of vaccination, and present it to hospitals upon request.

COVID-19 Policy for Clinical Students

SGU does not require COVID-19 vaccination for access to the Grenada campus. However, students in clinical or clinical research settings must comply with site-specific vaccination protocols.

Students are strongly encouraged to remain up to date with recommended COVID-19 vaccinations and boosters and should retain documentation of any COVID-19 vaccinations received.

Clinical training sites may require proof of COVID-19 vaccination or additional documentation as a condition of placement. Students are responsible for meeting all site-specific requirements.

Pre-Clerkship Web-Based Placement Requirements for US and UK

The following required pre-clerkship courses are available on the SOM learning management system:

1. Communication Skills Part A Course
2. Cultural Competency Course
3. Emergency Medicine Course
4. Infection Control Course
5. Covid Infection Control Course

Communication Skills Part A Course

SGUSOM provides institutional access to Health Care Communication (formerly DocCom), a web-based communication skills course developed by Drexel University College of Medicine. This course is available to students at no cost through the learning management system and serves as the foundation for formal communication skills training and assessment during the clinical years.

The Communication Skills course consists of 44 web-based modules delivered through two courses available on the learning management system (LMS): Communication Skills Part A and Communication Skills Part B.

Students must complete and pass the 12 modules in the Communications Skills Part A, consisting of the Basic Module and Essential Elements, before becoming eligible for clinical placement.

Basic Module
Overview
Mindfulness and Reflection in Clinical Training and Practice
Therapeutic Aspects of Medical Encounters
Balance and Self Care
Essential Elements
Integrated Patient-centered and Clinician-centered Interviewing
Build the Relationship
Open the Discussion
Gather Information
Understand the Patient's Perspective
Share Information
Reaching Agreement
Provide Closure

Communication Skills Part B begins with the student's first clinical rotation. Throughout clinical training, students must complete the remaining Communication Skills modules and associated quizzes. Specific modules are assigned to individual clinical rotations and are required components of each clerkship; other modules are completed during clinical training before graduation. The modules reinforce communication skills in the context of patient encounters and clinical experiences.

Completing Communication Skills Part A and Part B is a graduation requirement. All quizzes are available through the LMS. Students must earn a minimum score of 80% to pass.

Cultural Competency Course

This pre-placement course is designed to increase awareness of how culture may affect students' interaction with patients. As healthcare disparities among cultural minority groups persist, culturally

and linguistically appropriate services are increasingly recognized as an important strategy for improving quality of care for diverse populations. This course equips students with the knowledge, skills, and awareness to provide effective, culturally responsive care to all patients, regardless of cultural or linguistic background.

Emergency Medicine Course

This course includes an introduction and 10 Core Content Area Modules. Each module is taught and evaluated in a self-directed learning environment using online lectures, reading assignments, virtual patient encounters, and assessments of medical knowledge. Each Core Content Area Module includes a multiple-choice test to evaluate students' interpretation of the reading assignments, lectures, and simulated patient encounters.

Infection Control Course

This course provides an overview of infection control, including how infections spread, ways to prevent transmission in healthcare settings, and recommendations to support student safety.

COVID Infection Control Course

This course provides information on how students rotating in healthcare facilities should prepare for, respond to, and care for patients with respiratory viruses, including COVID-19. Students learn how to recognize cases and implement appropriate infection control measures to prevent transmission to themselves, healthcare workers, and patients.

Communication Requirements

Students are responsible for ensuring that SGUSOM can contact them at all times. They must notify the Office of the University Registrar of any change in contact information as soon as possible. Students must monitor their SGU email and respond to all university communications throughout their enrolment, including academic terms, term breaks, clinical rotations, vacations, leaves of absence, clinical bridge time, and the period awaiting graduation.

Failure to Comply

Failure to monitor, respond to, or act on communications sent by SGU, including those sent through SGU email, is considered unprofessional behavior. This includes failure to attend mandatory meetings required by the Office of the Dean of Medicine; Office of Student Affairs; Office of the Senior Associate Dean of Basic Sciences; Office of the Senior Associate Dean of Clinical Studies; Academic Advising, Development, and Support; course and clerkship directors; directors of medical education, or other authorized administrative bodies or individuals.

Such unprofessional behavior may adversely affect performance and grades and may result in a recommendation for dismissal or an administrative withdrawal from the University.

Supervision of the Clerkships

SGU has a formal administrative and academic structure for overseeing clinical training at affiliated hospitals. This structure includes directors of medical education, clerkship directors, clinical department chairs and associate chairs, site visits, and SGU administrative and academic support offices.

Directors of Medical Education

A director of medical education (DME) is located on site at each clinical center and affiliated teaching hospital. The DME is a member of the SGU faculty and oversees the SGU medical student experience at

that site. The DMEs, in coordination with the Clerkship Directors, provide support for scheduling rotations, determining the scope of student activities, delineating holidays and vacation time, addressing student concerns, and responding to acute medical problems that students might develop. The DME regularly reviews the overall student training experience with the senior associate dean of clinical studies. The DME is accountable to both the hospital administration and the SOM. In the US, DMEs report to the senior associate dean of clinical studies (US); in the UK, they report to the associate dean of clinical studies (UK).

Clerkship and Departmental Oversight

In addition to the DME, a clerkship director (CD) is appointed for each core rotation in which SGU students participate at each affiliated hospital. The CD is responsible administratively to the DME and academically to the appropriate departmental chair of SGU. Six clinical departments represent the six clerkship specialties. SGU appoints a chair for each department to supervise the educational content of the rotation at all hospitals. The School also appoints associate chairs in the UK and elsewhere, where necessary, to help coordinate and supervise the educational experience at all sites. Department chairs and associate chairs as well as DMEs, CDs, and others who teach SGUSOM students are appointed to the clinical faculty. All clinical faculty are available to students for advice on medical training and career planning, including choosing electives, specialties, and postgraduation training.

Site Visits

Site visits are conducted by administrative and academic members of the SOM to affiliated hospitals. The purpose of these visits is to ensure compliance with SGUSOM standards, curriculum, and policies; review the clinical educational experience; elicit ideas for programmatic improvement; and discuss any problems that arise on site. In addition to meetings with the students, site visits may include meetings with the DME, CDs, and administrative staff. Each site visit results in the completion of an electronic site visit form (Appendix H). The chairs document the important features of the clerkship, including the strengths and weaknesses of the educational experience, feedback to clerkship directors, and suggestions for the future.

Student Support

Along with hospital administrative staff, additional SGU personnel are available through the Office of the Dean; Office of Clinical Education Operations; Office of Student Affairs; Clinical Academic Advising, Development, and Support; Office of Career Guidance; and Office of Financial Aid to help improve students' quality of life in and beyond the hospital setting. These personnel provide academic advice, career counseling, health and wellness support, and assistance with problems involving finances, housing, and visas.

The Role of Preceptors and Clinical Faculty

Preceptor-Based Teaching

The teaching cornerstone of each core rotation is the close relationship between the student and the attending physicians and/or residents who serve as preceptors. Students and clinical teachers spend many hours each week in small-group discussions and bedside rounds discussing patients' diagnoses, treatments, and progress.

Discussions revolve around critical review of patient histories, physical examination findings, imaging studies, and laboratory results. Preceptors assess students’ medical knowledge, clinical reasoning, clinical and communication skills, and professional behavior, and serve as role models. Discussions of individual cases integrate related basic science principles, critical thinking, and problem solving. The educational value of the clerkship depends heavily on the quality and quantity of interaction among students, residents, teaching physicians, and patients.

Clinical Faculty Evaluation

Clinical teachers are evaluated regularly by clerkship directors, faculty peers, and students. Clerkship directors evaluate clinical teachers as part of their oversight of the clerkship. Faculty peer evaluation includes input from senior faculty, local knowledge of faculty performance, and written site visit reports prepared by School of Medicine chairs and deans. Student evaluations of faculty are based on the confidential electronic questionnaire completed at the end of each core clerkship. The hospital DME, SGU clinical department chairs, and SGU administration have access to the students' confidential responses.

The Clinical Clerk

During the clinical years, students serve as clinical clerks. They join health care teams, which include postgraduate trainees, attending physicians, nurses, technicians, and other healthcare providers, and are expected to learn their role on the team quickly.

Direct patient contact is an essential feature of the clerkship. Students take histories, examine patients, propose diagnostic and therapeutic plans, record findings, present cases to the team, perform minor procedures under supervision, attend scheduled lectures and conferences, participate in work rounds and teaching rounds, maintain a patient log, and read extensively about their patients' conditions.

In Surgery and Gynecology, attendance in the operating room is required. In Obstetrics, attendance is required in prenatal and postpartum clinics; and students must follow obstetrical patients through labor and delivery.

Policy on Clinical Exposure Time

Purpose:

Clinical exposure time during a clinical rotation must balance students' educational needs acquired through direct patient care, healthcare team activities, and structured learning activities, against the negative effects of fatigue and sleep deprivation which impact student wellness, patient safety, and academic performance.

Scope:

All clinical faculty and students should be aware of the SGU Policy on Clinical Exposure Time.

Overview:

The clinical exposure time for SGU students should average 50 hours per week on core rotations, of which 30% is protected academic time for educational discussions, case conferences, didactic teaching, and self-study. Protected academic time includes time off for NBME Clinical Subject Examination and Mid-Core Exam preparation and participation. Clinical exposure time may vary from week to week but should comprise an average of 50 hours per week per core rotation.

Principles:

- Students on clinical rotations are expected to participate in learning activities at the clinical site throughout the workday, Monday through Friday.
- Students may also be assigned to evening, weekend, and holiday hours; all hours are considered as clinical exposure time.
- Although schedules may vary somewhat by hospital and core rotation, clinical exposure time **should not exceed 50 hours per week** when **averaged over the entire rotation**. This means some weeks may exceed 50 hours and other weeks may be less than 50 hours. For example, in a 6-week rotation, there may be 3 consecutive weeks of approximately 60 hours/week and the remaining 3 weeks of the rotation may be approximately 40 hours each week. In this case, the average clinical exposure time over the 6-week rotation is 50 hours per week.
- An average of 30% of the clinical exposure time must be protected academic time consisting of educational discussions, case conferences, didactic teaching, and self-study. Protected academic

time includes time off for the NBME Clinical Subject Examination and Mid-Core Exam preparation and participation. During protected academic time students should have no patient care or health-care team responsibility.
- While all clerkship directors must comply with this policy, they do have the option of allowing additional time off for study.
- Students who are allocated clinical exposure time that exceeds the provisions of this policy, should report this in their end-of-clerkship evaluation form and notify their respective clerkship director and/or the senior associate dean of clinical studies or their delegate.

Protected Academic Days for Preparation for the NBME Clinical Subject Examination

All students during their Medicine and Surgery cores are to be given 2 days off before their NBME Clinical Subject Examination, as well as the day of the exam. All students during their Obstetrics and Gynecology, Pediatrics, Psychiatry, and Family Medicine/General Practice rotations are to be given 1 day off before the exam, as well as the day of the exam. These days are protected academic time for self-study and exam preparation and considered an integral part of these rotations. While all clerkship directors must comply with this policy, they do have the option of allowing additional time off for study.

Involvement with Patients

Students are encouraged to make the most of opportunities to learn about, learn from, and spend time with their patients. Students often become involved with a small group of patients, averaging two to four per week. Through detailed engagement with a limited number of patients, students begin to develop an understanding of clinical problems. Although these patients form the core of the student's educational experience, exposure to additional patients in less detail is also important for broadening clinical knowledge. Students also benefit from discussions of other students' patients and observing attendings or consultants during patient care.

The MD Program curriculum includes required clinical experiences, or "must see" encounters, for core clerkships and Family Medicine/General Practice, as detailed in the course syllabus. Students must document all required clinical experiences in the Patient Encounter Log (PEL), the electronic patient log application. The Office of the Senior Associate Dean of Clinical Studies monitors each student's PEL to ensure completion of required encounters.

The clerkship director reviews the PEL at the mid-core formative assessment and when completing the final clerkship evaluation. This review confirms completion of curricular requirements and assesses students' commitment to documentation and patient involvement.

Students are expected to complete all required clinical experiences. If a required clinical experience is not available during the clerkship, the requirement must be fulfilled through a virtual clinical experience, which is a web-based resource available on the clerkship learning management site. Completion of the PEL requirement fulfills a subcomponent of the Professional Behavior component of the clerkship grade.

Supervision of Students

The SOM requires that students be instructed and supervised by qualified and competent faculty in adequate number. This requirement is included in affiliated agreements with hospitals that provide clinical training for SGUSOM students.

All clinical experiences must be supervised by appropriate clinical faculty. A physician, nurse, or other health care provider must be present in the room as a chaperone when students examine patients of

any gender, particularly during examinations of the breasts, genitalia, or rectum. Student orders entered into the medical record must be authorized and countersigned by a physician. Students may perform minor procedures after receiving adequate instruction and only as permitted by hospital policy and applicable regulations.

Students participating in clinical training in hospitals are covered by liability insurance carried by SGU.

Students must become familiar with the medical record, whether electronic or paper, and know how to locate its individual components. As stipulated by the SGU clerkship curriculum and hospital policy, students are responsible for patient workups and might also write daily progress notes.

Teacher-Learner Expectations

The School holds in high regard professional behaviors and attitudes, including altruism, integrity, respect for others and a commitment to excellence. Effective learning is best fostered in an environment of mutual respect between teachers and learners. In the context of medical education, the term "teacher" is used broadly to include peers, resident physicians, full-time and volunteer faculty members, clinical preceptors, nurses, ancillary support staff, and others from whom students learn.

The following principles and expectations are consistent with LCME Standards 3.5 (Learning Environment/Professionalism) and 3.6 (Student Mistreatment).

Guiding Principles

- Duty: Medical educators have a duty to convey the knowledge and skills required for delivering the profession's standard of care and to instill the values and attitudes required for preserving the medical profession's social contract with its patients.
- Integrity: Learning environments that are conducive to conveying professional values must be based on integrity. Students and residents learn professionalism by observing and emulating role models who epitomize authentic professional values and attitudes.
- Respect: Respect for every individual is fundamental to the ethic of medicine. Mutual respect is essential for nurturing that ethic. Teachers have a special obligation to ensure that students and residents are always treated respectfully.

Responsibilities of Teachers and Learners

- Treat students fairly and respectfully
- Maintain high professional standards in all interactions
- Be prepared and on time
- Provide relevant and timely information
- Provide explicit learning and behavioral expectations early in a course or clerkship
- Provide timely, focused, accurate and constructive feedback on a regular basis and thoughtful and timely evaluations at the end of a course or clerkship
- Display honesty, integrity, and compassion
- Practice insightful (Socratic) questioning, which stimulates learning and self-discovery, and avoid overly aggressive questioning, which may be perceived as hurtful, humiliating, degrading or punitive
- Solicit feedback from students regarding their perception of their educational experiences
- Encourage students who experience mistreatment or who witness unprofessional behavior to report the facts immediately

Responsibilities of Students

- Be courteous of teachers and fellow students
- Be prepared and on time
- Be active, enthusiastic, curious learners

- Demonstrate professional behavior in all settings
- Recognize that not all learning stems from formal and structured activities
- Recognize their responsibility to establish learning objectives and to participate as an active learner
- Demonstrate a commitment to life-long learning, a practice that is essential to the profession of medicine
- Recognize personal limitations and seek help as needed
- Display honesty, integrity, and compassion
- Recognize the privileges and responsibilities coming from the opportunity to work with patients in clinical settings
- Recognize the duty to place patient welfare above their own
- Recognize and respect patients' rights to privacy
- Solicit feedback on their performance and recognize that criticism is not synonymous with "abuse"

Relationships Between Teachers and Students

Students and teachers should recognize the special nature of the teacher-learner relationship which is in part defined by professional role modeling, mentorship, and supervision.

Due to the special nature of this relationship, students and teachers should strive to develop their relationship to one characterized by mutual trust, acceptance, and confidence. They should both recognize the potential for conflict of interest and respect appropriate boundaries.

Allegations of mistreatment that do not otherwise fall under University policies may be reported by students through EthicsPoint or to the Office of Student Affairs.

Learning Environment Policy

In the SOM program at SGU, students learn in a variety of social, didactic, small-group, and clinical settings. The learning environment, which includes the physical, social, psychological, and cultural environment surrounding learning, is a core component of students' educational experiences. The learning environment has an important influence on the effectiveness of SGU's medical program and as such, SGU values a positive learning environment and works to identify, prevent, and remove negative influences on the learning environment. SGU does not tolerate student mistreatment, retaliation, or other negative behaviors that are prohibited in other policies (such as discrimination). Please see the SGU Diversity, Equity, and Inclusion Policy and SGU Nondiscrimination Policy for details.

The learning environment is assessed and monitored by SGU's Learning Environment Committee (LEC). The LEC reviews anonymous, aggregate-level data on the learning environment obtained from student surveys and other sources (e.g., summative reports from Judicial Affairs) and makes recommendations to mitigate negative influences and enhance positive influences on the learning environment. The LEC reports its findings and recommendations to the Dean of the School of Medicine and shares a report of its activities with the Curriculum Committee on an annual basis.

Participation in Continuous Quality Improvement

Student feedback is essential to the continued improvement of the MD Program. Feedback on course and clerkship delivery, instruction, and the clinical learning environment helps SGUSOM improve the education of future physicians. Completion of course and clerkship evaluations is a professional responsibility. Students who fail to participate in the evaluation process are considered non-compliant and unprofessional and may be subject to disciplinary action.

SGUSOM uses a standardized electronic questionnaire to collect student feedback on the core clerkships and the required Family Medicine rotation. This questionnaire is included in Appendix G and is sent automatically to each student at the end of each clerkship. Data from these questionnaires are

used by the deans, department chairs, DMEs, and clerkship directors to monitor the educational experience in each clerkship at each hospital. The data also supports the Curriculum Committee's oversight of comparability and quality across the MD Program.

Students receive access to their final clerkship evaluation only after completing and submitting the questionnaire. Responses are confidential. The School can determine which students have participated but does not associate individual responses with individual students.

To support continuous quality improvement and career advising, SGUSOM collects information on graduates' educational and professional outcomes. Students are expected to respond to institutional requests for this information before and after graduation.

Section Three: Clinical Years: Medical Knowledge and Competencies

Introduction

This section describes the requirements that form the foundation of the third and fourth years (Terms 6–10). These include the five core rotations, a Family Medicine rotation, a sub-internship in a core specialty, and a Medicine rotation.

During the clinical years, students continue to acquire medical knowledge while developing the clinical skills and professional behavior required to apply that knowledge to patient care. Students should give highest priority to the end-of-clerkship NBME Clinical Subject Examinations and, for those interested in US residency, USMLE Step 2. Integrating medical knowledge, clinical skills, and professional behavior prepares students for postgraduate training, independent practice, and lifelong learning.

SGU is committed to a competency-based curriculum. The School organizes its outcome objectives into three domains—Medical Knowledge, Clinical Skills, and Professional Behavior, which provide the framework for the clinical curriculum and student assessment. These outcome objectives are aligned with nationally recognized frameworks, including the Accreditation Council for Graduate Medical Education (ACGME) Core Competencies and the Association of American Medical Colleges (AAMC) Core Entrustable Professional Activities (EPAs) for Entering Residency.

Competency

The ACGME defines six domains of physician competency:

1. Patient Care
2. Medical Knowledge
3. Practice-Based Learning and Improvement
4. Systems-Based Practice
5. Professionalism
6. Interpersonal Skills and Communication

Although originally developed for residency training, the ACGME competencies are widely used throughout medical education and clinical practice. Students planning postgraduate training in the US are encouraged to become familiar with ACGME Core Competencies and the ACGME Milestone Guidebook for Resident and Fellows.

The AAMC Core Entrustable Professional Activities (EPAs) describe essential clinical activities that graduating medical students should be able to perform upon entering residency:

1. Gather a History and Perform a Physical Examination

2. Prioritize a Differential Diagnosis Following a Clinical Encounter
3. Recommend and Interpret Common Diagnostic and Screening Tests
4. Enter and Discuss Orders and Prescriptions
5. Document a Clinical Encounter in the Patient Record
6. Provide an Oral Presentation of a Clinical Encounter
7. Form Clinical Questions and Retrieve Evidence to Advance Patient Care
8. Give or Receive a Patient Handover to Transition Care Responsibility
9. Collaborate as a member of an Interprofessional Team
10. Recognize a Patient Requiring Urgent or Emergent Care and Initiate Evaluation and Management
11. Obtain Informed Consent for Tests and/or Procedures
12. Perform General Procedures of a Physician
13. Identify System Failures and Contribute to a Culture of Safety and Improvement

Subsequent sections in this Manual describe the training tasks students undertake during each clerkship. Through these experiences, students develop the specialty-specific competencies and achieve the outcome objectives required for graduation. Although medical knowledge and certain clinical skills vary among specialties, professional behavior, interpersonal skills, and communication are fundamental expectations across all clerkships.

MD Program Objectives

MD Program Objectives

SGUSOM has constructed its curriculum around three domains:

1. Medical Knowledge
2. Clinical Skills
3. Professional Behavior

At the time of graduation, all medical students will be deemed to have met these MD Program Objectives.

Medical Knowledge

I. Apply the multidisciplinary body of biomedical, behavioral, and socioeconomic sciences to clinical analysis and problem solving.
II. Describe the etiology, pathogenesis, structural and molecular alterations as they relate to the signs, symptoms, laboratory results, imaging investigations and causes of common and important diseases.
III. Incorporate bio-psycho-sociocultural factors including aging, behavior, health care delivery, psychological, cultural, environmental, genetic and epigenetic, nutritional, social, economic, geographical, religious, and developmental; and their effects on the health and disease of individual patients and populations into clinical reasoning.
IV. Utilize evidence-based therapeutic strategies for the prevention, treatment, and palliation of disease.
V. Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems.

Clinical Skills

I. Demonstrate effective verbal, nonverbal, and written communication skills; and build collaborative and trusting relationships with patients, their families, and all members of the health care team while delivering patient care.
II. Demonstrate clinical reasoning and problem-solving skills in the care of individual patients and appropriately use emerging physician support systems/tools/technologies ethically, transparently, and with accountability.
III. Gather essential and accurate information about patients and their conditions through history-taking, physical examination; and the use of laboratory data, imaging, and other tests.

IV. Demonstrate competence in routine manual skills.
V. Continually seek out, critically evaluate, and apply emerging knowledge, guidelines, standards, technologies, and services that have been shown to improve patient care and health outcomes.
VI. Demonstrate the ability to investigate and evaluate one's care of patients, to appraise and assimilate scientific evidence, and to seek guidance where appropriate, to continuously improve patient care.
VII. 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.

Professional Behavior

I. Demonstrate the ability to cultivate a positive professional identity grounded in conscientiousness, excellence, and lifelong learning through self-reflection, incorporation of feedback, and the integration of new knowledge, skills, and behaviors.
II. Demonstrate the professional qualities expected of a physician, including empathy, compassion, compliance, punctuality, reliability, responsibility, appropriate demeanor, honesty, and teamwork.
III. Engage in behaviors that demonstrate respect for others, openness to different perspectives, and a commitment to fairness and professionalism in all interactions.
IV. Consistently demonstrate ethical behavior, including respect for patient privacy, the protection of autonomy, and the practice of informed consent in all clinical interactions.
V. Demonstrate the ability to collaborate effectively within an interprofessional team to deliver safe, effective, and patient- and population-centered care.
VI. Demonstrate sensitivity and responsiveness to the needs, values, and perspectives of diverse patient populations, respecting differences in culture, identity, belief, ability, and life experience.

The Clinical Curriculum

The clinical years of the SGU curriculum build upon the basic sciences to prepare students to care for patients in hospital and outpatient settings. During this phase of training, students develop clinical skills, professional behavior, and medical knowledge beyond that acquired during the basic sciences. Together, these experiences prepare students for postgraduate training and the practice of medicine.

The breadth and continual expansion of medical knowledge underscore the importance of lifelong learning. In addition to acquiring medical knowledge, students learn efficient methods for obtaining, interpreting, documenting, and communicating patient information, as well as systematic approaches to clinical reasoning and patient care. These skills provide a framework for integrating new scientific knowledge and applying it effectively throughout their professional careers.

Curriculum Structure

The current 80-week clinical curriculum includes 42 weeks of core rotations, 14 weeks of additional required rotations, and 24 weeks of electives. For students who began clinical training before August 2024, the Family Medicine requirement was 4–6 weeks. As a result, those students may have 12–14 weeks of additional required rotations and 24–26 weeks of electives.

Third Year

The core rotations define the third year of medical school and include 12 weeks each of Internal Medicine and Surgery and 6 weeks each of Pediatrics, Obstetrics and Gynecology, Psychiatry, and Family Medicine/General Practice. Students who do not complete Family Medicine in the third year must complete it during their fourth year. The third year is a structured educational experience designed to provide comparable educational experiences for all students. The Office of Clinical Education Operations, in collaboration with the affiliated hospitals, manages third-year scheduling.

Fourth Year

The fourth year consists of 6 weeks of Family Medicine/General Practice (if not done in the third year), 4 weeks of a sub-internship, 4 weeks of an Internal Medicine rotation, and 24 weeks of electives of student choice. Students can schedule the fourth year based on their educational interests and career goals and are encouraged to consult their academic advisor or residency mentor when doing so.

Rotation Sequence

There is no optimal sequence of core rotations. They are generally completed before sub-internships and electives. On occasion, a hospital may schedule a primary care rotation or elective anytime during the third year. The listing below does not indicate the sequence of rotations. Core rotation schedules are determined by affiliated hospitals and the Office of Clinical Education Operations.

Core Rotations	**Weeks**
Internal Medicine*	12
Obstetrics and Gynecology*	6
Pediatrics*	6
Psychiatry*	6
Surgery*	12
Additional Requirements	
Family Medicine*	6
Sub-Internship in any core specialty*	4
Internal Medicine Required Rotation*	4
Electives	24
Total	**80**
***Can only be completed at an affiliated site**	

The sub-internship must be completed in a core specialty: Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, or Surgery.

Neither an Emergency Medicine rotation nor any additional Family Medicine rotation satisfies the sub-internship requirement; however, either may count toward elective credit.

Year Four of the MD Program

This portion of the clinical curriculum has five primary goals:

1. To broaden and deepen clinical education beyond the core rotations
2. To continue clinical training at a higher level with more responsibility
3. To develop clinical competence consistent with the training standards of an approved residency program in preparation for postgraduate training
4. To complete sub-internships and electives that best meet each student's academic needs and career goals
5. To address any deficiencies or unsatisfactory performance identified by the APRC in order to meet graduation requirements

Sub-internships and electives at clinical centers or other affiliated hospitals with related postgraduate programs may be arranged through the Office of Clinical Education Operations or by the DME at the assigned hospital.

Many electives are offered by clinical centers and affiliated hospitals and are listed on the SGU Clinical Portal. As a general rule, all elective rotations should be at least four weeks in duration. Elective rotations may be completed only on services that have a related postgraduate training program.

Students may complete up to 12 weeks of elective rotations at unaffiliated hospitals. To complete an elective at an unaffiliated hospital, students must submit a Single Elective Affiliation Agreement. This form is included in Appendix D and is available on the SGU Clinical Portal. The Office of Clinical Education Operations reviews all requests. Requests must be submitted at least 90 days before the start date of the anticipated elective, and approval must be obtained before the rotation begins. Credit will not be awarded for electives completed without prior approval.

Licensure requirements vary by country, state, and province. Credit earned through electives completed at unaffiliated hospitals may not be accepted by some licensing authorities. Students are responsible for verifying licensure requirements with the licensing authority in the jurisdiction where they intend to practice.

SGU's medical malpractice insurance policy covers students participating in approved clinical training at healthcare facilities throughout the US, UK, Canada, and the Caribbean. Coverage in other jurisdictions may be available upon application. Information on malpractice coverage is available on the Bursar's website.

Independent Study and Lifelong Learning

To become life-long learners, students must develop self-directed learning skills, an essential component of medical education. Before starting a clerkship, students should ask, "What should I learn during this clerkship?" and "How will I learn it?" In general, the answers fall into three domains: medical knowledge, clinical skills, and professional behavior.

Medical knowledge is acquired through didactic activities, general and patient-specific reading, conferences, and other learning activities. Each core clerkship includes required web-based educational activities that support independent learning preparation for the NBME Clinical Subject Examinations and USMLE Step 2.

Clinical skills and professional behavior are developed through supervised and observed patient encounters and interactions with senior physicians. Students must maintain an electronic Patient Encounter Log (PEL), which documents required clinical experiences. The PEL includes a clerkship-specific "must see list" of symptoms and diseases with which students are expected to become familiar. Students must also recognize categories of patient care, including preventive, emergency, acute, chronic, continuing, rehabilitative and end-of-life care.

Patients documented in the PEL should form the basis for active, independent learning. Through this patient-centered process, students develop the ability to identify, analyze, synthesize, and critically appraise relevant information and information sources.

Students' progress through the academic curriculum is assessed against defined benchmarks in medical knowledge, clinical skills, and professional behavior. These competencies are evaluated through patient bedside and conference discussions, review of the PEL, patient write-ups, and the final clerkship evaluation.

Required Web-Based Modules

Students must complete required web-based modules during the clinical curriculum. **Completion of all required modules is a graduation requirement.** Some modules are assigned as components of specific clerkships, while others are completed independently.

Required Web-Based Modules for Graduation

Communication Skills Part B Modules	Some modules are assigned during clerkships; remaining modules are completed independently
Ethics Modules	Assigned during clerkships
Geriatrics Modules	Assigned during selected clerkships

Pain Management Module	Completed independently

Module Descriptions

Communication Skills Part B Modules
These modules are described under the **Communication Skills** section.

Ethics Modules
The Ethics Modules provide web-based instruction in ethical principles commonly encountered in clinical practice through case-based learning activities. Clerkships assign ethics modules relevant to their specialty, and completion of assigned modules is a required component of those clerkships. Additional information is provided in Appendix L.

Geriatrics Modules
The Geriatrics Modules are integrated into selected clinical clerkships. They provide web-based instruction in the care of older adults, including physiologic, functional, psychological, and social considerations; comprehensive assessment; patient safety; healthy aging; and management of common geriatric conditions.

Students must review the assigned learning resources and successfully complete the associated geriatrics assessments as part of the applicable clerkship requirements. Topics include polypharmacy, tube feeding, geriatric assessment, functional status and home safety, prognosis and screening, depression in older adults, agitation in dementia, psychological/social/spiritual needs, pressure ulcers, restraints, and fall prevention.

Pain Management Module
The Pain Management Module is completed over approximately two weeks. The module consists of assigned readings and videos that provide foundational knowledge and clinical skills for the assessment and management of acute and chronic pain. Topics include pain definitions and pathophysiology, the biopsychosocial model of pain, pharmacologic and non-pharmacologic pain management, common pain syndromes, opioid stewardship, interventional pain management, and the role of interdisciplinary care.

Students must complete all assigned learning activities and achieve a minimum score of 80% on the required assessment before graduation.

Communication Skills

Communication Skills Part B Modules

Effective communication is a core clinical competency and a major outcome objective of the MD curriculum. Formal communication skills training begins during the basic sciences years and continues throughout the clinical curriculum through supervised patient care, observation of residents and senior physicians, and web-based learning. Health Care Communication (formerly DocCom), developed by Drexel University College of Medicine, is SGUSOM's web-based communication skills curriculum. Following completion of Communication Skills Part A before clinical placement, students continue the course by completing Communication Skills Part B during the clinical years.

Communication Skills Part B consists of the remaining modules and associated quizzes and supports formal communication skills training and assessment during the clinical years. Some modules are assigned as required components of specific clerkships, while the remaining modules may be completed at the student’s own pace before graduation.

Each clinical department has designated the following modules as required components of its clerkship:

Internal Medicine	Sharing Serious News Advance Care Planning
Surgery	Shared Decision-Making Dialog about Unwanted and Tragic Outcomes
Psychiatry	Responding to Strong Emotions: Sadness, Anger, FearUnderstanding Difference and Diversity in the Medical Encounter: Communication Across Cultures
Pediatrics	Communication in the Pediatric Encounter: Attending to Relationships and Values Communicating with Adolescents
Obstetrics and Gynecology	Asking about Sexuality Intimate Partner Violence
Family Medicine	Motivating Healthy Diet and Physical Activity Alcohol: Interviewing and Advising
Emergency Medicine	Sharing Serious News HIGH PERFORMANCE TEAMS: Diversity and RESPECT

In addition to the clerkship-specific modules listed above, students must complete all remaining Communication Skills Part B modules before graduation.

A complete list of required Communication Skills modules is included in Appendix K.

Required Clinical Experiences and the Electronic Patient Encounter Log

Patient Encounter Log

Purpose

Students must maintain a daily electronic Patient Encounter Log (PEL) documenting required clinical experiences during clinical rotations. The PEL is based on the required clinical experiences (“must see" list) developed by faculty and included in the clerkship syllabus. The PEL is accessed through the SGU Portal.

The PEL serves several purposes. It helps students document their clinical experiences, supports self-directed learning, complements—but does not replace—independent study, provides the School with a means of monitoring the breadth of students' clinical experiences, and serves as a component of clerkship evaluation.

Required Documentation

For each patient encounter, students must complete all required fields in the PEL, including rotation, hospital, date, chief complaint, primary diagnosis, secondary diagnoses, clinical setting, related Communication Skills modules, level of responsibility, and category of illness.

The PEL also includes an upload feature and an optional comment section. Students use the upload feature to submit required case write-ups and other required forms, such as the Interim Feedback Form and the Preventive Family Medicine Visit Form.

Students may use the optional comment section to document relevant cultural issues, SOAP note information, procedures, or medical literature related to the patient encounter.

Patient Confidentiality

Students must remain HIPAA compliant by excluding patient identifiers, such as names, initials, dates of birth, medical record numbers, photographs, or other identifying information.

Definition of a Patient Encounter

Students should log only encounters involving real patients. Simulated patients, case presentations, videos, grand rounds, written clinical vignettes, and similar educational activities should not be logged. Although these activities are valuable for clinical education, USMLE Step 2 preparation, and postgraduate training, they do not constitute patient encounters for logging purposes.

Patient encounters may occur in various clinical settings and involve different levels of student responsibility. The most meaningful encounters include student participation in the initial history and physical examination, diagnostic decision-making, and management. Students should also log less involved encounters, such as bedside presentations by another clinician, and patient experiences in the operating room or delivery room.

Required Clinical Experiences

The required symptoms (chief complaints) and diagnoses identify the clinical experiences students are expected to encounter during the clinical curriculum. Students should have exposure to approximately 50 symptoms and 180 diagnostic entities. The PEL provides the lists alphabetically and by specialty for convenience.

For each patient encounter, students are expected to understand the primary and secondary diagnoses and complete additional reading, including relevant review or research articles. Where appropriate, students may also complete and log a related Communication Skills module.

If students do not encounter a required clinical entity during a clerkship or Family Medicine rotation, they should complete the corresponding virtual encounter using the links provided in the learning management system and record it in the PEL. Students are also expected to seek these required clinical encounters during the fourth year.

Students are expected to read broadly throughout the clinical years, including about patients they encounter and those they do not.

Maintaining the PEL

Students are expected to maintain the PEL throughout the clinical curriculum and update entries as new clinical information becomes available, such as additional diagnoses, changes in clinical setting, or disease progression. The PEL is designed to encourage students to document the complexity of patient care, including multiple diagnoses, psychosocial issues, and other factors that influence patient management and outcomes.

If a diagnosis is not listed, students should select the closest related diagnosis. Standardized diagnoses allow the School to monitor the breadth of clinical experiences across affiliated hospitals.

Using the PEL

The PEL link is located in the SOM Clinical Studies section of the SGU Portal. Selecting the PEL link directs students to the sign-in page and Main Menu.

From the Main Menu, students may:

- Enter a new patient encounter
- Review or edit existing encounter logs
- Print selected encounter logs

To enter a new patient encounter, students select **Enter a New Patient Encounter**, complete all required fields using the available drop-down menus, and select **Submit My Log** when finished.

To review or edit logs, students select **Review or Edit Encounter Logs**, select the log to review or revise, and use **Edit This Log** to make changes.

To print logs, students select **Print Your Logs**, select the logs to be printed, select **Print Selected Logs**, and then select **Print This Page.** Students should bring a printed copy of the PEL to the mid-core evaluation.

Assessment of Required Clinical Experiences and the Electronic Patient Encounter Log

The PEL is reviewed throughout the clinical curriculum to assess students' progress, ensure completion of required clinical experiences, and evaluate the quality and breadth of clinical training across affiliated hospitals.

Clerkship Oversight

The clerkship director or designated faculty member reviews students' PEL during the mid-core (formative) and the final clerkship evaluations.

During the mid-core evaluation, the faculty member assesses the completeness of the PEL and determine whether students are encountering an appropriate variety of patients. Students whose PELs contain relatively few entries may not be fully participating in clinical activities or may not be maintaining the PEL appropriately. Either situation may affect the Professional Behavior component of the clerkship grade.

During these evaluations, students are expected to discuss the patient encounters documented in their PEL. Therefore, students should record only patients they have personally encountered and studied.

Assessment of the PEL is based on the quality of documentation rather than the number of diagnoses or encounters recorded. Students are evaluated on the accuracy, completeness, conscientiousness, and honesty of their entries, which are elements of professional behavior.

Uploaded case write-ups and other required documents are available to the clerkship director through the PEL as part of evaluation of student's performances.

Institutional Oversight

Because the PEL is web-based, all entries are available to the Office of the Dean for review and analysis.

The Office of the Dean uses PEL data to monitor the breadth and comparability of clinical experiences across affiliated hospitals and to ensure that students encounter the required symptoms, diagnoses, and patient care experiences expected during the clinical curriculum.

The Office of the Dean also reviews each student's PEL to identify gaps in required clinical experiences. Students identified with deficiencies are required to complete appropriate fourth-year electives to address those deficiencies.

Manual Skills and Procedures

Students must demonstrate competency in the following core procedures before graduation:

- Basic Cardiopulmonary Resuscitation (CPR)
- Bag and Mask Ventilation
- Venipuncture
- Intravenous (IV) Insertion

Competency in CPR and bag and mask ventilation should be developed during the basic science years. Students must be certified to perform venipuncture and IV insertion. Certification must be documented once in the Patient Encounter Log under Procedures (e.g., Procedure - Intravenous Insertion), including the certifying physician's name and certification date in the Comments section. Certification may be completed during any rotation, although the Surgery clerkship has primary responsibility. Once certified, students may continue to perform these procedures under supervision without additional documentation.

Students are encouraged to observe and participate in additional procedures whenever possible. Faculty may certify students in other procedures; however, this documentation is retained by the student and does not need to be submitted to the School. All procedures must be performed under faculty supervision.

Consistent with the AAMC Core Entrustable Professional Activities (EPAs) for Entering Residency, competency in manual skills extends beyond technical ability and includes the ability to:

- Demonstrate the technical (motor) skills required for the procedure
- Understand and explain the anatomy, physiology, indications, risks, contraindications, benefits, alternatives, and potential complications of the procedure
- Communicate with the patient/family to ensure pre–and post- procedure explanation and instructions
- Manage post-procedure complications
- Demonstrate confidence that puts patients and families at ease

Reading and Web Based Education Resources

Reading

Reading and independent study are essential components of the clinical years. Students should focus their reading in three areas:

1. Patients: Students should read about the conditions affecting the patients they encounter during clinical rotations. Reading should include comprehensive textbooks, specialty and subspecialty books, medical journals, and other evidence-based resources to support patient care, teaching rounds, and conferences. Students are expected to search the medical literature to answer clinical questions and support diagnostic and treatment decisions. Reading about patients strengthens clinical reasoning, problem-solving, and clinical judgment while reinforcing patient care.

2. Clerkship content: Students are encouraged to read a concise textbook cover to cover during each clerkship. Because students will not encounter every important condition during a 6- or 12-week rotation, comprehensive reading broadens medical knowledge and promotes a more consistent educational experience across affiliated hospitals.

3. NBME Clinical Subject Examinations and USMLE Step 2: Students must prepare for the end-of-clerkship NBME Clinical Subject Examinations, which are a significant component of the final clerkship grade. Performance across the six NBME Clinical Subject Examinations also correlates with USMLE Step 2 performance.

To support preparation, SGUSOM provides access to UWorld and AMBOSS. The Office of the Dean monitors student participation and performance in these resources and provides this information to clerkship directors for consideration in assessing students' professional behavior. Completion of assigned activities demonstrates students' commitment to learning and professional responsibilities.

Required Web-Based Activities

Completion of web-based activities and modules is part of the educational requirements during clinical rotations. These activities provide structure for protected academic time and independent

learning. The School makes these resources available through the learning management system. Each core clerkship and the required Family Medicine rotation include corresponding web-based activities that students must complete.

UWorld

During the first week of the first clerkship, students receive instructions for accessing the UWorld question bank. Students must complete all assigned questions in Obstetrics and Gynecology, Pediatrics, Psychiatry, and Surgery during the corresponding clerkship. Student must complete a minimum of 600 questions during the Internal Medicine clerkship.

AMBOSS

SGUSOM uses the digital medical resource AMBOSS to support the core clerkships and required Family Medicine rotation.
The SGU study portal on the AMBOSS platform is aligned with the National Board of Medical Examiners (NBME) content outline and provides structured weekly study plans, mandatory quizzes, and educational resources to support clerkship learning and preparation for Mid-Core Exams and the NBME Clinical Subject Examinations. The platform also tracks student participation and progress, identifying areas of proficiency and those requiring improvement.

Students must activate their accounts on the SOM AMBOSS study portal at the start of each rotation and complete the required quizzes.

Rotation Length	Number of Required Quizzes
6 weeks (including the current Family Medicine rotation)	5
12 weeks	10
4- or 5-week Family Medicine rotations*	One quiz per week of the rotation

*Applies only to students who started clinical rotations before August 2024

Quizzes are accessible from noon EST on Friday until 11:59 AM EST on the following Monday and must be completed within that timeframe to receive credit. Completion of required quizzes is a professional behavior requirement.

Students experiencing technical difficulties during quiz completion must report them promptly to the clinical administrative team at Ask-ClinStudies@sgu.edu and the AMBOSS technical team at hello@amboss.com to ensure timely resolution.

Missed quizzes due to technical difficulties reported after the deadline are not eligible for remediation.

Section Four: Academic Progress

Promotion and Graduation

Progression Requirements – Year 2 to Year 3

To progress from Year 2 (Basic Sciences) to Year 3 (Clinical Studies) of the MD Program, students must meet the following administrative and academic requirements:

Administrative Requirements

Students must:

- Be in financial good standing

- Have approved health insurance
- Have their SGUSOM health forms cleared by the Office of Student Health Records
- Complete a criminal background check
    - Background checks with findings are referred to the Office of Student Affairs for review.
- Affirm to reading the Clinical Training Manual
- Complete all required certification courses and documentation

Academic Requirements

Students must complete:

- All Basic Sciences requirements in accordance with the standards for academic progress
- All pre-clerkship web-based courses
    - Cultural Competency Course
    - Communication Skills Part A Course
    - Emergency Medicine Course
    - Infection Control Course
    - COVID Infection Control Course

Progression Requirements – Year 3 to Year 4

To progress from Year 3 to Year 4, students must be in good academic standing and have met the following requirements:

- Complete all Basic Sciences requirements in accordance with the standards for academic progress
- Complete 42 weeks in the 5 core clinical clerkships in accordance with the standards for academic progress
- Pass all core clerkship NBME Clinical Subject Examinations
- Make progress toward completing the MD program within the 6-year maximum timeline.

MD Progression Requirements

Timeline Requirements

Students must:

- Complete the MD program within 6 years of matriculation.
- Complete all Basic Sciences requirements within 3 years of matriculation.
- Students who use the 3-year maximum to complete the Basic Sciences must begin their first core clerkship within 6 months of completing the Basic Sciences (3.5 years from matriculation). This 6-month period is time borrowed from the 3-year maximum allowed to complete the 80 weeks of Clinical Studies.
- Students who take more than 3 years to finish the Basic Sciences must begin core clerkships immediately after completing Term 5. Students planning to take USMLE Step 1 must therefore do so after completing the core clerkships. Currently, this schedule is available only in the UK and in US states where USMLE Step 1 is not required.
- Students granted special permission by the CAPPS to exceed the maximum timeline must start their first clerkship immediately after completing the Basic Sciences.
- Students must allow no less than 2 years to complete the 80 weeks of clinical training.

Failure to meet these timeline requirements may result in a recommendation for dismissal due to timeline.

Requirements for Graduation

The Academic Promotion Review Committee (APRC), comprised of School of Medicine faculty, reviews and approves those students for graduation upon successful completion of the curriculum and all program requirements. To be eligible for graduation, students must satisfactorily complete 77 weeks of Basic Sciences followed by 80 weeks of clinical training.

Based on assessments conducted throughout the Four-Year MD Program, SGUSOM graduates those students who have successfully met the School's standards for progress, promotion, and graduation, thereby demonstrating achievement of the MD Program Objectives and the competencies required for the practice of medicine.

To qualify for graduation from the MD Program, all candidates must achieve the following:

- Satisfactorily complete all Basic Sciences requirements of the MD Program and all requirements to enter the first year of Clinical Studies.
- Successfully complete 80 weeks of Clinical Studies:
    - 42 weeks of core clerkship requirements: 12 weeks of Internal Medicine, 12 weeks of Surgery and 6 weeks each of Pediatrics, Obstetrics and Gynecology, and Psychiatry
    - 6 weeks of Family Medicine
    - 32 weeks of elective rotations: 4 weeks of a sub-internship in any core specialty, 4 weeks of an Internal Medicine elective, and 24 weeks of electives of student choice
    - Successfully complete any required remediation of a course, or for any failed component of a clinical rotation (including retaking and passing the NBME Clinical Subject Examination of a failed clerkship knowledge component).
- Pass all 6 required NBME Clinical Subject Examinations.
- Successfully complete the Pain Management Module.
- Successfully complete the Communication Skills Modules.
- Maintain acceptable professional behavior and standards.
- Be discharged of all indebtedness to the University.
- Comply with the requirements for admission.
- Be approved for graduation by the APRC.

Note: Students who started Clinical Studies before August 1, 2024, may complete 4–6 weeks of Family Medicine and 32–34 weeks of elective rotations, depending on the number of Family Medicine weeks completed.

Graduation Ceremony

Students who have completed all degree requirements and qualify for graduation are eligible to participate in the SGUSOM graduation ceremony.

Students expected to complete all degree requirements by June 30 are eligible to participate in the SGUSOM graduation ceremony. Students expected to complete all degree requirements by August 31 may also be permitted to participate with approval of the Office of the University Registrar. Students seeking approval must apply for an exception to participate. Students eligible to apply for this exception will receive an email with instructions in the Spring.

<u>Honors Designations</u>

Students who achieve exceptional academic performance during their medical education are recognized at graduation with the following Latin honors:

- *Summa Cum Laude* (with Highest Honors) – Cumulative WMPG of 95.00% or higher
- *Magna Cum Laude* (with High Honors) – Cumulative WMPG of 92.00%–94.99%
- *Cum Laude* (with Honors) – Cumulative WMPG of 90.00%–91.99%

WMPGs are not rounded, and no exceptions are made.

Timeline Requirements for Clinical Studies

Program Timeline

The MD program is designed to be completed in 4 or 4.5 years, depending on the matriculation term, with 2 years spent in the Basic Sciences phase (Year 1 and Year 2) and 2 years spent in the Clinical Studies phase (Year 3 and Year 4). Students may require additional time for course remediation, standardized examination preparation, or an approved leave of absence. Regardless of individual circumstances, students must complete the Basic Sciences curriculum within 3 years of matriculation and the full MD curriculum within 6 years.

Transition to Clinical Studies

Students beginning Clinical Studies in the US typically use the interval between Basic Sciences and Clinical Studies to prepare for and take the CBSE and USMLE Step 1.

Students who complete the Basic Sciences in 2 years may take up to 1 year before beginning Clinical Studies, while those who complete the Basic Sciences in 2.5 years may take up to 6 months. However, students are encouraged to begin Clinical Studies within 3–5 months to maintain optimal clerkship scheduling, USMLE Step 2 timing, and ERAS/NRMP application timelines. Additional time between phases is discouraged unless required for content remediation of NBME Clinical Subject Examinations or for Step 1 preparation.

Students who complete the Basic Sciences in the maximum 3 years must begin Clinical Studies in the US or the UK within 6 months of completing the Basic Sciences.

In rare instances in which an extension to the Basic Sciences timeline may be granted by the Committee on Academic Progress and Professional Standards (CAPPS), students must progress from the Basic Sciences phase directly to the Clinical Studies phase at the next available clerkship start date.

Completion of the MD Program

Regardless of when Clinical Studies begin (the first clerkship), students must remain on track to complete the MD program within 6 years of matriculation.

Due to the expectations and timeline for completing Clinical Studies, students with less than 2 years remaining on their timeline who have not yet started Clinical Studies, or students whose progress during Clinical Studies makes completion within 6 years impossible, will be reviewed by the Academic Promotion Review Committee (APRC) and may be recommended for dismissal by the relevant Dean. Any student recommended for dismissal may appeal to the CAPPS.

OPTIMAL TIMELINE FOR AUGUST MATRICULANTS

Students who matriculate in the August term can complete the MD program in four years, assuming no timeline extension.

1. Basic Sciences: Students complete the Basic Sciences courses in May of the second year after matriculation.
2. Start of the clerkship year: Students starting clinical training in the US take USMLE Step 1 in July after passing the CBSE, and begin their first clinical term in August or September. Students who do not pass the CBSE after completing Term 5 will typically have an extended timeline before beginning Clinical Studies, as described in the Promotion to Clinical Phase—CBSE and Pathways for Clinical Training section of the School of Medicine Student Manual. Students starting clinical training in the UK are not required to take USMLE Step 1 and may begin Clinical Studies at the next available start date after clearance.
3. End of Year 4: Students complete the 80-week clinical curriculum by May or June of the second year after beginning Clinical Studies (e.g., if clinical training begins in July, August, or September

2024, then graduation is in June 2026). This is four years or less after matriculation. Students interested in US residency should, if possible, aim to complete their curriculum by the end of April to allow sufficient time for ECFMG certification and state licensing requirements before residency orientation.

Terms 6–10 (Years 3 and 4) represent an intensive educational period. Students who begin Clinical Studies in September have less than 90 weeks before the first June diploma date and must plan time off carefully to complete the 80-week curriculum. During this period, students interested in US residency also take USMLE Step 2 after completing core clerkships and apply for residencies.

OPTIMAL TIMELINE FOR JANUARY/APRIL MATRICULANTS

Students who matriculate in the January and April terms generally complete the MD Program in 4.5 years, assuming no timeline extension.

- Basic Sciences: Students complete the Basic Sciences courses in December of the second year after matriculation.
- Start of the clerkship year: Students starting Clinical Studies in the US take USMLE Step 1 in March after passing the CBSE, and begin their first clinical term in May or June. Students who do not pass the CBSE after completing Term 5 will typically have an extended timeline before beginning Clinical Studies, as described in the Promotion to Clinical Phase—CBSE and Pathways for Clinical Training section of the School of Medicine Student Manual. Students starting clinical training in the UK are not required to take USMLE Step 1 and may begin Clinical Studies in January or April.
- End of Year 4: Students may graduate in December of the second year after beginning Clinical Studies; however, most graduate in May, approximately two years after starting Clinical Studies.

Terms 6–10 are an intensive educational period. Students who begin Clinical Studies in May have approximately 100 weeks to complete the 80-week curriculum and graduate in June. During this period, students interested in US residency also take USMLE Step 2 after completing the core clerkships and apply for residencies.

A Three-Year Clinical Schedule

Most students complete clinical training and graduate in 2 or 2.5 years after completing the Basic Sciences. These students usually take USMLE Step 2 after completing all Year 3 requirements. However, students may choose a three-year Clinical Studies schedule (a fifth year in the Four-Year MD program).

Students following this schedule may take USMLE Step 2 after four years of medical school, allowing additional preparation time. During this period, students may also complete an individually tailored schedule of electives and/or conduct research.

The Office of Career Guidance (OCG) may advise students to consider a fifth year if they meet one or more of the following criteria, which are predictors of poor performance on USMLE Step 2.

1. Academic difficulties in the Basic Sciences phase (including CR, LOA, F)
2. Failing USMLE Step 1
3. Negative comments or a C/Pass in the Clinical Skills component of clerkships
4. Failure on the NBME Clinical Subject Examinations

Students who meet these criteria are expected to delay USMLE Step 2 until completing additional fourth-year training and study. The SOM can assist in developing an individualized educational plan. Students may then enter the next residency application cycle with a stronger academic profile. They may graduate at the end of the fourth year and then take USMLE Step 2 afterward or postpone graduation and remain in medical school for a fifth year.

During the fifth year, students may enter an SGU dual degree program (MPH, MBA, or MScBR), complete up to 8 weeks of additional electives at affiliated or unaffiliated hospitals, an advanced sub-

internship, research, or a teaching assistantship. These fifth-year opportunities are available at no additional tuition cost when arranged through SGU. Academic advisors help students determine the clinical schedule that best aligns with their career goals.

Extended Timelines in the Clinical Studies Phase

Students may take a leave of absence (LOA) during the Clinical Studies phase. Students who take excessive LOAs for health or other reasons should limit bridge time and remain on track to complete the MD program within the 6-year timeline. An absence of more than one year is incompatible with satisfactory academic progress and may result in dismissal.

Students should be aware that extending their timeline, although academically advantageous in some circumstances, may reduce their competitiveness in obtaining a residency. In addition, interruptions in a student's enrollment may affect loan repayment status and loan eligibility for students receiving US federal loans.

Immigration Issues

Students unable to meet the 6-year timeline because of unforeseen immigration issues will be reviewed on a case-by-case basis. Students must contact the Office of Immigration Support Services (immigrationsupport@sgu.edu) with a copy to the Office of Student Affairs (studentaffairs@sgu.edu) to discuss their individual circumstances.

Bridge Time for Students

During the clinical terms, promotion depends on passing clerkships, the Family Medicine and Internal Medicine required rotations, a sub-internship, and additional electives. There is no formal break during clinical training, and no special mechanism is required to promote students from one clinical term to the next. After passing one clinical rotation, students proceed to the next scheduled rotation.

Clinical rotations are scheduled year-round. Students who need a few weeks off between rotations may request bridge time. Students must notify their clinical student administrator in the Office of Clinical Education Operations and receive approval before taking bridge time. Available bridge time depends on when the clinical period begins. Students may take up to 20 weeks of bridge time within a rolling 12-month period. Excessive use of bridge time may negatively affect satisfactory academic progress and graduation timing.

Bridge time is used to complete and remediate NBME Clinical Subject Examinations at the end of the third year. Students who use a clinical/medical excuse require 4 weeks of bridge time, and students who fail their NBME Clinical Subject Examination require 4-5 weeks of bridge time per failed examination. Bridge time required for Family Medicine remediation may not be the final scheduled activity of the fourth year.

Section Five: Participation Standards and Time-off Policies

General

Clinical rotations require a full-time commitment. Students are expected to participate in patient care as members of the healthcare team, attend all didactic activities, complete assignments, and engage in self-directed learning.

Participation and engagement are essential components of professional behavior. Students must participate in all educational activities required by clerkship directors, and **participation is considered**

when determining clerkship grades.

Students are required to attend assigned hospital and clinic activities Monday through Friday, and, when scheduled, evenings, weekends, and on-call responsibilities. Excessive tardiness may result in a failing grade in the professional behavior component, and unexcused absences are not permitted.

Students who must be absent for part of a day or longer must obtain advance approval from the clerkship director. Unauthorized absences from any scheduled rotation, including electives, may result in a reduced or failing grade and/or disciplinary action.

Students unable to participate in a rotation should request a formal Leave of Absence (LOA). LOAs count toward the 6-year maximum timeline; therefore, the leave request may be denied it prevents completion of the MD Program within that period. Extended absences without approval from the clerkship director, DME, and Office of Clinical Education Operations constitute failure to complete required clerkship activities **and will result in a failing clerkship grade.**

Students are responsible for reporting to the assigned site on the scheduled start date and time and participating in orientation. Students who cannot start as scheduled must immediately notify the Office of Clinical Education Operations and the hospital DME. Core clerkships may be cancelled only for emergencies. Employment is not permitted during clinical rotations.

Study Days

During the final 2 weeks of each rotation, students take the NBME Clinical Subject Examination.

Students receive two study days before the NBME Clinical Subject Examinations in their Internal Medicine and Surgery, and one study day before the NBME Clinical Subject Examinations in Psychiatry, Pediatrics, Family Medicine and Obstetrics and Gynecology.

During these study days, students are not required to be in the hospital or clinic and are not required to make up the time.

CBSE and USMLE Scheduling

Students are strongly advised not take the NBME CBSE, USMLE Step 1, or USMLE Step 2 during a clerkship. Students should work with their academic advisor to determine the most appropriate timing for these examinations based on their individual academic progress and clinical schedule.

Residency Interviews

Planning Around SGUSOM Policies and Clinical Requirements

Students must consider SGUSOM policies and clinical rotation requirements, including scheduled electives, when arranging residency interviews. Students with multiple residency interviews are encouraged to arrange a 4-week LOA or bridge time to accommodate their interview schedule and should consider the impact of such time off on their graduation timeline. Students who cannot take time off should disperse interviews across the interview season, when possible. Students should consult their academic advisor with questions about timeline or SGUSOM policies.

Interview-Related Absences

A residency interview does not automatically qualify as an excused absence. Students who need time away from a rotation for a residency interview must obtain advance approval from the attending physician, DME, clerkship director, or preceptor, preferably before the rotation begins. Time off is not permitted during sub-internships.

Absences without prior approval, including for residency interviews, may result in an incomplete or failing grade for that rotation.

Making Up Missed Clinical Time

Students must complete the full duration of every rotation, and students must be certified that they have completed the required duration of each rotation by the clerkship directors, DMEs and/or preceptors. Therefore, missed clinical time, including time away for interviews, must be made up before completion of the rotation. Time may be made up, at the discretion of the clerkship director, through additional clinical duties, such as on-call or weekend assignments, or through educational activities, including research assignments or presentations.

Cancellation Policy

Approved electives and sub-internships may not be cancelled without approval from the hospital and the Office of Clinical Education Operations. Students must notify the hospital and the Office of Clinical Education Operations of cancellation at least 90 days before the start date of an elective or sub-internship. Students are required to upload the approved cancellation to the Elective Confirmation/ Cancellation system. Students who cancel with less than a 90-day notice are responsible for cancellation fees and are referred to the Office of Student Affairs for unprofessional behavior. A second cancellation with less than a 90-day notice may lead to suspension from the School and notation of the suspension in the student's MSPE in conjunction with paying the cancellation fees.

If a student cancels a rotation, the student is responsible for full tuition for the cancelled rotation and will not receive credit for any rotation during that same time period. Regardless of the policy that a hospital has, the SGU Clinical Elective Cancellation policy stands for all students. Hospitals should not cancel electives; students should notify the Office of Clinical Education Operations if this occurs. Cancellation fees may be waived by the School for students who must cancel scheduled electives because of a failed NBME Clinical Subject Examination within 3 months of the rotation start date.

Cancellation Policy

A student must give the hospital and the Office of Clinical Education Operations notification of cancellation at least 90 days ahead of the start date of an elective or sub-internship. If less than 90 days, the student will be responsible for cancellation fees for the cancelled rotation and be referred to the Office of Student Affairs for unprofessional behavior. A second cancellation without 90 days' notice may lead to suspension from the school and mention of the suspension in the student's MSPE. If a student cancels, the student is responsible for full tuition for the cancelled rotation and will not receive credit for any rotation for that same time period. Hospitals should not cancel electives; students should notify the Office of Clinical Education Operations if this happens. Cancellation fees may be waived by the school for students that must cancel scheduled electives because of a failed NBME Clinical Subject Examination within 3 months of the starting date.

Clinical Medical Excuse from Exams

The NBME Clinical Subject Examination is a required assessment of clinical knowledge in the core clerkships and the Family Medicine/General Practice (FM/GP) required rotation. Passing all 6 required NBME Clinical Subject Examinations is a graduation requirement. Students are expected to take the NBME Clinical Subject Examination within the final 2 weeks of the rotation for which it is required. The Clinical Examination Scheduling Office provides students with a permit window during which the exam must be taken.

In rare instances, unforeseen circumstances such as medical conditions may prevent a student from taking an examination as scheduled. If a student is unable to take an NBME Clinical Subject Examination and can re-schedule the exam with the testing center within the permit window, a

Clinical/Medical excuse is not required. If rescheduling within the permit window is not possible, the student must submit a Clinical/Medical excuse using the SOM Clinical/Medical Excuse Form, and a Completion Exam will be granted.

Students are entitled to **one self-reported Clinical/Medical Excuse for examinations per 12-month period** during the MD program. Students who do not take an examination as scheduled after already using that excuse have failed to complete all required clerkship activities and receive a failing grade for the knowledge component of the clerkship/required rotation and for the overall rotation.

Students with extenuating circumstances for missing an additional examination must provide relevant documentation. Students in this situation should seek guidance from the Office of Student Affairs (studentaffairsclinical@sgu.edu), before missing the examination when possible. Otherwise, students must contact the Office of Student Affairs as soon as possible and provide documentation for incapacitation.

Note: **Students may not request a Clinical/Medical Excuse after starting an exam. Once an exam has started, a score is submitted and contributes to the student's grade, regardless of how much of the exam is completed.** Students are therefore strongly discouraged from taking an exam if they are unwell.

Procedure for Submitting a Clinical/Medical Excuse

Students requesting a clinical/medical excuse must submit the SOM Clinical/Medical Excuse Form before the scheduled examination time. Students who attempt to submit a second Clinical/Medical Excuse request within a **12-month** period receive written notification that they are ineligible and are informed of the consequences of missing the examination.

Resolution of Missed Examinations

Students with an approved Clinical/Medical excuse who miss an examination receive an ME for the exam score, an I for the Clinical Knowledge component, and an incomplete grade (I) for the clerkship or required FM/GP rotation. Students are then expected to take the Completion Exam.

Students take the Completion Exam at the end of Year 3 once all Year 3 rotations (including any Year 3 FM/GP required rotation) are completed, or by the end of Year 4 if the required FM/GP rotation was completed during Year 4*. Students should consider this Completion Exam period when scheduling elective rotations.

Students who miss an examination without an approved Clinical/Medical excuse have not completed course requirements and receive an NG for the NBME Clinical Subject Examination and a failing grade for the rotation. Students should refer to the Assessment and Grading section of this Manual for the consequences of failing to complete course requirements.

Students who receive a failing grade for the rotation for any reason are ineligible to take the Completion Exam. The APRC determines the consequences of all course failures and any required stipulations for students.

Completion Exams

As of January 2023

Year 3 Completion Exams (including the Year 3 FM/GP required rotation)

Students with an approved excused Clinical/Medical absence from an NBME Clinical Subjection Examination must follow the instructions provided in the confirmation of the Clinical/Medical excuse and emailed by clinadmin@sgu.edu and ClinicalExam@sgu.edu following approval of the excused absence. Once an excuse has been submitted and a Year 3 Completion Exam approved, a 3-week (21 days) Completion Exam Period is reserved in the schedule at the end of Year 3 for exam preparation,

scheduling, and processing. ***This may require cancellation or postponement of electives scheduled prior to the date of the missed exam. Students should work closely with their clinical student administrator when scheduling subsequent electives.***

An NBME Clinical Examination permit will be arranged by ClinicalExam@sgu.edu for the last 2 weeks of the Completion Exam Period during which students must schedule to take their Completion Exam. **Students should schedule their examinations within 48 hours of receiving their permit,** as testing dates book quickly. After this 2-week permit window ends, the School receives the examination score within 5-7 days and makes a determination regarding academic progress or required remediation.

Year 4 Completion Exams

Students with an excused absence from a NBME Clinical Subject Examination in Year 4 must follow the instructions provided by clinadmin@sgu.edu and ClinicalExam@sgu.edu after approval of the excused absence. Students should request permits from ClinicalExam@sgu.edu at least 4 weeks prior to the expected examination date. Permit windows are for a 2-week period. After the permit window ends, the School receives the examination score within 5-7 days and makes a determination regarding academic progress or required remediation.

Students are expected to schedule bridge weeks for Year 4 Completion Exam preparation. LOA time is used if no bridge time is available. ***This may require cancellation or postponement of electives scheduled prior to the date the missed exam.*** Students should work closely with the Clinical Examination Scheduling Team and their clinical student administrator when scheduling exam time and subsequent electives.

Students must pass all NBME Clinical Subject Examinations to meet graduation requirements. Therefore, students are expected to arrange for any Completion Exam for the NBME Clinical Subject Examination in their FM/GP required rotation as close as possible to the end of the rotation to allow sufficient time for any required remediation.

*Students intending to participate in the NRMP Match should pass any missed or failed NBME Clinical Subject Examination for the Year 4 FM/GP rotation by March 1 of the Match year to ensure all graduation requirements are successfully completed by June of that year. Students are strongly encouraged to take the Completion Exam as soon as possible to avoid pending graduation requirements at the end of the fourth year, which may prevent them from meeting residency match requirements.

Faculty Panel on Academic Professionalism (FPAP) – Clinicals

The Clinical FPAP reviews professional behavior issues involving students enrolled in the Clinical Studies phase of the MD curriculum, including missed examinations, examination compliance issues, cheating, plagiarism, and other behavior contrary to the outcome objectives and expectations described in the Student Manual, Clinical Training Manual, and clerkship syllabi.

When appropriate, clerkship and examination noncompliance issues in the Clinical Studies phase may be referred to a Clinical FPAP hearing through the Office of the Senior Associate Dean of Clinical Studies.

An associate dean or assistant dean of clinical studies chairs the Clinical FPAP hearing. The panel includes at least 2 additional SOM faculty members appointed by the senior associate dean of clinical studies. All panel members, including the chair, are MD faculty of the SOM who have experience with the standards for promotion and progression outlined in the Student Manual and do not participate in student advising.

A quorum for the panel consists of the chair and at least 2 additional panel members. Decisions are reached by simple majority. In the event of a tie, the chair casts the deciding vote.

The panel may recommend referral of the student to an appropriate support service, application of an academic penalty, or completion of a specified or customized remediation pathway for infractions involving lapses in professional behavior. The panel may also recommend that a course or clerkship grade be held as incomplete (I) until the student demonstrates the required remediation outcomes.

The panel's recommendation is submitted to the senior associate dean of clinical studies for action and communicated to the student by the Office of the Senior Associate Dean of Clinical Studies.

Appeal Process

A student may appeal the outcome of the Clinical FPAP process. The appeal must be submitted in writing and clearly describe the sequence of events and circumstances relevant to the matter considered by the panel.

Appeals must be submitted to the Office of the Senior Associate Dean at Ask-ClinStudies@sgu.edu within 5 business days of the date the outcome is communicated to the student.

The senior associate dean of clinical studies reviews the appeal, and the Office of the Senior Associate Dean of Clinical Studies communicates the decision to the student.

Section Six: Student Support Services

Overview

More than 1,500 clinical faculty based at over 80 affiliated hospitals support the clinical training of SGUSOM students. In addition, more than 50 SGU administrators, physicians, and staff coordinate clinical placements and assist students throughout the third and fourth years of medical school.

SGUSOM offers comprehensive academic advising, career guidance, US residency application assistance, guidance for students pursuing postgraduate training outside the US, and behavioral health and wellness services.

The Clinical Academic Advising, Development, and Support division provides academic advising and support throughout the clinical curriculum. The Office of Career Guidance assists with career planning and preparation for postgraduate training. The Office of the Dean, the Office of the Senior Associate Dean of Clinical Studies, and the Office of Student Affairs are available to address other academic and personal concerns. Directors of medical education, clerkship directors, preceptors, medical education coordinators, and clinical faculty at clinical sites also provide guidance and support.

The following sections describe these services and resources in greater detail.

Office of Career Guidance

The Office of Career Guidance (OCG) works closely with the Office of Clinical Studies to provide career advising from matriculation through graduation and into the early alumni years. All students have access to the OCG staff and OCG website resources.

For students pursuing postgraduate training in the US, the OCG advises on specialty selection, residency application strategy, program selection, application preparation, and interview preparation. Guidance is also available for students pursuing postgraduate training in Canada, the United Kingdom, the European Union, and other countries.

Building on career advising provided during the Basic Sciences phase, the OCG supports students throughout Clinical Studies by providing guidance on external examination deadlines, residency applications, and fourth-year planning. Each student is assigned an OCG Residency Mentor who provides individualized guidance throughout Years 3 and 4.

The mandatory OCG-3 webinar series covers three topics: *The Clinical Years Ahead*, *Planning Your Fourth Year*, and *Preparing for the Match*. Live webinars and individual consultations with OCG Residency Mentors are available throughout the residency application process. The OCG website is updated regularly with residency application requirements and timelines.

Students pursuing US residency receive guidance on the National Resident Matching Program (NRMP), the Electronic Residency Application Service (ERAS), the Residency Centralized Application Service (ResidencyCAS), and opportunities outside the Match (also known as All-Out programs). ResidencyCAS is used for Obstetrics and Gynecology, Emergency Medicine, and Emergency Medicine combined specialties.

Post-Match Support

The OCG provides additional support for students who do not initially secure a residency position. Resources include information on unanticipated residency openings posted each March on the OCG website, webinars on the Supplemental Offer and Acceptance Program (SOAP), post-Match advising, and individual consultations with Residency Mentors.

Students may also receive guidance on strengthening future residency applications through additional electives, research opportunities, or graduate degree programs, including the MPH and MBA.

Additional information is available on the OCG Website. Students may contact the OCG at careerguidance@sgu.edu.

Medical Student Performance Evaluation (MSPE)

The MSPE is an objective evaluation of a student's medical school performance rather than a letter of recommendation. In addition to statistical data and rotation grades, and comments, it includes selected information about the student's background and accomplishments from the undergraduate years through the first three years of medical school.

The Office of the Dean prepares an MSPE for every graduating SOM student. The MSPE is submitted primarily to the Electronic Residency Application Service (ERAS) for students participating in the National Resident Matching Program (NRMP). When requested, it may also be submitted through other residency application services or directly to individual residency programs that do not participate in ERAS.

Preparation Timeline

MSPEs are prepared according to the anticipated graduation year, not the anticipated residency application year. For example, a student graduating in 2028 will have an MSPE prepared during the 2027-2028 academic year, even if the student delays applying for residency until a later year.

The MSPE process begins toward the end of Year 3 when students complete the MSPE Information Form (MIF). The form is available during a four- to six-week submission period in January–February of the year before graduation. For example, students expected to graduate in 2028 complete the MIF in January– February 2027.

MSPE Coordinators, under the direction of the dean of the School of Medicine, update the document throughout Years 3 and 4.

Student Review

During the summer, students receive a review copy of their MSPE and may submit corrections to factual errors only. The MSPE format follows Association of American Medical Colleges (AAMC) guidelines, uses a standardized format for all students, and cannot be modified at the student's request. The assigned MSPE coordinator has final responsibility for the content and wording.

Students may request an unofficial copy of the finalized MSPE after graduation.

Endorsement Level

The Summary section of the MSPE includes an Endorsement Level (EL) assigned by the MSPE coordinator under the authority of the dean of the School of Medicine. The six ELs are Outstanding, Excellent, Very Strong, Strong, Good, and Adequate.

Academic performance is the initial determinant of the EL. Professional behavior is a major modifying factor and is assessed primarily through clerkship evaluation comments. Other indicators of professional behavior throughout the MD Program may also influence the EL, including disciplinary actions, problematic interactions with faculty, administration, and staff, multiple leaves of absence, repeated failures of NBME Clinical Subject Examinations, and other professionalism concerns.

USMLE scores are included in the MSPE as a service to residency programs but are not a major determinant of the EL.

Submission and Distribution

MSPEs are uploaded to ERAS and other residency application services in late summer to early fall. After October 1, students may request that their MSPE be sent directly to residency programs that do not participate in a matching service. Requests must include the program contact's name, title, department, hospital, city and state, and email address.

MSPE coordinators also send transcripts to residency matching services and individual programs and provide SGU Department Chair Letters directly to students who require them.

Updates

MSPEs and transcripts submitted through ERAS or other residency application services are not updated automatically. Students must contact their assigned MSPE Coordinator to request an update. MSPE updates are made only for new core clerkship grades; elective grades are not updated.

Students reapplying during a subsequent residency application cycle must request an updated MSPE and transcript from their assigned MSPE Coordinator after reopening their ERAS account. ERAS carries documents forward from the previous application cycle, but the documents are not updated unless the student requests an update from the School.

After graduation, no new information is added to the MSPE. The document is finalized to include all grades and the student's graduation status.

Additional information about the MSPE process is available on the Clinical MSPE Team page of the SGU Portal.

Healthcare

All clinical students are required to have health insurance.

While in their clinical training, students should contact the DME at their clinical center or hospital for acute healthcare problems. These include medical illnesses, psychological problems, and potentially hazardous environmental exposures (see Exposure Policy below). The Office of Clinical Education Operations should also be notified and will help students with both acute and long- term care.

The issue of student health care while in hospitals requires further clarification. Students rotating through hospitals are not employees and may not have access to employee or occupational health services. They are not covered under Workman's Compensation Laws. Whenever possible, students with an injury, illness or other health related problems should see a private physician in their health plan.

Students are not to use the Emergency Department (ED) for routine problems. Students are responsible for all fees that are charged by the ED, physicians and hospital that are not covered by their health plan. Insurance policies may not cover non-emergency illnesses or injuries treated in the hospital ED and/or may require a co-payment. Only serious, acute problems should necessitate an ED visit.

Exposure Policy

In the case of potentially hazardous environmental exposure, students should inform their DME and the Office of Clinical Education Operations (as detailed above) and follow the hospital's exposure policy, which may require an ED visit. Students should have health insurance to cover the cost of treatment of hazardous environmental exposures.

Psychological Services

Students are encouraged to approach any member of the University's faculty or administration regarding behavioral, psychological, or substance use concerns. Clinical faculty who become aware of such concerns should notify the relevant dean. Members of the SOM administration may be contacted by email at any time.

Psychological counseling services are available 24 hours a day to SOM students in the US, UK, and Grenada. A meeting with a local mentor or counselor, or a referral to the School's counselor, may be arranged. Counseling may be initiated by the student or following discussion with the local director of medical education.

Information about online counseling for SGU students is available at https://sgu.bcs-talk.com/

Academic Advice

Clinical Academic Advisors

Upon entry into Clinical Studies, each student is assigned a clinical academic advisor through Clinical Academic Advising, Development, and Support (Clinical AADS). Clinical academic advisors are physicians, most of whom are based at affiliated hospitals where students rotate. Clinical academic advisors have no role in student assessment.

Clinical academic advisors offer in-person or virtual guidance throughout the clinical years. They assist students with meeting graduation requirements, planning fourth-year schedules and electives, and preparing for licensing examinations.

Advisors review students' academic progress, identify students at risk of not meeting academic or professional standards, and develop and monitor individualized learning and remediation plans. They also assist with clinical scheduling and timelines, intervene when academic or professional behavior concerns arise, and refer students to appropriate University resources as needed.

Clerkship Directors

Clerkship directors also provide academic guidance during the formative Mid-Core Evaluation. Students experiencing academic difficulties receive guidance from the clerkship director and are referred to their clinical academic advisor.

Housing, Food, and Transportation

Clinical centers and affiliated hospitals provide information about housing and food options. Availability of housing and food varies by site and remain the student's responsibility. The hospital's medical education coordinators provide information about housing, parking permits, meal tickets, and other local matters. Students are responsible for transportation to and from the hospital.

Financial Services

Questions about student accounts and billing are handled by the Office of the Bursar. Information about loans, as well as counseling for financial planning, budgeting, and debt management, is provided by the Office of Financial Aid.

Office of the Bursar
bursar@sgu.edu | 631-665-8500

Office of Financial Aid
faid@sgu.edu | 1-800-899-6337

Student Accessibility and Accommodation Services

Students with a disability or disabling condition that affects one or more major life activities may request an accommodation through the Student Accessibility and Accommodation Services (SAAS) office. Requests must include a completed application form and supporting documentation submitted in accordance with the procedures outlined in the Student Accessibility and Accommodation Services section of the Student Manual.

The application, documentation guidelines, and contact information are available here.

Section Seven: Extracurricular Activities

The Medical Student Research Institute

The SOM established the Medical Student Research Institute (MSRI) as part of its mission to promote research as an integral component of the MD Program. The MSRI provides opportunities for academically strong students to engage in basic, clinical, translational, or social science research under faculty mentorship. Research may allow students to explore specialties of interest, clarify career goals, and develop an academic record that may support residency applications.

The MSRI offers separate research tracks for students in the Basic Sciences and Clinical Studies phases.

Basic Sciences Student Research

The Basic Sciences Student Research track is available beginning in Term 2 to students who have achieved a minimum Weighted Mean Percentage Grade (WMPG) of 90%. Accepted students may participate in research throughout the Basic Sciences phase and may qualify for a Distinction in Research or Scholarly Activity upon graduation.

Clinical Student Research

The Clinical Student Research track is available to students who have completed Term 5 and rank within the top 5% of their cohort upon entry into Clinical Studies.

Research opportunities with clinical faculty at affiliated hospitals are generally coordinated through the Clinical MSRI directors. Students may select from available research projects and faculty mentors as they begin their mentored clinical research experience. Accepted students may participate in research during the Clinical Studies phase and may qualify for a Distinction in Research or Scholarly Activity upon graduation.

Participation in either MSRI track requires a strong academic record. The eligibility criteria reflect the expectation that students' primary responsibility is to master the material in their Basic Sciences courses and clinical rotations and maintain academic excellence.

Students may also conduct research independently; however, research activities must not interfere with academic performance or clinical responsibilities.

More information about the MSRI research tracks, including selection criteria and required application materials, is available on the MSRI website.

Gold Humanism Honor Society

GHHS is an international society dedicated to promoting humanism in medicine, and SGUSOM sponsors one of the largest GHHS chapters for SGU students. Membership is based on peer nomination, faculty review, and induction during the third year of medical school. Membership requires participation in a service or chapter project.

Additional information is available on the GHHS website. Students may also contact the faculty sponsor, Dr. Toni Liggins, at tliggins@sgu.edu.

Scholarly Activity

The School of Medicine supports student scholarly activity by providing reimbursement for eligible conference presentation and publication expenses. Eligibility requirements and reimbursement procedures are described below.

All requests and supporting documentation must be submitted electronically to the Office of the Dean (officeofthedeansgusom@sgu.edu).

Conference Presentation Reimbursement

Eligibility

The School of Medicine reimburses students for eligible cost associated with attending a professional conference at which they are presenting an abstract or poster. Reimbursement is available once per student, up to a maximum of USD 1,000.

To qualify, the abstract or poster must clearly identify the student's SGU affiliation. Official logo and branding guidelines are available from the Office of University Communications on the SGU website.

Before Conference Attendance

Students must obtain preliminary approval before attending the conference by submitting:

- Conference invitation or acceptance notification
- Abstract or poster to be presented

After Conference Attendance

Following the conference, students must submit:

- Itemized receipts for eligible expenses (travel, lodging, meals, and other reasonable conference-related expenses)
- Completed W-9 form (US citizens only)
- Current mailing address for reimbursement
- Student identification number

Expenses related to alcohol, gratuities, or charges deemed unreasonable by the Office of the Dean are not reimbursable. Reimbursement is typically issued by check within approximately four weeks after all required documentation has been received.

Students are encouraged to submit a news item describing their scholarly work for possible inclusion in University publications.

Publication Cost Reimbursement

Eligibility

The School of Medicine reimburses students for publication fees associated with manuscripts accepted for publication in non-predatory, peer-reviewed journals.

The manuscript must cover a medically relevant topic and clearly identify the student's affiliation with St. George's University School of Medicine.

Before Manuscript Submission

Before submitting a manuscript to a journal, students must submit the journal name and manuscript for review and approval.

After Manuscript Acceptance

After the manuscript has been accepted for publication, students pay the publication fee and submit the following materials to request reimbursement:

- Publication invoice
- Documentation of acceptance
- Accepted manuscript

Dual Degrees

Eligible students may pursue selected dual degree programs during the clinical years, including the MD/Master of Public Health (MD/MPH), MD/Master of Business Administration (MD/MBA), and MD/Master in Biomedical Research (MD/MScBR). Details can be found on the SGU website.

Section Eight: Assessment and Grading

Mid-Core Examination

Overview of Mid-Core Examinations

The Mid-core Examination is administered at the midpoint of each core clerkship and the required Family Medicine/General Practice rotation. It provides faculty, academic advisors, and students with information about the student's progress toward competency in clinical subject knowledge.

The examination provides a snapshot of content mastery, helps identify students who may benefit from academic advising and targeted development, and supports students' self-assessment and continued preparation for the higher-stakes NBME Clinical Subject Examination taken at the end of the clerkship.

Mid-Core Examination data are also reviewed by the Academic Promotion Review Committee (APRC) to identify students at risk of failing to meet program standards.

Required Exams

Students are required to take 6 Midcore Examinations as part of the assessment of clinical knowledge:

- One Mid-Core Examination for each core clerkship: Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, and Surgery
- One Mid-Core Examination for the Family Medicine/General Practice required rotation

Exam Schedule and Notification

The Mid-Core Examination is administered at the midpoint of the rotation:

- 6-week rotations: 4th Monday
- 12-week rotations: 6th Monday

Students are notified of exam details by SGU email from the Clinical Exam Team one week prior to the scheduled examination date.

Exam Structure, Delivery, and Feedback

Each Mid-Core Examination comprises 110 single-best-answer multiple-choice questions in 2 hours and 45 minutes without a break. Questions are developed by SOM clinical faculty based on the core's study schedule and the USMLE content outline, reviewed by the appropriate department chair, and tested for validity before being incorporated as a weighted examination item.

The Mid-Core Examination is delivered on the assessment solutions software ExamSoft, using technology-driven remote proctoring that digitally observes exam-takers with continuous video and audio monitoring throughout the exam session. Students receive a categorical feedback report through ExamSoft identifying areas of strength and opportunities for improvement. This feedback is intended to guide continued learning during the remainder of the clerkship.

Grading of Mid-Core Examination

The examination is graded using the Honors / High Pass / Pass / Fail system in accordance with percentiles established for the NBME Clinical Subject Examination and derived from the August 2024 cohort:

- Pass: ≥ 10th percentile
- High Pass: ≥ 50th percentile
- Honors: ≥ 75th percentile

Current Midcore Examination Score Cut-Points

Core Rotation	Fail	Pass	High Pass	Honors
	<10th percentile	**10th-49th percentile**	**50th-74th percentile**	**>75th percentile**
Surgery	<54.5	54.5	64.5	72.5
Internal Medicine	<54.5	54.5	68.5	74.5
Obstetrics and Gynecology	<55.5	55.5	69.5	75.5
Pediatrics	<53.5	53.5	68.5	74.5
Psychiatry	<72.5	72.5	83.5	86.5
Family Medicine	<49.5	49.5	n/a	n/a

Mid-Core Examination Failure

Students whose performance is below the 10th percentile are required to participate in academic advising meetings to identify areas of weakness and opportunities for improvement prior to the final NBME Clinical Subject Examination. Students below the 50th percentile are strongly encouraged to participate in academic advising.

Contribution to Final Clinical Evaluation

The Mid-Core Examination contributes approximately 20% to the assessment of the Knowledge Component of the final clinical evaluation for each core clerkship and the required Family Medicine/ General Practice rotation. **However, a failing score on the end-of-rotation NBME Clinical Subject Examination results in failure of the Knowledge Component, regardless of performance on the Midcore Examination.**

Knowledge Component Grade

The table below shows the grading rubric used to determine the Knowledge Component grade based on performance on the NBME Clinical Subject Examination and the Midcore Examination. In general, the Knowledge Component grade corresponds to the student's performance level on the NBME Clinical Subject Examination. However, if a student earns an Honors on the NBME Clinical Subject Examination but fails the Midcore Examination, the Knowledge Component grade is reduced to High Pass.

Table: Knowledge Component Grade Determination

NBME Clinical Subject Examination	FAILING	FAILING	FAILING	FAILING
Midcore Examination	FAILING	PASS	HIGH PASS	HONORS
KNOWLEDGE COMPONENT GRADE	**FAILING**	**FAILING**	**FAILING**	**FAILING**

NBME Clinical Subject Examination	PASS	PASS	PASS	PASS
Midcore Examination	FAILING	PASS	HIGH PASS	HONORS
KNOWLEDGE COMPONENT GRADE	**PASS**	**PASS**	**PASS**	**PASS**

NBME Clinical Subject Examination	HIGH PASS	HIGH PASS	HIGH PASS	HIGH PASS
Midcore Examination	FAILING	PASS	HIGH PASS	HONORS
KNOWLEDGE COMPONENT GRADE	**HIGH PASS**	**HIGH PASS**	**HIGH PASS**	**HIGH PASS**

NBME Clinical Subject Examination	HONORS	HONORS	HONORS	HONORS
Midcore Examination	FAILING	PASS	HIGH PASS	HONORS
KNOWLEDGE COMPONENT GRADE	**HIGH PASS**	**HONORS**	**HONORS**	**HONORS**

Students who fail only the Knowledge Component will earn an “I” as the final grade for the evaluation and have the opportunity to remediate as per the grading system described in this Manual. Students who fail 2 or more evaluation components will earn a failing grade for the rotation.

Students should consult the Grading System and the Implications for Academic Progress sections of this Manual for detailed descriptions of the grading system, remediation, and academic progress.

Direct Observation and Mid-Core Evaluation Requirements

Students receive formative feedback throughout each clerkship to help them assess their progress, recognize strengths, and address areas requiring improvement before the final evaluation. Required formative feedback includes direct observation documented using the Interim Feedback Form and a formal Mid-Core Evaluation conducted near the midpoint of the rotation.

Direct Observation Requirement and the Interim Feedback Form

Students must be directly observed by a clinical preceptor during a clinical encounter and receive formative feedback on their clinical knowledge, skills, and professional behavior. Preceptors must use the Interim Feedback Form (IFF) to document this feedback. Students are responsible for notifying preceptors to arrange the required direct observation. The preceptor selects an appropriate patient for the observed clinical encounter and completes the IFF to provide immediate formative feedback.

The IFF may be completed during one or more clinical encounters. Each direct observation metric can be assessed in small parts throughout the clerkship to reduce the time burden on preceptors. Students must upload the completed IFF for inclusion in the final evaluation for review by the clerkship director. Upload instructions are provided on the clerkship learning management site. Completion of the IFF experience and uploading the form are required for each clerkship. Failure to complete this requirement may negatively impact a student's professional behavior component grade for the rotation.

Faculty Instructions

The IFF assesses clerkship-specific learning objectives during a patient encounter in the following areas:

- Medical Knowledge
- Clinical Skills
- Professional Behavior

During the direct observation, the preceptor applies the defined scales on the IFF (Appendix E.1) to assess SGU students in a clinical setting. Preceptors should:

1. Select an appropriate patient with the student's input
2. Inform the patient and request permission
3. Provide constructive feedback based on the student's observed knowledge, clinical skills and professional behavior
4. Provide feedback as soon as possible and correct questioning and exam maneuvers in real time, when appropriate
5. Include both strengths and areas for improvement, with guidance for continued improvement
6. Complete the form during one or more encounters, if needed, to avoid excessive time burden
7. Once an individual metric is observed, circle the appropriate skill level and sign and date the form in the comment section, as shown below:

Core Learning Objectives	Scale (Please circle/ Mark all that apply)	Below Expected Level	At Expected Level	Above Expected Level	Preceptor Name & Signature and Date of Observation (Comments)
Clinical Skills	Performing a History & Examination	1	2	3	
History and Data Gathering	Ability to elicit a hypothesis driven clinical history in a fluent, professional and systematic way avoiding jargon	Disorganized questioning with use of jargon	Good systematic questioning minimal use of jargon	Very well organized and logical questioning no jargon	CM 4/27/22
	Ability to elicit pertinent positive and negative information in the history	Minimal	Identified several	Identified most, very good use	JB 5/1/22

Student Instructions

Students must:

- Download and print the IFF found on the clerkship's learning management system and keep it available throughout the rotation.
- Coordinate with the preceptor to identify an appropriate patient for the observation.
- Give the IFF to the preceptor before the observed clinical encounter.
- Receive verbal feedback from the preceptor on the observed metric and have the preceptor circle the appropriate skill level, sign, and date each assessed metric. Metrics may be completed across different encounters and with different preceptors until the IFF is complete
- Save and upload jpeg images of the completed IFF to the Patient Encounter Log (PEL) for inclusion in the final evaluation system for the review by the clerkship director.

Number of Direct Observations to be Completed Using the IFF

Students in Internal Medicine and Surgery (12-week rotations) must submit two completed IFFs: the first before the Mid-Core Evaluation for formative feedback and the second before the final evaluation.

Students in Obstetrics and Gynecology, Pediatrics, and Psychiatry (6-week rotations) must submit one completed IFF.

Mid-Core Evaluation Requirement

Student evaluation occurs throughout each rotation, with the mid-point serving as an important opportunity to assess progress toward achieving learning objectives. The principal elements of mid-rotation feedback are the Mid-Core Examination, described in the preceding section, and the Mid-Core Evaluation.

Clinical faculty complete the Mid-Core Evaluation at approximately weeks 3–4 of a 6-week rotation and weeks 6–7 of a 12-week rotation. The evaluation involves an individual, face-to-face meeting to review the student's performance and provide formative feedback.

Documentation of the meeting is submitted to the student's electronic record using the Mid-core Evaluation Form in the Clinical Evaluation System (ClinEval). The form, shown in Appendix E.2, provides clerkship directors with students' performance data including:

- Patient Encounter Log (PEL) submissions
- AMBOSS quiz completion summary
- Mid-Core Examination score (if available)

Students also provide additional documentation of progress, including the IFFs, other quiz performance records, and clinical case write-ups, during the Mid-Core Evaluation.

The clerkship director conducting the evaluation is responsible for:

1. Providing formative feedback on the student's medical knowledge, clinical skills, and professionalism.
2. Completing the electronic Mid-Core Evaluation Form in the ClinEval, including an appraisal of the student's progress as satisfactory or unsatisfactory and constructive narrative comments.
3. Providing narrative comments describing the deficiency whenever an evaluation component is rated as unsatisfactory. An unsatisfactory rating automatically results in referral of the student to their Clinical Academic Advisor from Clinical AADS to discuss the student's performance and develop a plan for improvement before the final evaluation.

The face-to-face Mid-Core Evaluation is designed to:

- Provide students with qualitative feedback early enough in the clerkship to address deficiencies.
- Help students recognize their strengths.
- Offer encouragement when performance is satisfactory and provide constructive guidance when improvement is needed
- Help students assess their progress and improve before the end of the rotation.

Comments documented during the Mid-Core Evaluation may be incorporated into the final evaluation.

The Summative Final Clerkship Evaluation

Grading Policy for the Clerkships

The clerkship director completes an electronic Final Evaluation Form through the Clinical Evaluation System for each student in a core clerkship. The form, shown in Appendix J, includes narrative comments, subcomponent grades, component grades, and a final summative grade. Narrative comments summarize the student's clinical performance and professional behavior, attendance, rapport with patients and staff, and development of required clerkship competencies. The narrative section allow faculty to provide personalized evaluative information beyond the assigned grades and may be quoted in the MSPE.

A separate section allows faculty to provide constructive comments for ongoing development that are not used in the MSPE. Students should review all comments as soon as possible after completing the Student Feedback Questionnaire at the end of the rotation.
Narrative feedback from physicians support self-reflection, self-directed learning, and continued professional growth.

Grading System for Students Who Started Their Core Clerkships (Year 3) After January 3, 2022

Clinical Grading System

Performance during the clinical years is assessed using a 3-component grading system aligned with the MD Program objectives. Each grading component represents a competency: Knowledge, Clinical Skills, and Professional Behavior. Subcomponents and assessment measures are used to determine achievement in each competency.

Final clerkship grades are reported as Honors, High Pass, Pass, or Fail, except for Family Medicine, which is graded Pass or Fail.

Determination of Component Grades

The Knowledge component is assessed through performance on the NBME Clinical Subject Examination and the Mid-Core Examination. Rubrics are used to determine the Clinical Skills and Professional Behavior subcomponent and component grades (Appendix M).

The following table shows how assessment measures and subcomponent grades are used to determine the three component grades:

Grading Structure for Core Rotations and Required Family Medicine: Component Grades

Grading Structure for Core Rotations and Required Family Medicine: Component Grades				
Component	**Elements Assessed**	**Measures**	**Weighting**	**Overall Component Grade**
Knowledge Competency	Knowledge of Clinical Subjects	NBME Clinical Subject Exam	80%	Honors/High Pass/ Pass/Fail (FM is Pass/Fail only)
		SGU Clinical Subject Mid-core Exam	20%	
		(the Mid-core Exam score contributes to the overall component grade for August 2024 clinical starts onward)	*(exception: the maximum component grade for a student who fails the midcore is a High Pass)*	
Clinical Skills Competency	Clinical Skills	Clinical Preceptor Evaluations of :		Honors/High Pass/ Pass/Fail
		Practical Clinical Skills	40%	
		Clinical Reasoning	40%	
		Communication Skills	20%	
Professional Behavior Competency	Professional Attributes	Direct Observation (clinical preceptor evaluations of professional attitude/behavior)	70%	Honors/High Pass/ Pass/Fail
		Indirect Observation (participation in/completion of clinical requirements - Web-based cntent as described in clerkship syllabus)	30%	
			(exception: students who fail the Direct Observation sub-component will earn a failure for this competency)	

Component and subcomponent results are reported as letter grades (H, HP, P, F) in the Final Evaluation within the Clinical Evaluation System (ClinEval). When numeric values are needed to apply subcomponent and component weightings, the following conversion table is used:

Letter Grade Conversion Table

Letter Grade	Numeric Equivalent
H	95
HP	85
P	75
F	65

Determination of Final Grade for Core Rotations and Required Family Medicine

The three component grades are used to determine the final clerkship grade, as shown in the table below:

Component 1: Knowledge Competency
Component 2: Clinical Skills Competency
Component 3: Professional Behavior Competency

Determination of Final Grade for Core Rotations and Required Family Medicine *Note: the final grade for Family Medicine is Pass/Fail only.*			
Component 1	**Component 2**	**Component 3**	**Final Grade**
Honors	Honors	Honors	**Honors**
Honors	Honors	High Pass	**Honors**
Honors	Honors	Pass	**High Pass**
High Pass	High Pass	High Pass	**High Pass**
High Pass	High Pass	Pass	**High Pass**
High Pass	High Pass	Honors	**High Pass**
Pass	Pass	Pass	**Pass**
Pass	Pass	Honors	**High Pass**
Pass	Pass	High Pass	**Pass**
Honors	High Pass	Pass	**High Pass**
Fail	Honors	Honors	"I" **(with required remediation of the failed component)**
	High Pass	High Pass	
	Pass	Pass	
Fail	Fail	Honors	**Fail** **(if no prior Fs, must repeat the clerkship)**
		High Pass	
		Pass	
Fail	Fail	Fail	**Fail** **(if no prior Fs, must repeat the clerkship)**

Placeholder Grades

Only finalized grades appear on students' transcripts; however, until grades are finalized, the following placeholder grades may appear in University reporting systems:

ME: An ME is a placeholder grade reported when a student has submitted a valid clinical/medical excuse for a missed examination and the final course grade is pending the final examination. Once the course requirements are completed, a re-evaluation is undertaken and a Change of Grade is issued to finalize the grade record.

NG: An NG grade is reported as a placeholder when the Clinical Skills and/or Professional Behavior components are pending finalization. Once all component grades have been finalized, a re-evaluation is undertaken and a Change of Grade is issued to finalize the grade record.

I: An "I" grade is a placeholder reported when remediation of a failed component is pending. Once remediation is complete, a re-evaluation is undertaken and a Change of Grade is issued to finalize the grade record.

Transcript Grades and WMPG Calculations

Students' transcripts show the final letter grade earned for each core rotation: H, HP, P, or F.

When numeric values are required to calculate the Weighted Mean Percentage Grade (WMPG), the numeric equivalents in the **Letter Grade Conversion Table** presented earlier in this section are used.

Implications for Academic Progress

The final grade for each core clerkship is determined by grades earned for each of the 3 components.

Students must successfully complete all core clerkship/Family Medicine/General Practice (FM/GP) requirements, pass all 3 components, and resolve any "I" grades of the core clerkship to earn at least a "Pass" for the clerkship and progress to Year 4 of the MD program.

- Students who do not complete required clerkship components by the scheduled end of a clerkship (and are not on an approved LOA) earn a failing grade for the clerkship. An approved Clinical/Medical excuse is required to delay the NBME Clinical Subject Examination at the end of a clerkship. Note: only one Clinical/Medical excuse is permitted per 12-month period.
- Failure of any of the 3 components results in an "I" grade and requires remediation of the failed component. Students who earn an "I" grade for a failed component must attend an academic advising meeting to discuss remediation of the academic deficiency and the consequences of additional failures. Remediation of the Knowledge Component is completed during bridge time or, if bridge time is unavailable, during a leave of absence.
- Failure of 2 or 3 core clerkship components results in a failing grade for the core clerkship/FM/GP required rotation. Students must repeat the clerkship/rotation to remediate academic deficiencies and earn a second grade for the clerkship. Repeat grades do not replace the previous grades. Grades from all core rotation attempts contribute to a student's cumulative WMPG.
- Students are permitted only one failure during the clinical studies phase of the curriculum.
- Students with a second failing grade during the clinical phase are recommended for dismissal with the opportunity to appeal to the CAPPS.
- Students must make progress toward completing the MD Program within the 6-year maximum timeline. Students unlikely to complete requirements within this timeline are recommended for dismissal.

Failed Components and Remediation

Overview

Opportunities for remediation are built into the clinical phase grading system. Students who fail only one component of a rotation earn an "I" grade and are offered an opportunity to remediate deficiencies to earn a passing grade.

Remediation of a failed Knowledge Component requires participation in the Clinical Examination Study Program. Students who fail a second component and earn a failing grade for a course are not eligible to participate in this remediation program. Further criteria for remediating failed components are detailed below.

Students who fail 2 or 3 components earn a failing grade for the rotation. Students who earn an F grade are required by the APRC to repeat a course (timeline permitting) to remediate deficiencies or are recommended for dismissal with an opportunity to appeal to the CAPPS.

Failure of the Knowledge Component

First Failure

- **Students who fail the Knowledge Component of a clerkship based on the NBME Clinical Subject Examination** are issued an "I" grade and are required to participate in the Clinical Examination Study Program and take a Make-up Exam in the same discipline to rectify the "I" grade in the clerkship.
- Students are required to meet with their academic advisor to discuss remediation and the consequences of additional failures, and to develop an Individualized Learning Plan (ILP).
- Make-up Exams are taken once students have completed all core clerkships. Each failed exam requires a 3-week remediation study period per failed Knowledge Component followed by a Make-up Exam in the failed discipline. Remediation periods must be completed sequentially, not concurrently. Remediation periods utilize bridge time or require a leave of absence.
- Students must earn at least a passing score on the Make-up Exam.
- The score on the Make-up Exam is used to determine the final clerkship grade, replacing the "I" grade.
- The maximum score for the Knowledge Component following this remediation is a "High Pass". Students who additionally fail either the Clinical Skills or Professional Behavior Component are issued a failing course grade and are not eligible to participate in the Clinical Examination Study Program.

Second Failure

- **A second failure of the Knowledge Component of the same clerkship**, despite a remediation period, requires an additional 3-week remediation study period followed by a Make-up Exam in the failed discipline.
- Students are required to meet with their academic advisor to discuss remediation and the consequences of additional failures, and to develop an Individualized Learning Plan (ILP).
- The maximum score for the Knowledge Component following a second remediation is a "Pass".
- Failure of the second attempt at remediation is treated as a second failed component and results in an F grade, replacing the "I" given for the clerkship.

Failure of the Clinical Skills Component

First Failure

- **Students who fail the Clinical Skills Component of a clerkship** are issued an "I" grade and are required to remediate non-discipline specific clinical skills deficiencies during the subsequent clerkship to rectify the "I" grade.
- Students are required to meet with their academic advisor to discuss remediation and the consequences of additional failures, and to develop an Individualized Learning Plan (ILP).
- Students must earn at least a "Pass" for the failed component during the remediation clerkship.
- Additionally, comments provided by preceptors of this clerkship should specifically appraise performance in the deficient component to demonstrate that remediation has occurred.
- Regardless of performance on the Clinical Skills Component during the remediation clerkship, a "Pass" is used to resolve the "I" and determine the final grade.
- To remediate unresolved discipline-specific clinical skill deficiencies, students are required to register for an elective in the same discipline as the failed clinical skills component.

Second Failure

- **A second failure of the Clinical Skills Component of a clerkship, despite an opportunity to remediate,** demonstrates the student is unable to remediate deficiencies independently. Focused remediation of clinical skills deficiencies takes place during the subsequent clerkship under the guidance of clinical preceptors to rectify the "I" grade in the clerkship.
- Students are required to meet with their academic advisor to discuss remediation and the consequences of additional failures, and to develop an Individualized Learning Plan (ILP).
- Students must earn at least a "Pass" on the Clinical Skills Component of the subsequent clerkship.
- Additionally, comments provided by preceptors should specifically appraise performance in the deficient aspects of the clinical skills component to demonstrate that remediation has occurred.

- Regardless of performance on the Clinical Skills Component during the remediation term, a “Pass” is used to resolve the “I” and determine the final grade.
- The second remediation attempt does not replace the discipline-specific elective requirement issued upon initial failure of the clinical skills component.
- Failure of the second attempt at remediation is treated as a second failed component and results in an F grade, replacing the “I” given for the clerkship.

Failure of the Professional Behavior Component

First Failure

- **Students who fail the Professional Behavior Component of a clerkship** are issued an “I” grade and are required to remediate deficiencies in professional behavior during the subsequent clerkship to rectify the “I” grade.
- Students are required to meet with their academic advisor to discuss remediation and the consequences of additional failures, and to develop an Individualized Learning Plan (ILP).
- Students must earn at least a “Pass" for the failed component during this clerkship to demonstrate remediation has been achieved.
- Regardless of performance on the Professional Behavior Component during the remediation clerkship, a “Pass” is used to resolve the “I” and determine the final grade.

Second Failure

- **A second failure of the Professional Behavior Component, despite an opportunity to remediate,** demonstrates the student is unable to remediate deficiencies independently. Focused remediation of professional behavior deficiencies takes place during the subsequent clerkship under the guidance of clinical preceptors.
- Students are required to meet with their academic advisor to discuss remediation and the consequences of additional failures, and to develop an Individualized Learning Plan (ILP).
- Students must earn at least a “Pass" on the **Professional Behavior Component** of the subsequent clerkship to rectify the “I” grade.
- Additionally, comments provided by preceptors should specifically appraise professional behavior to demonstrate that remediation has occurred.
- Regardless of performance on the Professional Behavior Component during the remediation clerkship, a “Pass” is used to resolve the “I” and determine the final grade.
- Failure of the second attempt at remediation is treated as a second failed component and results in an F grade that replaces the “I” given for the clerkship.

<u>Remediation of Failed Components: Summary</u>

Components Failed	First Failure	Second Failure	Third Failure
Knowledge Competency	- “I” grade for clerkship - Mandatory advising meeting to develop an ILP - A required 3-week guided remediation period (as per ILP) is required followed by a Make-up Exam for the NBME Clinical Subject Examination once other core clerkships are completed - Student may earn up to a "High Pass” for the clerkship once a pass is earned on the NBME Clinical Subject Examination - May not progress to Year 4 until the Make-up Exam for the NBME Clinical Subject Examination is passed	- “I” grade for clerkship - Mandatory advising meeting to develop an ILP - A required 3-week guided remediation period (as per ILP) is required followed by a Make-up Exam for the NBME Clinical Subject Examination once other core clerkships are completed - Multiple remediation periods must be done sequentially - Student earns a “Pass” for clerkship once a pass is earned on the NBME Clinical Subject Examination - May not progress to Year 4 until the Make-up Examination for the NBME Clinical Subject Examination is passed	- “F” grade for clerkship

Clinical Skills Competency	- "I" grade for clerkship - Mandatory advising meeting to develop an ILP - Remediation of deficient element(s) as per ILP with mentoring during subsequent clerkship - May not progress to Year 4 until remediation complete - Must "Pass" the Clinical Skills Component of the subsequent clerkship - "Pass" is used to resolve the "I" - Required to register for an elective in the same discipline as the failed clinical skills component to address discipline-specific deficiencies	- "I" grade for clerkship - Mandatory advising meeting to develop an ILP - Remediation of deficient element(s) as per ILP with mentoring during subsequent clerkship - Preceptor comments on deficient element - May not progress to Year 4 until remediation complete - Must "Pass" the Clinical Skills Component of the subsequent clerkship - "Pass" is used to resolve the "I" - Required to register for an elective in the same discipline as the failed clinical skills component to address discipline-specific deficiencies	- "F" grade for clerkship
Professional Behavior Competency	- "I" grade for clerkship - Mandatory advising meeting to develop an ILP - Remediation of deficient component during subsequent clerkship - Must "Pass" the Professional Behavior Component of the subsequent clerkship - "Pass" is used to resolve the "I" - Once remediation is complete, the "F" is replaced with a "Pass" to determine the grade to replace the "I" - May not progress to Year 4 until remediation complete	- "I" grade for clerkship - Mandatory advising meeting to develop an ILP - Remediation of deficient element(s) as per ILP with mentoring during subsequent clerkship - Must "Pass" the Professional Behavior Component of the subsequent clerkship - Preceptor must comment on deficient component - "Pass" is used to resolve the "I" - May not progress to Year 4 until remediation complete	- "F" grade for clerkship

Grading Scale for the NBME Clinical Subject Examinations

An exam-specific performance grading scale is applied to all total equated percent correct scores reported by the NBME.

For each NBME Clinical Subject Examination, percentile-based cut-points are established annually using the average of NBME national percentile data and SGUSOM percentile data from the previous academic cycle. These cut-points are used to determine whether a student receives a Fail, Pass, High Pass, or Honors grade for each core clerkship NBME Clinical Subject Examination, or a Pass/Fail grade for the NBME Clinical Subject Examination in Family Medicine/General Practice.

For core clerkships, the 10th, 50th, and 75th percentile cut-points are used to assign grades of Pass, High Pass, and Honors for the Clinical Knowledge component of the clerkship.

The following grading scale is used to assign a score for the Clinical Knowledge Component of a core clerkship:

	<10th %ile	**10th -49th %ile**	**50th-74th %ile**	**>74th %ile**
The NBME Clinical Subject Examination Raw Score Cut-Points	**Fail**	**Pass**	**High Pass**	**Honors**
Internal Medicine	<63	63 - 73	74 - 78	>78
Pediatrics	<66	66 - 76	77 - 81	>81
Obstetrics and Gynecology	<65	65 - 75	76 - 81	>81
Surgery	<62	62 - 73	74 - 78	>78
Psychiatry	<75	75- 82	83 - 85	>85

Interpretation of the Grading Scale for Core Clerkships:

- **Below the 10th percentile:** Fail
- **10th–49th percentile:** Pass
- **50th–74th percentile:** High Pass
- **Above the 74th percentile and above:** Honors

The following grading scale is used to assign a score for the Clinical Knowledge Component of a Family Medicine/General Practice required rotation:

The NBME Clinical Subject Examination Raw Score Cut-Points	**<10th %ile** **Fail**	**10th %ile or greater** **Pass**
Family Medicine	**<65** **Fail**	**65 and up**

Interpretation of the Grading Scale for the Family Medicine/General Practice required rotation:

- **Below the 10th percentile:** Fail
- **10th percentile and above:** Pass

Students must pass all required NBME Clinical Subject Examinations to meet graduation requirements. The NBME Clinical Subject Examination is the primary measure of a student's clinical knowledge within a core clerkship/required rotation and is a required component of a student's clerkship/required rotation grade.

Remediation of Clinical Knowledge

Performance on the NBME Clinical Subject Examinations is a strong predictor of performance on USMLE Step 2, which is required for US residency placement. Students who fail one or more NBME Clinical Subject Examination must complete the required remediation plan before progressing to the fourth year of the MD Program. The remediation plan is outlined below.

First Failure of an NBME Clinical Subject Examination (no other failed course components)

- Students who fail a core NBME Clinical Subject Examination must remediate their knowledge deficiencies and pass a Make-up Exam in the same discipline. Upon failing a core NBME Clinical Subject Examination, students are required to contact their academic advisor to discuss the remediation process and the consequences of additional failures on progression through the MD program and USMLE Step examination timelines.
- A failed core NBME Clinical Subject Examination requires completion of a mandatory 4-week remediation period following completion of all core clerkships (at the end of the third year).
- The remediation period consists of 3 weeks of mandatory participation in the Clinical Examination Study Program followed by one week during which the NBME Clinical Subject Examination in the failed discipline is re-taken (Make-up Exam).
- The remediation period utilizes either bridge time or a leave of absence. Students should discuss this with their clinical student administrator, academic advisor, and financial aid counselor.
- At the beginning of the 4-week mandatory remediation period, students receive an NBME permit and are responsible for scheduling the Make-up Exam for the NBME Clinical Subject Examination at a Prometric testing center during the fourth week of the remediation period.
- The Make-up Exam must be taken within the week following the end of the required 3-week remediation period (an 8-day period between the Saturday at the end of week 3 and the Sunday of the following week).

- Unless an approved Clinical/Medical Excuse has been granted (maximum 1 per 12-month period), failure to schedule and take the Make-up Exam within the required 1-week testing window means the student has not met all clerkship requirements. The student is therefore issued a failing grade for the clerkship.
- Students with failures in more than one NBME Clinical Subject Examination (different disciplines) must complete each mandatory 4-week remediation period and Make-up Examination sequentially, not concurrently.
- Because adequate remediation requires dedicated study time, students with multiple failed NBME Clinical Subject Examinations are not permitted to begin fourth-year electives until all remediation is completed and all Make-up Exams for the NBME Clinical Subject Examinations have been passed. Students may schedule fourth-year electives in advance but are not permitted to begin them until all third-year requirements have been fulfilled.
- Students who fail the NBME Clinical Subject Examination in their final Year 3 core clerkship and are scheduled to begin an elective immediately afterward are permitted to complete the first elective. However, any subsequently scheduled electives must be cancelled to accommodate the required remediation periods.
- Students who fail one or more NBME Clinical Subject Examinations are at increased risk of failing or performing suboptimally on USMLE Step 2, which may adversely affect residency match prospects.
- Students will not be certified to take USMLE Step 2 until all Year 3 requirements have been met. Students requiring remediation of one or more NBME Clinical Subject Examinations may therefore need to postpone their scheduled USMLE Step 2 examination date.

Second Failure of an NBME Clinical Subject Examination

- Students who fail the Make-up Exam for a failed core NBME Clinical Subject Examination must complete an additional remediation 4-week remediation period followed by a second Make-up Exam in the same discipline.
- The same details related to the first NBME Clinical Subject Examination failure apply to the remediation and Make-up Exam of the second exam failure.

NBME Clinical Subject Examination for the Family Medicine/General Practice Required Rotation

- The Family Medicine/General Practice (FM/GP) required rotation is taken in either the 3rd year with the other core clerkships or in the 4th year with the other elective clerkships.
- The NBME Clinical Subject Examination in Family Medicine is a graduation requirement and is taken at the end of the FM/GP required rotation.
- Students who fail this NBME Clinical Subject Examination are expected to undertake a 4-week remediation of 3 weeks intensive study followed by a Make-up Exam for the NBME Clinical Subject Examination in Family Medicine during the 4th week. Additional remediation periods are required for all subsequent failures of the NBME Clinical Subject Examination in Family Medicine. Students who fail the NBME Clinical Subject Examination in Family Medicine must complete the remediation requirement and pass the Make-up Exam before the end of the 4th year to qualify for graduation.
- A failing score on the NBME Clinical Subject Examination in Family Medicine does not prevent advancement to the fourth year. However, students must successfully complete all required remediation and pass the Make-up Exam prior to the end of the fourth year to qualify for graduation.
- The clinical schedule may require modification to accommodate FM/GP remediation. Remediation may not be the final activity of the fourth year; therefore, remediation should be undertaken as soon as possible after completion of the FM/GP required rotation. Delaying remediation may adversely affect graduation timelines and residency eligibility.

The Review and Appeal Processes for Courses in Years Three and Four

Clinical Knowledge Examinations

Mastery reports for NBME Clinical Subject Examinations are provided to students by the NBME for review of areas of strength and weakness. The NBME results are official; however, students may request a score recheck through SGU. Students requesting a score recheck must submit the request to the Office of the Dean, along with the $25 fee required by the NBME. The Office of the Dean will forward the request to the NBME on behalf of the student. Unless the NBME voids the score, the original result will stand.

Clinical Skills and Professional Behavior Evaluations

Students are provided with a formal opportunity for feedback on clinical skills and professional behavior during the Mid-Core Evaluation. Once the final student evaluation is posted, a student who believes a grading error has been made may submit a grade review request by email to the clerkship director (CD).

The CD reviews the student's direct and indirect observation records, patient encounter log (PEL), preceptor appraisals of performance, and evaluation rubrics to determine if an error has occurred that warrants a change of grade. The CD consults with the director medical education (DME) and associate dean of clinical studies to update the student's grade. The result of the grade review is reported back to the student by email.

Assessment of Other Rotations

Electives, sub-internships, and the required Family Medicine/General Practice rotations are graded on a Pass/Fail basis and require narrative comments, which may be included in the MSPE.

Assessment is based on the student's performance in knowledge, clinical skills, and professional behavior. Credit is awarded only upon receipt of the student's Clinical Elective Rotation Final Evaluation Form (Appendix F).

To earn a passing grade for an elective rotation, students must pass all 3 components assessed: Knowledge, Clinical Skills, and Professional Behavior. Failure of any of these components results in a failing grade for the rotation.

Students are permitted only one course failure during the clinical phase. If the elective rotation failure is the first failure during the clinical phase, the student may remediate the failing grade by taking and passing an additional elective in the same specialty. Electives with a failing grade do not count toward the required number of elective weeks for graduation.

Students who fail more than one rotation during the clinical phase are recommended for dismissal with an opportunity to appeal to the CAPPS.

Review of Academic Progress for Promotion in the MD Program

Clinical Academic Promotion Review Committee (APRC) reviews: The APRC reviews student progress at least bimonthly to identify students at risk of not meeting performance/timeline standards for progress to the next rotation or for graduation. Students are sent notices and reminders of their requirements and referred to their academic advisors for monitoring and support.

When a student fails a clerkship component, the senior associate dean of clinical studies is notified. This initiates a structured advising and remediation process. The student and their clinical academic advisor from Clinical Academic Advising, Development, and Support (Clinical AADS) develop an individualized learning plan to address the identified deficiencies and reduce the risk of further failures in subsequent clerkships.

The APRC makes recommendations to the senior associate dean of clinical studies regarding a student progression, promotion, or dismissal. Students may be issued a reminder, notice, warning, or

recommendation for dismissal from the Office of Senior Associate Dean of Clinical Studies (aprcsom@sgu.edu). These letters may require action by the student; failure to act on APRC requests or to fulfill APRC requirements may result in a recommendation for dismissal.

Letters may stipulate deadlines and requirements students must meet to continue in the MD Program, including mandatory advising meetings to discuss program requirements and standards, identify obstacles to progress, consider opportunities for improvement, and develop an individualized learning plan.

Students who fail a clerkship or clerkship component are also placed on Monitored Academic Status (MAS).

Recommendation for Dismissal During the Clinical Phase
The following criteria are used by the APRC to determine dismissal recommendations:
1. Failure to begin clinical rotations within 3 years of matriculation or within 3.5 years of matriculation if a student was granted additional time to complete the Basic Sciences.
2. Failure to make adequate progress to qualify for and begin the clinical phase such that less than 2 years remain on a student's timeline for completing the Clinical Phase.
3. Failure to make adequate progress during the clinical phase such that completion of the MD Program within the maximum 6 years is impossible.
4. Failure to complete the MD program and fulfill requirements for graduation within 6 years of matriculation.
5. A second failure to earn a passing grade during the Clinical Studies. Only one F grade is allowed during the Clinical Phase (Year 3 and Year 4).
6. Failure to accept or comply with the terms of an APRC letter by the deadline(s) specified.
7. Failure to meet CAPPS stipulations after the CAPPS retains a student following an appeal of a recommendation for dismissal.
8. Failure to meet professional behavior standards.

Appeal Process and the Clinical CAPPS

Students who are recommended for dismissal may appeal to the Committee for Academic Progress and Professional Standards (CAPPS). This is the *only* opportunity to appeal the recommendation for dismissal. Therefore, any student recommended for dismissal is required to meet with the Office of Student Affairs for guidance on the appeal process.

The CAPPS is responsible for:

1. Reviewing appeals from students who have been recommended for dismissal by the senior associate dean of basic sciences or the senior associate dean of clinical studies, based on failure to meet academic performance and/or professional standards.
2. Upholding the recommendation for dismissal, in which case students have the option to withdraw or be dismissed, or
3. Accepting the appeal and retaining the student with conditions
4. Establishing the conditions of retention
5. Communicating the appeal outcome by letter to the student, with copies to the appropriate senior associate dean, the dean of the school of medicine, the registrar, and the Office of Student Affairs.
6. Acting as the sole body to which a student may appeal a recommendation for dismissal.
7. Referring students whose appeals are not upheld to the Office of Student Affairs, for further guidance on career options

CAPPS is the final point of appeal. Decisions of CAPPS are final, and the School of Medicine has no further provision for appeal.

Section Nine: the Core Clerkships

Internal Medicine

1. Mission and Introduction

The Internal Medicine rotation teaches a logical and humanistic approach to patients and their problems. This process begins with a presenting complaint, through a comprehensive history and physical examination, to the formulation of a problem list, assessment of the problems including a differential diagnosis, a plan for definitive diagnosis and therapy, as well as an assessment of the patient's educational needs.

While this sequence is applicable to all specialties in the clinical years, Internal Medicine carries the major responsibility for teaching this clinical approach, thus forming the cornerstone of study in the clinical terms, regardless of a student's future interests.

These 12 weeks expose the student to a wide range of medical problems. Skills in processing and presenting data to preceptors, peers and patients are assessed and refined. In addition, the clerkship introduces system-based practice, practice-based learning and improvement, and cultural sensitivity and competency. The student learns the unique aspects of providing care for the elderly and those at the end of life. This includes the special needs of the elderly regarding multiple medication interactions, physical fragility and changes in cognition. The student learns interpersonal and communication skills and how to relate to patients, families, and all members of the healthcare team in an ethical and professional manner.

Students accomplish the goals of the clerkship by extensive contact with many patients, conferences, lectures, bedside rounds and discussions with preceptors, residents and consultants, write-ups, case presentations, review of laboratory work, X-rays and imaging procedures, web-based educational programs as well as a prodigious amount of reading. The Department of Internal Medicine places special emphasis on developing student skills not only in history taking, physical examination and written and oral case presentation, but also in understanding the pathophysiology of disease and in developing a problem list and a differential diagnosis. Humanism in Medicine is stressed throughout the clerkship as it will form an integral part of any physician's life.

2. Guidelines

- Length: 12 weeks.
- Site: In-hospital medical services and out-patient facilities. Students may also rotate through nursing homes, sub-acute nursing facilities, or other similar places where healthcare is delivered.
- Orientation at the start of the clerkship: this should include an introduction to the key faculty and coordinators, a tour of the facilities, distribution of schedules, discussion of the expectations and responsibilities of the student, the general department and student schedule and the assignment to residency teams and preceptors. Students should be made aware of the contents of the CTM and the goals and expectations of the clerkship as a comprehensive learning experience. The SOM clerkship director in Internal Medicine and preceptors are responsible to review and discuss the educational goals and objectives of the clerkship set forth in this Manual before each rotation. In addition, there must be emphasis on developing communication skills, discussion of manual skills requirements and discussion of professional behavior.
- Schedule: All day Monday through Friday; night, weekend and holiday call with residency teams as assigned. Approximately 30% of the Clerkship should be allocated to protected academic time for teaching conferences and structured independent study.
- Attending rounds for house staff and students at least three times per week.
- A full schedule of teaching conferences including grand rounds, subspecialty conferences and didactic sessions pertinent to the needs of the students.
- Preceptor sessions at least four hours per week to include case presentation by students and beside rounds. These sessions should include a teaching physician and students only. At least one hour should be structured as a question-based session (MKSAP).

- Students are expected to complete 600 IM UWorld questions over the course of the 12-week rotation.
- A sufficient number of comprehensive write-ups are required over the course of the clerkship to ensure student competency in documentation of a comprehensive history and physical exam. These write-ups should include a comprehensive history, a physical exam, a review of relevant laboratory and imaging data, and a comprehensive problem list, with diagnostic, therapeutic and educational plans. This assessment should require considerable supplementary reading. The preceptor must read and critique these write-ups and return them to the student in a timely fashion. This timely interaction among faculty and student is an essential and core responsibility of the preceptor faculty. In addition, students must submit 2 "focused" write-ups – maximum of 2 pages – based on clinical situations where a new problem arises in the course of hospitalization. These write-ups should include key historical features, relevant physical exam, pertinent laboratory data, and diagnostic assessment and plan for the patient. Students are required to present patient's pertinent history and physical findings orally during rounds and preceptor sessions to ensure student competency in oral presentation ability.
- A midcore evaluation of each student's performance is an important part of the rotation. This must include a review of the student's patient log, a review of the student evaluations submitted by residents and attending who have had contact with the student, and a thorough discussion of the student's strengths and weaknesses with advice as to how the student may improve.
- A Mid-core Examination: Students are required to take a mid-core examination on the 6th Monday of the rotation. The exam consists of 110 USMLE-style multiple-choice questions in 2 hours 45 minutes without breaks.
- All students must take the NBME Clinical Subject Examination in internal medicine during the last 2 weeks of the rotation. Students must have two days off prior to the exam as well as the day of the exam.

A final summative final assessment, conducted by the clerkship director (or his/her designee), is scheduled during the last week of the rotation. The final assessment takes into account the midcore, resident and preceptor feedback, review of PEL and required web-based courses.

3. Educational Objectives

The12-week core clerkship in internal medicine is based in acute care medical centers or appropriately designed and accredited ambulatory care facilities. The curriculum is designed to provide students with formal instruction and patient care experience so as to enable them to develop the knowledge, skills and behavior necessary to begin mastering the following clinical competencies essential to becoming a knowledgeable, complete and caring physician.

Students gain these and the additional skills outlined below by functioning as integral members of the patient care team, participating in resident work rounds and teaching attending bedside rounds every weekday and admitting patients when on-call and following them until discharge under the continuous supervision of the residents. Additional activities include meetings with their preceptors at least four hours per week (conferences for students only), attendance at daily didactic conferences and independent learning including completing web-based education assignments. An orientation at the start of the clerkship outlines the educational goals and objectives of the clerkship as well as the responsibilities of third-year students, and assignments and schedules. Students are provided feedback regularly on their progress as well as during both mid-core and final summative reviews with their preceptor or clerkship director.

Medical Knowledge

1. Demonstrate knowledge of the principal syndromes and illnesses in Internal Medicine, their underlying causes both medically and socially and the various diagnostic and therapeutic options available to physicians in the care of their patients and in the care of populations.
2. Develop an understanding of the cognitive processes inherent in clinical reasoning.
3. Utilize the principles of diagnostic clinical reasoning, including translating patient information into medical terminology, becoming familiar with "illness scripts," utilizing semantic qualifiers, and generating a prioritized differential diagnosis.

4. Demonstrate knowledge of the indications for and the ability to interpret standard diagnostic tests, e.g.; CBC, chemistries, chest x-rays, urinalysis, EKGs, as well as other relevant specialized tests.
5. Recognize unusual presentations of disease in elderly patients and demonstrate understanding of the complexity of providing care for the chronically ill with multiple medical problems. This should include an understanding of end-of-life issues, as well as bioethical, public health, epidemiologic, behavioral and economic considerations which arise in our health care system.
6. Demonstrate knowledge of the indications for various levels of care post-discharge, e.g., short- and long-term rehabilitation, long-term skilled nursing facility care, hospice, home care, etc.

Clinical Skills

1. Take a comprehensive history and perform a complete physical exam.
2. Formulate a comprehensive problem list, differential diagnosis; and articulate a basic therapeutic plan, employing concern for risks, benefits, and costs.
3. Analyze additional clinical information, lab tests and changes in patients' clinical status; note changes in the differential diagnosis or in the diagnostic or therapeutic plans as circumstances and test results change.
4. Begin to develop proficiency in basic procedures, such as venipuncture, arterial puncture, nasogastric tube insertion, insertion of intravenous lines, and urinary bladder catheterization.

Communication Skills

Verbal:

1. Basic competence in comprehensive case presentation
2. Basic competence in focused case presentation
3. Basic competence in explaining to a patient a simple diagnostic and therapeutic plan (e.g., community-acquired pneumonia in a healthy 40-year-old patient)
4. Basic informed consent scenario for a procedure (e.g., contrast-enhanced CTS)
5. Basic competence in safe transitions of care (i.e., sign outs, rounds and transfer of care)

Written:

1. Competence in comprehensive case write-ups
2. Competence in brief case write-ups (e.g., focused CS exercise)
3. Communication (Drexel) Modules:
    - Sharing Serious News
    - Advance Care Planning

Professional Behavior

1. Demonstrate a regimen of independent learning through the reading of suggested basic texts, research via the Internet and through other electronic resources, e.g., Up-To-Date, maintenance of the patient encounter log and completion of the web-based educational program requirements.
2. Identify personal strengths and limitations.
3. Demonstrate a commitment to quality, including awareness of errors, patient safety and self-directed improvement.
4. Demonstrate competency and comfort in dealing with people of varying racial, cultural, and religious backgrounds.
5. Demonstrate a commitment to treating all patients, families and other caregivers with respect and advocate for their welfare.
6. Participate fully with the patient care team and fulfill all responsibilities in a timely fashion.
7. Maintain a professional appearance and demeanor.
8. Demonstrate facility in working in concert with other caregivers including nutritionists, social workers and discharge planners to obtain optimal, seamless multidisciplinary care for patients, both during the hospitalization and after discharge.

4. Core Topics

Students should make every effort to see patients with conditions listed below. This list is based on “Training Problems" published by the Clerkship Directors of Internal Medicine.

1. The healthy patient: health promotion and education, disease prevention and screening.
2. Patients with a symptom, sign, or abnormal laboratory value:
    - Abdominal pain
    - Altered mental status
    - Anemia
    - Back pain
    - Chest pain
    - Cough
    - Chronic pain
    - Dyspepsia
    - Dyspnea
    - Dysuria
    - Fever
    - Fluid, electrolyte, and acid-base disorders
    - GI bleeding
    - Hemoptysis
    - Irritable bowel
    - Jaundice
    - Knee pain
    - Rash
    - Upper respiratory complaints
    - Weight loss
3. Patients presenting with a known medical condition.
    - Acute MI
    - Acute renal failure and chronic kidney disease
    - Asthma
    - Common cancers
    - COPD
    - Diabetes mellitus
    - Dyslipidemia
    - CHF
    - HIV
    - Hypertension
    - Inflammatory bowel disease
    - Liver disease
    - Nosocomial infection
    - Obesity
    - Peptic ulcer disease
    - Pneumonia
    - Skin and soft tissue infections
    - Substance abuse
    - Thyroid disease
    - Venous thromboembolism
    - Geriatric issues
    - Cognitive impairment
    - Osteoporosis
    - Polypharmacy
    - Incontinence
    - Falls, gait and balance problems
    - Failure to thrive
    - Pressure ulcers
    - Sensory impairments
    - Sleep disorders

- Depression
- Pain
- Elder abuse and neglect
- End-of-life

5. Required Clinical Encounters and the Patient Encounter Log

The faculty in each specialty have identified specific clinical experiences that are a requirement for the clerkship. The PEL program is designed to track each student's patient encounters, clinical setting in which the encounter occurs, and level of responsibility. This program allows the school to standardize the curriculum. All patient's complaints and/or diagnosis encountered during clinical rotations must be entered into the PEL program. Entering the required clinical encounters "Must See List" is required during clinical rotations and will be displayed to the clerkship director for review on the final clerkship evaluation. Whenever possible incorporate the Communication Skill course topic for each required encounter. Never place patients' names or any patient identifying information in this program, this would be a HIPPA violation.

If students are unable to see a required clinical encounter, they must view the virtual visit link and watch the video. Once the encounter video is viewed, add the virtual encounter in the PEL as a Virtual visit.

The entries for the list of complaints and diagnoses below must be entered into your Patient Encounter Log (PEL) during this clerkship.

PEL Link: https://myapps.sgu.edu/PEL/Admin/Account/Login?ReturnUrl=%2fPEL

Complaint/Diagnosis (Internal Medicine)	**# of Required Encounters**	**Clinical Setting**	**Levels of student responsibility**	**Virtual Visit Link**
				Watch the video only if not seen during the rotation and record in PEL as virtual visit.
Ischemic Heart disease/ Chest pain	1	Either	3	https://www.youtube.com/watch?v=2kLIhlsesRQ&t=613s
CHF (cardiomyopathy/ Systolic/Diastolic)	1	Either	3	https://www.youtube.com/watch?v=ypYI_lmLD7g&t=660s
Hypertension	1	Either	3	https://www.youtube.com/watch?v=sNCtvsY3TS8
Arrhythmia (any)	1	Inpatient	3	https://www.youtube.com/watch?v=vq3ba4BhddM
Shock (any)	1	Inpatient	3	https://www.youtube.com/watch?v=QTirwqYNNHg
Dyspnea (non-cardiac)	1	Inpatient	3	https://www.youtube.com/watch?v=xNJ8ALMjZ7A&t=288s
Lung Disease (chronic/ any variant)	1	Either	3	https://www.youtube.com/watch?v=gJlRmu0o1ns
Abdominal Pain (non-surgical)	1	Inpatient	3	https://www.youtube.com/watch?v=_PDOXlVGeuY
Syncope	1	Either	3	https://www.youtube.com/watch?v=t0Yr--IZyDQ
Sepsis syndrome	1	Inpatient	3	https://www.youtube.com/watch?v=3EVpyBORw5Y
Pneumonia (any variant)	1	Either	3	https://www.youtube.com/watch?v=IAQp2Zuqevc
Liver disease (any variant)	1	Either	3	https://www.youtube.com/watch?v=XJQn8MXnTWg
Diabetes Mellitus	1	Either	3	https://www.youtube.com/watch?v=-B-RVybvffU
Dyslipidemia	1	Either	2	https://www.youtube.com/watch?v=gE9cIQ9vz0k
Immunocompromised Patient	1	Either	2	https://www.youtube.com/watch?v=KvvECcXnDks
Venous Thromboembolism	1	Either	2	https://www.youtube.com/watch?v=dpHrK6864oQ
Common cancers	1	Either	3	Colon: https://www.youtube.com/watch?v=Wb0-ginVmtk&t=8s

				Prostate: https://www.youtube.com/watch?v=8sC3s9Jek7U
				Lung: https://www.youtube.com/watch?v=HeEiQKoicd8
Stroke	1	Either	3	https://www.youtube.com/watch?v=CaOPBuP3VkA
Arthritis (any variant)	1	Either	2	https://www.youtube.com/watch?v=Ly1Mtd00_jc
Electrolyte Disturbance	1	Inpatient	2	https://www.youtube.com/watch?v=jW6IaVXLA-w
Thyroid disease (any variant)	1	Either	2	https://www.youtube.com/watch?v=dldJmVx8Pfg&t=328s
Kidney Disease (acute or chronic)	1	Either	2	Chronic Kidney Dz: https://www.youtube.com/watch?v=fv53QZRk4hs
				Acute Kidney Dz: https://www.youtube.com/watch?v=bwwQd7xkHNc
GI Bleeding (U or L)	1	Either	3	https://www.youtube.com/watch?v=mgupxq0nzd0&t=401s
Degenerative Neurologic disease (any)	1	Either	2	https://www.youtube.com/watch?v=RImBxfVH9H4

Legend: Levels of Student Responsibility for Diagnoses
1. I observed the examination or management of patient OR I participated in the discussion of a patient.
2. I directly interacted with the patient (history, exam or other).
3. I performed a history or examination AND presented it.

6. Web-based Educational Assignments for Independent Learning

The School requires the successful completion of web-based assignments:

- SGUSOM's Curriculum on AMBOSS
- UWorld
- Communication Modules
- Ethics Modules
- Geriatrics Readings

Most web-based assignments include quizzes on the learning management system that require scores of at least 80% to receive credit for this clerkship. Students are required to log into each clerkship's learning management site to see these assignments.

The Office of the Dean monitors student performance on these assignments. The completion of these assignments will be sent to the clerkship directors for incorporation into the final clerkship grade. The clinical faculty feels these assignments are excellent preparation for the NBME Clinical Subject Examinations as well as USMLE Step 2. In addition, a student's diligence in completing these assignments reflects a commitment to excellence, a component of professional behavior grade.

7. Reading

Reading should proceed on four levels, each with a different goal.

- Reading about your patient in order to "learn from your patients" and to develop a deeper understanding of the comprehensive issues affecting patient diagnosis and care.
- A systematic and thorough reading about the overall field of internal medicine in order to prepare for the end of clerkship shelf exam and the Step 2 CK. This cannot be over emphasized.
- Detailed in depth reading about specific topics of interest and for assignments.
- A review of basic science and relevant research in order to reinforce the fundamental principles of clinical medicine and understand advances in patient care.
- Students can choose from multiple comprehensive textbooks of medicine, medical sub-specialty texts, journal review articles, and internet resources to read as outlined above.

Obstetrics and Gynecology

1. Mission and Introduction

The Department of Obstetrics and Gynecology offers an educational experience, which entails close interaction with house staff and faculty, and a 'hands-on' approach to learning by doing. A physician specializing in obstetrics or gynecology is often considered a woman's primary care provider. With this in mind, students are encouraged to learn not only obstetrics and gynecology but anything involved in women's health in general. Over the six-week clerkship most students will encounter, through their patients, a multitude of clinical problems. It is anticipated that the knowledge gained in learning about and solving a particular patient problem will be retained and applicable to other patients with similar problems.

Obstetrics and gynecology (Ob/Gyn) is a fast-paced, diverse field of medicine practiced in a variety of settings, both outpatient and inpatient. As a clerk on our service, students will have the opportunity to see patients who are healthy, seeking prenatal or preventive care, those who are having an acute life-threatening gynecologic problem and everything in between.

The goal is to provide students with a well-rounded, solid experience in general obstetrics and gynecology. Each student will spend time on labor and delivery, in the operating room participating in gynecologic surgery and in the outpatient setting. You may have the opportunity to work with subspecialists including Reproductive Endocrinologists, Gynecologic Oncologists, Maternal-Fetal Medicine specialists and more.

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

The Ob/Gyn clerkship requires that students record their patient contacts in the School's online patient encounter log. Along with hands on experience, students' learning will be augmented by web-based resources.

2. Guidelines

- Length: 6 weeks.
- Site: Labor and delivery suite including obstetric triage, the operating room, gynecology inpatient units and the ante-partum, post-partum and post-operative units, outpatient clinics, private MD offices and the Emergency Department.
- At the start of the clerkship, an orientation is given. This includes a discussion of the expectations and responsibilities of the students and their schedules and assignments to residency teams and preceptors. The SOM clerkship director for Obstetrics and Gynecology and the student coordinator participate in this orientation. During the Orientation students will be advised how to obtain scrubs, lab coats, and ID Badges and a tour of the Ob/Gyn areas including call rooms.
- Students take night call no more than every third night, and one weekend call not to exceed 24 hours or one night float schedule, not to exceed residents' hours on call. The student will do a maximum of 6 calls during the 6-week rotation.
- Students participate in attending rounds for house staff and students at least once a week and work rounds with house staff at least twice a week.
- A schedule of teaching conferences including staff conferences, residents' conferences, grand rounds, subspecialty conferences and didactic sessions pertinent to the needs of the students is presented at the orientation. Approximately 30% of the clerkship should be allocated to protected academic time for teaching conferences and structure independent study.
- Each student is required to complete a minimum of two clinical write-ups, including one obstetrical and one gynecological case. Each write-up must include the admission history, physical

examination, review of laboratory and imaging studies impression, assessment and diagnostic/therapeutic plan. The history must include any cultural issues that may affect the patient's treatment and compliance. Students must include a discussion of the patient's social supports and any recognizable limits of the doctor-patient relationship, e.g. beliefs. The write-up should also mention any limitation of the patient: mental, physical, financial or emotional. When pertinent, the labor and delivery record, operative findings, post-operative progress notes, and pathology should be included. Each clinical write-up will include a one-page summary of the topic chosen by the student on any aspect of the clinical case study. This requires a literature search to respond to the clinical question posed by the student. Critiques of the write-ups are provided to the student by the preceptor. Each student will do a case presentation based on an interesting topic that was encountered during her/his rotation. Oral presentations are also required and student competency in their ability to present pertinent findings during rounds and preceptor sessions is assessed.

- Direct preceptor/faculty supervision of the students for at least 3-4 hours per week should include case presentations by the students, bedside rounds, physical examinations and interactive sessions.
- A formal one-on-one mid-core evaluation is required. The student is required to bring all case evaluations, write-ups and the student log to the meeting. This is required to be reported to the DME with a signature acknowledgement by the student.
- Each student will maintain an electronic log of all required clinical experiences with diagnosis they admit, evaluate or follow.
- A Mid-core Examination: Students are required to take a mid-core examination on the 4th Monday of the rotation. The exam consists of 110 USMLE-style multiple-choice questions in 2 hours 45 minutes without breaks.
- All students must take the NBME Clinical Subject Examination in Ob/Gyn during the last week of the rotation. They must have the day off prior to the exam as well as the day of the exam.
- Special emphasis is placed on the development of certain skills. By the completion of the clerkship, the student should be able to competently perform a complete history relevant to the obstetric/gynecologic patient and a physical examination of the breast and pelvis. (Students must comply will all Hospital, local and national policies and regulations that address patient consent for students performing physical examination.)

3a. Course Goals

- To provide a curriculum for the department that promotes the highest standards of competence and does so in a professional culture that prepares the student for the practice of the discipline internationally.
- To provide a foundation which integrates the basic science in the understanding of normal and abnormal pregnancy as well as the causes, diagnosis, prevention and treatment options for diseases of the female reproductive system and to the problems of women's health generally.
- To provide a solid foundation in the discipline of obstetrics and gynecology that will enable the student to decide if the discipline is an appropriate career choice and if so to enable the student to succeed in postgraduate training and a professional career as an obstetrician gynecologist.
- To combine medical knowledge with clinical and communication skills providing a solid foundation on which students can learn to provide quality obstetrical and gynecologic care. The curriculum of the department of obstetrics and gynecology is designed to assist students in achieving the following educational goals:
- To understand the role played by the obstetrician/gynecologist within the scope of women's health care and when medical issues outside their expertise requires a medical or other specialty consultation.
- To gain a base of knowledge in normal as well as abnormal obstetrics and gynecology and acquire the skills needed to evaluate and treat patients responsibly.
- To learn the value of routine health surveillance as a part of health promotion and disease prevention by incorporating age-appropriate screening procedures at the recommended time intervals.
- Through the use of written and clinical cases, to acquire a knowledge base in the causes, mechanisms and treatment of human reproductive illnesses, as well as in the behavioral and non-biological factors that influence a woman's health.

- To demonstrate a fundamental knowledge of the most common clinical, laboratory, and pathologic diagnostic manifestations of diseases common to women.
- To gain an understanding of the principles of bioethics and how they affect patient care.
- To become aware of the effect of health care disparities on patient care.

3b. Educational Objectives

Medical Knowledge

1. Evaluate health maintenance and preventive care strategies for women, including age-related cancer screening, screening for common adult-onset illnesses, nutrition, sexual health, vaccination, and risk factor identification and modification.
2. Discuss acute and chronic conditions in women's general and reproductive health including their diagnosis and treatment.
3. Apply principles of physiology and pharmacology applicable to women from puberty through their reproductive life and menopause, especially pregnancy and age-related changes.
4. Demonstrate knowledge of prenatal, intrapartum, and postpartum care plans for normal pregnancies and common pregnancy-related complications, as well as treatment plans for pregnant patients with acute or chronic conditions.

Clinical Skills

1. Communicate effectively and sensitively with patients, families, and healthcare teams in both verbal and written formats.
2. Explain the role of patient education in disease prevention and treatment.
3. Organize case presentations to accurately reflect the reason for evaluation, history chronology, physical findings, differential diagnosis, and suggested initial evaluation, incorporating age-specific information and precise descriptions of physical findings.
4. Justify the clinical reasoning behind diagnostic and therapeutic plans.
5. Document independent clinical thinking clearly and accurately.
6. Obtain comprehensive and accurate patient histories in complex settings such as emergency and labor wards.
7. Modify interview techniques and examinations based on the clinical context, including inpatient, outpatient, acute, and routine settings.
8. Synthesize history, physical exam findings, laboratory data, and imaging to define problems, develop a differential diagnosis, and assess associated risks.
9. Integrate patient data, clinical evidence, and patient preferences to formulate diagnostic and therapeutic plans, considering cultural and ethical factors.
10. Conduct evidence-based searches and critically appraise literature to apply relevant findings to clinical decision-making.
11. Identify knowledge gaps through self-assessment and reflective practice, and seek resources and feedback to enhance critical thinking and problem-solving skills.

Professional Behavior

1. Demonstrate compassion, empathy and respect toward patients, including respect for the patient’s modesty, privacy, confidentiality and cultural beliefs.
2. Communicate with patients in a way that conveys respect, integrity, flexibility, sensitivity and compassion.
3. Demonstrate respect for patient attitudes, behaviors and lifestyle, paying particular attention to cultural, ethnic and socioeconomic influences and values.
4. Demonstrate the ability to function as an effective member of the health care team, ensuring collegiality and respect for all members of the health care team.
5. Demonstrate a positive attitude and regard for education through intellectual curiosity, initiative, honesty, responsibility, dedication to being prepared, maturity in soliciting, accepting and acting on feedback, flexibility when differences of opinion arise and reliability.
6. Identify and explore personal strengths, weaknesses and goals.

4. Core Topics

General

1. History
2. Physical examination
3. Patient write-up
4. Differential diagnosis and management plan
5. Preventive care
6. Professional behavior and communication skills
7. Domestic violence and sexual assault

Obstetrics

1. Maternal-fetal physiology
2. Preconception care
3. Antepartum care
4. Intrapartum care
5. Care of newborn in labor and delivery
6. Postpartum care
7. Breastfeeding
8. Abortion (spontaneous, threatened, incomplete, missed)
9. Hypertensive disorders of pregnancy
10. Isoimmunization
11. Multifetal gestation
12. Normal and abnormal labor
13. Preterm labor
14. Preterm rupture of membranes
15. Third trimester bleeding
16. Postpartum hemorrhage
17. Postdates pregnancy
18. Fetal growth restriction
19. Antepartum and intrapartum fetal surveillance
20. Infection

Gynecology

1. Ectopic pregnancy
2. Contraception
3. Sterilization
4. Abortion
5. Sexually transmitted diseases
6. Endometriosis
7. Chronic pelvic pain
8. Urinary incontinence
9. Breast disease
10. Vulvar disease and neoplasm
11. Cervical disease and neoplasm
12. Uterine disease and neoplasm
13. Ovarian disease and neoplasm

Endocrinology and Infertility

1. Menarche
2. Menopause
3. Amenorrhea
4. Normal and abnormal uterine bleeding
5. Infertility

6. Hirsutism and Virilization

5. Required Clinical Encounters and the Patient Encounter Log

The faculty in each specialty have identified specific clinical experiences that are a requirement for the clerkship. The PEL program is designed to track each student's patient encounters, clinical setting in which the encounter occurs, and level of responsibility. This program allows the school to standardize the curriculum. All patient's complaints and/or diagnosis encountered during clinical rotations must be entered into the PEL program. Entering the required clinical encounters "Must See List" is required during clinical rotations and will be displayed to the clerkship director for review on the final clerkship evaluation. Whenever possible incorporate the Communication Skill course topic for each required encounter. Never place patients' names or any patient identifying information in this program, this would be a HIPPA violation.

If students are unable to see a required clinical encounter, they must view the virtual visit link and watch the video. Once the encounter video is viewed, add the virtual encounter in the PEL as a Virtual visit.

The entries for the list of complaints and diagnoses below must be entered into your Patient Encounter Log (PEL) application during this clerkship.

PEL Link: https://myapps.sgu.edu/PEL/Admin/Account/Login?ReturnUrl=%2fPEL

Complaint / Diagnosis **(Ob/Gyn)**		**Number of encounters required**	**Clinical setting**	**Levels of student responsibility**	**Virtual Visit Link**
					Watch the video only required if encounter not seen during rotation.
Genitourinary/ Gyn	Abnormal Pap smear	1	Outpatient	2	https://www.youtube.com/watch?v=XGMIcLHTVA0
Genitourinary/ OB	Antepartum examination and care	1	Outpatient	1	Antepartum Exam and Tests: https://www.youtube.com/watch?v=_esAs0vVFd4
					Antepartum Care: https://www.youtube.com/watch?v=EnAEHf7B2JA
Genitourinary/ OB	First Trimester Complications (pain or bleeding)	1	Outpatient	1	Part1: https://www.youtube.com/watch?v=IbIIj6xo-A0
					Part 2: https://www.youtube.com/watch?v=sabjynu8EHU
					Part 3: https://www.youtube.com/watch?v=us0QwrAFjUM
Genitourinary/ OB	Normal Labor and Delivery	2	Inpatient	2	https://www.youtube.com/watch?v=w0iDfcAYZWc
Genitourinary/ OB	C-section	1	Inpatient	1	https://www.youtube.com/watch?v=N8FkzaJ8x_U
Genitourinary/ OB	Postpartum examination and care	2	Outpatient / Inpatient	2	https://www.youtube.com/watch?v=nP4Pt3kzHg0
Genitourinary/ Gyn	Vaginal discharge	1	Outpatient	1	https://www.youtube.com/watch?v=cdY0tN3OcNw
Gastrointestinal/ OB	Abdominal pain - in pregnancy	1	Outpatient	1	https://www.youtube.com/watch?v=SCgLamlP4Sw
Genitourinary/ Gyn	Abnormal Vaginal bleeding - non-pregnant	1	Outpatient	1	https://www.youtube.com/watch?v=ePgNGE_-Mo8
Genitourinary/ Gyn	Pelvic pain	1	Outpatient	1	https://www.youtube.com/watch?v=SCgLamlP4Sw

Genitourinary/ OB	Third Trimester Complications (pain or bleeding)	1	Outpatient / Inpatient	1	https://www.youtube.com/watch?v=rRLmp7eG23Y
Genitourinary/ OB	Abortion (spontaneous - threatened - incomplete - missed)	1	Outpatient	1	https://www.youtube.com/watch?v=z6GaIv1iY-8
Genitourinary/ OB	Family Planning	1	Outpatient	3	https://www.youtube.com/watch?v=IEC6Rsur11E
Endocrine/OB	Diabetes mellitus in pregnancy	1	Outpatient	1	https://www.youtube.com/watch?v=bhRPe6KP8iw
Genitourinary/ Gyn	Abnormal uterine bleeding	1	Outpatient	1	https://www.youtube.com/watch?v=1ayoISJBtS8
Genitourinary/ OB	Hypertension in pregnancy	1	Outpatient	1	https://www.youtube.com/watch?v=vwYGcS22gJg
Genitourinary/ Gyn	Menopause	1	Outpatient	1	https://www.youtube.com/watch?v=hjBxRLhyd2I
Genitourinary/ Gyn	Sexually transmitted Infection (STI)	1	Outpatient	1	https://www.youtube.com/watch?v=rzzp-XsditM
Genitourinary/ Gyn	Uterine diseases & neoplasm	1	Outpatient	1	https://www.youtube.com/watch?v=C_8sq66P9Ic
Genitourinary/ Gyn	Cervical disease & neoplasm	1	Outpatient	1	Endometrial Cancer: https://www.youtube.com/watch?v=CJZr9_LATgQ
					Cervical Cancer: https://www.youtube.com/watch?v=YuCRoob5gqQ
Genitourinary/ OB	Infection in pregnancy (includes endometritis)	1	Outpatient	1	https://www.youtube.com/watch?v=uixc6VbVKxI
Legend: Levels of Student Responsibility for Diagnoses					
1. I observed the examination or management of patient OR I participated in the discussion of a patient.					
2. I directly interacted with the patient (history, exam or other).					
3. I performed a history or examination AND presented it.					

6. Web-based Educational Assignments for Independent Learning

The School requires the successful completion of web-based assignments in order to receive credit for this clerkship. Students should log into the learning management system and complete the following assignments:

- SGUSOM's Curriculum on AMBOSS
- UWorld
- Communication Modules
- Ethics Modules

The Office of the Dean monitors student performance on these assignments. The completion of these assignments will be sent to the Clerkship Directors for incorporation into the final clerkship grade. The clinical faculty feels these assignments are excellent preparation for the NBME Clinical Subject Examinations as well as USMLE Step 2. In addition, a student's diligence in completing these assignments reflects a commitment to excellence, a component of professional behavior grade.

7. Reading

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

Required

- Obstetrics/Gynecology for the Medical Student
- Beckman, et al Lippincott Williams & Wilkins

Supplementary

- Williams Obstetrics, Cunningham et al, Appleton
- Danforth's Obstetrics and Gynecology, Scott et al Lippincott, Williams and Wilkins
- Clinical Gynecologic Oncology, DiSaia & Creasman, Mosby
- Gynecology by Ten Teachers and Obstetrics by Ten Teachers, Monga & Baker, Arnold
- Problem Based Obstetrics and Gynecology, Groom and Cameron, Blackwell
- Reproductive Endocrinology, Speroff et al., Lippincott Williams and Wilkins

Other Helpful Review Texts

- OB/GYN Mentor: Your Clerkship and Shelf Exam Companion, Benson, F. A. Davis Company
- First Aid for the Wards: Insider Advice for the Clinical Years, Le et al, Appleton & Lange
- First Aid for the USLME Step 2 CK and CS, Le et al., McGraw-Hill
- Kaplan Lecture Book Series (OB/GYN) – Available only through Kaplan

On-Line Resources

- Up To Date: uptodate.com
- WebMD: webmd.com

Pediatrics

1. Mission and Introduction

The clerkship in pediatrics provides a learning experience that fosters the highest standards of professional behavior based on principals of bioethics. It will provide students with a clinical experience that prepares them to communicate effectively with patients and families and learn to evaluate and manage children from newborn through adolescence.

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

After completion of a six-week core rotation during the third year, students will demonstrate a firm understanding of the competencies required to evaluate and provide care for children who are sick and well.

The six-week core clerkship allows students to gain clinical experience in evaluating newborns, infants, children and adolescents, both sick and well, through clinical history taking, physical examination and the evaluation of laboratory data. Special emphasis is placed on the following topics: growth and development, nutrition, disorders of fluid and electrolytes, common infections, social issues, and preventative care including, immunizations, screening procedures, anticipatory guidance. The student will develop the necessary communication skills to inform, guide and educate patients and families.

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

It is expected that there be full and active participation in the multiple learning opportunities: didactic learning, clinical seminars, self-directed learning modules, patient rounds, conferences. Preceptor sessions are mandatory and take precedence over all other clinical activities. Students should excuse themselves from their other assignments and attend their preceptor session, unless excused by their preceptor. All of these components are designed to expand the student's concept of how to provide quality care for pediatric patients.

In the out-patient services, the student learns the milestones of growth and development, infant feeding, child nutrition, preventative care (including immunization, screening procedures, and anticipatory guidance), the common ailments of childhood and diagnosis of rare and unusual illnesses. In the pediatric sub-specialty clinics, the student will observe the progression and participate in the management of a wide variety of serious and chronic pediatric illnesses.

Emergency department and urgent care experiences permit the student to be the first to evaluate infants and children with acute illnesses. Emphasis is placed on the evaluation of febrile illnesses, and common emergencies of childhood (e.g. poisonings, injuries).

The initial management of the newborn is learned in the delivery room. Students then practice the examination of the newborn and learn about the initiation of feeding, neonatal physiological changes, and common newborn conditions. In the newborn intensive care unit, the student is an observer of the management of the premature and term infant with serious illness. Emphasis is placed on observing and understanding the role of the pediatrician in the multidisciplinary team approach to critical care.

These experiences are designed to provide maximum contact between students and patients and their families. The student should use every opportunity to practice communication skills, improve their ability to perform accurate and concise histories, perform physical examinations, expand their knowledge of pediatric diseases, and attain skills in utilizing laboratory and radiologic evaluations most effectively.

2. Guidelines

1. Length: 6 weeks.
2. Sites: General pediatric unit, ambulatory care unit, pediatric emergency department, nursery, NICU, PICU, private office practice, additional sites, as available.
3. At the start of the clerkship an orientation is given. The SGU clerkship director or designee discusses the program's goals and objectives, the responsibilities of the clerk, the schedule and assignments to preceptors and residents. The student is introduced to the key preceptors and staff members in the department.
4. The student must participate in the night, weekend, and holiday on-call schedules. The clerkship director will set the number and timing of calls.
5. The student must attend scheduled clinical conferences, grand rounds, subspecialty conferences, and learning sessions. Approximately 30% of the clerkship should be allocated to protected academic time for teaching conferences and structured independent study.
6. A preceptor meets with students at least twice a week for a minimum of three hours per week. The preceptor sessions will include clinical discussions that focus on problem solving, decision making and adherence to bioethical principles.
7. The student is involved in all patient care activities in the out-patient facility and inpatient unit.
8. The student will be observed, and given immediate feedback, as they take a history and perform a physical examination on a newborn and a child.
9. Attend two newborn deliveries if possible and or gain exposure to Newborn examinations and care of at least two newborns (age< 30 days) during their rotation.
    1. Pediatric students have required clinical experiences that must be entered into the Patient encounter log. There is an additional requirement that medical students learn how to identify and report child abuse/neglect. There should be involvement in a case where a child is suspected as being the victim of child abuse/neglect or where the differential diagnosis

includes child abuse/neglect. If such a case does not present itself, a virtual case may be used. There should be a discussion of the recognition and reporting requirement and the child protection response and services.

2. Involvement in these cases should include taking a history, performing a physical examination, discussing the differential diagnosis, formulating a plan for laboratory/radiologic studies and deciding on a treatment plan. These cases may be from the inpatient units, the nursery, the Emergency Room, or the out-patient setting.
3. Depending on circumstances, participation may be limited to that as an observer, especially in cases of sexual abuse, or the use of a virtual case.
4. As an absolute minimum, each student will participate in the care of two adolescents. This includes taking a history and performing a physical examination as well as reviewing the immunization record and assessing the adolescent's health, behavior, educational and environmental issues. It is preferable that one of the two adolescents described will have a chronic illness.

10. The student will give, at a minimum, one major presentation during the rotation. The presentation will be evaluated by the preceptor.
11. The student will develop two (2) comprehensive pediatric case write-ups that demonstrate an accurate and organized diagnostic interview and physical exam, interpretation of tests, the differential diagnosis, create an assessment with documentation of their reasoning and problem-based plans. These write-ups will be critiqued by the preceptor and returned to the student in a timely manner. It is preferable that the patients selected for these write-ups be examples of the case mix listed in guideline #9 above. The write-ups will be handed in at intervals during the rotation and returned promptly so that the student can improve their written expression.
12. The student will keep a Patient Encounter Log. The log will list all of the patients that the student has had direct contact with. The log should reflect a commitment to accurate record keeping and reflect knowledge of the case.
13. Each student will have a formative mid-core evaluation with a review of their Patient Encounter Log, case write-ups and AMBOSS quizzes to the session. The Log will be reviewed for completeness, quality and mix of cases. The student's professional behavior will be addressed, as well as progress in attaining the knowledge and skills required to evaluate a patient. There will be appropriate comments and suggestions given to the student to guide them toward improvement.
14. The student will perform or witness and log into the Patient Encounter Log the following pediatric procedures during the Pediatric rotation: Vision and hearing screening, otoscopy, administration of inhalation therapy (Metered Dose Inhaler/MDI/Spacer/Nebulizer), throat culture, immunizations: intramuscular injection, subcutaneous injection, nasopharyngeal swab, and peak flow measurement.
15. Use the PICOT format to break down questions into smaller parts and identify keywords.
16. The students are responsible for completing the introductory modules of the Communication Skills course prior to the start of the third-year core rotations. In addition, the modules required for the pediatric rotation are:
    - Communication in the Pediatric Encounter
    - Communication with Adolescents
17. The student will complete the web-based assignments (see below) listed in the learning management system.
18. A Mid-core Examination: Students are required to take a mid-core examination on the 4th Monday of the rotation. The exam consists of 110 USMLE-style multiple-choice questions in 2 hours 45 minutes without breaks.
19. All students must take the NBME Clinical Subject Examination in Pediatrics during the last 2 weeks of the rotation. Students must have the day off prior to the exam as well as the day of the exam
20. The Department of Pediatrics places special emphasis on professional behavior, as well as knowledge, interviewing skills, clinical problem solving and the ability to communicate information.
21. The final grade is compiled from information gathered from preceptors, residents and staff Members who have evaluated the student's professional behavior, knowledge, ability to communicate and clinical skills.

3. Educational Objectives

Medical Knowledge

1. Apply knowledge of common acute and chronic pediatric conditions, congenital and genetic syndromes, including the importance of age on manifestations and treatment, in caring for patients, team discussions, and quantitative assessments.
2. Describe major illnesses and conditions that affect newborns to their preceptors with epidemiology, signs and symptoms on presentation, treatment, and outcomes.
3. Demonstrate knowledge of normal growth, development, and behavior.
4. Discuss reporting norms and abnormalities in patient presentations (give examples of possible abnormalities in infancy through adolescence establishing the importance of these metrics).
5. Demonstrate knowledge of health maintenance and preventative care for children including age related issues in nutrition, safety, immunizations and risk factor identification/modification, in various clinical settings.
6. Demonstrate knowledge of nutritional requirements and feeding practices, noting the differences of each age and stage of childhood and proper documentation.
7. Describe factors used in identifying child abuse and neglect.
8. Discuss reporting requirements and available child protection response and services.
9. Explain fluid and electrolyte requirements for patients, and the differences for patients of varying sizes and ages.

Clinical Skills

1. Demonstrate empathy in age-appropriate communication with children and parents to form positive and informative relationships (Applying the Drexel University College of Medicine communications skills course).
2. Demonstrate effective communication with a parent about basic care of the newborn with anticipatory guidance.
3. Demonstrate a review of the records identifying and reporting pertinent information.
4. Demonstrate skill in history gathering and interpreting relevant information in both acute and chronically ill patients in various clinical settings.
5. Discuss laboratory data with age-appropriate norms in a healthcare team.
6. Develop a problem list and formulate appropriate differential diagnoses.
7. Develop treatment plans that consider the patient's identity, culture and ability to adhere to the recommendations.
8. Demonstrate education on prevention and treatment of a disease.
9. Present an accurate and organized diagnostic interview and physical exam and interpretation of tests.
10. Create a summative assessment with documentation of reasoning and problem-based plans based on a patient interview.
11. Develop a case presentation to accurately reflect the diagnosis(es), reason for the evaluation, the chronology of the history, the details of physical findings, the differential diagnosis and the development of an initial evaluation and plan.
12. Perform a newborn exam.
13. Describe the indications, consent (if warranted) and techniques of pediatric procedures.
14. Discuss all required elements for safe transitions of care, discharge and follow-up plans.
15. Discuss high risk births and perinatal treatments.
16. Demonstrate information seeking skills by: Formulating a clinical question, utilizing the primary or secondary literature and assessing the credibility of information sources to answer the question, then sharing the information with the clinical team.
17. Discuss the indications of utilizing pediatric healthcare system resources in providing patient centered care.

Professional Behavior

1. Establish rapport with patients and families that demonstrates respect and compassion.
2. Demonstrate honesty, integrity and respect in dealing with patients, families and colleagues.

3. Adhere to the principles of confidentiality, privacy and informed consent.
4. Demonstrate that you are a responsible team member and carry out all of your assigned duties in a timely manner.
5. Demonstrate the ability to work effectively as a member of a health care team contributing to improved care.
6. Demonstrate sensitivity to issues related to culture, race, age, gender, religion, sexual orientation and disabilities.
7. Demonstrate the application of bioethical principles to respond appropriately to ethical dilemmas and conflicts, and uphold professionalism in all aspects of medical practice.
8. Demonstrate responsibility in completing assignments.
9. Recognize your personal biases and how they lead to diagnostic error.
10. Demonstrate the indications for consultation.
11. Demonstrate commitment to life-long learning.
12. Develop a plan to strengthen deficiencies relevant to learning gaps identified through self-assessment of your own unique learning need.

4. Core Topics

General

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

Well Child Care

- Immunizations
- Routine screening tests
- Anticipatory guidance
- Nutrition

Growth and Development

- Developmental milestones (when and how to evaluate)
- Failure to thrive
- Short stature
- Obesity

Neonatology

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

Common Childhood Illnesses and Their Treatments

1. Ear Nose and Throat (ENT) and pulmonary disorders

- Upper Respiratory Infection (URI)
- Asthma
- Pharyngitis
- Foreign body

- Otitis media
- Pneumonia
- Sinusitis
- Cystic fibrosis
- Cervical adenitis
- Tuberculosis
- Croup/epiglottitis
- Fever without focus
- Bronchiolitis

Eyes

- Conjunctivitis
- Ocular trauma
- Amblyopia
- Strabismus

Cardiac

- Fetal circulation
- Congenital anomalies: Ventricular Septal Defect (VSD), Atrial Septal Defect (ASD), Tetralogy of Fallot, transposition of the great vessels, coarctation of the aorta, patent ductus arteriosus (PDA), Pulmonic stenosis (PS). The significance of these defects as isolated findings and as they relate to genetic syndromes.
- Acquired heart disease: Rheumatic Fever (RF), myocarditis
- Hypertension

Gastrointestinal Disorders (GI)

- Gastroenteritis
- Constipation/Hirschsprung's disease
- Acute abdomen (appendicitis, intussusception, volvulus)
- Inflammatory bowel disease
- Gastroesophageal reflux disease (GERD)

Endocrine

- Diabetes, diabetic ketoacidosis (DKA)
- Thyroid disease
- Adrenal disease
- Congenital adrenal hyperplasia (CAH)
- Failure to thrive
- Obesity
- Metabolic syndrome

Neurology

- Seizures
- Meningitis
- Head trauma
- Cerebral palsy
- Tumors

Hematology/Oncology

- Anemias/hemoglobinopathies
- Pediatric malignancies acute lymphatic leukemia, lymphomas, neuroblastoma, Wilm's tumor)
- Immune thrombocytopenic purpura (ITP)

Renal and Genitourinary (GU)

- Urinary tract infections (UTIs)
- Nephritis/nephrosis
- Fluid and electrolyte balance
- Congenital anomalies

Dermatology

- Seborrheic dermatitis
- Atopic dermatitis
- Impetigo
- Fungal Infections
- Exanthems
- Neurocutaneous stigmata (neurofibromatosis, etc.)

Ingestions and Toxidromes

- Lead poisoning
- Salicylate, acetaminophen
- Iron

Common Pediatric Orthopedic Problems

- Developmental dysplasia of the hip
- Osgood schlatter
- Slipped capital femoral epiphysis
- Torsions
- Legg-Calve-Perthes disease
- Dislocated radial head (Nursemaid's elbow)
- Fractures

Musculoskeletal System

- Osteomyelitis/septic arthritis
- Muscular dystrophies

Adolescence

- Tanner staging
- Precocious/delayed puberty
- Stages of adolescent development
- Sexually transmitted infections
- Pregnancy/menstrual irregularities
- Vaginal discharge

Child Maltreatment Syndrome

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect

Genetics

- Down Syndrome, #21 trisomy
- #13 trisomy
- #18 trisomy

- Turner Syndrome
- Klinefelter Syndrome

Collagen Vascular

- Juvenile rheumatoid arthritis
- Systemic lupus erythematosus
- Henoch Schonlein purpura
- Kawasaki disease
- Hemolytic uremic syndrome

Behavioral Issues

- Temper tantrums
- Discipline issues
- Sleep disorders
- Attention deficit disorders
- Hyperactivity issues
- Learning disabilities
- Oppositional defiant disorders

Immunology

- Human immunodeficiency virus infection (HIV)
- Congenital immunodeficiency syndromes

Ethical Principles

- Respect for persons (privacy, confidentiality, informed consent, inclusion of patient/parent in decision-making, provision for identity and culture, disclosure)
- Medical beneficence (concern for the patient's best interest)
- Non-maleficence (not harming)
- Utility (balancing potential benefit to potential harm)
- Justice (being fair)

5. Required Clinical Encounters and the Patient Encounter Log

The faculty in each specialty have identified specific clinical experiences that are a requirement for the clerkship. The PEL program is designed to track each student's patient encounters, clinical setting in which the encounter occurs, and level of responsibility. This program allows the School to standardize the curriculum. All patient's complaints and/or diagnosis encountered during clinical rotations must be entered into the PEL program. Entering the required clinical encounters "Must See List" is required during clinical rotations and will be displayed to the clerkship director for review on the final clerkship evaluation. Whenever possible incorporate the Communication Skills course topic for each required encounter. Never place patients' names or any patient identifying information in this program, this would be a HIPPA violation.

If students are unable to see a required clinical encounter, they must view the virtual visit link and watch the video. Once the encounter video is viewed, add the virtual encounter in the PEL as a Virtual visit.

The below list of complaints and diagnoses must be entered into your Patient Encounter Log (PEL) Program during this clerkship.

PEL Link: https://myapps.sgu.edu/PEL/Admin/Account/Login?ReturnUrl=%2fPEL

Complaint / Diagnosis "Must See List" **(Pediatrics)**	**# Required Encounters**	**Clinical Setting**	**Levels of student Responsibility**	**Virtual Visit Link**	

					Watch the video only if not seen during rotation
Abdominal pain - infant or child	COMPLAINT	1		1	Abdominal pain in children
Anemias (specify type in notes)	DIAGNOSIS	1	Outpatient/ Inpatient	1	https://www.youtube.com/watch?v=1RnETE3t1co
Fever	COMPLAINT	1	Outpatient/ Inpatient	1	https://www.youtube.com/watch?v=vKBzCBYC5MA
Gastrointestinal illness	DIAGNOSIS	1	Outpatient/ Inpatient	1	https://www.youtube.com/watch?v=d6ltzp1k_eg
Growth and Development Issue Short underweight	DIAGNOSIS	1	Outpatient/ Inpatient	1	https://www.youtube.com/watch?v=ojEo0TdCNSo
Murmur	DIAGNOSIS	1	Outpatient/ Inpatient	1	Pediatric Murmurs
Neurologic or Neurodevelopmental Disorder	DIAGNOSIS	1	Outpatient/ inpatient	1	Neurodevelopmental Disorders: https://www.youtube.com/watch?v=fkdGTc5OLtI Neurological Disorders: https://www.youtube.com/watch?v=VlrzYXjKJ3U
Newborn Evaluation		3	Outpatient/ Inpatient	3	https://www.youtube.com/watch?v=xeKvlFn6wjA
Rash - Peds	COMPLAINT	1	Outpatient/ inpatient	1	Part1: https://www.youtube.com/watch?v=aoxyBid-leA&has_verified=1 Part2: https://www.youtube.com/watch?v=-YojQEtAfCg
Respiratory illness Pediatrics - Upper	DIAGNOSIS	1	Outpatient	1	https://www.youtube.com/watch?v=AmmOJ3MtKHg&t=10s
Respiratory illness Pediatrics - Lower	DIAGNOSIS	1	Outpatient	1	https://www.youtube.com/watch?v=oPvUzTKMpUo
Well Child Visit (1 - 12 yr)		1	Outpatient	2	https://www.youtube.com/watch?v=ZG60nC3RJwc
Well Child Visit (13 - 19 yr)		1	Outpatient	2	https://www.youtube.com/watch?v=dx8naO2h5qw
Well Child Visit (Birth -1yr)		1	Outpatient	2	Well Visit 2 Weeks: https://www.youtube.com/watch?v=Jo9z_I9CN3c Well Visit 2 Months: https://www.youtube.com/watch?v=tC44pjJ2Gjk&t=76s Well Visit 4 Months: https://www.youtube.com/watch?v=_-RVRCmtzF4
Pediatric Procedure (vision screening, hearing screening, inhalation therapy, throat culture, immunizations, throat or nasopharyngeal swab and peak flow measurement)	Procedure	2	Outpatient/ Inpatient	3	Hearing Testing For Children Vision Screening Inhaler Therapy Throat culture Administering Vaccinations Peak flow meter
Newborn Evaluation		2	Outpatient/ inpatient		Newborn Evaluation
Legend: Levels of Student Responsibility for Diagnoses					
1. I observed the examination or management of patient OR I participated in the discussion of a patient.					
2. I directly interacted with the patient (history, exam or other).					

3. I performed a history or examination AND presented it.

6. Web-based Educational Assignments for Independent Learning

The School requires the successful completion of web-based assignments in order to receive credit for this clerkship. The following web-based courses are required:

- SGUSOM's curriculum on AMBOSS
- UWorld
- Communication Modules
- Ethics Modules

The Office of the Dean monitors student performance on these assignments. The completion of these assignments will be sent to the Clerkship Directors for incorporation into the final clerkship grade. The clinical faculty feels these assignments are excellent preparation for the NBME Clinical Subject Examinations as well as USMLE Step 2. In addition, a student's diligence in completing these assignments reflects a commitment to excellence, a component of professional behavior grade.

7. Reading

Students should use the most recent edition of the following:

Required

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

Comprehensive Textbooks

- Nelson's Textbook of Pediatrics, Latest Edition, Saunders publisher, edited by Behrman, Kliegman, Jenson
- Rudolph's Textbook of Pediatrics, Latest Edition, McGraw-Hill publisher, edited by Rudolph, Rudolph, Hostetter, Lister, Siegel
- Illustrated Textbook of Pediatrics by Tom Lissauer and Graham Clayden
- Pediatrics and Child Health by Rudolf and Levene published by Blackwell

Condensed Textbooks

- Pediatrics: A Primary Care Approach, 1st Edition, Saunders publisher, Editor C. Berkowitz
- Manual of Pediatric Practice, Saunders publisher, Editor L. Finberg
- Growth and Development, Watson and Lowrey
- Essential Pediatrics, Hull and Johnstone

Subspecialty Books

- Textbook of Pediatric Emergency Medicine, Lippincott, WW publisher, edited by Fleisher, Ludwig, Henretig, Ruddy, Silverman
- Clinical Pediatric Dermatology, Elsevier publisher, edited by Paller & Mancini
- Atlas of Pediatric Physical Diagnosis, Mosby publisher, edited by Zitelli and Davis
- The Requisites in Pediatrics, Mosby publisher, series of small topical subspecialty volumes edited by L Bell, including Nephrology, Urology, Pulmonary, Endocrinology, and Cardiology
- Red Book, (Infectious Diseases) American Academy of Pediatrics, Edited by Pickering et al

Abbreviated Reference Books

- Harriet Lane Handbook, Mosby publisher, edited by senior pediatric residents at The Johns Hopkins Hospital

- Pediatric Secrets, Hanley & Bellis publisher, edited by Polin and Ditmar
- The 5-Minute Pediatric Consult Series, CHOP, edited by M. William Schwartz

Resource Materials pertaining to Cultural Competency

- Bigby J. Cross Cultural Medicine. New York: American College of Physicians, 2003 p. 1-28
- Miller S.Z. Humanism and Medicine Acad Med Vol 74, N07/July 1999 p. 800-803
- Coulehan JL. Block MR. The Medical Interview; Mastering Skills for Clinical Practice. 4th edition
- Philadelphia, Davis, 2001. Chapter 12 Cultural Competence in the Interview p. 228-245
- The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures. By Anne Fadiman. Farrar, Straus

Journals

- Pediatrics
- Journal of Pediatrics
- Academic Pediatrics
- Pediatrics in Review
- Pediatric Clinics
- Journal of Pediatric Infectious Disease

Internet Sites

- www.comsep.org - Provides curriculum and lists topics in pediatrics. This site is primarily for faculty members but has relevant sections for students. Includes excellent video demonstrating how to perform a physical examination on a child.
- www.aap.org - Offers access to all American Academy of Pediatrics Policies and Guidelines
- https://www.aap.org/en/practice-management/bright-futures - Offers information about developmental milestones, anticipatory guidance, and mental health
- www.ncbi.nlm.nih.gov/books/NBK1116/ - Sponsors a database for genetic diseases and newborn screening methodologies

Psychiatry

1. Mission and Introduction

The mission of the Department of Psychiatry is to provide students a clinical experience that will prepare them to understand, evaluate, and treat mental disorders in a context defined by knowledge, empathy and professionalism. The clerkship builds on a foundation of medical knowledge, adding clinical and communication skills to enable the student to understand behavioral problems using a biopsychosocial–cultural model, to formulate a well-supported differential diagnosis and to construct an effective treatment plan.

2. Guidelines

1. Length: 6 weeks.
2. Attend all assigned clinical and educational activities in their clinical area and in the department and observe work hours (Note: absences and leaving early can decrease professionalism grade).
3. Be on call as assigned.
4. Complete at least one comprehensive case write-up and two focused write-ups (SOAP Note) and submit them in a timely manner. See rubric shown in section 4b.
5. Complete assigned activities from the department's web-based curriculum (AMBOSS, UWorld)
6. Complete other assignments given by the preceptor, e.g. class presentations, making-up for absences or deficiencies.
7. Complete modules Responding to Strong Emotions and Understanding Difference and Diversity in the Medical Encounter from the Drexel Communication Skills Curriculum.
8. Keep the electronic patient encounter log current and bring a copy to the mid-core evaluation and submit a copy for the final evaluation.

9. A Mid-core Examination: Students are required to take a midcore examination on the 4th Monday of the rotation. The exam consists of 110 USMLE-styled multiple-choice questions in 2 hours 45 minutes without breaks.
10. All students must take the NBME Clinical Subject Examination in Psychiatry during the last 2 weeks of the rotation. Students must have the day off prior to the exam as well as the day of the exam.

3a. Course Goals

After completion of the six-week clerkship, students will:

- Demonstrate sufficient medical knowledge, clinical skill, clinical reasoning, communication skill and professional behavior required to participate in providing care for people with mental disorders in a multidisciplinary and diverse setting.
- Appreciate the multi-factorial aspects of health and illness in general, and the relationship between biological/medical, psychological, social and cultural aspects of health and illness that will enhance proficiency in clinical situations with all patients.
- Have the opportunity to decide if a career in psychiatry is right for them and receive guidance on succeeding in residency training and in professional development.

3b. Educational Objectives

By the end of the clerkship, students will:

Medical Knowledge

1. Demonstrate knowledge of the epidemiology, pathophysiology, clinical findings, diagnostic criteria, diagnosis, differential diagnosis, and treatment of common mental disorders.
2. Summarize the indications, mechanisms of action, typical side effects, drug interactions, and toxicities of psychotropic medications; most common drugs of abuse and their presentation; typical signs and symptoms of common psychopharmacologic emergencies and treatment strategies; indications and contraindications for ECT, as well as the clinical situations in which it may be a treatment of choice.
3. Describe wellness and prevention strategies, principles, and common indications of the primary forms of psychotherapy.
4. Discuss gender, race, immigration, socioeconomic status, and their effect on diagnosis, access to care, and healthcare disparities.
5. Appraise levels of care, delivery methods (including telehealth), patient safety and quality improvement.
6. Demonstrate respect for patient autonomy, privacy, and confidentiality, maintenance of professional boundaries, assessment of decisional capacity, and ability to obtain informed consent.

Clinical Skills

1. Conduct a psychiatric interview.
2. Perform a comprehensive or focused psychiatry history.
3. Establish a therapeutic alliance with patients.
4. Perform a mental status examination and, if needed, physical examination (including neurologic examination).
5. Perform a cognitive evaluation using a structured evaluation tool (like the Mini-Mental State Examination or the Montreal Cognitive Assessment).
6. Conduct a suicide risk assessment and participate in a violence risk assessment.
7. Prioritize a differential of DSM diagnoses based on history and examination.
8. Discuss pertinent biopsychosocial factors in the patient's presentation.
9. Describe appropriate diagnostic and management/treatment plans.
10. Demonstrate evidence-based data and scientific literature search to answer pertinent clinical questions.
11. Complete comprehensive and focused (or SOAP note) case write-ups documenting the history, examination, diagnosis, differential diagnosis, diagnostic, and treatment plan.

12. Orally present comprehensive or concise cases.
13. Demonstrate counselling and education to a patient or patient's family about participation in treatment, shared decision making, monitoring of clinical progress, diagnosis, and treatment.

Professional Behavior

1. Demonstrate punctuality, reliability and responsibility, by attending and being prepared for all mandatory activities in a timely manner.
2. Perform duties and assignments promptly and conscientiously as either a team member or a leader, playing an active role in patient care and academic activities.
3. Demonstrate respect in interactions with staff, patients, families, and peers, using polite language and attitude, including in electronic communication.
4. Demonstrate equity and sensitivity for patients of diverse backgrounds by treating patients of any age, race, sexual orientation, gender, disability, culture, and religion with compassion, empathy, humility, sensitivity, and tolerance and respecting others' time, rights, values, religious, ethnic, and socioeconomic backgrounds, lifestyles, opinions, and choices
5. Display ethical behavior through adherence to school and institutional policies, adherence to professional boundaries, and upholding patient privacy and confidentiality.
6. Demonstrate professionalism when handling complex situations such as conflicts, non-adherence, and other ethical dilemmas calmly, compassionately, and based on objective evidence, truthfulness, and justice.
7. Demonstrate professional appearance and attire as defined by the school and institutional policies and appropriate demeaner by avoiding using electronic devices during patient care, lectures, and discussions.
8. Demonstrate appropriate prudence by abstaining from using substances that compromise judgement and the ability to provide safe and effective care.
9. Exhibit self-awareness and continuous growth by identifying personal strengths and weaknesses, acknowledging mistakes, and actively engaging in corrective actions using available academic and wellness resources.
10. Seek and accept feedback to continually grow in knowledge, skills, and professionalism, acknowledging that a medical career requires life-long learning to maintain professional competence.
11. Provide a genuine evaluation of educational activities, courses, and clinical rotations to improve the medical education curriculum.

4a. Required Clinical Encounters and the Patient Encounter Log

The faculty in each specialty have identified specific clinical experiences that are a requirement for the clerkship. The PEL program is designed to track each student's patient encounters, clinical setting in which the encounter occurs, and level of responsibility. This program allows the school to standardize the curriculum. All patient's complaints and/or diagnosis encountered during clinical rotations must be entered into the PEL program. Entering the required clinical encounters "Must See List" is required during clinical rotations and will be displayed to the clerkship director for review on the final clerkship evaluation. Whenever possible incorporate the Communication Skill course topic for each required encounter. Never place patients' names or any patient identifying information in this program, this would be a HIPPA violation.

If students are unable to see a required clinical encounter, they must view the virtual visit link and watch the video. Once the encounter video is viewed, add the virtual encounter in the PEL as a Virtual visit.

The below list of complaints and diagnoses must be entered into your Patient Encounter Log (PEL) Program during this clerkship.

PEL Link: https://myapps.sgu.edu/PEL/Admin/Account/Login?ReturnUrl=%2fPEL

Complaint / Diagnosis "Must See List"	# Required Encounters	Clinical Setting	Levels of student responsibility	Virtual Visit Link
				Watch the video only if not seen during rotation
Schizophrenia and other Psychotic Disorders	2	Outpatient/ Inpatient	3	https://www.youtube.com/watch?v=PURvJV2SMso&t=43s
Depressive Disorders	2	Outpatient/ Inpatient	3	https://www.youtube.com/watch?v=3IUkw23paUk
Bipolar Disorders	2	Outpatient/ Inpatient	3	https://www.youtube.com/watch?v=KSvk8LLBo2g
Anxiety & Related Disorders	1	Outpatient/ Inpatient	2	https://www.youtube.com/watch?v=9mPwQTiMSj8
Personality Disorders	1	Outpatient/ Inpatient	2	https://www.youtube.com/watch?v=kdWnP8FReAI
Substance-Related & Addiction Disorders	2	Outpatient/ Inpatient	3	https://www.youtube.com/watch?v=TpdtrWq75bU
Cognitive Disorders	1	Outpatient/ Inpatient	2	https://www.youtube.com/watch?v=ltjstlkqCUM
Suicide Risk Assessment	2	Outpatient/ Inpatient	3	
Violence risk assessment or managing agitation	1	Outpatient/inpatient	1	
Legend: Levels of Student Responsibility for Diagnoses				
1. I observed the examination or management of patient OR I participated in the discussion of a patient.				
2. I directly interacted with the patient (history, exam or other).				
3. I performed a history or examination AND presented it.				

4b. Clinical Write-Ups

Students are required to complete two focused clinical write-ups in the form of SOAP notes and submit them in a timely manner for preceptor review and on the PEL platform in accordance with departmental expectations. These submissions will be evaluated using the SOM Department of Psychiatry SOAP Note Scoring Rubric, which is used both for grading and for providing structured feedback to students. One SOAP note is required prior to the Midcore evaluation, and a second SOAP note must be submitted before the completion of the rotation. Adherence to the rubric and submission deadlines is essential for successful assessment of clinical reasoning and documentation skills.

SGUSOM Dept of Psychiatry SOAP Note: Date submitted: _____ Student: _____
PRINT/SIGN

Preceptor/Reviewer: _____GRADE: O_____ C_____ NI_____
PRINT/SIGN O=outstanding; C=competent; NI=needs improvement – see RUBRIC

SUBJECTIVE (History): *Document pertinent positives and negatives from HPI, PPH, PMH, ROS, FH, SH, DH*

GRADE:_____

OBJECTIVE (VS, complete Mental Status Examination and pertinent parts of Physical Exam):*Describe positive and pertinent negative findings relevant to presenting problem. Include only those parts of examination performed during this encounter.*

GRADE:_____

ASSESMENT (Differential Diagnosis): *This section assesses synthesis of both positive and negative findings from the **S** and **O** into **plausible medical explanations** AND sense of the **most probable diagnoses** for this presentation (no more than three)*

GRADE:_____

Diagnosis #1	
History Finding(s)	MSE/PE Findings
Diagnosis #2	
History Finding(s)	MSE/PE Findings
Diagnosis #3	
History Finding(s)	MSE/PE Findings

PLAN (both Diagnostic and Management Plans)

GRADE:_____

Demonstrated communication skills: OVERALL GRADE: _____
SUBMIT AT LEAST ONE WITH MID-CORE ASSESSMENT AND AT LEAST ONE WITH FINAL ASSESSMENT

SGUSOM Dept of Psychiatry "SOAP" Note Scoring Rubric (Use of Grading AND Feedback to Student)

5. Web-Based Educational Assignments for Independent Learning

The School requires the successful completion of web-based assignments in order to receive credit for this clerkship. Students should log into the learning management system and complete the following:

- SOM's Curriculum on AMBOSS
- UWorld
- Communication Modules
- Ethics Modules
- Geriatrics

The Office of the Dean monitors student performance on these assignments. The completion of these assignments will be sent to the CDs for incorporation into the final clerkship grade. The clinical faculty feels these assignments are excellent preparation for the NBME Clinical Subject Examinations as well as USMLE Step 2. In addition, a student's diligence in completing these assignments reflects a commitment to excellence, a component of professional behavior grade.

6. Reading

The most updated versions of the following textbooks are recommended:

- Introductory Textbook of Psychiatry, Black and Andreasen, APP
- Study Guide to Introductory Psychiatry, Black & Cates, APP
- Synopsis of Psychiatry, Kaplan & Sadock, Wolters Kluwer
- Shorter Oxford Textbook of Psychiatry, Harrison & Cowen, Oxford University Press
- New Oxford Textbook of Psychiatry, Gelder, et al, Oxford University Press
- Psychiatry, Cutler & Marcus, Oxford University Press

Students are also encouraged to seek additional case-based reading, including journals such as the American Journal of Psychiatry, the British Journal of Psychiatry, as well as web-based resources and recommendations from preceptors (e.g., Up-to-Date, Medscape).

Surgery

1. Mission and Introduction

The mission of the Department of Surgery is to:

- Provide a Surgical curriculum that applies consistently to all clerkship sites in order to include comparable educational experiences and equivalent methods of assessment across all instructional sites and to support a learning environment that fosters professional competence within a culture that prepares students for international medical practice.
- Emphasize, review and integrate the student's knowledge of basic scientific information with clinical material to result in favorable educational outcomes in the acquisition of knowledge regarding the etiology, pathophysiology, diagnosis, treatment, and prevention of surgical diseases.
- Emphasize to the students the integration of the basic sciences in the development of current clinical knowledge in conjunction with ongoing changes in surgical treatment and technology.
- Provide students with the tools for life-long adult learning of surgical diseases for their ongoing professional development.

2. Guidelines

1. Length: 12 weeks.
2. General Surgery, for up to 8 weeks students, will be incorporated into a surgical team for a broad clinical experience. Students on surgery will also have dedicated education time. During these weeks student on-call experience is recommended. The specific on-call model will be at the discretion of the clerkship director, recognizing the balance between valuable clinical learning opportunities and students' need for independent study time.
3. The sub-specialty experience should be for 1 to 2 weeks for each component and may include Anesthesiology, Bariatric Surgery, Cardiothoracic Surgery, Emergency Medicine, Neurosurgery, Ophthalmology, Oral and Maxillofacial Surgery, Orthopedic Surgery, Otolaryngology, Pediatric Surgery, Plastic Surgery, Podiatry, Surgical Critical Care, Transplant Surgery, Trauma Surgery, Urology and Wound Care as well as other procedure oriented sub-specialties. The selection and time distribution of the associated sub-specialty experience will be at the discretion of the clerkship director.
4. A specific formal orientation session at the start of the clerkship must be provided.
5. The orientation must include the behavioral expectations for each student, including a discussion of professional behavior and interpersonal and communication skills, as well as an overview of the departmental organization and the facilities of the site.
6. Student schedules must be provided as well as assignments to residency teams and preceptors. The Clinical Training Manual must be provided as a reference within the orientation process indicating the location on the SGUSOM website. A review of the Goals and Objectives, Clerkship Guidelines and evaluation process should be conducted.
7. Inpatient, outpatient, and acute care experience should be provided.
8. Attending rounds for house staff and students should be conducted at least three times a week.
9. The clerkship must include a schedule of teaching conferences, both in conjunction with and in parallel to the educational opportunities of the residents/registrars, including grand rounds, subspecialty conferences and didactic sessions that address the Core topics of the Clinical Training Manual. Students should be encouraged to study at least 3 hours every evening and at least 8 hours on weekend days off.
10. There should be direct preceptor supervision of the students at least three hours per week with case presentations by the students and bedside rounds, including physical examination and interactive sessions.
11. The Standard Departmental Examination format and cases that are distributed at each clinical meeting may be used for teaching as well as for formative and summative feedback, particularly in the assessment of clinical reasoning, problem solving, and communication skills.

12. A sufficient number of comprehensive write-ups are required over the course of the clerkship to ensure student competency in documentation of a comprehensive history and physical exam. The "Patient Encounter Template" that is distributed at each faculty meeting is based on the USMLE Step 2 examination and is recommended. The exercise should be structured to address the development of clinical skills through a defined problem solving approach with data gathering based on: 1) clinical history, 2) physical examination and 3) laboratory, imaging and other ancillary studies in order to develop: 4) a rank-order differential diagnosis list and concluding with 5) a primary working diagnosis to discuss with the patient and will direct treatment, prognosis and/or further investigation. Formative feedback on the exercise must be part of the process. Oral presentations are also required and student competency in their ability to present pertinent findings during rounds and preceptor sessions is assessed.
13. Electronic patient encounter logs are to be maintained and up to date at all times.
14. Electronic patient logs should be periodically inspected by the clerkship director and at mid-rotation in order to monitor the types of patients or clinical conditions that students encounter and modify them as necessary to ensure that the objectives of the education program are met. The patient logs may also be used by the Dean and the Chair of Surgery in order to monitor the types of patients or clinical conditions that students encounter in order to determine if the objectives of the medical education program are being met.
15. Students are responsible for the review of basic anatomy, pathology, and physiology of all surgical problems encountered.
16. The Department of Surgery is responsible to teach and assess competency in starting an intravenous line and venipuncture.
17. In addition to formative feedback given within the daily progress of the 12-week rotation, a defined formative feedback session must be provided by the clerkship director (or their designate) at the approximate mid-point of the clerkship.
18. The patient encounter log should be reviewed at the time of the mid-core session. The mid-core feedback session must be a one-on-one session with each student with completion of the standard form, signed by both the clerkship director and the student.
19. Summative evaluation of each student will include the administration of an end-of-core written examination in the form of the National Board of Medical Examiners Clinical Subject Examination in Surgery.
20. In addition to formative feedback given over the course of the 12-week rotation, a defined summative feedback session must be provided by the clerkship director (or their designate) at the conclusion of the clerkship.

3. Educational Objectives

Medical Knowledge

1. Discuss the presentation and treatment of diseases that are commonly addressed within the field of surgery.
2. Identify how and when evidence-based information and other aspects of practice-based learning and improvement affect the care of the surgical patient and the alternatives in management.
3. Discuss cost to benefit ratio, the role of payment and financing in the healthcare system, the role of multi-disciplinary care including ancillary services such as home-care and rehabilitation and other aspects of systems-based practice in the implementation of the available technologies used in surgical treatment.
4. Demonstrate understanding of the Core Topics (modules listed below) and its application to associated surgical knowledge in clinical analysis and problem solving.
5. Utilize distributive learning through the use of on-line resources for surgical learning and problem-solving.

Clinical Skills

1. Apply the principles of surgical practice, including operative and non-operative management to common conditions.

2. Apply the tools of clinical problem solving for surgical conditions including the process of data collection (history, physical examination and laboratory and imaging studies) in establishing a list of differential diagnoses and a primary working diagnosis for treatment and further investigation.
3. Identify the importance of and approach to informed consent for surgical operations and procedures, with emphasis on the risks, benefits, and alternatives.
4. Demonstrate application of interpersonal and communication skills in the multidisciplinary care of the surgical patient in an environment of mutual respect.
5. Demonstrate the ability to conduct proper sterile preparation and technique.

Professional Behavior

1. Function as a part of the surgical care team in the inpatient and outpatient setting.
2. Demonstrate proper behavior in the procedural setting, including the operating room, at all times.
3. Recognize the limits of one's position within the surgical care team in order to appropriately engage each patient, their friends and associates and their family.
4. Appropriately seek supervision as provided through the hierarchical structure of the surgical care team.
5. Identify and respond sensitively to cultural issues that affect surgical decision-making and treatment
6. Develop an understanding of and approach to the principles of professionalism as they apply to surgery through the observation of the role-modeling provided by the surgical faculty.
7. Demonstrate responsibility and compliance by fulfilling rotation expectations and participating in all required learning activities.

4. Core Topics

- Shock
- Trauma
- Head Injuries
- Burns
- Acute Abdomen
- Intestinal Obstruction
- Gastrointestinal Hemorrhage
- Common Gastrointestinal and Cutaneous Malignancies
- Hernias
- Surgery of the Breast
- Benign Colo-rectal Disorders
- Peripheral Arterial Disease
- Venous Disease
- Thoracic Surgery
- Transplant Surgery
- Laparoscopic Surgery
- Bariatric Surgery
- Endocrine Surgery
- Ethical and Legal Issues in Surgery
    - "Futile" care
    - Organ procurement
    - Transplantation guidelines
    - Withholding or withdrawing care
    - HIV testing
    - Referral of patients
    - Confidentiality
    - Fee splitting
    - Informed consent
    - Substitution of surgeon
    - Disputes between medical supervisors and trainees
    - New medical and surgical procedures
- Surgery in the Elderly

- Communication Skills in Surgery
- Surgical Subspecialties
    - Anesthesiology
    - Orthopedics
    - Urology
    - Ophthalmology
    - Otorhinolaryngology

5. Required Clinical Encounters and the Patient Encounter Log

The faculty in each specialty have identified specific clinical experiences that are a requirement for the clerkship. The PEL program is designed to track each student's patient encounters, clinical setting in which the encounter occurs, and level of responsibility. This program allows the school to standardize the curriculum. All patient's complaints and/or diagnosis encountered during clinical rotations must be entered into the PEL program. Entering the required clinical encounters "Must See List" is required during clinical rotations and will be displayed to the clerkship director for review on the final clerkship evaluation. Whenever possible incorporate the Communication Skill course topic for each required encounter. Never place patients' names or any patient identifying information in this program, this would be a HIPPA violation.

If students are unable to see a required clinical encounter, they must view the virtual visit link and watch the video. Once the encounter video is viewed, add the virtual encounter in the PEL as a Virtual visit.

The entries for the list of complaints and diagnoses below must be entered into your Patient Encounter Log (PEL) application during this clerkship.

PEL Link: https://myapps.sgu.edu/PEL/Admin/Account/Login?ReturnUrl=%2fPEL

Encounter Type "Must See List"	Number of Encounters	Clinical Setting	Level of Student Responsibility	Virtual Visit Link
				Watch the video only if not seen during rotation
Abdominal pain - adult	4	Inpatient	At least one Level 3	https://www.youtube.com/watch?v=qPtxK7hTUZo
Appendicitis Acute Appendicitis	1	Inpatient	1	https://www.youtube.com/watch?v=FB8V7hq-CqA
Breast abnormality (other than cancer) Gynecomastia	1	Inpatient	1	https://www.youtube.com/watch?v=yZ1AEQBweDQ
Cellulitis / Abscess	1	Inpatient	1	Cellulitis: https://www.youtube.com/watch?v=KwLvR9txWBU
				Abscess: https://www.youtube.com/watch?v=pL6rP8C1e7w
Cholecystitis / Cholelithiasis	2	Inpatient	2	https://www.youtube.com/watch?v=dGdQ-xWXOTE
GI Tumor / Gastrointestinal Tumor / Malignancy or common cancer {specify type in notes}	2	Inpatient	1	Prostate Cancer: https://www.youtube.com/watch?v=8sC3s9Jek7U&t=35s
				Colon Cancer: https://www.youtube.com/watch?v=yt9QBXvrPq0
				Breast Cancer: https://www.youtube.com/watch?v=jPtCkcILCGU
Hernia (Specify type and reducible - incarcerated or strangulated)	2	Inpatient	1	https://www.youtube.com/watch?v=nmD6nZdJtuU
Pancreatitis {Specify acute or chronic in comments}	1	Inpatient	1	https://www.youtube.com/watch?v=RvYS2RFz4LU
Traumatic Injury / Accidental fall / Trauma/ Injury related to trauma	1	Inpatient	2	https://www.youtube.com/watch?v=jcGlaj22HSE
Wound management	4	Inpatient	1	https://www.youtube.com/watch?v=ef6eMjTaPFE

Legend: Levels of Student Responsibility for Diagnoses
1. I observed the examination or management of patient OR I participated in the discussion of a patient.
2. I directly interacted with the patient (history, exam or other).
3. I performed a history or examination AND presented it.

6. Web-based Educational Assignments for Independent Learning

The School requires the successful completion of web-based assignments in order to receive credit for this clerkship. Students should log into the learning management system and complete the following:

- SGUSOM's curriculum on AMBOSS
- UWorld
- Communication Modules
- Ethics Modules
- Geriatrics

The Office of the Dean monitors student performance on these assignments. The completion of these assignments will be sent to the clerkship directors for incorporation into the final clerkship grade. The clinical faculty feels these assignments are excellent preparation for the NBME Clinical Subject Examinations as well as USMLE Step 2. In addition, a student's diligence in completing these assignments reflects a commitment to excellence, a component of professional behavior grade.

7. Reading

Required Texts

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

Recommended Texts

- Code of Medical Ethics: Current Opinions with Annotations, AMA press
- Early Diagnosis of the Acute Abdomen, Cope, Oxford University Press
- Essentials of Diagnosis and Treatment in Surgery (Lange Current Essentials Series)
- The Ethics of Surgical Practice: Cases, Dilemmas and Resolutions, Jones, McCullough, and Richman, Oxford University Press
- Ellis and Calne's Lecture Notes in General Surgery, Watson and Davies, Blackwell
- Principles of Surgery, Schwartz, McGraw Hill
- The ICU Book, Marino, Williams and Wilkins

Journals

- Journal of the American College of Surgeons, Elsevier
- British Journal of Surgery, Wiley-Blackwell

Surgical Organizations

- Student membership in the American College of Surgeons is available through FACS.org, with the support of the Chair of Surgery, and is a well-developed source of educational material for the study of surgery.

Family Medicine

1. Mission and Introduction

The clerkship in Family Medicine will:

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

2. Guidelines

1. Length: 6 weeks.
2. Site: Hospital medical floors and Family Medicine outpatient facilities, residency programs, emergency rooms and family medicine community preceptor's offices.
3. Before the start of the clerkship students are required to access the corresponding online family medicine course in the learning management system. Students will be required to take the NBME Clinical Subject Examination.

4. Orientation: The first day of the clerkship the student will meet with a faculty member to discuss the expectations and responsibilities of the student during the rotation. The schedule for work hours and mandatory lectures will be reviewed.
5. Schedule: Clinical faculty will work with students precepting patient visits, attending teaching rounds, and attending didactic lectures.
6. Evaluations: Each student will have a mid-rotation evaluation with feedback and an end of rotation evaluation with feedback on performance of clinical skills such as history and physical exam, communication and medical knowledge.
7. Patient Log: Students will be expected to keep an electronic log of patient encounters and be able to present these cases to clinical preceptors.
8. Two preventive visit assignments are required for all third- and fourth-year students during their first Family Medicine rotation. See section 5b below.
9. A Mid-core Examination: Students will be required to take a midcore examination on the 4th Monday of the rotation. The exam consists of 110 USMLE-style multiple-choice questions in 2 hours 45 minutes without breaks.
10. All students must take the NBME Clinical Subject Examination in Family Medicine during the last 2 weeks of the rotation. Students must have the day off prior to the exam as well as the day of the exam
11. A special emphasis will be placed on continuity of care, communication skills, and integration of medical care, preventive medicine and problem-solving skills during this clerkship.

3. Educational Objectives

Medical Knowledge

1. Describe the normal psychosocial development of patients of all ages.
2. Define the role of nutrition, exercise, lifestyle and preventive medicine in promoting health and decreasing the risk of disease.
3. Demonstrate an approach to screen for and detect medical conditions to reduce the incidence and prevalence of disease in diverse populations.
4. Describe the role of patient education for common topics encountered in the outpatient setting.
5. Define the physiological changes that occur in the geriatric population and demonstrate the ability to develop treatment plans based on the unique aspects of geriatric patients.
6. Define the principles of end-of-life care, hospice, and palliative care.

Clinical Skills

1. Interpret evidence-based data and demonstrate the ability to utilize the information in clinical decision making.
2. Identify psychosocial issues and describe management strategies for a patient during an office visit.
3. Demonstrate the ability to perform a focused history and physical.
4. Demonstrate the ability to interpret information gained from the history and physical to develop a diagnosis and treatment plan.
5. Describe an approach to lifelong learning and identify one's own limitations and appropriate utilization of consultation.

Professional Behavior

1. Demonstrate empathy and respect irrespective of people's race, ethnicity, cultural background, social and economic status, sexual orientation or other unique personal characteristics.
2. Demonstrate self-accountability, dependability, responsibility, recognition of limitations and the need to seek help while continuing lifelong learning.
3. Demonstrate humility, compassion, integrity and honesty when dealing with patients, colleagues and the healthcare team.
4. Promote self-care and wellness for ourselves, our patients and colleagues.
5. Identify and understand the principles of ethics, including: i. autonomy; ii. responsibilities; iii. beneficence; iv. nonmaleficence; and v. equality.

4. Core Topics

Students are responsible for knowing the presenting signs and symptoms and management of the topics outlined in the AMBOSS study plan and the below list.

Medical Conditions

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

Patient Education Topics

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

5a. Required Clinical Encounters and the Patient Encounter Log

The faculty in each specialty have identified specific clinical experiences that are a requirement for the clerkship. The PEL program is designed to track each student's patient encounters, clinical setting in which the encounter occurs, and level of responsibility. This program allows the school to standardize the curriculum. All patient's complaints and/or diagnosis encountered during clinical rotations must be entered into the PEL program. Entering the required clinical encounters "Must See List" is required during clinical rotations and will be displayed to the clerkship director for review on the final clerkship evaluation. Whenever possible incorporate the Communication Skills course topic for each required encounter. Never place patients' names or any patient identifying information in this program, this would be a HIPPA violation.

If students are unable to see a required clinical encounter, they must view the virtual visit link and watch the video. Once the encounter video is viewed, add the virtual encounter in the PEL as a Virtual visit.

The entries for the list of complaints and diagnoses below must be entered into your Patient Encounter Log (PEL) application during this clerkship.

PEL Link: https://myapps.sgu.edu/PEL/Admin/Account/Login?ReturnUrl=%2fPEL

Complaint/ Diagnosis **Must See List** **(Family Medicine)**		**Number of Required Encounters**	**Clinical setting**	**Levels of student responsibility** **(see legend)**	**Virtual Visit Link**
					(Only view if not seen during rotation, add to PEL clinical setting as virtual Visit)
Gastrointestinal	Abdominal Pain	1	Outpatient	1	https://www.youtube.com/watch?v=_PDOXlVGeuY
Neurologic	Altered Mental Status / Cognitive Changes	1	Outpatient/ Inpatient	1	https://www.youtube.com/watch?v=Sc0ObjHa3VA
Psychiatry	Anxiety	1	Outpatient	1	https://www.youtube.com/watch?v=9mPwQTiMSj8
Orthopedics	Back Pain	1	Outpatient	1	https://www.youtube.com/watch?v=BOjTegn9RuY
Cardiovascular	Chest Pain	1	Outpatient/ Inpatient	1	https://www.youtube.com/watch?v=T-xA76yc1ck
Neurologic	Headache	1	Outpatient	1	https://www.youtube.com/watch?v=JMfmDAJo3qc
Otolaryngology / Immunology	Allergic Rhinitis	1	Outpatient	1	https://www.youtube.com/watch?v=3YkkNAvd9J4
Pulmonology	Asthma / COPD	1	Outpatient/ Inpatient	1	https://www.youtube.com/watch?v=VCXVmHJ8a-U
Psychiatry	Depression	1	Outpatient	1	https://www.youtube.com/watch?v=VSYuYE1kp-U
Dermatology	Dermatitis	1	Outpatient	1	https://www.youtube.com/watch?v=_mMyQeeB4Fo
Endocrinology	Diabetes	1	Outpatient	2	https://www.youtube.com/watch?v=A9EVQKvQxRE
Otolaryngology	Ear / Eye problems	1	Outpatient	1	Ear: https://www.youtube.com/watch?v=TlSKEErYH48
Cardiology	Hypertension	1	Outpatient	3	https://www.youtube.com/watch?v=TEXY5rpj-MY
Orthopedics	Osteoarthritis	1	Outpatient	1	https://www.youtube.com/watch?v=pnKaBMvVUs0&t=893s
Pulmonology	Respiratory Tract Infections	1	Outpatient	1	https://www.youtube.com/watch?v=gPbTuuETItw
	Social determinants of health Encounter (learn to use the Neighborhood Navigator site)	1	Outpatient	1	Neighborhood Navigator site
Infectious Disease	Urinary Tract Infection	1	Outpatient	1	https://www.youtube.com/watch?v=1vIHTAnBmuU&t=721s
Gynecology	Thyroid Disorders	1	Outpatient	1	https://www.youtube.com/watch?v=dldJmVx8Pfg&t=1870s
General	Well Adult Exam	1	Outpatient	1	https://www.youtube.com/watch?v=j_pPd_DRfJ4
General	Counseling (Nutrition, Sex, Tobacco, Exercise, Stress, Alcohol)	1	Outpatient	3	https://www.youtube.com/watch?v=EhX5M-ylgpE
					https://www.youtube.com/watch?v=wEeuzkKBd2o

					https://www.youtube.com/watch?v=1jfH055byg4
General	Health Maintenance (Vaccines, BP follow up, Weight Loss)	1	Outpatient	1	https://www.youtube.com/watch?v=lqXAfubraoM
General	Preventive Care Visits	2	Outpatient	3	Required (Cannot be completed virtually)
Legend: Levels of Student Responsibility for Diagnoses					
1. I observed the examination or management of patient OR I participated in the discussion of a patient.					
2. I directly interacted with the patient (history, exam or other).					
3. I performed a history or examination AND presented it.					

5b. Preventive Family Medicine Assignment

Two preventive visit assignments are required for all third- and fourth-year students during their first Family Medicine rotation. This requirement strengthens the health maintenance curriculum and augments students' understanding of preventive health.

The two preventive visits can occur during any outpatient or inpatient encounter. The first preventive visit should occur before a student's midcore evaluation. The second must occur before the end of the rotation. A student will conduct a focused history and physical exam and review pertinent laboratory studies. Based on this information gathering, the student will develop a preventive assessment and plan using the information technology software app. A presentation of the encounter to the preceptor for instruction and feedback is required. Both preventive encounters must be documented in the Patient Encounter Log within comments.

6. Web-based Educational Assignments for Independent Learning

The School requires the successful completion of web-based assignments in order to receive credit for this clerkship. Students should log into the learning management system and complete the following assignments:

- SGUSOM's Curriculum on AMBOSS
- UWorld
- Communication Modules
- Ethic Modules
- Geriatrics
- American Academy of Family Physicians (AAFP) website: Preventive articles and the US Preventive Task Force site

The Office of the Dean monitors student performance on these assignments. The completion of these assignments will be sent to the clerkship directors for incorporation into the final clerkship grade. The clinical faculty feels these assignments are excellent preparation for the NBME Clinical Subject Examinations as well as USMLE Step 2. In addition, a student's diligence in completing these assignments reflects a commitment to excellence, a component of professional behavior grade.

7. Reading

Textbooks

Current editions of the following books:

- Current Diagnosis and Treatment in Family Medicine, South-Paul, Matheny, Lewis
- Essentials of Family Medicine, Sloan, Slatt, and Curtis

Web Resources

Clinically relevant differences between the genders

- http://www.mcw.edu/gradschool/
- http://www.umassmed.edu/gsbs/
- https://www.utmb.edu/gsbs
- https://medicine.buffalo.edu

Strategies for effective learning and improvement

- https://www.ursuline.edu/academics/academic-support-svcs

Development and changes across the lifespan

- http://www.nichd.nih.gov/

Nutrition in health and disease

- https://fshn.illinois.edu
- https://www.utsouthwestern.edu/education/school-of-health-professions/programs/clinical-nutrition-coordinated-program/
- https://fshn.hs.iastate.edu

Science and management of pain

- http://www.aapainmanage.org/
- http://www.painmed.org/
- http://www.aspmn.org/
- http://www.ampainsoc.org/

Chronic illness

- https://nursing.unc.edu/areas-of-expertise/chronic-conditions
- http://www.pbs.org/fredfriendly/whocares/
- http://www.healingwell.com/pages/
- https://www.cdc.gov/chronic-disease/about/index.html

Principles of environmental medicine

- http://www.acoem.org/
- http://oem.bmjjournals.com/
- https://www.dukehealth.org/treatments/occupational-and-environmental-medicine
- http://www.joem.org/

Normal human sexual function and sexual dysfunction

- https://edhub.ama-assn.org/collections/46495/sexual-health
- http://en.wikipedia.org/wiki/William_Masters_and_Virginia_Johnson

Preventive Medicine

- https://epss.ahrq.gov/PDA/index.jsp
- http://www.ahcpr.gov/clinic/uspstfix.htm
- http://www.acpm.org/
- http://www.elsevier.com/locate/issn/0091-7435
- https://www.aptrweb.org/

Section Ten: Electives and Additional Fourth Year Rotations

General and Sub-specialty Electives

Fourth-year electives require a different educational approach from third-year core clerkships. Core clerkships follow a detailed and structured curriculum, whereas fourth-year electives emphasize self-directed learning and greater responsibility for identifying and pursuing individual learning goals. Accordingly, electives do not require comprehensive reading lists or highly detailed specialty-specific objectives.

Because the general educational goals, expectations, and structure apply across subspecialties, a separate curriculum has not been developed for each elective. Instead, the generic curriculum presented in the next section applies to all fourth-year electives. Electives are typically four weeks in duration.

Generic Curriculum for Fourth-Year Electives

Purpose

Fourth-year electives provide students with an intensive clinical experience in a selected specialty or subspecialty. Through progressive participation in patient care, students expand their clinical knowledge, refine specialty-specific clinical skills, gain exposure to both common and complex conditions within the discipline, and develop an understanding of the scope of practice and appropriate use of specialty consultation.

Learning Experience

Under the supervision of the attending physician and clinical staff, students function as members of the specialty healthcare team and participate in the daily clinical management of patients. As appropriate to the specialty and clinical setting, students obtain initial histories and perform physical examinations, present patients to the healthcare team, observe and assist with procedures and surgeries, and gain experience in selecting and interpreting relevant imaging studies. Through supervised patient care and self-directed learning using standard texts and appropriate electronic resources, students further develop consultative skills and an understanding of specialty-specific patient management.

Clinical Expectations and Structure

1. Students are assigned to a clinical team for a 4-week period.
2. Students participate in all team activities, including daily rounds, conferences, and other educational activities.
3. Students maintain a daily patient census of approximately 2 to 4 patients, as appropriate to the specialty and clinical service.
4. The clerkship director or preceptor supervises the overall educational experience, monitors student progress, provides formative feedback, and completes the final evaluation.

Learning Objectives

By the end of the rotation, students will have achieved the following objectives under the supervision appropriate to their level of training:

Medical Knowledge

- Demonstrate the etiology, pathogenesis, structural and molecular alterations as they relate to the signs, symptoms, laboratory results, imaging investigations, and causes of common and important diseases within the specialty.
- Demonstrate the impact of factors, including aging, psychological, cultural, environmental, genetic, nutritional, social, economic, religious and developmental, on health and disease of patients as well as their impact on families and caregivers.
- Describe important pharmacological and non-pharmacological therapies available for the prevention and treatment of disease based on cellular and molecular mechanisms of action and clinical effects.

Clinical Skills

Communication Skills

- Demonstrate effective communication with patients and family members.
- Demonstrate effective verbal and non-verbal clues of a patient's mental and physical health.
- Demonstrate cultural sensitivities and patient wishes when providing information.
- Demonstrate effective communication with physician and non-physician members of the healthcare team and consultants.
- Demonstrate the ability to clearly and concisely present oral and written summaries of patients to members of the health care team.

Coordination of Care Skills

- Demonstrate the effective prioritization of tasks for daily patient care in order to effectively utilize time.
- Demonstrate effective utilization of non-physician members of the healthcare team, including nurses, pharmacists, social workers, clinical care coordinators, physical therapists, and other hospital personnel.
- Demonstrate appropriate indications for a consultant referral and how to appropriately utilize consultants.
- Demonstrate effective transfer of care throughout a patient's hospitalization, including end-of-day and end-of-service coverage.
- Demonstrate appropriate care and follow-up for the patient after discharge from the hospital or clinic, including coordinating the care plan and utilizing community resources when necessary.

Information Management Skills

- Demonstrate the ability to document the patient's admission information, daily progress, on-call emergencies, transfer notes, and discharge summaries accurately and in a timely manner.
- Demonstrate the ethical and legal guidelines governing patient confidentiality.
- Demonstrate effective retrieving of clinical information at the hospital, including clinical, laboratory, and radiologic data.
- Demonstrate how panic/critical values are communicated from the hospital laboratory to the responsible team member.
- Demonstrate the importance of precision and clarity when prescribing medications.
- Demonstrate electronic or paper reference to access evidence-based medicine to solve clinical problems.
- Demonstrate continuous reevaluation and management revisions based on the progress of the patient's condition and appraisal of current scientific evidence and medical information

Procedures Skills

- List risks and benefits of common invasive procedures, and how to obtain informed consent.
- Demonstrate the rationale, risks, and benefits for the procedure in language that is understandable by the patient and/or his/her family.
- Demonstrate skill in common procedures that are performed by interns and residents.
- List potential procedure-related risks for the operator and the need for universal precautions.

- Demonstrate the skill of documenting a procedure note.
- Demonstrate that samples obtained are properly prepared for laboratory processing.

Professionalism

- Demonstrate the ability to accept criticism and react appropriately to difficult situations.
- Demonstrate the ability to work independently and within a healthcare team effectively.
- Demonstrate a sensitivity and respect for patients and healthcare team members

D. Assignments

Assignments include the following:

- Participate in daily rounds and case-based discussions
- Complete daily self-directed reading related to active patient cases

E. Assessment

Students receive formative feedback during the rotation on:

- Communication skills
- Case-based presentations
- Daily patient management and treatment (including procedures)
- Documentation and transition of care
- Utilization of non-physician and consultants in patient care

At the end of the rotation, the clerkship director or preceptor completes a summative assessment using feedback from as many members of the healthcare team as appropriate. The preceptor grades the student on medical knowledge, clinical skills, and professional behavior. A narrative description of the student's strengths and areas for improvement is required.

Sub-Internship

Purpose

The sub-internship provides students with a supervised clinical experience that builds upon the knowledge, clinical skills, and professional behaviors developed during the core clerkship in the specialty. Students function as integrated members of the inpatient healthcare team while assuming graduated responsibility for patient care under the direct supervision of attending physicians and residents.

During the sub-internship, students progressively assume responsibilities similar to those of a first-year resident while maintaining a supervised patient load appropriate to their level of training. The sub-internship emphasizes the refinement of clinical reasoning, patient assessment, diagnostic decision-making, patient management, and interprofessional communication through direct participation in the supervised care of hospitalized patients.

Clinical Competencies

By the end of the sub-internship, students are expected to demonstrate the following competencies:

Communication Skills

- Communicate effectively with patients and family members with humanism and professionalism.
- Recognize verbal and non-verbal clues of a patient's mental and physical health.
- Consider cultural sensitivities and patient wishes when providing information.
- Learn to effectively communicate with physician and non-physician members of the healthcare team and consultants.

- Demonstrate the ability to clearly and concisely present oral and written summaries of patients to members of the health care team.

Coordination of Care

- Learn to prioritize tasks for daily patient care in order to effectively utilize time.
- Learn how to contact members of the health care team, consultants, and other hospital personnel.
- Learn to identify appropriate issues for the consultant referral and how to appropriately utilize consultants.
- Effectively coordinate with physician and non-physician members of the healthcare team learn how to properly transfer care throughout a patient's hospitalization, including end-of-day and end-of-service coverage.
- Be able to arrange appropriate care and follow-up for the patient after discharge from the hospital, including coordinating the care plan and utilizing community resources when necessary.

Information Management

- Be able to document the patient's admission information, daily progress, on-call emergencies, transfer notes, and discharge summaries and instructions accurately and in a timely manner.
- Understand the ethical and legal guidelines governing patient confidentiality.
- Learn how to access clinical information at the hospital including clinical, laboratory and radiologic data.
- Understand how panic values are communicated from the hospital laboratory to the responsible team member.
- Understand the importance of precision and clarity when prescribing medications.
- Use electronic or paper references to access evidence-based medicine to solve clinical problems.

Procedures

- Understand the risks and benefits of common invasive procedures, and how to obtain informed consent.
- Effectively explain the rationale, risks and benefits for the procedure in language that is understandable by the patient and/or his/her family.
- Gain experience with procedures that are commonly performed by interns and residents.
- Recognize potential procedure-related risks for the operator and the need for universal precautions.
- Write a procedure note.
- Ensure that samples obtained are properly prepared for laboratory processing.

Emergency Medicine Elective

1. Mission and Introduction

The Emergency Medicine rotation provides students with the knowledge, clinical skills, and professional behaviors necessary to care for patients presenting with a broad range of undifferentiated urgent and emergent conditions. The rotation enables students to develop and demonstrate the core competencies required to function effectively as members of the emergency department healthcare team.

The Emergency Medicine learning objectives address the knowledge, skills, and professional behaviors central to the assessment and management of patients in the emergency department and are aligned with the outcome objectives of the MD Program.

The objectives may be taught and evaluated through clinical bedside teaching, observed structured clinical evaluation, lectures, problem-based learning, self-directed study, and simulation.

2. Guidelines

- Length: 4–6 weeks

- Site: Emergency Department
- At the beginning of the rotation, the clerkship director provides an orientation addressing the expectations and responsibilities of students, the general organization of the department, and student schedule and assignments to residency teams and preceptors.
- Before beginning the rotation, students must access the corresponding online Emergency Medicine course in the learning management system. This course includes an introduction by the SOM Chair of Emergency Medicine, the rotation curriculum, and required web-based assignments.
- Students should be exposed to undifferentiated patient complaints across all age groups, including pediatric, adult, and elderly patients.
- Teaching rounds for house staff and students should be conducted at least once daily.
- A full schedule of teaching conferences should be available, including grand rounds, residency conferences, and scheduled didactic sessions specific to the needs of students.
- Clinical faculty must provide direct supervision of students during physical examinations, case presentations, and clinical procedures.
- All clinical write-ups or formal presentations must include a focused history and physical examination, a problem list with assessment, and a diagnostic and therapeutic plan.
- Clinical faculty evaluate oral presentation skills, including transitions of care, and provide an objective assessment of competency in communication.

3. Educational Objectives

By the end of this rotation, students are expected to demonstrate the following knowledge, clinical skills, and professional behaviors:

Medical Knowledge

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

Clinical Skills

- Perform assessment of the undifferentiated patient
- Gather a history and perform a physical examination (EPA 1)
- Recognize a patient requiring urgent or emergent care and initiate evaluation and management (EPA 10)
- Prioritize a differential diagnosis following a clinical encounter (EPA 2)
- Recommend and interpret common diagnostic and screening tests (EPA 3)
- Perform general procedures of a physician (EPA 12)
    - Correctly perform the following procedural techniques: CPR, intravenous line and phlebotomy, ECG, Foley catheter, splint sprain or fracture, suture laceration. Enter procedures in the Patient Encounter Log (under Procedures)
- Provide an oral presentation of a clinical encounter (EPA 6)
- Develop skills in disposition and follow-up of patients
- Demonstrate accessibility to patients, families, and colleagues
- Communicate effectively and sensitively with patients, families, and healthcare teams in verbal and written presentations
- Acquire skills in breaking bad news and end-of-life care
- Develop skills in giving and receiving safe patient handoffs and transition of care (EPA 8)
- Form clinical questions and use information technology to advance patient care (EPA 7)
- Critically appraise medical literature and apply it to patient care

Professional Behavior

- Demonstrate dependability and responsibility
- Demonstrate compassion, empathy, and respect toward patients and families, including respect for the patient's modesty, privacy, confidentiality, and cultural beliefs
- Demonstrate an evidence-based approach to patient care based on current practice-based data
- Demonstrate professional and ethical behavior
- Collaborate as a member of an interprofessional team (EPA 9)
- Evaluate own performance through reflective learning
- Incorporate feedback into improvement activities
- Be aware of their own limitations and seek supervision and/or consultation when appropriate

4. Core Topics

The educational core identifies the basic set of clinical presentations, procedures, and educational topics that should be covered or experienced during the clerkship. There may be some variability in how this educational core is taught, reflecting the resources of each clinical site. However, the principal teaching materials are consistent across all training sites. The various educational venues used to teach these topics and procedures should be complementary and may include lectures, bedside teaching, self-study materials, medical student presentations, simulated encounters, direct observation, and laboratory workshops.

The Department of Emergency Medicine provides 12 "Essential Topic" PowerPoint Presentations to serve as the foundation for a didactic lecture series. These lectures are not meant to be the only didactic presentations students encounter or to negate the importance of other educational presentations.

Clinical experience

Clinical experience in the ED is the foundation of all emergency medicine clerkships. The major portion of the clerkship should involve medical students participating in the care of patients in the ED under qualified supervision. The clinical experience should provide the student with the opportunity to evaluate patients across the age and gender spectrum.

Because of multiple factors, including the unpredictable nature of emergency medicine, clinical experience may vary considerably, even within a single clerkship rotation. Certain ED patient presentations are common. Based on a national curriculum, all medical students should have exposure to the following during their clinical rotations:

- Abdominal/pelvic pain
- Altered mental status/loss of consciousness
- Back pain
- CVA/stroke
- Chest pain
- Fever/SIRS/sepsis
- Gastrointestinal bleeding
- Geriatric emergencies
- Headache
- Respiratory distress
- Shock/resuscitation
- Obstetric and gynecological emergencies
- Trauma/musculoskeletal/limb injuries
- Wound care

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

Procedures

Procedures that should be taught under appropriate supervision during the Emergency Medicine rotation are listed below. Procedures were selected based on clinical relevance, level of student training, and availability within the ED.

1. Pulse oximetry and arterial blood gas interpretation
2. ECG
3. Foley catheter placement
4. Interpretation of cardiac monitoring/rhythm strip
5. Nasogastric tube placement
6. Peripheral intravenous access
7. Splint application
8. Wound Care: simple laceration repair and incision and drainage of an abscess
9. Venipuncture

The procedures listed here are derived from previous curricula, consensus opinion, and an informal evaluation of procedures currently performed during rotations. In recognition of the variation in the procedures available during clinical shifts, the use of laboratories, mannequins, direct observation, video presentations, and simulators is encouraged.

5.WEB-BASED EDUCATIONAL ASSIGNMENTS FOR INDEPENDENT LEARNING

- Clerkship Directors in Emergency Medicine (CDEM) Course
- Communication Modules
- Ethics Modules

Clinical experience cannot expose every student to all aspects of the Emergency Medicine curriculum or ensure that each student encounters the same clinical presentations. Therefore, the clinical experience is supplemented by a core knowledge curriculum addressing essential emergency medicine topics. These topics are based on published curricula, the model curriculum for emergency medicine residency training, and expert consensus.

To promote consistency in learning objectives and required content, the Department of Emergency Medicine has established minimum self-study requirements. The web-based curriculum uses online reading assignments, simulated patient encounters, and assessments of medical knowledge in a self-directed learning environment. Students must complete all required lesson modules in the CDEM Course in the learning management system.

Module	Topic	Content sections:
1	Introduction	Orientation Presentation The Approach to the Undifferentiated Patient
2	Cardiac Arrest	Assigned Reading Examination
3	Chest Pain	Assigned Reading Simulated Patient Encounter Examination
4	Pulmonary Emergencies and Respiratory Distress	Assigned Reading Simulated Patient Encounter Examination
5	Abdominal & GU Emergencies	Assigned Reading Simulated Patient Encounter Examination
6	Neurologic Emergencies	Assigned Reading

Module	Topic	Content sections:
		Simulated Patient Encounter Examination
7	Critical Care	Assigned Reading Simulated Patient Encounter Examination
8	Poisoning and Environmental Emergencies	Assigned Reading Simulated Patient Encounter Examination
9	Trauma	Assigned Reading Simulated Patient Encounter Examination
10	Emergency Care of the Elderly	Assigned Reading Simulated Patient Encounter Examination

Each lesson module includes a multiple-choice quiz that assesses students' understanding of the assigned readings and simulated patient encounters. Students must earn a score of 100% to pass the lesson module. Ethics and Communication Skills modules are evaluated independently. Students must complete the required Communication Skills modules and associated quizzes in the learning management system.

GMDC Complaints Policy

GMDC Complaint Policy

St. George's University School of Medicine (SGUSOM) is accredited by the Grenada Medical and Dental Council (GMDC). Individuals who have concerns about SGUSOM's compliance with GMDC accreditation standards may submit a formal complaint directly to the GMDC in accordance with the GMDC Complaint Policy using the GMDC Complaint Form.

Students should refer to the **Guidance Document for Reporting Concerns to the GMDC** in the next section for additional information on institutional reporting processes, when and how concerns may be reported to the GMDC, protections from retaliation, confidentiality, and what to expect after a concern is reported.

Guidance Document for Reporting Concerns to the GMDC

Guidance Document for Reporting Concerns to the Grenada Medical and Dental Council (GMDC)

Purpose

St. George's University School of Medicine (SGUSOM) is committed to maintaining compliance with the standards established by the Grenada Medical and Dental Council (GMDC) and to providing students with accessible processes for raising concerns regarding their educational experience.

Students are encouraged to report concerns through the University's established policies and procedures so that issues may be reviewed and addressed promptly and fairly. In most circumstances, concerns should first be addressed through the appropriate institutional processes.

Institutional Reporting Processes

Depending on the nature of the concern, students should use the applicable University process, which may include:

- Reporting concerns to the appropriate course or clerkship director, department chair, dean, or other responsible administrator.
- Using the Student Mistreatment Reporting process for concerns involving mistreatment.
- Utilizing established grievance, appeals, or complaint procedures described in University policies.
- Reporting concerns through other designated institutional reporting mechanisms, as applicable.

The University reviews reported concerns in accordance with its policies and implements corrective actions when appropriate.

Documenting Concerns

Students are encouraged to keep records of their concerns, including relevant dates, communications, and any supporting materials. Maintaining documentation can help ensure that concerns are presented clearly and completely, whether reported through University processes or to the GMDC.

Reporting Concerns to the GMDC

If a student believes that a concern relates to the School's compliance with GMDC accreditation standards or other matters within the GMDC's regulatory authority, the student may submit the concern directly to the GMDC. Students are encouraged to use the University's applicable reporting processes first so that the University has an opportunity to review and address the concern. However, use of institutional processes is not a prerequisite to submitting a concern to the GMDC.

Examples of concerns that may be appropriate for referral include allegations that the School is not complying with GMDC accreditation standards, educational requirements, or other regulatory obligations under the Council's authority.

The GMDC's regulatory authority generally relates to accreditation standards and educational requirements rather than to routine academic appeals such as individual grade disputes.

How to Contact the GMDC

Students who wish to submit a concern to the GMDC may do so in accordance with the GMDC Complaint Policy using the GMDC Complaint Form. The GMDC may also be contacted at admin@gmdc.gd.

GMDC Complaint Policy:
https://gmdc.gd/wp-content/uploads/2025/09/GMDC-Complaints-Policy-Medical-Schools-2025.pdf

GMDC Complaint Form:
https://gmdc.gd/complaint-form-concerning-medical-schools/.

If a student has raised a concern through the University's institutional processes and has not received a response within a reasonable period, that may also be reported to the GMDC.

What to Expect After Reporting

When a concern is reported through the University's institutional processes, the University will acknowledge receipt and review the matter in accordance with applicable policies. Students will be informed of the outcome or status of their concern as appropriate and to the extent permitted by applicable policies.

For concerns submitted to the GMDC, the GMDC's processes and timelines will govern. Students may contact the GMDC directly for information regarding the status of any concern submitted to the Council.

Protection from Retaliation

SGUSOM prohibits retaliation against any student who, in good faith, reports a concern through University processes or directly to the GMDC. Students who believe they have experienced retaliation should report the matter promptly through the University's established reporting procedures, including through the Office of Student Affairs (studentaffairs@sgu.edu) and anonymously or non-anonymously through EthicsPoint, the University's confidential reporting platform, available at https://secure.ethicspoint.com/domain/media/en/gui/57112/index.html

Confidentiality

The University will treat reported concerns with appropriate confidentiality to the extent permitted by law and University policy. Information related to a report will be shared only with those individuals who have a legitimate need to know to review and address the concern. Students should be aware that some matters may require disclosure to comply with legal or regulatory obligations.

Effective Date: August 6, 2026

This guidance document is available through the SGUSOM Student Manual and the SGUSOM Clinical Training Manual. Questions regarding this guidance may be directed to the Office of Student Affairs at studentaffairs@sgu.edu.

Appendices

Appendix A: Affiliated Hospitals

United States

Arizona

- Abrazo Community Health Network
- Tucson Medical Center

California

- Alameda County Medical Center / Highland Campus
- Arrowhead Regional Medical Center
- CHA Hollywood Presbyterian Medical Center
- Doctors Medical Center of Modesto
- Emanate Health
- Hemet Global Medical Center
- Los Angeles Downtown Medical Center
- Mission Community Hospital
- O'Connor Hospital
- PIH Health – Downey Hospital
- PIH Health – Good Samaritan Hospital
- PIH Health – Whittier Hospital
- San Joaquin General Hospital
- St Francis Medical Center

Connecticut

- St Mary’s Hospital

Florida

- Center for Haitian Studies
- Cleveland Clinic Hospital – Florida
- Delray Medical Center
- Coral West Community Hospital (formerly Keralty Hospital Miami)
- Nicklaus Children's Hospital
- Southern Winds Hospital

Georgia

- Georgia Regional Medical Center

Illinois

- AdventHealth La Grange
- Humboldt Park Health
- Loyola Medicine MacNeal Hospital
- Saint Anthony Hospital – Chicago

Louisiana

- Brentwood Hospital of Shreveport

Maryland

- Holy Cross Hospital
- Northwest Hospital Center
- Sheppard Pratt Health System
- Sinai Hospital of Baltimore
- Spring Grove Hospital Center
- St Agnes Hospital

Michigan

- Ascension St John Hospital

New Jersey

- Cooperman Barnabas Medical Center
- Hackensack University Medical Center
- Jersey City Medical Center
- Jersey Shore University Medical Center
- JFK Medical Center
- Morristown Medical Center
- Mountainside Family Practice
- New Bridge Medical Center
- Newark Beth Israel Medical Center
- Overlook Medical Center
- St Clare's Hospital
- St Joseph's University Medical Center
- St Mary's General Hospital
- St Michael's Medical Center
- St Peter's University Hospital
- Trinitas Regional Medical Center

New York

- BronxCare Health System
- Brooklyn Hospital Center
- Flushing Hospital Medical Center
- Kings County Hospital Center
- Lincoln Medical and Mental Health Center
- Maimonides Medical Center
- Manhattan Psychiatric Center
- Metropolitan Hospital Center
- Montefiore/New Rochelle
- NYC Health + Hospitals | Elmhurst
- NYC Health + Hospitals | Queens
- Northwell Health
- One Brooklyn Health with Brookdale
- Richmond University Medical Center
- South Brooklyn Health (formerly Coney Island Hospital)
- St Joseph's Health
- Woodhull Medical and Mental Health Center
- Wyckoff Heights Medical Center

Ohio

- Mercy St Vincent Medical Center
- Nationwide Children's Hospital
- The Jewish Hospital

Wisconsin

- Mercy Health System

United Kingdom
Buckingham

- Stoke Mandeville Hospital

Dorset

- Poole Hospital
- St Ann's Hospital (Poole)
- The Adam Practice

Hampshire

- North Hampshire Hospital
- Royal Hampshire County Hospital

Hertfordshire

- Berrycroft Community Health Centre
- Sheepcot Medical Center
- Watford General Hospital

Kent

- Queen Elizabeth/Queen Mother Hospital
- St Martin’s Hospital
- William Harvey Hospital

London

- Lawrence House Group
- North Middlesex University Hospital
- St Ann's Hospital (London)

Norfolk/Suffolk

- Norfolk and Norwich University Hospital
- Norfolk and Suffolk NHS Foundation Trust

West Midlands

- Russells Hall Hospital

Grenada
St. George's

- Grenda General Hospital

Appendix B: School of Medicine Health Form for Clinical Placement

To access the most current Clinical Health Form, please use the following link.

For questions regarding the Clinical Health Form or health form requirements, contact the Office of Student Health Records at StudentHealthForms@sgu.edu.

Appendix C: Visa Information for Clinical Training in the US, UK and Grenada

Overview

Most SGUSOM clinical training takes place in the US and the UK. Depending on their citizenship and immigration status, students may require a visa or other immigration authorization to participate in clinical training in these countries. After hospital placement has been confirmed, the Office of Clinical Education Operations provides students with supporting documentation for the applicable visa or immigration process.

Students should not apply for immigration authorization for clinical training until they have followed the guidance provided by the Office of Clinical Education Operations and received the appropriate supporting documentation.

Clinical Training in the US

Eligible SGUSOM clinical students participate in clinical training in the US under the **B-1 (Visitor for Business)** visa classification. As a non-US based institution, SGUSOM does not sponsor F-1 or M-1 status for clinical training.

SGUSOM clinical students may qualify for B-1 status as students enrolled in a foreign medical school who seek temporary entry into the US to complete unpaid medical clerkships at SGU-affiliated hospitals. The affiliated hospital must also maintain an affiliation with a US medical school.

B-1 is a temporary nonimmigrant visa classification. The period for which a student is admitted to the US is determined by the United States Customs and Border Protection (CBP) officer at the port of entry and recorded on the student's Form I-94. The authorized stay may be limited to six months or a shorter period.

Students should generally apply for a US visa in their country of nationality or residence. SGUSOM students in Grenada often apply through the US Embassy in Barbados. Because visa application requirements and locations may change, students should contact immigrationsupport@sgu.edu for the most current guidance before applying.

Canadian citizens generally do not apply for a B-1 visa through a US embassy or consulate in Canada. Instead, they request admission to the US in B-1 visitor status at a land border crossing or airport. Canadian students who reside in Canada while completing clinical training in Michigan may also wish to obtain NEXUS membership to facilitate eligible border crossings.

International students enrolled in a USMLE preparatory course conducted in the US may be eligible for sponsorship for a US student visa by the educational institution offering the preparatory course.

Clinical Training in the UK

SGUSOM clinical students participating in clinical training in the UK for more than 6 months may be sponsored by SGISM Ltd for a UK Student visa. Students participating in clinical training in the UK for 6 months or less may participate under the UK Standard Visitor route.

Clinical Training in Canada

US citizens do not require a study permit to participate in clinical training in Canada that lasts 6 months or less. Additional information is available on the Government of Canada website.

Required Documents for US Clinical Training

Students must not apply for a visa or attempt to enter the US for clinical training without the following documents:

- **SGU Visa Support Letter**
  For assistance, contact VisaLetters@sgu.edu.

- **Hospital Visa Support Letter**
  The letter must show the student's current or future clinical placement.

Together, these letters confirm that the student is enrolled in good standing at SGUSOM, describe the Clinical Studies phase of the MD curriculum, and identify the assigned hospital and training dates.

These letters are issued after the student has passed USMLE Step 1 and/or hospital placement has been confirmed.

After receiving the SGU Visa Support Letter from the Office of the University Registrar, students are responsible for contacting the clinical site directly to obtain the Hospital Visa Support Letter. Hospital contact information is available on the Clinical Hospitals page of the SGU Portal.

Entering the US

Students should be prepared to demonstrate that they will not receive compensation during clinical training, have sufficient financial resources to support themselves during their stay, and intend to return to their home country after completing their education.

After admission to the US, students must access and review their electronic I-94 record by selecting "Get Most Recent I-94" on the CBP I-94 website. Students should confirm:

- Admission in B-1 status
- The admit-until date
- Accuracy of their name, passport information, and other admission details

Students admitted incorrectly in B-2 status should immediately contact a CBP Deferred Inspection Site or the port of entry where they were admitted to request correction to B-1 status. Admission errors should be addressed promptly while the student is in the US. Failure to maintain the appropriate immigration status may jeopardize future visa applications or admission to the US.

General Information

Visa approval and admission to the US cannot be guaranteed. Decisions regarding visa issuance are made by US consular officers, and decisions regarding admission are made by CBP officers at the port of entry. Incomplete or inaccurate documentation may delay or jeopardize a visa application or admission.

The authorized period of stay is determined by the CBP officer at the port of entry and is recorded as the admit-until date on the student's I-94 record. Students must review their I-94 record after each admission to confirm the authorized period of stay.

Visa validity and authorized stay are different. Visa validity indicates the period during which a student may use the visa to seek admission to the US. The admit-until date on the I-94 indicates how long the student is authorized to remain in the US following a particular admission.

A B-1 visa may be valid for multiple entries over several years. However, each admission is authorized separately for a limited period, as shown on the student's I-94 record. Students are responsible for maintaining valid immigration status and departing the US before their authorized stay expires. Failure to do so may jeopardize future visa applications or admission to the US.

Travel During Clinical Training

Students planning international travel during clinical training must notify their hospital coordinator at least two weeks before departure and consult SGU Immigration Support regarding current re-entry requirements.

Students must carry the SGU Visa Support Letter and Hospital Visa Support Letter when seeking re-entry to the US. After re-entry, students should review their updated I-94 record to confirm admission in B-1 status and the authorized period of stay.

Additional Information

For additional information regarding immigration requirements for clinical training in the US or UK, students should refer to the SGU Clinical Portal and contact **ImmigrationSupport@sgu.edu**.

Appendix D: Single Elective Affiliation Agreement and Rotation Description Form

Office of Clinical Education Operations

St. George's University
SCHOOL OF MEDICINE
Grenada, West Indies

Single Elective Afilliation Agreement and Rotation Description

St. George's University School of Medicine hereby certifies that, _____ is a matriculated student in good standing and has satisfactorily completed all basic science courses, introduction to clinical sciences and appropriate core clinical training rotations and further represents he/she is fully prepared to begin elective clinical training.

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

Name of Institution: _____
(Name of ACGME or AOA program location and sponsoring institution)

Address: _____

The institution represents it has an ACGME or AOA approved residency program in _____ and will allow this medical student to do an elective rotation under the supervision of _____ M.D., an authorized and/or appointed member of its physician staff. Upon completion of the rotation, the supervising physician will complete and sign the SGUSOM evaluation form and return to the address below.

Contact Person: _____ E-mail: _____

Phone: _____ Fax: _____

Elective Name: _____

Please note the following:
- Participating Student is responsible for any/all program fees
- This Single Elective Affiliation Agreement may not be amended

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

By: _____
(Name of Institution)

_____
Gary Belotzerkovsky, VP, Clinical Education Ops.

By: _____
(Name of Institution)

_____
Authorized Representative

Please return this form to:
Office of Clinical Education Operations Attn: Unaffiliated Electives
University Support Services, LLC
3500 Sunrise Hwy., Bldg. 300, Great River, NY 11739

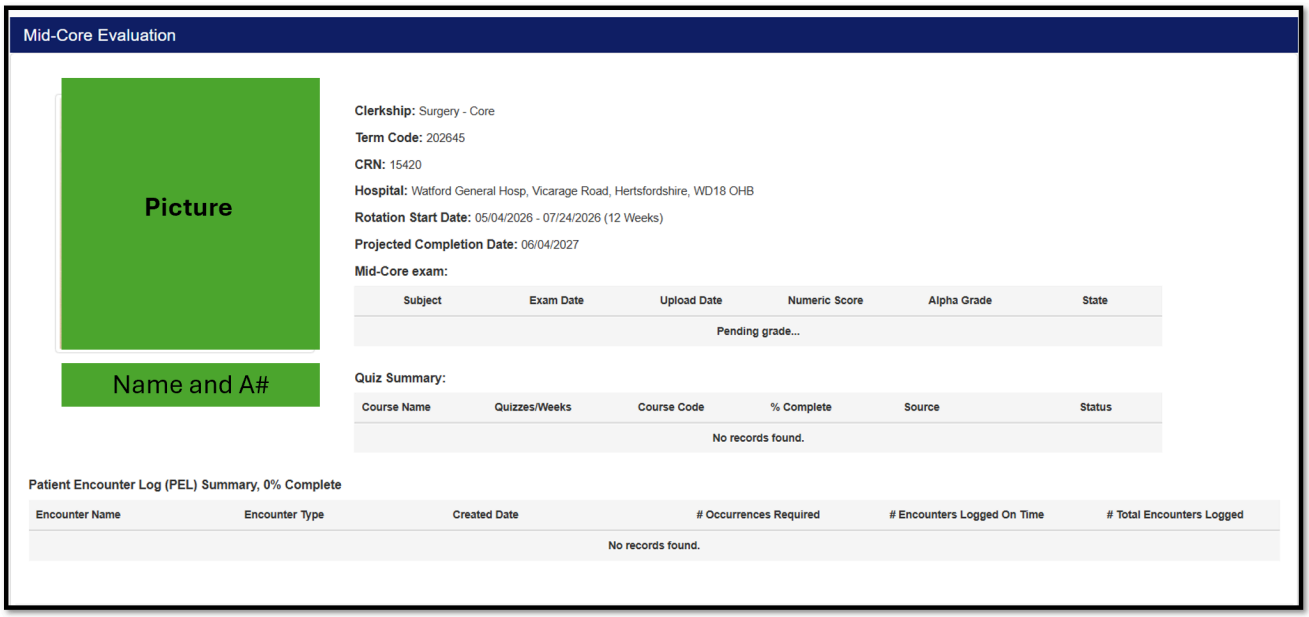
Appendix E.1: Interim Feedback Form (IFF)

CORE ROTATION INTERIM FEEDBACK FORM (IFF)		

Preceptor Name & Email:					
Student Name/ A#:					
Description of encounter directly observed:		"Example: Student performed an H&P in the ER with a patient suffering with a Headache"			
Core Learning Objectives	Scale (Please circle/ Mark all that apply)	Below Expected Level	At Expected Level	Above Expected Level	Preceptor Name & Signature and Date of Observation (Comments)
Clinical Skills	Performing a History & Examination	1	2	3	
History and Data Gathering	Ability to elicit a hypothesis driven clinical history in a fluent, professional and systematic way avoiding jargon	Disorganized questioning with use of jargon	Good systematic questioning minimal use of jargon	Very well organized and logical questioning no jargon	
	Ability to elicit pertinent positive and negative information in the history	Minimal	Identified several	Identified most, very good use	
	Appropriate use of open-ended and closed questioning to evoke an accurate history	Poor use of questioning techniques	Appropriate use of questioning techniques	Above expected level use of questioning techniques	
Physical Exam	Ability to examine components pertinent to history	Missed major physical examination components	Included most key physical examination components	Included all relevant physical examination components	
	Appropriate examination skills and technique	Poor examination skills	Average examination skills	Superior examination skills	
	Accuracy of physical signs identified	Inaccurate physical or invented findings	Mostly accurate physical findings	All physical findings accurate	
Communication	Ability to develop a harmonious relationship and to treat a patient respectfully and sensitively.	Lack of rapport, failure to act on verbal or nonverbal cues	Good rapport with patient. Recognizes and responds to verbal or nonverbal cues	Excellent rapport. Recognizes and responds to verbal or nonverbal cues. Develops a therapeutic alliance with patients.	
	Ability to educate the patient and clearly explain illness / symptoms / management plan without jargon to ensure understanding	Poor ability to explain illness / symptoms / management plan to the patient	Good ability to explain illness / symptoms / management plan to the patient understanding of education /management	Excellent ability to explain illness / symptoms / management plan to the patient understanding of education /management	
	Ability to empathize and manage patient concerns	Poor ability to empathize and address patient concerns	Good and fairly consistent ability to empathize and address patient concerns	Consistently and effectively empathizes and addresses patient concerns	
Case Presentation	Ability to present a complete and appropriately sequenced case highlighting the relevant findings.	Disorganized or incomplete case presentation	Organized case presentation with most exam features represented	Well organized and comprehensive case presentation	
	Focus on salient features from history, examination and investigations to develop an accurate illness representation	Poor interpretation illness representation	Good general understanding illness representation	Excellent incorporation of all key features of illness representation	
Medical Knowledge		1	2	3	

Management Plan Development	Ability to develop a sensible differential diagnosis and safe management plan	Weak differential, missing most likely diagnosis. Poor management plan.	Reasonable differential but sub-optimal ordering of possible diagnoses. Good management plan	Excellent differential, identifies most likely diagnosis. Comprehensive management plan	
	Ability to include supporting and opposing factors in prioritization	Missed most significant factors	Identified several important factors	Identified most important factors	
Social Determinants	Ability to incorporate aging, psychological, cultural, environmental, genetic, nutritional, social, economic, religious and developmental impact factors on health and disease of patients as well as their impact on families and caregivers.	Poor understanding of social determinants	Good understanding of social determinants	Excellent understanding of social determinants	
Patient Education	Ability to provide appropriate patient education regarding prevention, health problems and health maintenance.	Poor understanding of education	Good understanding of education	Excellent understanding of education	
Professionalism		1	2	3	
Sensitivity	Ability to demonstrate sensitivity to issues related to culture, race, age, gender, religion, sexual orientation and disability in the delivery of health care.	Inconsistent sensitivity	Consistent sensitivity	Exceptional sensitivity	
Responsibility	Demonstrates responsibility in tasks dealing with patient care, faculty and colleagues including healthcare documentation and time management.	Inconsistent responsibility	Consistent responsibility	Exceptional responsibility	
Situation	Accepts criticism and reacts appropriately to difficult situations involving conflicts, nonadherence, and ethical dilemmas	Inconsistent accepting criticism and reacting appropriately	Consistent in accepting criticism and reacting appropriately	Exceptional in accepting criticism and reacting appropriately	
Comments (optional)					

Appendix E.2: Mid-Core Evaluation Form



Appendix F: Clinical Elective Assessment of Student Performance

For elective rotations starting as of Jan 1, 2026

Clinical Elective Rotation Final Evaluation Form			
MEDICAL KNOWLEDGE COMPETENCY GRADE			
Medical Knowledge Competency	**FAIL** *(does not meet expectations)*	**PASS** *(meets expectations)*	**Exceeds Expectations**
*Knowledge base and use evidence-based medicine ** *Application of acquired body of medical knowledge**	☐	☐	☐
CLINICAL SKILLS COMPETENCY GRADE			
Clinical Skills Competency	**FAIL** *(does not meet expectations)*	**PASS** *(meets expectations)*	**Exceeds Expectations**
*Appropriate information gathering** *Assimilation and synthesis of patient data** *Effective communication and documentation skills** *Patient education**	☐	☐	☐
PROFESSIONAL BEHAVIOR COMPETENCY GRADE			
Professional Behavior Competency	**FAIL** *(does not meet expectations)*	**PASS** *(meets expectations)*	**Exceeds Expectations**
*Professional qualities of a physician** *Collaboration and interprofessionalism** *Response to feedback and professional limitations**	☐	☐	☐

FINAL COURSE GRADE
PASS
☐
FAIL
☐

*As relevant and appropriate for the elective course and the expectations of a student at this stage of training.

Narrative Summary for use in MSPE:

Constructive/Developmental Comments (not for use in MSPE):

Clinical Elective Rotation Final Evaluation Form - Grading Rubric

Clinical Elective Rotation Final Evaluation Form			
As relevant and appropriate for the course and the expectations of a student at this stage of training.			

Medical Knowledge Competency	Does not meet expectations	Meets expectations	Exceeds expectations
Demonstrates the ability to effectively develop a knowledge base and use evidence-based medicine to evaluate patient presentations	Unable to recognize own knowledge gaps and inconsistently demonstrates expansion of knowledge base. Does not seek out evidence-based medicine resources or relies solely on clinical decision support sources	Consistently shows dedication to expanding own knowledge base recognizes own knowledge gaps. Seeks out evidence-based medicine resources including clinical decision support materials and peer-reviewed guidelines.	Consistently demonstrates expansion of knowledge base and proactively rectifies own knowledge gaps. Seeks out evidence-based medicine resources from all available sources and consistently assesses primary literature as applicable
Demonstrates application of acquired body of medical knowledge and disease pathophysiology and effects of individual bio-psycho-sociocultural factors, to clinical problem solving and patient care.	Poor knowledge base and/or understanding of disease pathophysiology and effects of individual bio-psycho-sociocultural factors. Inconsistent ability to apply knowledge in clinical situations	Adequate knowledge base and/ or understanding of disease pathophysiology and effects of individual bio-psycho-sociocultural factors. Consistent ability to apply knowledge in clinical situations	Exceptional knowledge base and/ or understanding of disease pathophysiology and effects of individual bio-psycho-sociocultural factors. Consistent ability to appropriately apply knowledge in a manner tailored for each clinical situation

Clinical Skills Competency	Does not meet expectations	Meets expectations	Exceeds expectations
Demonstrates the ability to gather appropriate information, including the examinations/ evaluations/ procedures necessary to develop treatment and therapeutic plans (as relevant and appropriate)	Inconsistently or inaccurately gathers appropriate information and/or performs accurate physical/mental status exams as needed. Inconsistently able to use gathered information to develop reasonable plan. Not adequately prepared to help during procedures.	Consistently and accurately gathers appropriate information in an organized, logical manner and performs accurate physical/mental status exams as needed. Consistently uses gathered information to develop reasonable plan. Appropriate preparation and execution of procedures as appropriate for simple to medium complex patients.	Consistently and accurately gathers appropriate information even in complex situations. Performs accurate physical/mental status exams and is able to broaden or narrow depending on individual cases. Uses information gathered to develop comprehensive plans. Aware of which procedures would be useful in developing plan and fully prepared to perform them as appropriate.
Effectively assimilates and synthesizes patient data to generate a differential diagnosis, and apply current scientific data, guidelines, and standards to patient care.	Generates limited differential diagnosis. Inconsistently develops or modifies treatment plans. Inconsistently applies evidence-based medicine to patient care or only with prompting struggles on simple medical to moderate cases and does not seek advice when needed.	Generates a reasonable and appropriate differential diagnosis. Consistently modifies plan based on patient's clinical course and additional data. Able to support assessment and plan with evidence-based medicine. Seeks advice appropriately	Generates a complete, relevant, and prioritized differential diagnosis. Proactively modifies plan and anticipates next steps. Consistently seeks out primary sources to support assessment and plan with evidence-based medicine. Seeks advice appropriately
Demonstrates effective communication and documentation skills, including those required for coordination and transition of care and recognition of patients requiring escalation of care and additional evaluation.	Inconsistently or inaccurately communicates. Illogical documentation lacking key elements. Inconsistently recognizes or prioritizes care in urgent and emergent situations	Communicates effectively. Logical documentation containing key required elements. Consistently recognizes and prioritizes care in urgent and emergent situations	Communicates comprehensively and proactively. Easy to follow logical documentation, including all desired elements. Consistently recognizes urgent and emergent situations and attempts to formulate robust management plans for situation
As relevant and appropriate, educates patients on illness and plan of care without the use of medical jargon while assessing patient understanding	Inconsistently establishes therapeutic relationships with patients and families. Not always able to clearly explain current illness and management plan without the use of medical jargon. Inconsistently assesses patient understanding	Establishes a therapeutic relationship with patients and families. Clearly explains current illness and management plan without the use of medical jargon. Consistently assesses patient understanding. Recognizes barriers to compliance.	Easily establishes therapeutic relationships with patients and families, even in challenging situations. Proactively seeks out patient education opportunities. Avoids medical jargon. Incorporates patient's own needs and values in relationship and consistently checks understanding. Recognizes barriers to compliance and offer novel solutions.

Professional Behavior Competency	Does not meet expectations	Meets expectations	Exceeds expectations
Demonstrates the professional qualities expected of a physician, including commitment to honesty, integrity, respect for others, the value of diversity, and personal accountability.	Does not consistently demonstrate integrity, respect and honesty. Does not always take responsibility for own actions. Inconsistently instills a sense of trust. Inconsistently demonstrates the ethical principles of a physician. Does not consistently adhere to principles of patient confidentiality. Does not consistently display sensitivity to needs of diverse patient populations.	Consistently demonstrates integrity, respect and honesty. Consistently demonstrates accountability for own actions and instills trust in others. Committed to upholding ethical principles of a physician and consistently adheres to principles of patient confidentiality. Displays sensitivity to needs of diverse patient populations.	Advocates for integrity and respect in complex situations. Consistently demonstrates personal accountability and always instills trust in others. Always demonstrates commitment to upholding ethical principles of a physician. Always adheres to principles of patient confidentiality. Identifies needs of diverse patient populations and apply individualized approaches to care.
Collaborates effectively as a member of an interprofessional team to coordinate patient care within the larger context and system of health care	Inconsistently or inaccurately communicates with team members to coordinate patient care. Unaware of roles of other health professionals. Inconsistently demonstrates respect for other members of the health care team. Considers effective utilization of resources and patient safety only with prompting.	Consistently communicates and collaborates with team members to coordinate patient care. Aware of roles of other health professionals and demonstrates respect for the other members of the health care team. Considers effective utilization of resources and patient safety.	Proactively communicates and collaborates with team members to coordinate patient care. Proactively partners with other health professionals to leverage their expertise in providing best care for the patient. Consistently demonstrates respect for the other members of the health care team. Always considers effective utilization of resources and advocates for patient safety.
Identifies areas for personal and professional improvement, responds appropriately to and assimilates feedback on performance, and recognizes own limitations and when to ask for help.	Unable to identify areas for improvement. Not always able to manage competing personal and professional responsibilities. Does not consistently incorporate feedback into practice. May display difficulty in accepting feedback. Unaware of when to ask for help.	Identifies own areas for improvement. Demonstrates ability to manage competing personal and professional responsibilities. Receives feedback well and incorporates into practice. Aware of when to ask for help.	Independently identifies areas for improvement and works to fill any gaps in performance. Demonstrates ability to manage competing personal and professional responsibilities proactively. Seeks feedback and immediately incorporates suggestions into practice. Always aware of when and how to ask for help.

For elective rotations ending by December 31, 2025

CRN#: ____|_____

ID#: _____

St. George's University
SCHOOL OF MEDICINE
Grenada, West Indies

Office of Clinical Education Operations

Clinical Elective Assessment of Student Performance

Student's Name: _____

Hospital Name: _____

Address: _____

Elective Name: _____

Rotation Dates: _____/_____/_____ to _____/_____/_____ Number of Weeks: _____

Using specific examples, comment on the student's academic performance, professional behavior, rapport with staff and Patients, motivation, attendance and any other aspects of their performance during the rotation:

_____

_____

_____

_____

_____

_____

Constructive Comments (not for use in MSPE):

_____

_____

_____

Medical Knowledge		
Clinical Skills		
Professional Behavior		

Final Grade: (circle one) Pass Fail

Evaluator _____
Name and Title (Please Type or Print)

Signature _____ Date _____

Affix Official Hospital Seal Over Signatures OR Notarize here.

Director of Medical Education _____
Name and Title (Please Type or Print)

Signature _____ Date _____

Appendix G: Clinical Rotation Student Feedback Questionnaire

Clinical Rotation Student Feedback Questionnaire

(used for Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, and Surgery rotations)

Likert Scale: Strongly agree/Agree/Neutral/Disagree/Strongly Disagree

1. The goals, objectives, and requirements of this rotation were effectively explained at orientation.
2. This rotation effectively fulfilled the goals and objectives described at orientation.
3. There is adequate time available to complete required course activities (required readings and modules, AMBOSS, UWorld, etc.).

4. The clinical exposure time limits were followed. (Clinical exposure time did not exceed 50 hours per week when averaged over the entire rotation.)
5. I am satisfied with my level of involvement with the healthcare team during this rotation.
6. This rotation provides a safe and nurturing emotional climate that focuses on student success.
7. I did not experience and/or witness mistreatment of students during this educational experience (e.g., harassment, discrimination, public humiliation, psychological/physical punishment).
8. If you did experience or witness mistreatment of students during this educational experience (e.g., harassment, discrimination, public humiliation, psychological/physical punishment), please comment in textbox. Be aware that this survey is not an official reporting mechanism.

   To file an official report of mistreatment, please contact the Office of Student Affairs (StudentAffairs@sgu.edu) or use EthicsPoint to file an anonymous report.

9. I feel supported in my personal and professional pursuits by other students in my learning environment.
10. There are faculty and/or other school representatives I feel comfortable talking to when important concerns arise.
11. I am satisfied that the availability of clinical preceptors to teach in clinical settings enabled me to achieve learning objectives.
12. I am satisfied that the availability of clinical preceptors to teach in non-clinical settings enabled me to achieve learning objectives (e.g., classroom).
13. I am satisfied that the number of learners within a team or the clinical setting was appropriate to enable me to achieve learning objectives.
14. I am satisfied that the volume and types of cases enabled me to achieve the learning objectives for the rotation
15. I am satisfied that the volume and types of cases enabled me to achieve the required clinical encounters (must see list) for the rotation.
16. I was provided with written or oral feedback on my performance throughout this rotation.
17. The midcore evaluation meeting provided me with valuable information for improvement.
18. During this rotation, I have gained a greater understanding and awareness of cultural differences that may influence medical outcomes and decisions.
19. During this rotation, I have gained more confidence in my ability to interact with people from cultures or belief systems different from my own.
20. Upon completion of this rotation, I feel more comfortable identifying clinical presentations specific to patients from various patient populations.
21. I was observed and provided with appropriate guidance on proper history taking, physical examination, and differential diagnosis for the patients I saw.
22. I am satisfied with the quality of teaching provided during this rotation.
23. Please name the clinicians you worked with most, rate each, and comment on the effectiveness of the clinician in providing you with instruction. (Rating scale: 1-very poor to 5-Excellent)
24. Overall, I am satisfied with this rotation experience.
25. Open ended: Please comment on your overall experience during this rotation.

Appendix H: Chair's Site Visit Form

STUDENT PERSPECTIVES	**RATINGS**
Instructions: Question details: Please rate the following areas from the students' point of view, on a scale of 0-5 as defined below.	**5 = Highly Effective; 4 = Very Effective; 3 = Fairly Effective; 2 = Minimally Effective; 1 = Not Effective; 0 = Not Done; Y= Yes; N= No**
Please provide ratings only for global questions (the first question that is bolded in darker highlighted color). If the global question rating is a 3 or below then please enter all sub component fields below.	
How effective was the clinical site orientation?	
Did it include the following:	
Review of relevant sections of the Clinical Training Manual, including educational objectives, assessments and required activities (e.g., web-based learning, written and oral assignments)?	

Opportunities to develop communication skills?	
An introduction to the key faculty and coordinators?	
A tour of the department's service areas and facilities?	
An explanation of schedules?	
The orientation made the students clear about what they are supposed to learn during the clerkship, the required clinical experiences and how they will be assessed?	
Comments:	
Was there an appropriate amount of time allotted to a variety of clinical experiences, including inpatient, outpatient/ambulatory and on-call experiences?	
Do the clinical experiences match the requirements outlined in the CTM?	
What are the on-call experiences, if any are they valuable?	
Are the students exposed to sufficient volumes and varieties of patients to complete their required clinical experiences?	
Does the presence of other students interfere with SGU students' educational experience?	
Comments:	
Students receive appropriate supervision in all aspects of this rotation?	
Does supervision focus on the foundations of patient care, clinical skills, chart documentation (either in the patient record or with alternate methods)?	
Are all students directly observed performing (targeted) histories and physicals?	
Comments:	
Clinical rounds occur daily and are an effective part of the educational experience?	
Are they led by a faculty member?	
Is there student participation?	
Do they include student presentations?	
Is there input from residents?	
Are students assigned to a team?	
Comments:	
Lectures, clinical discussions and preceptor sessions are adequate in number, interactive, relevant to the curriculum?	
Do they include students as presenters and discussion leaders?	
Is there feedback to students when they are presenters or discussion leaders?	
Is the web-based department curriculum being completed?	
Are the required Communication (Drexel) & Ethics modules being completed?	
Is UWorld being utilized?	
Comments:	
The required number of write-ups is an effective way for faculty to give formative feedback on clinical skills and student documentation skills?	
Are the write-ups being critiqued and returned in a timely manner so that students can achieve ongoing improvement in their written work?	
Comments:	
Are the students given access to electronic medical records and laboratory data utilizing personal identification numbers?	
Do they have access to a library with appropriate reference material and internet access?	
Do they have lockers or a safe place to leave their belongings?	
If students take call, do they have on-call rooms?	
Comments:	
The mid-core assessment provides useful formative feedback midway through the clerkship or earlier to improve student deficiencies?	

How are the faculty tracking theses assessments?	
Are more frequent evaluations done when problems are encountered?	
Are the evaluations formative?	
Do they include review of the electronic Patient Encounter Logs and inquiry into manual skills experience? (Manual skills training and assessment is only required in the surgical clerkship).	
Is there an inquiry into progress on web-based requirements (Communication, Ethics, etc.)?	
Are the students' clinical skill and professional behavior being assessed?	
Are students made aware of their positive/negative behaviors as perceived by the faculty?	
Are the midcore evaluations being documented and submitted?	
If not done yet, do students understand the goals of the mid-core assessment?	
Do students receive narrative (written, long-form) feedback?	
If students from previous rotations are available, were grades returned in a timely fashion?	
Comments:	
There is adequate time available for required course activities (required readings and modules, UWorld, etc.).	
Students work less then 50 hours per week?	
Students have adequate non-clinical independent study time?	
The preceptors provide high quality teaching?	
The preceptors provide high quality mentoring?	
The teaching and assessments of clinical skills and professional behavior were effective during this clerkship?	
Does the faculty review the student portfolio, consisting of the Patient Encounter Log and proof of completion of the required web-based courses?	
The faculty utilize questions to assess communication skills, empathy and critical thinking?	
Is professional behavior emphasized and discussed with students?	
Comments:	
The residents (if applicable) are knowledgeable and eager preceptors?	
They integrate the students into the clinical activities effectively?	
They are role models for professional behavior or otherwise exceptional teachers that should be noted?	
Comments:	
The attendings are available, experts in their field and eager to teach?	
They motivate and inspire the students?	
They are role models for professional behavior or otherwise exceptional teachers that should be noted?	
Comments:	
Students are treated with respect and the atmosphere/learning environment was conducive for an effective educational experience?	
All healthcare workers, patients and visitors are treated with respect?	
The rotation provides a professional, respectful, and intellectually stimulating academic and clinical environment?	
The rotation recognizes the benefits of diversity, and promote students' attainment of competencies required of future physicians?	
Do students experience mistreatment?	
Do they know how to report mistreatment if they did experience it?	
Are students' duty hour requirements respected?	

Have students developed interactive relationships with the nursing staff, physician assistants, nurse practitioners, technicians and social workers?	
Is the staff welcoming to the students, and have the students learned to seek out these relationships?	
Comments:	
Students have access to healthcare?	
Do they have access to mental healthcare?	
Do students know what to do if they are exposed to an environmental hazard?	
Comments:	
Faculty Perspective	
Overall, how well does the clerkship meet the objectives and assessments and follow the guidelines as published in the Clinical Training Manual?	
Comments:	
Do the faculty know the MD program objectives, learning objectives, required clinical experiences, and assessment system?	
Do faculty receive communications from SGU and departmental leadership?	
Are faculty invited to/aware of meetings?	
Do faculty know how they can participate on committees?	
Do faculty know how to access data on student performance and satisfaction at their site (using the Clinical Evaluation program or requests from Office of Dean)?	
Comments:	
What is the atmosphere like for students and are students treated with respect?	
Are all healthcare workers, patients and visitors treated with respect?	
Does the rotation provide a professional, respectful, and intellectually stimulating academic and clinical environment?	
Does the rotation recognize the benefits of diversity, and promote students' attainment of competencies required of future physicians?	
Do faculty know how to report mistreatment?	
Comments:	
The preceptors and residents understand that the average workday or week should not exceed 50 hours; 30% of this time must be protected academic time consisting of conferences and independent study?	Yes/ No
Do residents participate in teaching?	
How are the residents trained to be teachers?	
How do they know the SGU MD program objectives, learning objectives, required clinical experiences, and assessment system?	
Comments:	
The mid-core assessment provides useful formative feedback midway through the clerkship or earlier to improve students' deficiencies?	
How are the faculty tracking these assessments?	
Are more frequent evaluations done when problems are encountered?	
Are the evaluations formative?	
Do they include review of the electronic Patient Encounter Logs and inquiry into manual skills experience? (Manual skills training and assessment is only required in the surgery clerkship).	
Is there an inquiry into progress on web-based requirements?	
Are the students' clinical skills and professional behavior being assessed?	
Are the evaluations being documented and submitted?	
Do students receive narrative (written, long-form) feedback?	

Are grades returned in a timely fashion after the completion of a clerkship?	
Comments:	
Are faculty aware of the faculty policies/handbook, e.g., how to obtain appointments or get promoted?	
Do faculty have access to faculty development?	
Do faculty know how to access SGUSOM's faculty development resources?	
Have they watched the faculty development videos?	
Do faculty receive any formative feedback from SGUSOM, including annual performance evaluations?	
Comments:	
Do the faculty have any suggestions to improve the clerkship?	
Comments:	
Site Visitor's Evaluation and Summary	**Comment box will expand for text**
This section is for the discussion of the site strengths in the given discipline, typically things that the students like and/or that the faculty are doing well.	
This section is for the discussion of the site weaknesses in the given discipline, typically things that the students do not like and/or that the faculty are not doing well, especially if they are out of compliance with the school's requirements	
This section is for the discussion of site opportunities in the given discipline, typically things that are external to the site itself.	
This section is for the discussion of threats to the site in the given discipline, typically things that are external to the site itself.	
This section is for detailing the initial plan to address weaknesses and/or threats. It may be subject to approval by administration and/or the Curriculum Committee, depending on the nature of the plans	
Other comments: This section is for any additional comments that the site visitor wishes to include about the site/visit.	

Appendix I: Electives that Fulfill the 4th year "Medicine Elective" Requirement

- Ambulatory Medicine
- Cardiovascular Disease
- Critical Care Medicine
- Endocrinology, Diabetes and Metabolism
- Gastroenterology
- Geriatric Medicine
- Hematology
- Hematology/Oncology
- Infectious Disease
- Infectious Disease/Corona (course discontinued 6/2023)
- Medicine Elective
- Nephrology
- Neurology
- Oncology
- Palliative Care
- Pulmonary
- Radiation Oncology
- Radiology
- Respiratory
- Rheumatology
- Topics in Internal Medicine (course discontinued 6/2023)
- Urgent Care

Appendix J: Final Evaluation Form (Students Starting Rotations after January 3, 2022)

Clerkship: Ob/Gyn - Core
Term Code: 202245
CRN: 15411

Rotation: 08/16/2021 - 09/24/2021 (6 weeks)

Hospital: Richmond Univ Med Ctr, 355 Bard Avenue, Staten Island, NY, 10310

Submitted by CD: Simon Kokkinakis
Confirmed by DME: Lyudmila Rubinshteyn

Projected completion date: 01/27/2023

Course Details:

Course Name	Quizzes/Weeks	Course Code	Status
Ob/Gyn External Quizzes	5/6	ZOBG	✔

Student Name

Patient Encounter Log

Encounter Name	Encounter Type	# Occurrences Required	# Encounters Logged
Abdominal pain - in pregnancy	COMPLAINT	1	1
Abnormal Pap smear ASCUS CIN	COMPLAINT	1	1
Abnormal uterine bleeding	DIAGNOSIS	1	1
Abnormal Vaginal bleeding -non-pregnant	COMPLAINT	1	1
Abortion (spontaneous - threatened - incomplete - missed)	DIAGNOSIS	1	2
Antepartum examination and care	COMPLAINT	1	1
Cervical Disease & Neoplasm Gynecology	DIAGNOSIS	1	1
Cesarean section	DIAGNOSIS	1	1
Diabetes mellitus in pregnancy	DIAGNOSIS	1	1
Family Planning	DIAGNOSIS	1	1

Showing 1 to 10 of 21 entries

1 2 3

Questionnaire: **Grade**

Knowledge — **Honors**
1. Core/NBME Clinical Subject Exam: 93

Clinical Skills — **High Pass**
1. Practical clinical skills: High Pass
2. Clinical Reasoning: High Pass
3. Communication skills: Pass

Professional Behavior — **High Pass**
1. Direct Observation of Professional Attitude/Behavior: High Pass
2. Indirect Observation: Honors
   Participation in/Completion of Clinical Requirements
   (PELs, iHuman cases, Medical Ethics Module, Geriatrics Module, Mid-Core Assessment Quizzes)

Final Grade — **High Pass**

Narrative Summary for use in MSPE

was an excellent student. She worked hard, asked excellent questions and always went the extra mile. She worked well with the other students and was well liked by residents and attendings. She was able to discuss sensitive issues with patients and develop good rapport. She is professional and intelligent and will make an excellent physician.

Constructive/Developmental Comments (not for use in MSPE)

Enter Constructive/Developmental Comments (not for use in MSPE)

Select Preceptor(s)

× Simon Kokkinakis

Email Fax

You can search and select multiple preceptors

Mid core Evaluation

Clerkship: Pediatrics - Core

Term Code: 202245

CRN: 15414

Hospital: Norfolk & Norwich Univ Hosp, Colney Lane, Norfolk, NR4 7UY

Rotation Start Date: 08/03/2021

Projected Completion Date: 08/26/2022

Name & Title of Evaluator:

K bohanan

Questionnaire:

1. Clinical Reasoning Assessment? (•) Satisfactory ( ) Unsatisfactory

2. Clinical Skills Assessment? (•) Satisfactory ( ) Unsatisfactory

3. Patient Encounter Log, Firecracker quizzes and write-ups Check? (•) Satisfactory ( ) Unsatisfactory

4. Professional Behavior Assessment? (•) Satisfactory ( ) Unsatisfactory

Select Preceptor(s)

Katherine Bohanan

Email Fax Print Form

Feedback for student: (Required for any unsatisfactory evaluations)

Appendix J: Final Evaluation Form (Students Starting Rotations before January 3, 2022)

Final Evaluation for students that started rotations before January 3rd 2022

Clerkship: Ob/Gyn - Core
Term Code: 202245
CRN: 15411

Rotation: 08/16/2021 - 09/24/2021 (6 weeks)

Hospital: **Richmond Univ Med Ctr**, 355 Bard Avenue, Staten Island, NY, 10310

Submitted by CD: Simon Kokkinakis
Confirmed by DME: Lyudmila Rubinshteyn

Projected completion date: 01/27/2023

Course Details:

Course Name	Quizzes/Weeks	Course Code	Status
Ob/Gyn External Quizzes	5/6	ZOBG	✔

Student Name

Encounter(s) Summary

Encounter Name	Encounter Type	# Occurrences Required	# Encounters Logged
Abdominal pain - in pregnancy	COMPLAINT	1	1
Abnormal Pap smear ASCUS CIN	COMPLAINT	1	1
Abnormal uterine bleeding	DIAGNOSIS	1	1
Abnormal Vaginal bleeding -non-pregnant	COMPLAINT	1	1
Abortion (spontaneous - threatened - incomplete - missed)	DIAGNOSIS	1	2
Antepartum examination and care	COMPLAINT	1	1
Cervical Disease & Neoplasm Gynecology	DIAGNOSIS	1	1
Cesarean section	DIAGNOSIS	1	1
Diabetes mellitus in pregnancy	DIAGNOSIS	1	1
Family Planning	DIAGNOSIS	1	1

Showing 1 to 10 of 21 entries 1 2 3

Questionnaire

1. Clinical Reasoning Grade: A+
2. Clinical Skills Grade: A
3. Communication Skills Grade: A+
4. Professional Behavior Grade: A+
5. NBME Exam: A+

Final grade: A+

Narrative Summary for use in MSPE

was an excellent student. She worked hard, asked excellent questions and always went the extra mile. She worked well with the other students and was well liked by residents and attendings. She was able to discuss sensitive issues with patients and develop good rapport. She is professional and intelligent and will make an excellent physician.

Constructive/Developmental Comments (not for use in MSPE)

Enter Constructive/Developmental Comments (not for use in MSPE)

Select Preceptor(s)

× Simon Kokkinakis

Email Fax

You can search and select multiple preceptors.

Grading System for Students Who Started Their Core Clerkships (Year 3) Before January 3, 2022

The final grade in the clerkship comprises 5 components:

1. Clinical Reasoning: 20%
2. Clinical Skills: 20%
3. Professional Behavior: 20%
4. Communication Skills: 10%
5. NBME Clinical Subject Exam Grade: 30%

Items one through four reflect subjective faculty assessments at the hospital.

Students take the NBME Clinical Subject Examination during the final 2 weeks of their clerkship. The Office of Clinical Education Operations receives the scores from these examinations, and scores are automatically uploaded to the SOM Clinical Evaluation System.

The NBME Clinical Subject Exams are graded as follows:

Score	**Grade**
75 or greater	A+ (Honors)
70 - 74	A
65 - 69	B
60 - 64	C
59 or below	F

The electronic evaluation automatically determines the final grade based on the clerkship director's grades of the individual components plus the NBME Clinical Subject Examination grade. Depending on the grades on other evaluation components, it is possible for students who fail the NBME Clinical Subject Examination but pass the other components of the clerkship to earn a passing grade for the clerkship. This grade is final. Even after repeating and passing the NBME Clinical Subject Examination, the grade is not changed.

In such cases repeating the clerkship is not necessary; the School gives students credit for the clerkship. However, the Graduation Assessment Board does not approve this student for graduation until the student demonstrates competency in the relevant subject area by passing the make-up of the failed NBME Clinical Subject Examination after additional study time to improve medical knowledge and test-taking skills.

Since performance on the NBME Clinical Subject Examination correlates with performance on USMLE Step 2, students who perform poorly on the NBME Clinical Subject Examinations (failing or persistent low scores) should consider a structured program during their fourth year to improve their medical knowledge and test-taking skills. A student may pass the NBME Clinical Subject Examination but fail another individual component of the clerkship such as communication skills or professional behavior. In such a case, if the final grade is passing, the School gives the student credit for the clerkship, but the student should work to remediate these deficiencies during subsequent rotations to achieve the desired level of competency in the particular component(s).

Definition of Grades

Grade	Definition
A+ (Honors)	requires all As and an A+ on the NBME Clinical Subject Examination. A+ (Honors) must be given to students with these grades.
A	is given to students who proficiently develop the competencies listed in the Clinical Training Manual and whose overall performance is good.
B	is given to those students who only adequately develop the required competencies and whose overall performance is acceptable.
C	is given to those students who barely meet minimum requirements. This grade is a "warning" grade and identifies a student who is struggling in medical school and requires additional mandated training and/or counseling.
F	is given to those students whose continuation in medical school is problematic. An "F" in any component of the assessment precludes a student from meeting graduation requirements

	until the GAB determines that the student has reached the required level of competency in that component(s). A final grade of F leads to a recommendation for dismissal from medical school.
NG	A clerkship director may report a "No Grade" for a student who is registered in a course. Students must fulfill all course requirements as defined by the clerkship. Once all requirements have been completed, the NG converts to a final grade. Failure to complete remaining requirements within the required timeframe as outlined in the CTM results in an "F" grade for the clerkship.
I	is given when additional clinical work/remediation is required to complete the course. The "I" designation remains on the transcript until a final course grade is given upon completion of remaining course requirements.

Clerkship directors have the option of adding + or - to the above grades based on their opinion. Only grades of A+ require objective criteria.

In summary, grading of student performance should use the following:

- A+ = exceptional
- A = good
- B = adequate
- C = minimal
- F = failing

Components of the Assessment

Clinical Performance

The teaching physicians who work with the student during the rotation assess the student's clinical performance in four areas clinical reasoning, clinical skills, communication, and professional behavior (Appendix M). The more feedback the clerkship director gets from different members of the medical staff that instructed the student, the more objective grades can be. The faculty assesses the extent to which the student has developed the competencies required for that rotation. These specific competencies appear in Section Nine of this Manual in the curriculum for each of the core clerkships.

The NBME Clinical Subject Examination at the End-of-Clerkships

The NBME Clinical Subject Examination must be taken by all students during the final 2 weeks of the clerkship. Scheduling for this exam is done by the Office of Clinical Education Operations - Clinical Examination Team. Students who test at Prometric Centers receive permits at least three weeks prior to each exam. Hospitals must excuse students one day before the pediatrics, family medicine, obstetrics and gynecology and psychiatry exams for study time and two days before the medicine and surgery exam for study time. Students are excused for the entire day of the exam.

Clinical experience during the rotation does not provide adequate preparation for the NBME Clinical Subject Examination. Students must use UWorld and AMBOSS and other recommended resources for each clerkship to prepare for these exams. Students can find the content outline of these exams on the NBME website. Students must sit the NBME Clinical Subject Examination before starting their next rotation.

- All students must attend the NBME Clinical Subject Examination as scheduled.
- Students who are too ill to take the exam as scheduled should refer to the "Medical Excuse" policy in the Student Manual.
- Failure to take the NBME Clinical Subject Examination on time constitutes a failure to complete required clerkship components and results in a failing grade for the clerkship.
- Students who earn a failing grade in a clerkship must repeat and pass the clerkship to meet graduation requirements.
- Any student who fails an NBME Clinical Subject Examination must remediate knowledge deficiencies and retake and pass the failed subject exam.

- Passing all 6 NBME Clinical Subject Examinations (Internal Medicine, Surgery, Pediatrics, Obstetrics and Gynecology, Psychiatry, and Family Medicine) is a graduation requirement.
- For students who **have not yet completed** all required core clerkships (Year 3), any failed NBME Clinical Subject Examinations must be retaken and passed prior to starting fourth-year electives.
- For students **who have completed** all required core clerkships (currently in Year 4), all failed NBME Clinical Subject Examinations must be re-taken and passed by the end of the fourth year.
- Students intending to schedule re-take exams must contact clinicalexam@sgu.edu for instructions on how to schedule this exam. Retake exams must be scheduled at least 4 weeks prior to the intended exam date.
- Students should plan their schedules accordingly and consult their academic advisor for guidance on planned remediation and scheduling retake exams.
- A 3-week remediation period for each failed NBME Clinical Subject Examination is strongly recommended followed by the required retake of the failed exam. This may be taken in the form of bridge tim an LOA.
- A GAB elective in the failed subject is no longer a requirement for remediation of failed NBME Clinical Subject Examinations. Students who have already scheduled these electives may take the elective as planned or arrange for an alternate elective. Students should contact their clinical student administrator for any changes to scheduled electives.

Implications for Academic Progress

The final grade for the core clerkship is determined by grades earned for each of the 5 components.

- Students must successfully complete all core clerkship/Family Medicine/General Practice (FM/GP) requirements and pass each core clerkship/required rotation/elective.
- Students who do not complete required clerkship components by the scheduled end of a clerkship (and are not on an approved LOA) earn a failing grade for the clerkship. An approved clinical/medical excuse is required for students to delay the NBME Clinical Subject Examination at the end of clerkship. Note: only one clinical/medical excuse is permitted per year.
- Students with a failing grade for the core clerkship/FM/GP required rotation are required to repeat the clerkship/rotation in order to remediate academic deficiencies and earn a second grade for the clerkship.
- Students are permitted only one failure during the clinical studies phase of the curriculum. Students with a second failing grade in the clinical terms are recommended for dismissal. Any student recommended for dismissal is given the opportunity to appeal to the CAPPS.
- Students must make progress toward completing the MD Program withing the 6-year maximum allowable timeline. Students unlikely to complete requirements within the maximum allowable timeline are recommended for dismissal.

Appendix K: Health Care Communication Curriculum

Health Care Communication (formerly DocCom) was developed by Drexel University College of Medicine and is used by SGUSOM as its web-based communication skills curriculum. The modules listed in this appendix are organized within the SGUSOM curriculum as Communication Skills Parts A and B. Part A consists of the Basic Modules and Essential Elements and is completed before clinical placement. Part B consists of the remaining modules and is completed during the clinical years through clerkship-assigned modules and modules that must be completed before graduation.

Chapters	**Learning Objectives**
Basic Modules	
Overview	Describe the importance of self-awareness in effective communication
	Describe seven essential elements of clinical communication
	Describe eight evidence-based outcomes linked to clinician communication
	Describe four common deficiencies in clinicians' communication skills

	Describe four features that underlie effective communication skills teaching
Mindfulness and Reflection in Clinical Training and Practice	Describe how self-awareness and mindfulness limit mistakes and improve clinical practice
	Describe why experience seldom builds competence
	Describe fundamental qualities of mindful practitioners
	Cite 4 “reflective questions” that lead to mindfulness
	Describe why mindfulness and self-awareness are essential to improving professionalism
	Discuss with a colleague how you might practice becoming more mindful and self-aware, and starting such a practice
Therapeutic Aspects of Medical Encounters	Describe core concepts underlying the therapeutic efficacy of the clinician patient relationship
	List the therapeutic goals of medical encounters
	Describe strategies that advance the therapeutic aims of your medical encounters
Balance and Self Care	Describe common physician personality characteristics that may contribute to unhealthy pers
	Describe common causes and manifestations of professional burnout
	Describe healthy cognitive, emotional and behavioral practices that promote your well-being a in medicine
	Describe three changes in attitude, behavior or practice you could commit to undertaking tha being
	Disclose these changes and discuss their importance and potential barriers to implementation life
	Discuss why clinician well-being results in improved relationships and healthcare outcomes
Essential Elements	
Integrating Patient-centered and Clinician-centered Interviewing	Describe the content, and process of a “complete” medical history
	Describe the difference between the tasks or functions of an interview and its structure,
	Describe patient-centered and doctor-centered interview goals and skills,\
	Describe the different contributions of patient-centered and doctor-centered skills to understa (biopsychosocial) history
	Describe the content and structure the written medical history.
Build a Relationship	State at least five reasons why relationship building is key to medical care
	State three key principles of relationship building
	Demonstrate five basic relationship building skills
Open the Discussion	Discuss the importance and rationale for eliciting all patient concerns to establish, through ne agenda
	Discuss and implement communication strategies at the beginning of each medical encounte patients' concerns
	Discuss and implement communication strategies to prioritize and reach agreement on the a
	Identify personal barriers to the elicitation of concerns, and the risks of failure to do so
Gather Information	Describe the primary goals of relationship-centered information gathering
	Describe and demonstrate relationship-centered strategies for gathering information
	Describe and demonstrate strategies for encouraging patient participation in gathering inform
	Use your knowledge and skills to gather information effectively from a patient
Understand the Patient's Perspective	Endeavor to more consistently appreciate your patients’ perspectives and to “see the world th
	Understand how patients’ social contexts affect their health and illness behaviors.
	Describe and demonstrate skills to elicit patients’ social context, explanatory models, concerns
	Explore personal assumptions and potential barriers to understanding patients’ contexts and p
Share Information	Understand the challenges that you will face when sharing information with patients
	Describe and demonstrate a systematic, relationship-centered approach to sharing informatio
	What skills do you need to practice to improve your relationship-centered sharing of informati
Reaching Agreement	Describe conceptual models of decision making and reaching agreement.

	Describe evidence regarding patient participation in their decisions and care.
	Describe their own attitudes, preferences and approaches to partnering with patients in decisi
	Describe and demonstrate skills for reaching agreement about decisions and plans
Provide Closure	Describe clinician behaviors that facilitate effective visit closure.
	Describe clinician and patient behaviors that interrupt or prolong closure.
	Describe your approach to saying goodbye to patients in various clinical settings.
	Describe and demonstrate specific communication skills for providing closure.
Advanced Elements	
Responding to Strong Emotions: Sadness, Anger, Fear	Demonstrate the ability to respond to patients' emotions with empathic statements. Name, U (NURS) are reminders of some effective examples.
	Describe the effects (on patients and on clinicians) of clinicians' empathic responses to emotio emotions.
	List typical origins of strong emotions.
	Describe how maintaining clear personal boundaries promotes clinical effectiveness and profe
	Describe situations that may require referral or medication as adjunctive responses to strong e
Nonverbal Communication: It Goes Without Saying. Computers & EHRs	Describe four categories of nonverbal communication
	Describe four patterns of nonverbal behavior seen in medical settings
	Describe four types of proxemics (shaping space) that foster rapport
	Discern and name nonverbal behaviors in video clips in this module
	Demonstrate ability to match and lead during conversation
	Employ computers and EHRs as allies in improving patient interactions
Understanding Difference and Diversity in the Medical Encounter: Communication across Cultures	Describe how cultural differences affect patient-clinician relationships.
	Demonstrate skills of curiosity, empathy, and respect in cross-cultural encounters.
	Demonstrate skills of "empathic, curious confrontation" and "respectful explanation" in manag cultural encounters.
	Reflect on your own cultural influences and explore how they affect medical interviewing
Promoting Adherence and Health Behavior Change	Describe the "5 A's" model for helping patients change a behavior.
	Assess patients' "stage" of change, and their conviction and confidence about changing.
	Explore and appreciate patients' attitudes, values, and feelings about behaviors and changes i
	Respond empathically and collaboratively when patients voice ambivalence or reluctance abo risky behaviors.
	According to patients' readiness, collaborate and negotiate your recommendations and advice behavior changes.
Shared Decision Making	List and describe the key elements of shared decision making
	Describe the ethical rationale for shared decision making
	Involve your patients in clinical decision making
	Explore your patients' desire for a role in decision making
	Incorporate patient decision aids into shared decision making
Asking about Sexuality	Describe the rationale for routinely asking sexual history questions in medical interviews
	Demonstrate the skills of engaging patients in conversations about their sexual relationships a
	Describe the continuum of sexual boundary issues in patient care and demonstrate skills in re cross boundaries.
Exploring Spirituality and Religious Beliefs	Describe the rationale for exploring and supporting the role of religion and spirituality in patie
	Ask patients about the importance of religion and spirituality in their lives as part of taking a h
	Explore whether patients' religious beliefs give meaning and support to them in their experien death.
	Offer patients religious and spiritual supports such as referrals to clergy.
	Describe possible professional boundary violations with respect to religious and spiritual matte

Communicating in Specific Situations	
The Family Interview	Demonstrate how to join with both patient and family,
	Demonstrate setting the agenda with the patient and family in the room,
	Demonstrate the most effective method of gathering information and managing a medical fa
	Identify methods of responding to family members' emotions,
	Describe an effective method for establishing a plan with a family during a medical family inte
Communication in the Pediatric Encounter: Attending to Relationships and Values	Describe the rationale for including children in the interview and demonstrate skills for engagi /caregivers.
	Describe the typical illness concepts of preschool children and school-age children.
	Describe techniques for communicating with children of varying ages including the use of pla
	Elicit the child's and parents' perspectives on the illness/problems as well as their understandi
	Invite and elicit feelings of parents and children; acknowledge and accept those emotions. tho
	Describe ways to show empathy in the pediatric interview
	Share diagnostic and treatment information gently with kindness, respect and compassion; av
	Identify core values for each healthcare interaction and consider ways you might demonstrate
Communicating with Adolescents	Describe the health impact of exploring the psychosocial and environmental context of adoles
	Utilize trust-building communication strategies to promote open, honest and mutually respec with adolescent patients.
	Establish an active, collaborative dialog about health promotion (do not simply "tell" or "lecture
	Help teens recognize their strengths, and encourage change in risk-behaviors by building on s
	Compassionately explore how stress drives risk-behaviors.
	Compassionately explore how the mind-body connection generates somatic symptoms
Communicating with Geriatric Patients	Describe typical physical and sensory problems that impair communication with elderly patie
	Assure older patients' comfort and make modifications that will enable effective communicati
	Describe five clues to cognitive impairment that may be apparent in patients who are well-dre obviously demented.
	When patients describe symptoms in terms that seem vague or downplayed, ask for more det family members who are present.
	Ask patients' preferences about decision-making, even if they are cognitively impaired or debi
	Initiate conversation about end-of-life values, driving impairment, suicidality, abuse and neglec open-ended questions and statements of empathy to build relationship and trust.
	Even with cognitively impaired patients, encourage a culture of open decision-making; involve
	Assess stress levels in caregivers and help them reduce caregiver burden.
	Value collaboration and teamwork with other health professionals and help manage and resol
Tobacco Intervention	Describe why tobacco dependence is a chronic and relapsing disorder.
	Use the importance and confidence scales to assess patient readiness to quit smoking.
	Describe, employ and adjust counseling skills that help patients who are uncertain about quitt or relapsed.
	Increase the likelihood of treatment success by tailoring dialogue and treatment planning to p current readiness.
Motivating Healthy Diet and Physical Activity	Demonstrate ability to properly Assess diet and activity – for lean or overweight patients.
	Elicit (Assess) patients' perspectives about diet and activity, respond with empathy and suppor
	Assess patients' interest in changing diet and activity, Advise them about healthy goals and ne
	Assist patients in achieving their change goals, and respond positively to lack of success.
Anxiety and Panic Disorders	Describe the key features of anxiety and common anxiety disorders.
	List common somatic symptoms that lead anxious patients to seek treatment in office setting
	List medical conditions that can masquerade as an anxiety disorder.
	Elicit anxious patients' symptoms and perspectives.
	Assess patients for behavioral and somatic comorbid conditions.

	Inform patients how mind-body interactions produce somatic symptoms-using the “ask-tell-a modules Integrated Patient-centered and Clinician-centered Interviewing and Share Informat
	Inform patients about treatment options and explore their interest in treatment, using the “as
Communicating with Depressed Patients	Help patients and families distinguish the illness of depression from grief and depressed affec
	Name the two cardinal features of depression and list the nine key symptoms of depression.
	Use the PHQ9 to screen for depression, to establish a diagnosis and to guide management.
	Assess suicidal risk using the P4 screener.
	Guide and assist patients in accepting a diagnosis of depression, exploring treatment options
	Use Brief Action Planning (BAP) to support self-management.
Intimate Partner Violence	State the prevalence of intimate partner violence in clinical practice.
	Describe the severe detrimental impact of violence not only on the victim but also on the fami
	List the multiple ways intimate partner violence affects how patients present to their practitio
	List the principles of helping patients move from victim to survivor of abuse.
	Use appropriate communication behaviors to respond to patients when you discover domesti
	List interventions that may make the situation worse and help patients avoid them.
	Name community resources and describe how to utilize them on behalf of patients who are vi
Alcohol: Interviewing and Advising	Describe healthy (moderate) drinking, At risk drinking and Alcohol Use Disorder.
	Describe 2 effective screening strategies for alcohol problems.
	Describe the additional information obtained by employing the full 10- question AUDIT.
	List 2 physiologic features and 2 psychological features of Alcohol Use Disorder.
	Conduct a brief intervention.
	List 4 medications that are approved and effective for AUD treatment.
	Demonstrate communication skills that minimize patient defensiveness when asking alcohol recommendations and adjusting goals.
The Clinical Assessment of Substance Use Disorders	Describe the essential components of the medical model of substance use disorders.
	Delineate the interviewing skills necessary to screen effectively for substance use and abuse.
	Recognize the high rate of psychiatric and medical co-morbidities and effectively screen patie
	Demonstrate skills for evaluating patients’ stage of change, including their readiness to accept change, and sense of self-efficacy.
	5. Demonstrate relationship-centered skills to clearly recommend treatment to patients with s
	Describe the skills required for addiction prevention counseling.
	Define the skills that help set respectful limits on patient requests for prescription medication.
	Demonstrate awareness of how clinician/clinician attitudes toward patients with substance us diagnosis, and treatment of patients.
	Demonstrate knowledge of substance use disorder treatment standards and the ability to reco
Initiating Medication-Assisted Treatment (MAT) for Opioid Use Disorder (OUD)	Describe the severity and consequences of Substance Use Disorder (SUD) and Opioid Use Disc
	Explain the pathophysiology of OUD.
	List the criteria for diagnosis of OUD.
	List and describe the options for treatment of OUD.
	Describe the elements of Motivational Interviewing (MI).
	Demonstrate how to use MI to develop a treatment plan with your patient.
	Discuss how you will practice Trauma-Informed Care.
Managing Chronic Pain: Non-Pharmacological Approaches	Distinguish the many factors that contribute to the experiences of acute and chronic pain.
	Describe non-pharmacological approaches to chronic pain.
	Demonstrate using Motivational Interviewing to develop an action plan including opiate titrati
	Explain the use of pain contracts in managing chronic pain.

	Describe the use of Acceptance Commitment Therapy (ACT) in the management of chronic pa
Medically Unexplained Symptoms MUS	Describe steps required to establish a diagnosis of “Medically Unexplained Symptoms” (MUS).
	Establish and maintain effective relationships with patients with MUS.
	Assist patients with MUS in understanding their illness.
	Negotiate and agree on specific treatment plans with patients with MUS.
	Assist patients with MUS in making a commitment to actively participate in their care.
Advance Care Planning	Describe nine ways that ACP benefits patients, families and healthcare providers.
	Demonstrate a seven-step approach to ACP.
	Focus on patients’ values and goals, rather than treatment options for ACP.
	Describe differences between Advance Care Planning and Advance Directives.
Sharing Serious News	Describe a six-step protocol for sharing serious news.
`	Demonstrate four skillful responses to the expressed feelings of patients receiving serious new
	Name four common barriers or pitfalls in sharing serious news.
	Demonstrate an understanding of the six steps and the ability to use them in a serious news d
Communication Near the End of Life	Communicate effectively and compassionately with patients, who are near the end of life.
	Communicate news of a serious illness or progression towards death in a more sensitive mann
	Discuss prognosis openly, accurately and with empathy.
	Elicit your patients' goals of care, and update goals regularly.
	Suggest interventions and limits that are consistent with each patient's goals in light of knowl
	Describe palliative care and hospice services to patients and families, and assist them in decid referrals.
Dialog about Unwanted and Tragic Outcomes	List reasons why an informed consent dialogue helps to prevent undesired outcomes.
	Describe ethical and professional principles that support honest disclosure of unwanted outco
	Describe seven key aspects of a disclosure discussion: setting the stage, reviewing backgroun including everyone, avoiding hedging and conjecture, apologizing and arranging follow up.
	Verbalize respectful responses to the feelings of patients, families and clinicians when commu
	Describe principles for managing common error situations involving other clinicians.
Ending Clinician-Patient Relationships	Describe typical psychological and behavioral impacts of clinician-patient separations, for both
	List three patient characteristics that increase vulnerability to transfer of care.
	List three topics that should be covered in discussions of transfer of care.
	List three reasons why patients request transfer of care.
	Review with a patient the steps and procedures for the transfer of care to a new clinician.
	Elicit patient perspectives and feelings about transfer, and respond with empathy to typical "n anxiety and anger.
Communicating with Colleagues	
Oral Presentation	Use the STAGE framework to organize and deliver effective oral presentations.
	List key principles of effective case presentations, and list common problems that diminish eff
	Adjust presentation timing and content to meet relevant clinical and educational goals.
	Request, receive and give feedback about oral presentations.
	Use the ICE StAR format to create plans that incorporate patients’ perspectives.
	Use the SBAR and IPASS formats to efficiently and accurately transmit information among tea
HIGH PERFORMANCE TEAMS: Diversity and RESPECT	List five stages of team development.
	List the skills of the RESPECT mnemonic.
	Elicit perspectives across all levels of hierarchy, professional roles and diversity of background.
	Respond with empathy when team members express feelings and concerns.
	Affirm the value of difference and diversity to team effectiveness.
	Identify skills that help teams collaborate when challenged by change or conflict and when de

Communicating with Impaired Clinicians	Describe diverse ways in which a high level of professional performance can be impaired.
	Remember a time when you had difficulty performing well as a clinician or student, and descr your work was affected, and how colleagues communicated with you.
	List reasons for taking action about impaired colleagues, rather than remaining silent.
	Describe and demonstrate skills for effective communication with colleagues who are distress
Giving Effective Feedback: Enhancing the Ratio of Signal to Noise	Describe characteristics of a learning environment that facilitates and encourages feedback.
	Describe general feedback principles.
	Describe the problems associated with giving effective feedback and how to overcome them.
Boundary Issues	Describe 'boundary-challenging' situations that clinicians commonly encounter.
	Reflect on appropriate boundary limits for clinicians in general and yourself personally.
	Describe strategies for deciding how to respond to commonly encountered boundary-challen
	Demonstrate the ability to compassionately appeal to professional standards when encounteri by stating a general principle to which you adhere, clarify the nature of the relationship, or pos
Effective Clinical Teaching	Describe elements of an effective teaching session.
	List your own strengths and weaknesses as a teacher.
	Lead small groups of learners more effectively.
	Enhance your effectiveness as a clinic preceptor.
	Improve your mentoring of junior colleagues.

Appendix L: Web-Based Ethics Modules

The Ethics in Medicine website is an educational resource for clinicians in training. The website is hosted and maintained by the Department of Bioethics & Humanities at the University of Washington School of Medicine.

The website includes topics, cases, and resources intended to supplement ethics teaching and learning. It is not designed to answer patient-specific clinical, professional, legal, or ethical questions.

SGUSOM assigns selected Ethics in Medicine topics and activities to specific clerkships as required components of the clinical curriculum.

Bioethics Topics

- Advance Care Planning & Advance Directives
- Breaking Bad News
- Clinical Ethics and Law
- Complementary Medicine
- Confidentiality
- Cross-Cultural Issues and Diverse Beliefs
- Difficult Patient Encounters
- Do Not Resuscitate during Anesthesia and Urgent Procedures
- Do Not Resuscitate Orders
- End-of-Life Issues
- Ethics Committees and Consultation
- Futility
- Genetics
- HIV and AIDS
- Informed Consent
- Interdisciplinary Team Issues
- Maternal / Fetal Conflict
- Mistakes
- Neonatal ICU Issues
- Pandemics
- Parental Decision Making

- Personal Beliefs
- Physician Aid-in-Dying
- Physician-Patient Relationship
- Prenatal Diagnosis
- Professionalism
- Public Health Ethics
- Research Ethics
- Resource Allocation
- Spirituality and Medicine
- Student Issues
- Termination of Life-Sustaining Treatment
- Treatment Refusal
- Truth-telling and Withholding Information

Appendix M: Current Grading Rubric for Clinical Competencies

The following table displays the current rubric used to assess clinical competencies (clinical skills and professional behavior) for students who began core clerkships (Year 3) after January 2, 2022:

Competency/ Level of Proficiency	**Honors**	**High Pass**	**Pass**	**Fail**
Clinical Skills				
Practical Clinical skills	The student is able to independently obtain a comprehensive and/or focused medical history. Performs physical examinations of all categories appropriate to the patient's condition. Presents and/or documents pertinent health information in a concise, complete and responsible way. Performs routine and basic medical procedures. Selects appropriate investigations and interprets the results for diseases and conditions.	Student with minimal guidance: Is able to obtain a comprehensive and/or focused medical history. Performs physical examinations of all categories appropriate to the patient's condition. Presents and or document pertinent health information in a concise, complete and responsible way. Able to perform routine and basic medical procedures. Able to select appropriate investigations and interpret the results for diseases and conditions.	Student with continual guidance: Is able to obtain a comprehensive and/or focused medical history. Performs physical examinations of all categories appropriate to the patient's condition. Presents and or document pertinent health information in a concise, complete and responsible way. Able to perform routine and basic medical procedures. Able to select appropriate investigations and interpret the results for diseases and conditions.	Student unable despite maximal guidance: Is unable to obtain a comprehensive and/or focused medical history. Performs physical examinations of all categories appropriate to the patient's condition. Presents and or document pertinent health information in a concise, complete and responsible way. Is unable to perform routine and basic medical procedures. Is unable to select appropriate investigations and interpret the results for diseases and conditions.
Clinical Reasoning Grade	The student is independently: Able to explain etiology, pathogenesis, structural and molecular alterations as they relate to the signs, symptoms, laboratory results imaging investigations and causes of common and important diseases. Advanced clinical reasoning ability in complex clinical scenarios. Generates a prioritized differential to propose various diagnostic and therapeutic options. Utilizes the important pharmacological and non-	The student with minimal guidance: Able to explain etiology, pathogenesis, structural and molecular alterations as they relate to the signs, symptoms, laboratory results imaging investigations and causes of common and important diseases. Able to apply logical clinical reasoning in complex clinical scenarios. Able to generate a prioritized differential to propose various diagnostic and therapeutic options. Able to utilize the important pharmacological and non-pharmacological	The student with continual guidance: Able to explain etiology, pathogenesis, structural and molecular alterations as they relate to the signs, symptoms, laboratory results imaging investigations and causes of common and important diseases. Able to apply logical clinical reasoning in complex clinical scenarios. Able to generate a prioritized differential to propose various diagnostic and therapeutic options. Able to utilize the important pharmacological and non-pharmacological	Student unable despite maximal guidance: Unable to explain etiology, pathogenesis, structural and molecular alterations as they relate to the signs, symptoms, laboratory results imaging investigations and causes of common and important diseases. Unable to apply logical clinical reasoning in complex clinical scenarios. Unable to generate a prioritized differential to propose various diagnostic and therapeutic options. Able to utilize the important pharmacological and non-

	pharmacological therapies available for the prevention and treatment of disease. Independently identifies individuals at risk for disease and select appropriate preventive measures. Identifies individuals at risk for disease including life threatening emergencies and initiate appropriate primary intervention. Incorporates the impact of factors including aging, psychological, cultural, environmental, genetic, nutritional, social, economic, religious and developmental on health and disease of patients as well as their impact on families and caregivers	therapies available for the prevention and treatment of disease. Able to identify individuals at risk for disease and select appropriate preventive measures. Able to identify individuals at risk for disease including life threatening emergencies and initiate appropriate primary intervention. Able to incorporate the impact of factors including aging, psychological, cultural, environmental, genetic, nutritional, social, economic, religious and developmental on health and disease of patients as well as their impact on families and caregivers	therapies available for the prevention and treatment of disease. Able to identify individuals at risk for disease and select appropriate preventive measures. Able to identify individuals at risk for disease including life threatening emergencies and initiate appropriate primary intervention. Able to incorporate the impact of factors including aging, psychological, cultural, environmental, genetic, nutritional, social, economic, religious and developmental on health and disease of patients as well as their impact on families and caregivers	pharmacological therapies available for the prevention and treatment of disease. Unable to identify individuals at risk for disease and select appropriate preventive measures. Unable to identify individuals at risk for disease including life threatening emergencies and initiate appropriate primary intervention. Unable to incorporate the impact of factors including aging, psychological, cultural, environmental, genetic, nutritional, social, economic, religious and developmental on health and disease of patients as well as their impact on families and caregivers
Communication skills (Patient)	Independent and excellent use of: Questioning styles, including effective information gathering. Appropriate levels of eye contact and posture. Excellent active listening. Demonstrates excellent empathy, rapport-building and acknowledgement of emotional responses. Independently communicates effectively with patients, their families. Provide patient education for all ages regarding health problems and health maintenance.	Minimally dependent and above average use of: Questioning styles, including effective information gathering. Appropriate levels of eye contact and posture. Excellent active listening. Demonstrates good empathy, rapport-building and acknowledgement of emotional responses. With minimal supervision communicates effectively with patients, their families. Provides patient education for all ages regarding health problems and health maintenance.	With continual guidance a good use of: questioning styles, including effective information gathering. Good levels of eye contact and posture. Good active listening. Demonstrates fair empathy, rapport-building and acknowledgement of emotional responses. With continual guidance communicates effectively with patients, their families. Provides patient education for all ages regarding health problems and health maintenance.	Student despite maximal guidance unable to: Use adequate questioning styles, including ineffective information gathering. Poor to no eye contact and poor posture. Poor active listening. Unable to demonstrating empathy, rapport-building and acknowledgement of emotional responses. With continual guidance unable to communicate effectively with patients, their families. Provides patient education for all ages regarding health problems and health maintenance.
Communication skills (Healthcare Team)	Highly effectively communicates with members of the health care team using medical terminology, utilizing semantic qualifiers. Recognizes and communicates common and important abnormal clinical findings	Minimally dependent with above average communication skills with members of the health care team using medical terminology, utilizing semantic qualifiers. Recognizes and communicates common and important abnormal clinical findings	With continual guidance a good use of communication skills with members of the health care team using medical terminology, utilizing semantic qualifiers. Recognizes and communicates common and important abnormal clinical findings	Student despite maximal guidance unable to: Consistently communicates with members of the health care team using poor medical terminology, unable to utilize semantic qualifiers. Unable to consistently recognize and communicate common and important abnormal clinical findings

Competency/ Level of Proficiency	**Honors**	**High Pass**	**Pass**	**Fail**
Professional Behavior				
Direct Observation	A student that independently: Fosters an atmosphere of excellence, participates and attends in all rounds, clinical sessions and lectures on time. Accepts criticism well.	A student with minimal guidance: Fosters an atmosphere of excellence, participates and attends in all rounds, clinical sessions and lectures on time. Accepts	A student with continuous guidance: Fosters an atmosphere of excellence, participates and attends in all rounds, clinical sessions and lectures on time. Accepts criticism well.	A student despite continuous guidance:

	Demonstrates sensitivity to issues related to culture, race, age, gender, religion, sexual orientation and disability in the delivery of health care. Demonstrates a commitment to high professional and ethical standards. Recognizes one's own limitations in knowledge, skills and attitudes and the need for asking for additional consultation. Reacts appropriately to difficult situations involving conflicts, nonadherence, and ethical dilemmas	criticism well. Demonstrates sensitivity to issues related to culture, race, age, gender, religion, sexual orientation and disability in the delivery of health care. Demonstrates a commitment to high professional and ethical standards. Recognize one's own limitations in knowledge, skills and attitudes and the need for asking for additional consultation. Reacts appropriately to difficult situations involving conflicts, nonadherence, and ethical dilemmas	Demonstrates sensitivity to issues related to culture, race, age, gender, religion, sexual orientation and disability in the delivery of health care. Demonstrates a commitment to high professional and ethical standards. Recognizes most limitations in knowledge, skills and attitudes and the need for asking for additional consultation. Participates in activities to improve the quality of medical education. Reacts appropriately to difficult situations involving conflicts, nonadherence, and ethical dilemmas	Fails to show up, is frequently late to rounds and lectures. Does not Accept criticism well. Does not recognize one's own limitations in knowledge, skills and attitudes and the need for asking for additional consultation. Reacts inappropriately to difficult situations involving conflicts, nonadherence, and ethical dilemmas
Indirect Observation	Participates in activities to improve the quality of medical education. Has completed all logs in the patient encounter log and has completed all web-based requirements.	Participates in activities to improve the quality of medical education. Has completed 100% of logs in the patient encounter log and has completed 80-99% of web-based requirements.	Participates in activities to improve the quality of medical education. Has completed 100% of logs in the patient encounter log and has completed 60-79% of web-based requirements.	Does not participate in activities to improve the quality of medical education. Has completed less than 100% of logs in the patient encounter log or has completed less than 60% of web-based requirements.

Appendix M: Old Grading Rubric for Clinical Competencies

The following table shows the old rubric used to assess clinical competencies (clinical skills and professional behavior) for students who began core clerkships (Year 3) prior to January 3, 2022:

Competency/ Level of Proficiency	**A+**	**A**	**B**	**C**	**Fail**

Clinical Skills					
Practical Clinical skills	The student is able to independently obtain a comprehensive and/or focused medical history. Performs physical examinations of all categories appropriate to the patient's condition. Present sand or document pertinent health information in a concise, complete and responsible way. Performs routine and basic medical procedures. Selects all appropriate investigations and interpret the results for diseases and conditions.	Student with Minimal guidance: Is able to obtain a comprehensive and/or focused medical history. Performs physical examinations of all categories appropriate to the patient's condition. Presents and or document pertinent health information in a concise, complete and responsible way. Able to perform routine and basic medical procedures. Able to select all appropriate investigations and interpret the results for diseases and conditions.	Student with intermittent guidance: Is able to obtain a comprehensive and/or focused medical history. Performs physical examinations of most categories appropriate to the patient's condition. Presents and or document most pertinent health information in a concise, semi-complete and responsible way. Able to perform most routine and basic medical procedures. Able to select most appropriate investigations and interpret the results for diseases and conditions.	Student with continual guidance: Is able to obtain a comprehensive and/or focused medical history. Performs physical examinations of most categories appropriate to the patient's condition. Presents and or document some pertinent health information in a poorly organized format. Able to perform some routine and basic medical procedures. Able to select some appropriate investigations and interpret the results for diseases and conditions.	Student unable despite maximal guidance: Is unable to obtain a comprehensive and/or focused medical history. Unable to perform physical examinations of categories appropriate to the patient's condition. Unable to present and or document pertinent health information in a concise, complete and responsible way. Is unable to perform routine and basic medical procedures. Is unable to select appropriate investigations and interpret the results for diseases and conditions.
Clinical Reasoning Grade	The student is able to independently: Able to explain etiology, pathogenesis, structural and molecular alterations as they relate to the signs, symptoms, laboratory results imaging investigations and causes of common and important diseases. Advanced clinical reasoning ability in complex clinical scenarios. Generates a prioritized differential to propose various diagnostic and therapeutic options. Utilizes the important pharmacological and non-pharmacological therapies available for the prevention and treatment of disease. Independently identifies individuals at risk for disease and select appropriate preventive measures. Identifies individuals at risk for disease including	The student with minimal guidance: Able to explain etiology, pathogenesis, structural and molecular alterations as they relate to the signs, symptoms, laboratory results imaging investigations and causes of common and important diseases. Able to apply logical clinical reasoning in complex clinical scenarios. Able to generate a prioritized differential to propose various diagnostic and therapeutic options. Able to utilize the important pharmacological and non-pharmacological therapies available for the prevention and treatment of disease. Able to identify individuals at risk for disease and select appropriate preventive measures.	The student with intermittent guidance: Able to explain etiology, pathogenesis, structural and molecular alterations as they relate to the signs, symptoms, laboratory results imaging investigations and causes of common and important diseases. Able to apply logical clinical reasoning in complex clinical scenarios. Able to generate a prioritized differential to propose various diagnostic and therapeutic options. Able to utilize the important pharmacological and non-pharmacological therapies available for the prevention and treatment of disease. Able to identify individuals at risk for disease and select appropriate preventive measures.	The student with continual guidance: Able to explain etiology, pathogenesis, structural and molecular alterations as they relate to the signs, symptoms, laboratory results imaging investigations and causes of common and important diseases. Able to apply logical clinical reasoning in complex clinical scenarios. Able to generate a prioritized differential to propose various diagnostic and therapeutic options. Able to utilize the important pharmacological and non-pharmacological therapies available for the prevention and treatment of disease. Able to identify individuals at risk for disease and select appropriate preventive measures.	Student despite maximal guidance: Unable to explain etiology, pathogenesis, structural and molecular alterations as they relate to the signs, symptoms, laboratory results imaging investigations and causes of common and important diseases. Unable to apply logical clinical reasoning in complex clinical scenarios. Unable to generate a prioritized differential to propose various diagnostic and therapeutic options. Unable to utilize the important pharmacological and non-pharmacological therapies available for the prevention and treatment of disease. Unable to identify individuals

	life threatening emergencies and initiate appropriate primary intervention. Incorporates the impact of factors including aging, psychological, cultural, environmental, genetic, nutritional, social, economic, religious and developmental on health and disease of patients as well as their impact on families and caregivers	Able to identify individuals at risk for disease including life threatening emergencies and initiate appropriate primary intervention. Able to incorporate the impact of factors including aging, psychological, cultural, environmental, genetic, nutritional, social, economic, religious and developmental on health and disease of patients as well as their impact on families and caregivers	Able to identify individuals at risk for disease including life threatening emergencies and initiate appropriate primary intervention. Able to incorporate the impact of factors including aging, psychological, cultural, environmental, genetic, nutritional, social, economic, religious and developmental on health and disease of patients as well as their impact on families and caregivers	Able to identify individuals at risk for disease including life threatening emergencies and initiate appropriate primary intervention. Able to incorporate the impact of factors including aging, psychological, cultural, environmental, genetic, nutritional, social, economic, religious and developmental on health and disease of patients as well as their impact on families and caregivers	at risk for disease and select appropriate preventive measures. Unable to identify individuals at risk for disease including life threatening emergencies and initiate appropriate primary intervention. Unable to incorporate the impact of factors including aging, psychological, cultural, environmental, genetic, nutritional, social, economic, religious and developmental on health and disease of patients as well as their impact on families and caregivers
Communication Skills (Patient)	Independent and excellent use of: Questioning styles, including effective information gathering. Appropriate levels of eye contact and posture. Excellent active listening. Demonstrates excellent empathy, rapport-building and acknowledgement of emotional responses. Independently communicates effectively with patients, their families. Provide patient education for all ages regarding health problems and health maintenance.	Minimally dependent and above average use of: Questioning styles, including effective information gathering. Appropriate levels of eye contact and posture. Excellent active listening. Demonstrates good empathy, rapport-building and acknowledgement of emotional responses. With minimal supervision communicates effectively with patients, their families. Provides patient education for all ages regarding health problems and health maintenance.	Intermittently dependent and average use of: Questioning styles, including effective information gathering. Good levels of eye contact and posture. Good active listening. Demonstrates good empathy, rapport-building and acknowledgement of emotional responses. With minimal supervision communicates effectively with patients, their families. Provides some patient education for all ages regarding health problems and health maintenance.	With continual guidance a fair use of: Questioning styles, including effective information gathering. Fair levels of eye contact and posture. Fair active listening. Demonstrates fair empathy, rapport-building and acknowledgement of emotional responses. With continual guidance communicates effectively with patients, their families. Provides minimal patient education for all ages regarding health problems and health maintenance.	Student despite maximal guidance unable to: Use adequate questioning styles, including ineffective information gathering. Poor to no eye contact and poor posture. Poor active listening. Unable to demonstrating empathy, rapport-building and acknowledgement of emotional responses. Despite continual guidance unable to communicate effectively with patients, their families. Provides patient education for all ages regarding health problems and health maintenance.
Communication skills (Healthcare Team)	Highly effectively communicates with members of the health care team using medical terminology, utilizing semantic qualifiers. Recognizes and communicates	Minimally dependent with above average communication skills with members of the health care team using medical terminology, utilizing semantic qualifiers. Recognizes and communicates	Minimally dependent with above good communication skills with members of the health care team using medical terminology, utilizing semantic qualifiers. Recognizes and communicates most	With continual guidance a fair use of communication skills with members of the health care team using medical terminology, utilizing semantic qualifiers. Recognizes and communicates some	Student despite maximal guidance unable to: Consistently communicates with members of the health care team using poor medical terminology, unable to utilize

	common and important abnormal clinical findings	common and important abnormal clinical findings	common and important abnormal clinical findings	common and important abnormal clinical findings	semantic qualifiers. Unable to consistently recognize and communicate common and important abnormal clinical findings
Professional Behavior					
	A student that independently: Fosters an atmosphere of excellence, participates and attends in all rounds, clinical sessions and lectures on time. Accepts criticism well. Has completed all logs in the patient encounter log and has completed all web based requirements. Demonstrates sensitivity to issues related to culture, race, age, gender, religion, sexual orientation and disability in the delivery of health care. Demonstrates a commitment to high professional and ethical standards. Recognizes one's own limitations in knowledge, skills and attitudes and the need for asking for additional consultation. Participates in activities to improve the quality of medical education. Reacts appropriately to difficult situations involving conflicts, nonadherence, and ethical dilemmas	A student with minimal guidance: Fosters an atmosphere of excellence, participates and attends in all rounds, clinical sessions and lectures on time. Accepts criticism well. Has completed all logs in the patient encounter log and has completed all web based requirements. Demonstrates sensitivity to issues related to culture, race, age, gender, religion, sexual orientation and disability in the delivery of health care. Demonstrates a commitment to high professional and ethical standards. Recognize one's own limitations in knowledge, skills and attitudes and the need for asking for additional consultation. Participates in activities to improve the quality of medical education. Reacts appropriately to difficult situations involving conflicts, nonadherence, and ethical dilemmas	A student with intermittent guidance: Fosters a positive atmosphere, participates and attends in most rounds, clinical sessions and lectures on time. Accepts criticism well. Has completed most logs in the patient encounter log and has completed most web based requirements. Demonstrates sensitivity to issues related to culture, race, age, gender, religion, sexual orientation and disability in the delivery of health care. Demonstrates a commitment to high professional and ethical standards. Recognize most limitations in knowledge, skills and attitudes and the need for asking for additional consultation. Participates in most activities to improve the quality of medical education. Reacts appropriately to most difficult situations involving conflicts, nonadherence, and ethical dilemmas	A student with continuous guidance: Fosters an atmosphere of excellence, participates and attends in all rounds, clinical sessions and lectures on time. Accepts criticism well. Has completed some logs in the patient encounter log and has completed some web based requirements. Demonstrates sensitivity to issues related to culture, race, age, gender, religion, sexual orientation and disability in the delivery of health care. Demonstrates a commitment to high professional and ethical standards. Recognizes some limitations in knowledge, skills and attitudes and the need for asking for additional consultation. Participates in some activities to improve the quality of medical education. Reacts appropriately to some difficult situations involving conflicts, nonadherence, and ethical dilemmas	A student despite continuous guidance: Fails to show up, is frequently late to rounds and lectures. Does not Accept criticism well. Has not completed all logs in the patient encounter log and has not completed all web based requirements. Does not recognize one's own limitations in knowledge, skills and attitudes and the need for asking for additional consultation. Unable to participate in activities to improve the quality of medical education. Reacts inappropriately to difficult situations involving conflicts, nonadherence, and ethical dilemmas

Appendix N: Policy on Non-Fraternization Relationships

St. George's University Policy on Non-Fraternization Relationships between individuals in inherently unequal positions may undermine the real or perceived integrity of the supervision and evaluation process, as well as affect the trust inherent in the educational environment. It is the policy of the University that respect for the individual in the University community requires that amorous or sexual relationships not be conducted by persons in unequal positions. The University considers it inappropriate for any member of the faculty (including clinical instructors), administration, or staff to establish an intimate relationship with a student, subordinate, or colleague upon whose academic or work performance he or she will be required to make professional judgments or who may have real or

perceived authority over the student. The University considers it a violation of this policy for any member of the faculty, administration, or staff to offer or request sexual favors, make sexual advances, or engage in sexual conduct, consensual or otherwise, with a person who is:

- Enrolled in a class taught by the faculty member or administrator
- Receiving academic advising or mentoring from the faculty member or administrator
- Working for the faculty member, administrator or staff
- Subject to any form of evaluation by the faculty member, administrator or staff.

Please note that the list above is not exhaustive and other situations of fraternization may also result in a violation of this policy. In all such circumstances, consent may not be considered a defense against a charge or fraternization in any proceeding conducted under this policy. The determination of what constitutes sexual harassment depends on the specific facts and the context within which the conduct occurs. Teaching and research fellows, doctoral and graduate assistants, tutors, interns, and any other students who perform work-related functions for the University are also subject to this policy. In the case of a pre-existing relationship between a faculty member and a student or subordinate, the faculty member has an affirmative duty to disclose this relationship to the Dean's Office so that any potential conflicts of interest can be resolved.

Appendix O: Diversity and Inclusion Policy

At St. George's University School of Medicine (SGUSOM), diversity is a foundational core value that is reflected in our campus community. We recognize that the educational environment is enhanced and enriched by a true blend of voices and knowledge from varied backgrounds and attributes. The University is committed not only to the recruitment of students, faculty, and staff from varied backgrounds and experiences, but also to developing initiatives designed to create an equitable and inclusive campus environment. We embrace the belief that a diverse, equitable, and inclusive environment is pivotal in the provision of the highest quality education, research, and health care delivery.

Through our pursuit of Diversity and Inclusion, SGUSOM prioritizes quality, positive student experiences irrespective of background. SGUSOM aims to create an environment where all students, faculty and staff, regardless of background, feel safe and free to contribute to the development of the SGUSOM community. SGUSOM aims to establish a culture of diversity, equality and inclusion.

SGUSOM is committed to anti-discrimination and does not discriminate as defined by applicable laws and regulations in those countries where its students participate in its educational program.

SGUSOM utilizes a variety of strategies to achieve its mission through a commitment to diversity, equity, and inclusion in its students, faculty, and staff.

To view the full Diversity and Inclusion Policy, please use the following link:

https://catalog.sgu.edu/doctor-of-medicine-program-4-year-md-som-student-manual/diversity-and-inclusion-policy

Appendix P: St. George's University Nondiscrimination Policy

I. Policy Statement

It is the policy of St. George's University ("University") to provide an educational and working environment that provides equal opportunity to all members of the University community. The University prohibits discrimination, including discriminatory harassment, on any basis prohibited by the applicable local laws of the country where the educational programme is being provided.

Sexual misconduct/harassment is governed by the Sexual Misconduct policy which can be found at: Sexual Misconduct Policy – St. George's University Student Manual

Therefore, reports of sexual misconduct/harassment as defined by that policy should be brought pursuant to that policy.

This policy applies to visitors, contractors, officers, administrators, faculty, staff, students, and employees of the University- on University property and/or involved in University associated activities.

II. Definitions (specific to this policy)

Discrimination:

Unjust unequal treatment of an individual or a group based on a personal characteristic or status that is protected under the local laws of the country where the educational programme is being provided.

Discriminatory Harassment:

Unjust and unwelcome conduct directed at an individual or a group based on a personal characteristic or status that is protected under the local laws of the country where the educational programme is being provided when one or more of the following are present:

- Submission to such conduct is unreasonably used as the basis of decisions affecting the individual with regard to employment, education or University activities or opportunities and/or becomes a condition of continued employment, education, or access to University activities or opportunities; or

Such conduct is so severe and/or pervasive that a reasonable person would consider it to be so intimidating, hostile and/or abusive that it would have the effect of interfering with a reasonable person's educational or job performance or access to University activities or opportunities.

Discrimination and Discriminatory harassment are not limited to face-to-face occurrence and can be verbal, physical, written, or electronic.

Petty slights, annoyances, and isolated incidents (unless repeated/severe/persistent/extreme) may not rise to the level to constitute discriminatory harassment.

In determining whether the alleged conduct constitutes discrimination or discriminatory harassment, the record as a whole, will be considered, as well as the totality of the circumstances, such as the nature of the alleged conduct, the power differential between the parties, and the context in which the alleged conduct occurred, whether the alleged conduct is severe and pervasive and will be judged using a reasonable person standard, not the subjective feelings of the individual(s) allegedly subjected to the conduct. Any assessment or investigation will be guided by the principles of fairness.

Inquiries by students regarding this policy may be directed to the Office of Student Affairs at studentaffairs@sgu.edu.

A person who believes that they have been subjected to discrimination or harassment in violation of this policy may make a report of the incident to the contacts listed below. Incidents should be reported as soon as possible after the time of occurrence. Upon receipt of a report, the University will review the report in accordance with the relevant policies and procedures.

III. Contacts

REPORTER	CONTACT	PHONE NUMBER	EMAIL ADDRESS
Students	Office of Student Affairs	473-439-3000 ext3779	studentaffairs@sgu.edu
Students	Office of Judicial Affairs	473-4175 ext3137 or 3456 473-439-4256	judicial@sgu.edu
Faculty	Office of Human Resources	473-439-3000 ext.3762	FacultyHR@sgu.edu
Staff	Office of Human Resources	473-439-3000 ext.3380	hr@sgu.edu
Vendors	Office of Vice President of Business Administration	473-439-2000 ext.4031	dbuckmire@sgu.edu
All Reporters	EthicsPoint	1-844-423-5100	https://secure.ethicspoint.com/domain/media/en/gui/57112/index.html

IV. Procedures for Reporting

All reports will be taken seriously. Upon receipt of a report, the University will review the report and the allegations and conduct the applicable investigation, which will typically involve speaking with the reporter and the individual(s) involved in the alleged conduct and providing them with the opportunity to tell their side of the story. At the conclusion of investigation, the reporter and the individual alleged to have engaged in the conduct will be advised of the determination and general outcome. The resolution of complaints may involve informal and/or formal measures as appropriate, consistent with policy, procedure and processes governing complaints, resolution and discipline as set forth in the Student Manual, Faculty Handbook and Staff policies, as applicable.

The purpose of this policy is to address and prevent prohibited conduct and therefore, while an individual engaged in prohibited conduct in violation of this policy may be subject to discipline, not all conduct will ultimately result in discipline and other resolutions may be determined to be appropriate under the totality of the circumstances.

All members of the University community are expected to cooperate with and participate in any inquiries and investigation conducted.

The University may provide interim measures as necessary, appropriate, and available, to an individual involved a report made pursuant to this policy. Interim measures may be put in place prior to or while an investigation is pending and/or ongoing. It may be appropriate for the University to take interim measures during the investigation of a complaint absent a request by either party. Interim measures must be coordinated with and approved by the appropriate University departments, including, but not limited to, the Office of Student Affairs, Human Resources, Department of Public Safety and Security, or Judicial Affairs.

V. Intentionally False Reports

The University takes reports under this policy very seriously, as it may result in serious consequences. A good-faith complaint that results in a finding that a violation did not occur is not considered to be false. However, individuals found to have made a report, intentionally false or misleading or dishonest, or made maliciously and without regard for truth may be subject to disciplinary action.

Retaliation is an adverse action taken against a person for making a good faith report of or participating in any investigation or proceeding under this Policy. Adverse action includes direct or indirect conduct that threatens, intimidates, harasses, coerces or in any other way seeks to discourage a reasonable person from engaging in activity protected under this Policy. Retaliation can be committed

by or against any individual or group of individuals. Retaliation is prohibited and may constitute grounds for disciplinary action. An individual who believes they have experienced retaliation is strongly encouraged to make a report to the University using the reporting procedures set forth above. The University will take appropriate responsive action to any report of retaliation.

VI. Resources

- Office of Student Affairs – studentaffairs@sgu.edu; https://myuniversity.sgu.edu/pages/dean-of-students
- Human Resources – FacultyHR@sgu.edu; hr@sgu.edu
- EthicsPoint – https://secure.ethicspoint.com/domain/media/en/gui/57112/index.html
- University Ombuds – ombuds@sgu.edu or 473-405-4204
- PSC Counseling – pscscheduling@sgu.edu or 473-439-2277
- BCS Counseling – SGU-BCS Counseling (bcs-talk.com); In an emergency, please call: 877-328-0993
- University Health Services – clinic@sgu.edu; 473- 407-2791
- Campus Security – Call 777 from any cell or landline phone for emergency response
- Non-emergency response from Department of Public Safety – Call (473) 444-3898
- Student Manual Link – Sexual Misconduct Policy – St. George's University Student Manual
- SGU Faculty and Staff HR Page – https://myuniversity.sgu.edu/dashboard
- Psychological Services Center – https://myuniversity.sgu.edu/pages/psc

Appendix Q: Policy on Clinical Return of Grades

Core Clerkships

For final core grades to be submitted within the required 6 weeks for core clerkships, it is expected that individual clerkship directors (CDs) and directors of medical education (DMEs) will have grades submitted through the SOM electronic evaluation system within 3 weeks of the conclusion of the rotation. This will allow time for final processing and uploading through the Office of the University Registrar.

Please note: CDs will be able to enter and save grades with no NBME Clinical Subject Examination score but not submit, until the 14th day after the end of the rotation. On the 35th day, a grade of NG will appear and clerkship directors and the DME will be able to submit grades using the NG tile in the system.

If by day 22, the evaluation has not been fully approved by the CD and the DME, then SGU will begin contacting the medical education coordinator (MEC), CD and/or DME to assist in resolving the outstanding evaluation.

Elective/Sub-Internships

For final elective grades to be submitted within the required 6 weeks for electives/sub-internships, it is expected that the evaluator/CD and DME will have grades finalized within 3 weeks of the conclusion of the rotation and submitted through the SOM electronic evaluation system.
If by day 25, the evaluation has not been received, the SOM will begin contacting the MEC, CD and/or DME to assist in resolving the outstanding evaluation. On the 35th day, a grade of NG will appear and the faculty member and the DME will be able to submit grades using the NG tile in the system.

For rotations that ended December 31, 2025, evaluations should be sent to:

Office of Clinical Education Operations/University Support Services LLC
Attn: Clinical Evaluations
3500 Sunrise Highway, Building 300
Great River, New York 11739

Otherwise, grades should be submitted through the SOM electronic evaluation system.

IT Issues Impacting Core Clerkship Grading

For issues accessing the SOM Electronic Evaluation System for core clerkships, the DME, CD, or MEC should email IT Support Services at support@sgu.edu and copy the Office of Clinical Education Operations at hosppaper@sgu.edu to request assistance.

Appendix R: Potential Options and Pathways

Fourth-Year Students and Graduates without a Residency

The following options and pathways may help eligible students and graduates strengthen their applications for a future Match. The Office of Career Guidance (OCG) provides webinars on these options and pathways and distributes application materials. Questions should be directed to careerguidance@sgu.edu.

Eligibility and Considerations

- Participants must not have secured any postgraduate medical training, including internship training outside the US.
- Participants must have met all graduation requirements, including completion of the 80-week clinical curriculum and passing all required NBME Clinical Subject Examinations.
- Students who previously participated in a program requiring delayed graduation, such as the Extended Clinical Program or the MSc in Biomedical Research, may not delay graduation a second time.
- Additional requirements may apply based on program availability and start dates.
- Participants must maintain medical insurance coverage.

Extended Clinical Program

The Extended Clinical Program (ECP) allows eligible students to complete up to 8 weeks of audition electives at SGU-affiliated hospitals in the US without additional tuition while maintaining medical student status. US citizens and permanent residents may complete rotations at non-affiliated hospitals but are responsible for any associated fees.

Students must graduate by the next main diploma-granting date. For example, a student who was scheduled to graduate in June and participates in the ECP must graduate by the following January. The only University charge is the medical student malpractice insurance premium. Participation in the ECP may be limited to certain months and affiliated hospitals.

Master of Public Health

The Master of Public Health (MPH) is a one-year online program and is not a dual-degree program. Tuition is waived for eligible participants.

Master of Business Administration

The Master of Business Administration (MBA) in Multi-Sector Health Management is a one-year online program with cohort-based classes and two in-person weeks in Grenada, one at the beginning and one near the end of the program. Although tuition is waived, eligible participants are responsible for the cost of books, applicable fees, and travel to Grenada.

Master of Science in Biomedical Research

The Master of Science in Biomedical Research (MSc BR) is a 34-week dual-degree MD/MSc program in which students conduct research in a clinical setting while retaining medical student status. Students must have passed USMLE Step 1 and Step 2. Although tuition is waived, eligible participants are responsible for maintaining malpractice insurance. This program begins in mid-May.

Master of Science in Bioethics

The Master of Science in Bioethics (MSc Bioethics) is a 34-week dual-degree MD/MSc program in which students complete coursework in the responsible conduct of research and develop a bioethics research project for publication. Students must have passed both USMLE Step 1 and Step 2. Tuition is waived for eligible participants. The program begins in early August.

SGU Research Fellowship Program

The SGU Research Fellowship Program is a one-year research opportunity in Grenada for graduates to conduct research with the Medical Student Research Institute (MSRI) and teach components of the Basic Sciences curriculum. The University provides a monthly stipend.

Research Programs Through SGU Affiliates

SGU may periodically become aware of research opportunities available through affiliated hospitals. Graduates who have received the MD degree and are interested in research may request information about available opportunities.

Self-Directed Strategies

Students and graduates are encouraged to use their professional and personal networks to strengthen their career opportunities. Those who pursue pathways outside SGU should inform OCG so that the University can continue to provide support and career guidance.

Appendix S: Master in Basic Medical Sciences

Effective January 1, 2022, the requirements for the Master in Basic Medical Sciences degree were revised based on the recommendation of the faculty and approval of the Curriculum Committee.

To qualify for the degree, students must successfully complete the required courses listed below:

Term	Course Number	Course Title	Credits
Term 1	BPM 500	Basic Principles of Medicine I	17
Term 2	BPM 501	Basic Principles of Medicine II	17
Term 3	BPM 502	Basic Principles of Medicine III	8
Term 4	PCM 500	Principles of Clinical Medicine I	23

A student may be eligible to receive the degree under either of the following circumstances:

- The student voluntarily withdraws from the University after successfully completing all required courses listed above.
- The student is recommended for dismissal from the University in Term 5 or during the clinical years and their appeal to the Committee for Academic Progress and Professional Standards (CAPPS) is unsuccessful.

Application Requirements

To request consideration for the degree:

- Students must complete the **Master in Basic Medical Sciences Application**

- Students must enter their name and email address on the PowerForm signer information page before the application becomes available.
- Completed applications are submitted electronically to the Office of the University Registrar for review.
- Students must have no outstanding holds on their records.
- For students dismissed following an unsuccessful CAPPS appeal, eligibility information and a link to the application are included in the CAPPS decision letter.

Questions should be directed to the Office of the University Registrar at regmail@sgu.edu.

Appendix T: Student Mistreatment Policy

1. Policy Statement and Purpose

All members of this diverse community are expected to maintain a positive and respectful learning environment free of harassment, intimidation, belittlement, humiliation, and abuse. This policy defines mistreatment and provides a mechanism to allow individuals to report violations without fear of retaliation.

This Student Mistreatment policy is meant to address mistreatment not otherwise covered by other existing SGU policies, such as:

- Diversity and Inclusion Policy
- Learning Environment Policy
- Nondiscrimination Policy
- Sexual Misconduct Policy
- Student Code of Conduct

2. Definition of Mistreatment (specific to this policy)

According to the Liaison Committee on Medical Education (LCME), mistreatment occurs, either intentionally or unintentionally, when "behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process."

Examples of mistreatment include, but are not limited to, the following:

- Harmful, injurious, or offensive conduct
- Verbal attacks
- Insults or unjustifiably harsh language when speaking to a student or publicly about a student
- Public humiliation or belittling
- Physical attacks (e.g., being slapped, hit, or kicked)
- Requiring performance of personal services (e.g., child sitting, shopping)
- Intentional neglect (e.g., intentionally neglecting a student in a clerkship)
- Disregard for student safety
- Denigrating comments about a student's field of choice
- Assigning tasks as punishment rather than to meet educational objectives or for the objective evaluation of a student's performance
- Unreasonable and unjustifiable exclusion of a student from a usual and reasonably expected educational opportunity for any reason other than as an appropriate response to that student's performance
- Other behaviors that violate the trust between teacher and learner and/or that are contradictory to the learning atmosphere

Other behaviors that constitute mistreatment such as sexual misconduct and discrimination are covered under this and other explicit University policies (see links to Nondiscrimination Policy and Sexual Misconduct Policy in section VIII below).

3. Procedures for Reporting

As set forth in the Learning Environment Policy of the School of Medicine, SGU does not tolerate student mistreatment. Students who experience mistreatment are expected and encouraged to report the mistreatment.

There are several mechanisms for such reporting:

Direct Reporting to Office of Student Affairs

Students are encouraged to report incidents of mistreatment to the immediate attention of the Office of Student Affairs (studentaffairs@sgu.edu), which will treat such reports with discretion.

Reporting through EthicsPoint

Students can report mistreatment anonymously using EthicsPoint, which is a confidential 24/7 reporting tool. Reports can be made online at https://secure.ethicspoint.com/domain/media/en/gui/57112/index.html or by phone (1-844-423-5100). This reporting portal allows students to report misconduct to an outsourced third party, which then confidentially directs reports to the appropriate office at SGU.

Reporting After Courses/Clerkships

Students can provide feedback about mistreatment through SGU surveys. Questions about the learning environment, including any experience of mistreatment, are on the end-of-course/clerkship evaluations and on the SGU learning environment survey. Feedback from surveys is reviewed at an aggregate and de-identified level by the Learning Environment Committee (LEC). The LEC monitors the learning environment for observable trends and makes recommendations to the dean of the school of medicine on how to enhance positive influences and mitigate negative influences.

Student feedback through surveys is important in helping SGU maintain a positive learning environment for students in all phases of the MD program. However, this post-hoc mechanism of reporting mistreatment is likely to result in a delay in interventions; thus, students are encouraged to also report their mistreatment immediately to the Office of the Dean of Students so that a real-time intervention, if warranted, can be enacted.

4. Processing of Reports of Mistreatment:

Reported incidents of mistreatment are treated seriously and responded to appropriately, fairly, and expeditiously as described in general below:

Non-anonymous Reports: Non-anonymous reports of student mistreatment are channeled to the Office of Student Affairs, directly or indirectly. Upon receipt of a report of mistreatment, determination is made whether the conduct as reported may fall under this policy and if so an investigation pursuant to the policy will be commenced. A member from the Office of Student Affairs conducts the initial intake interview with the student. The Office of Student Affairs and/or its designees may conduct additional interviews with the student and initiate additional investigatory actions with the student (e.g., interviews by a department of public safety officer). The Office of Student Affairs may refer a matter to and/or consult with an appropriate department/office for purposes of an investigation involving non-students, such as faculty or staff. If the mistreatment complaint is against another student, then the Office of Student Affairs will follow relevant procedures pursuant to the Code of Conduct, and the matter may be referred to the Office of Judicial Affairs.

Reports through EthicsPoint (anonymous or non-anonymous): If a report is made through EthicsPoint, it is shared with the compliance team, using a process overseen by the chief compliance officer. The team is responsible for reviewing all allegations, and taking the appropriate course of action, including but not limited to designating an investigator for investigation and consultation/coordination with the applicable department as appropriate. This platform specifically allows the University and the reporter to interact and enables follow-up communication on reports. An individual who files an EthicsPoint report is assigned a unique code and creates a personal password at the time of their initial report. The individual may then return to the EthicsPoint hotline (via internet or phone) to re-access their case. Through this mechanism, the individual can provide more details, ask questions, answer questions, and be provided general feedback while maintaining anonymity (if anonymity is desired).

All members of the University community are expected to cooperate with and participate in any inquiries and investigation conducted.

In a case where mistreatment is found, appropriate and prompt action will be taken. At the conclusion of the investigation, the student will be notified that the investigation has been completed and generally of the conclusion; however, for reasons of privacy, specific details regarding the conclusion and/or resulting actions may not be shared with the student. The resolution of complaints may involve informal and/or formal measures and may include remedial action, as appropriate, to help prevent the occurrence of similar behavior by other faculty, staff, and/or students, which could include relevant training and education.

5. Non-Tolerance for Retaliation

The University does not tolerate retaliation of any kind against anyone for raising in good faith, concerns or reporting possible mistreatment or for assisting in the investigation of possible mistreatment. Retaliation for filing a good faith report and/or good faith and honest participation in the investigation of any such report is expressly prohibited and may constitute grounds for disciplinary action. SGU will take appropriate action in response to any report of retaliation.

6. Awareness

The goal is to prevent student mistreatment through education and the continuing development of a sense of community. Faculty, staff, and students will be informed about this student mistreatment policy, including the reporting and support mechanisms that are in place for students. The Office for Faculty Affairs will provide training opportunities for faculty regarding mistreatment, including the reporting and support mechanisms that are in place for students.

7. Contacts

Contact	Phone Number	Email	Website
Office of Student Affairs	473-439-3000 ext. 3779	studentaffairs@sgu.edu	https://myuniversity.sgu.edu/pages/student-affairs-student-resources
EthicsPoint	1-844-423-5100		https://secure.ethicspoint.com/domain/media/en/gui/57112/index.html

Additional Support	Phone Number	Email	Website

Office of the Ombuds	473-405-4204	ombuds@sgu.edu	https://myuniversity.sgu.edu/pages/office-of-the-ombuds
Psychological Services Center (Grenada)	473-439-2277	pscscheduling@sgu.edu	https://myuniversity.sgu.edu/pages/psc
BCS Counseling	Emergencies: 877- 328-0993		https://sgu.bcs-talk.com
University Health Services (Grenada)	473-407-2791	clinic@sgu.edu	https://myuniversity.sgu.edu/pages/university-health-services
Department of Public Safety (Grenada Campus Security)	Emergencies: **777** Non-Emergencies: **473-444-3898**		https://myuniversity.sgu.edu/groups/department-of-public-safety/pages/8 https://myuniversity.sgu.edu/pages/sgu-safe-app

8. Cross Ref.

Policies (as found in the Student Manual and Clinical Training Manual)

- Diversity and Inclusion Policy (Student Manual Link): https://www.sgu.edu/studentmanual/school-of-medicine/doctor-of-medicine-program-4-year-md/diversity-and-inclusion-policy
- Learning Environment Policy (Student Manual Link): https://catalog.sgu.edu/doctor-of-medicine-program-4-year-md-som-student-manual/learning-environment-policy
- Nondiscrimination Policy (Student Manual Link): https://catalog.sgu.edu/doctor-of-medicine-program-4-year-md-som-student-manual/policy-statement
- Sexual Misconduct Policy (Student Manual Link): Sexual Misconduct Policy – St. George's University Student Manual
- Student Code of Conduct (Student Manual Link): https://catalog.sgu.edu/university-student-manual/university-code-of-conduct
- Clinical Training Manual: https://catalog.sgu.edu/school-of-medicine-clinical-training-student-manual

Website of Student Mistreatment policy

- https://myuniversity.sgu.edu/pages/student-affairs-sgu-policies

Appendix U: Perspectives and Viewpoints Expressed by Students or Student Groups/Organizations

The perspectives and viewpoints expressed by individual students, past or present, or student groups/organizations (including but not limited to social media posts, presentations, panel discussions or chats) are solely representative of the personal perspectives and viewpoints of that specific individual or group/organization. Such expressions do not reflect the views of the administration of SGUSOM and are not to be construed as representative of the school or its curriculum. The SGUSOM Student Manual, Clinical Training Manual, and course syllabi remain as the definitive guides to school policies, academic requirements, curriculum and resources.