Table of Contents

Introduction ... 4
Mission: The Doctor of Medicine Program ... 4
Dean's Welcome to the Clinical Years ... 4

Section One: Clinical Program Administration and Staff ... 5
Clinical Program Administration and Staff ... 5
Offices of Deans and Administrative Faculty and Staff ... 5
Office of Clinical Studies ... 7
Office for Clinical Development ... 8
Office for Curriculum Evaluation and Assessment (CEAD) ... 8
Office of Accreditation, Quality Assurance, and Strategic Planning ... 8
Office of Faculty Affairs ... 8
Office of Research, SOM ... 8
Office of Multicultural Affairs ... 9
Office of Basic Sciences ... 9
Office of Clinical Education Operations ... 10
Office of MSPE ... 10
Nondiscrimination Statement and Title IX Information ... 10

Section Two: Overview of Clinical Studies ... 11
Clinical Training Sites ... 11
Role of Affiliated Hospitals ... 12
Assignment of Students to Hospitals ... 13
Health Requirements for Clinical Rotation ... 15
Tuberculosis Screening ... 15
Mandatory Immunizations ... 16
Additional Vaccinations ... 16
UK Requirements ... 16
Annual Requirements ... 17
COVID-19 Policy for Clinical Students ... 17
Pre-Clerkship Web-Based Placement Requirements for US and UK ... 17
Communication Requirements ... 18
Supervision of the Clerkships ... 18
The Role of Preceptors and Clinical Faculty ... 19
The Clinical Clerk ... 20
Policy on Clinical Exposure Time ... 20
Protected Academic Days For NBME Exam Preparation ... 21
Involvement with Patients ... 21
Supervision of Students ... 21
Teacher-Learner Expectations ... 22
Learning Environment Policy ... 23
Participation in Continuous Quality Improvement ... 23

Section Three: Clinical Years: Medical Knowledge and Competencies ... 24
Introduction ... 24
Competency ... 24
MD Program Objectives ... 25
The Clinical Curriculum ... 26
Year Four of the MD Program ... 27
Independent Study and Lifelong Learning ... 28
Required Web-Based Modules ... 29
Communication Skills ... 29
Required Clinical Experiences and the Electronic Patient Encounter Log ... 29
Assessment of Required Clinical Experiences and the Electronic Patient Encounter Log ... 35
Manual Skills and Procedures ... 35
Reading and Web Based Education Resources ... 36
Required Web-Based Activities ... 37

Section Four: Academic Progress ... 38
Promotion and Graduation ... 38
Timeline Requirements for the Clinical Studies ... 41
A Three-Year Clinical Schedule ... 42
Extended Timelines in the Clinical Program ... 42
Bridge Time for Students ... 43

Section Five: Participation Standards and Time-off Policies ... 44
General ... 44
Study Days ... 44
CBSE, Step 1, and Step 2 CK ... 44
Residency Interviews ... 44
Cancellation Policy ... 45
Clinical Medical Excuse from Exams ... 45
Faculty Panel for Academic Professionalism (FPAP) ... 47

Section Six: Student Support Services ... 48
Overview ... 48
Office of Career Guidance (OCG) ... 48
Medical Student's Performance Evaluation (MSPE) ... 49
Healthcare ... 50
Psychological Services ... 50
Academic Advice ... 51
Food and Housing ... 51
Financial Services ... 52
Student Accessibility and Accommodation Services ... 52

Section Seven: Extracurricular Activities ... 52
The Medical Student Research Institute ... 52
Gold Humanism Honor Society ... 53
Scholarly Activity ... 53
Dual Degrees ... 53

Section Eight: Assessment and Grading ... 53
Mid-Core Examination ... 53
Mid-Core Feedback ... 54
The Summative Final Clerkship Evaluation ... 56
Grading System for Students Who Started Their Core Clerkships (Year 3) Before January 3rd, 2022 ... 56
Implications for Academic Progress ... 58
Grading System for Students Who Started Their Core Clerkships (Year 3) After January 3rd, 2022 ... 59
Implications for Academic Progress ... 61

The Review and Appeal Processes for Courses in Years Three and Four 66
Assessment of Other Rotations 67
Review of Academic Progress for MD Program 67
Appeal Process and the Clinical CAPPS 68
Section Nine: the Core Clerkships 68
Internal Medicine 68
Obstetrics and Gynecology 74
Pediatrics 80
Psychiatry 90
Surgery 96
Family Medicine 106
Section Ten: Electives and Additional Fourth Year Rotations 111
Electives and Additional Fourth Year Rotations 111
Sub-Internship 113
General and Sub-specialty Electives 114
Emergency Medicine Elective 115
GMDC Complaints Policy 118
Appendices 119
Appendix A: Affiliated Hospitals 119
Appendix B: School of Medicine Health Form for Clinical Placement 121
Appendix C: Visa Information for Clinical Training in the US, UK and Grenada 121
Appendix D: Single Elective Affiliation Agreement and Rotation Description Form 124
Appendix E: Final Evaluation for Students that Started Rotations before January 3rd 2022 125
Appendix E: Final Evaluation for Students that Started Rotations after January 3rd 2022 126
Appendix F: Clinical Elective Assessment of Student Performance 128
Appendix G: Family Questionnaire 128
Appendix G: Medicine Questionnaire 130
Appendix G: OB/GYN Questionnaire 131
Appendix G: Pediatric Questionnaire 132
Appendix G: Psychiatry Questionnaire 133
Appendix G: Surgery Questionnaire 134
Appendix H: Chair's Site Visit 136
Appendix H: Surgery Site Visit Form 140
Appendix I: Electives that Fulfill the 4th year "Medicine Elective" Requirement 143
Appendix J: Communication and Interpersonal Skills Behavior List 144
Appendix K: Drexel University Communication Curriculum 144
Appendix L: Ethics in Medicine Curriculum 148
Appendix M: Old Rubric 149
Appendix M: New Rubric 152
Appendix N: Policy on Non-Fraternization Relationships 154
Appendix O: Diversity, Equity, and Inclusion Policy 155
Appendix P: St. George's University Nondiscrimination Policy 155
Appendix Q: Policy on Clinical Return of Grades 158
Appendix R: Potential Options & Pathways 158
Appendix S: Masters in Basic Medical Sciences 160
Appendix T: Student Mistreatment Policy 160
Appendix U: Perspectives and Viewpoints Expressed by Students or Student Groups/Organizations 164

Introduction

The Clinical Training Manual serves four important functions:

- Helping students achieve the program objectives of the School of Medicine
- Functioning as a useful handbook to guide students through the many school and regulatory policies and requirements that characterize the clinical phase of their medical education
- Providing the major academic and policy document for our affiliation agreements with hospitals and submissions to accrediting agencies
- Serving as an initial guide for students as they plan for postgraduate training

The three sections of the Manual detail the following:

- Structure of the clinical program
- The clinical curriculum
- The relationships with affiliated hospitals and the procedures
- Rules and regulations required to function in health care settings and apply for post-graduate training in the US

This Manual has evolved over 40 years in response to accrediting agencies, residency and licensing requirements, clinical faculty input and the cumulative experience of thousands of SGU medical students who have successfully completed the clinical terms. We hope that students and faculty use this Manual to help them with both long-range educational goals and day-to-day functioning. We recommend that students read this Manual carefully and use it as a reference. This Manual is subject to change and continuously revised and updated as necessary.

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.

Dean's Welcome to the Clinical Years

An Open Letter from the 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 on your first day in 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 NBME exams. 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 Student Affairs, Directors of Medical Education (DME), Clerkship Directors (CD), 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, Ph.D.
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, Ph.D.	Dean, School of Medicine	officeofthedeansgusom@sgu.edu
Stephen Weitzman, MD	Dean Emeritus	officeofthedeansgusom@sgu.edu
Tracy Shabazz	Assistant Administrator	shabazz@sgu.edu
Nafeza Baksh	Assistant Administrator	nafezabaksh-george@sgu.edu

Office of Admissions, SOM

Office of Admissions, SOM	Title/Role	Contact Information
Duncan Kirkby, PhD	Sr. Associate Dean of Admissions, SOM; Chair, FSSC; Chair, APBSOM	dkirkby@sgu.edu
Faculty Student Selection Committee		

Office of Student Academic Affairs

Office of Student Academic Affairs	Title/Role	Contact Information
Office of Student Academic Affairs	Shared email for CAPPS	cappssom@sgu.edu
Charlotte Taylor-Drigo, MD	Assistant Dean of Academic Affairs; Chair, CAPPS; Chair, Graduation Assessment Board (GAB)	cappssom@sgu.edu

Office of Student Affairs

Office of Student Affairs	Title/Role	Contact Information
Office of Student Affairs	Shared email US/UK Clinical Grenada Newcastle (NU)	studentaffairsclinical@sgu.edu studentaffairs@sgu.edu studentaffairsnu@sgu.edu
Lucy Clunes, PhD	Vice President of Student Affairs	lclunes@sgu.edu
John Madden, MD, FACEP, FAAEM	Associate Dean of Student Affairs - Clinical Studies (US) & Director, OCG	jmadden@sgu.edu
Lee Dvorkin	Associate Dean of Student Affairs, Clinical Studies - UK	studentaffairs@sgu.edu
Laurence Dopkin, MD, FAPA, DFAACAP	Assistant Dean of Student Affairs - Clinical Studies	ldopkin@sgu.edu
Shubhra Malhotra	Assistant Dean of Student Affairs - (Northumbria, UK)	smalhotr@sgu.edu
Michon Sukhoo-Pertab, MBBS	Assistant Dean of Student Affairs - GND	msukhoo1@sgu.edu
Kerry Mitchell, PhD	Assistant Dean of Student Affairs - GND	KMitche3@sgu.edu
Lenny Lim, MD	Assistant Dean of Student Affairs - GND	llim@sgu.edu
Myanna Charles, MD	Assistant Dean of Student Affairs - GND	mcharle9@sgu.edu
Office of Career Guidance (OCG)	**Shared Email US/UK** **Grenada**	**ocg@sgu.edu** **ocggrenada@sgu.edu**
John Madden, MD, FACEP, FAAEM	Associate Dean of Student Affairs - Clinical Studies (US) & Director, OCG	jmadden@sgu.edu
Claudine Brown, MD, MPH, MBA	Assistant Dean, Office of Career Guidance - GND	CBrown10@sgu.edu
Academic Advising and Development Service (AADS)	**Shared email** **US/UK**	**aads-clinical@sgu.edu**

	Grenada	**academicadvisingsom@sgu.edu**
Michael Keenaghan, MD	Assistant Dean of Student Affairs - Academic Advising and Development - Clinical Studies - US	mkeenagh@sgu.edu
Temitayo Olagbemi, MBBS	Assistant Dean of Student Affairs, Academic Advising and Development - GND	tolagbem@sgu.edu
Beryl De Souza, MBBS, MPhil, BSc, FRCS, MEd	Assistant Dean of Student Academic Advising and Development - Clinical Studies - UK	bdesouz1@sgu.edu
Accessibility and Accommodation Services (SAAS)	**Shared email**	accommodations@sgu.edu
Kate Mc Laughlin	Director, Student Accessibility and Accommodation Services	kmclaugh@sgu.edu

Office of Clinical Studies

Office of Clinical Studies

Office of Clinical Studies	Title/Role	Contact Information
Robert T. Grant, MD, MSc, FACS	Senior Associate Dean of Clinical Studies	rgrant@sgu.edu
Armand Asarian MD, FACS	Assistant Dean, Clinical Studies - US	aasarian@sgu.edu
Anna Cyrus-Murden, MD, MPH	Assistant Dean for Simulation - US and GND	acyrusmu@sgu.edu
Gary Ishkanian, MD	Assistant Dean, Clinical Studies - US	gishkanian@sgu.edu
Toni Liggins, MD	Associate Dean, Clinical Studies - US	tliggins@sgu.edu
Christopher Magnifico, MD	Associate Dean, Clinical Studies - US	cmagnifi@sgu.edu
Juanette McKenzie, MBBS	Assistant Dean, Clinical Studies	jmckenzi@sgu.edu
Dolland Noel, BSc, MD	Associate Dean, Clinical Studies - Caribbean	dnoel@sgu.edu
Timothy Owen, MD	Assistant Dean, Clinical Studies - UK	towen@sgu.edu
David Stoker, MD, FRCS, FRCS(Ed)	Associate Dean, Clinical Studies - UK	dstoker@sgu.edu
Morona Sukhoo-Pertab, MBBS	Assistant Dean, Clinical Studies	msukhoop@sgu.edu
Jaclyn Ziliani	Executive Assistant and Project Manager	jziliani@sgu.edu

SOM Academic Department Chairs - Clinical Studies

If you need to reach out to any of the chairs, please contact 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	James Rucinski, MD	Lee Dvorkin, MD, FRCS		
Pediatrics	Warren Seigel, MD, MBA, FAAP, FSAHM	Mary-Anne Morris, MBBS, FRCPCH, MD		
OB/GYN	Paul Kastell, MD, FACOG	Timothy Hillard, BM, DM, MRCOG, FRCOG	Michael Cabbad, MD	
Psychiatry	Amy Hoffman, MD	Brian C. Douglas, MBChB, MRCP	Elizabeth Ryznar, MD	
Family Medicine and General Practice	Everett Schlam, MD	Adnan Saad, MRCS, MBBS, MRCGP, BSC		
Emergency Medicine	Theodore Gaetta, DO, MPH			

Office for Clinical Development

Office for Clinical Development	Title/Role	Contact Information
Daniel Ricciardi, MD, FACR	Executive Vice President, Clinical Development	Dricciardi@sgu.edu
Sherry Singh, MD	Associate Dean, Clinical Development - US	SSingh@sgu.edu
Edward Kulesa, MPA	Executive Director, Clinical Development - US	EKulesa@sgu.edu

Office for Curriculum Evaluation and Assessment (CEAD)

Office for Curriculum Evaluation and Assessment (CEAD)	Title/Role	Contact Information
Curriculum Evaluation and Assessment	Shared email Clinical Studies Basic Sciences	 clinadmin@sgu.edu dobsadmin@sgu.edu
Nitsa Topale, Ed.D.	Associate Dean for Evaluation & Assessment; Chair, APRC	ntopale@sgu.edu
Andre Havenga, D.Ed.	Director, Institutional Research, SOM	ahavenga@sgu.edu
Krystal Rampersad, MBBS	Coordinator - Curriculum Mapping & Reporting	krampers@sgu.edu
Rachqueda Salfarlie, MBA, M.Ed	Coordinator - Academic Progress Review, Data Analysis, & Evaluation	rsalfarl@sgu.edu
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

Office of Accreditation, Quality Assurance, and Strategic Planning

Office of Accreditation, Quality Assurance, and Strategic Planning	Title/Role	Contact Information
Brenda Kirkby, Ph.D.	Associate Dean of Accreditation, Quality Assurance, and Strategic Planning	bkirkby@sgu.edu

Office of Faculty Affairs

Office of Faculty Affairs	Title/Role	Contact Information
Office of Faculty Affairs	Shared Email	OfficeofFacAffairs@sgu.edu
Maira Du Plessis	Assistant Dean of Faculty Affairs, Chair - Faculty Development Committee	mdupless@sgu.edu
Nichole (Nikki) John	Clinical Faculty Coordinator	OfficeofFacAffairs@sgu.edu

Office of Research, SOM

Office of Research, SOM	Title/Role	Contact Information
Martin Forde, ScD	Assistant Dean of Research	mforde@sgu.edu
Tarek Almabrouk, MBBS	Director of the Clinical Medical Student Research Institute (UK-Newcastle)	talmabro@sgu.edu
Theodore Gaeta, MD	Director of the Clinical Medical Student Research Institute (US)	tgaeta@sgu.edu

Ron Chamberlain, MD	Director of the Clinical Medical Student Research Institute (US)	rchamber@sgu.edu
Michael Montalbano, MD	Director of the Medical Student Research Institute (GND)	Mmontal1@sgu.edu
Maira Du Plessis, PhD	Director of Research, Anatomy	mdupless@sgu.edu

Office of Multicultural Affairs

Office of Multicultural Affairs	Title/Role	Contact Information
Arlette Herry, Ph.D.	Vice President, Multicultural Affairs	aherry1@sgu.edu

Office of Basic Sciences

Office of Basic Sciences

Office of Basic Sciences	Title/Role	Contact Information
Mark Clunes, Ph.D.	Senior Associate Dean Basic Sciences; Chair, Curriculum Committee	mclunes@sgu.edu
Kazzara Raeburn, MD, MSc	Associate Dean, Basic Sciences, Curriculum - GND	kraeburn1@sgu.edu
Michael Montalbano, MD, MPH	Assistant Dean, Basic Sciences, Curriculum - GND	MMontal1@sgu.edu
James Coey, BM BMedSci (Hons), SFHEA	Assistant Dean, Basic Sciences - NU	jcoey@sgu.edu
Robert Finn, BSc,PhD, FHEA	Assistant Dean, Basic Sciences - NU	bfinn@sgu.edu
Anna Cyrus-Murden, MD, MPH	Assistant Dean for Simulation - US and GND	acyrusmu@sgu.edu
Rachael George, MD	Assistant Dean, Basic Sciences, Premed Program - GND	rgeorge@sgu.edu

SOM Academic Department Chairs – Basic Sciences

DEPARTMENT	CHAIR/CO-CHAIR	DEPUTY CHAIR	ASSOCIATE CHAIR – NU PROGRAM, SGI SOM
Anatomical Sciences	Kazzara Raeburn, MD, MSc	Maira Du Plessis, PhD, MSc Michael Montalbano, MD, MPH	James Coey, 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		
Neurosciences Physiology Behavioral Sciences	Brenda Kirkby, PhD	Juanette McKenzie, MBBS	Brianna Fahey, MSc, PhD, SFHEA
Microbiology, Pharmacology and Immunology	Theofanis Kollias, MD	Hisham Elnosh, MBBS	
Pathology	Ewald Marshall, MD, MSc		
Public Health and Epidemiology	Kerry Mitchell, PhD	Lindonne Glasgow, Dip., MSPH, DrPH	
Pathophysiology	Mohit Preet Kaur, MD, MBBS		

Office of Clinical Education Operations

The Office of Clinical Education Operations provides support to both students and hospital partners. Below you will find key contact information:

Office of Clinical Education Operations Leadership Team

NAME	ALPHA DISTRIBUTION	OVERSEES	EMAIL ADDRESS
Gary Belotzerkovsky	Vice President, Student Operations & University Registrar	All matters relating to Clinical Education Operations and the Office of the University Registrar	gbelotze@sgu.edu
Liza Dominioni	Senior Associate Director, Clinical Education Operations	All matters relating to clinical scheduling	ldominioni@sgu.edu
Alison Allen	Manager, Clinical Education Operations - UK	Administrative Oversight of the UK Clinical Program	ukclinical@sgu.edu
Carolyn Miller	Manager, Hospital Relations	Primary contact for hospitals with any questions or concerns	cmiller2@sgu.edu

- The Clinical Student Administrators (CSA) are responsible for placing clinical students into core and elective clerkships, managing, and ensuring clinical students are scheduled to meet graduation requirements. The CSA team provides support, guidance and conveys SGU offered resources to overcome student issues and promote student success. Please refer to your schedule under the contacts tab in Clerkship Management for your Clinical Student Administrator assignment.

- The Program Coordinator is responsible for ensuring requisite documentation including, letters of good standing, health assessments/immunizations, transcripts, USMLE scores, clinical assessments and any clerkships applications associated in the clinical sciences program are efficiently processed within designated timelines. They further assure that the information on requisite documentation is accurate, complete, and meets University and hospital requirements.

Contact: Hosppaper@sgu.edu

Office of MSPE

MSPE	Title/Role	Contact Information
Steven Orkin	MSPE Supervisor	sorkin@sgu.edu
Christina Pironti	MSPE Coordinator	cpironti@sgu.edu
Anthony Pellegrino	MSPE Coordinator	apellegr@sgu.edu
Christopher Stebbins	MSPE Coordinator	cstebbins@sgu.edu
Aabidah Roberts	MSPE Assistant	arobert5@sgu.edu
Tracy Fortune	MSPE Assistant	tfortune@sgu.edu

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 OCR.

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 Office of Civil Rights (OCR) at https://www2.ed.gov/about/offices/list/ocr/index.html 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.3698 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	Ethics Point 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 for over 40 years. More than 70 formally affiliated teaching hospitals in the United States, and the United Kingdom provide clinical training during the clinical years.

One of the unique opportunities afforded to students at SGUSOM is the ability to experience a wide range of patients, hospital systems and even different national systems of health care. Students have the option to complete, clerkships in the US, Grenada, and in the UK. During their senior year, students can elect to complete rotations not only at affiliated hospitals, but also at training hospitals out of network and internationally such as in Canada and anywhere else in the world they wish. SGU has developed “Clinical Centers”, ideal for those students who prefer to complete all 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. Students can spend all or most of their required two years of clinical training at clinical centers. 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 our affiliated hospitals and clinical centers also train medical students from UK and US medical schools.

Role of Affiliated Hospitals

A formal affiliation agreement between SGU and its affiliated hospitals and/or clinical centers exists for the purpose of establishing a clinical training program for the University’s third and fourth year medical students. Clinical centers and hospitals accept qualified students into organized, patient-based teaching programs and provide additional instruction with pertinent lectures, conferences, ward rounds and seminars.

Designated hospital staff supervise the educational program and assess each student’s progress towards achieving MD program objectives during the clinical rotations there. Within the bounds of its own teaching programs, the hospital adheres to the precepts and standards of the SGUSOM teaching program as outlined and detailed in the latest edition of the Clinical Training Manual (CTM).

Based on the appropriate qualifications and recommendation from the hospital, SGUSOM appoints a Director of Medical Education (DME) who is the hospital administrator responsible for the SGU student program 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 the clinical program and ensure its quality and its conformity with the University’s guidelines as described in the CTM and the Faculty Handbook. In summary, the DME is responsible for appointing a Clerkship Director for each core rotation and to ensure that:

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

The Clerkship Director and numerous members of the hospital’s medical staff, as well as its postgraduate trainees, play an active role in the teaching of St. George’s students; many also have clinical faculty appointments at SGUSOM. The Clerkship Director and clinical teachers lead orientations, lectures and conferences. They conduct bed-side rounds, teach clinical skills, conduct mid-core formative assessments, keep students’ records and help determine students’ final grades. For the purpose of achieving uniformity in the clinical training program at different sites and 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 has the sole and final right to evaluate the student’s total academic accomplishments and make all determinations regarding promotion, retention, remediation, and graduation; including granting the Doctor of Medicine degree.

All hospitals have been carefully selected to ensure their facilities meet SGU’s standards. They must demonstrate a continuing commitment to medical education and furnish the necessary infrastructure

to provide a successful clinical training program, which includes integrating medical students into the health care team, providing access to the hospitals' computer system and supervising involvement with patients.

Assignment of Students to Hospitals

General Comments

Students' clinical placement schedules are designed to enable students to complete their clinical curriculum within the 6-year timeline standard for completing the full MD program.

Students should not become overly concerned with clinical placements. A future career in medicine, including the ability to obtain a residency program in the US, will depend on students' academic record and personal characteristics. The particular hospital in which students train or the order in which they complete rotations are insignificant when compared to United States Medical Licensing Exam (USMLE) Step 1 and 2 performance, qualifying examinations of other countries, grades, letters of recommendation (LOR), Medical Student Performance Evaluation (MSPE), personal statements, and interviews.

While the school appreciates that some assignments or schedules may be inconvenient, our priority is to ensure that all students are placed, that they are all afforded an opportunity for clinical training, and that agreements with our affiliated hospitals are fulfilled. SGU considers our hospitals substantially equivalent in terms of the educational experiences they provide. Detailed information about each hospital will not enable students to make a rational decision about whether an individual hospital is best for any individual student. In the US, the main reason for a student to choose one geographical area over another relates to convenience in terms of living arrangements or being close to home. Students have the opportunity to explain this on the Electronic Placement Information Form (EPIF).

During Term 5, the school provides a listing of geographic areas and corresponding hospitals that may be available to students for clinical placement. Students who do not start on time and take a leave of absence (LOA) will be placed based on hospital availability. However, taking an LOA instead of starting on time may be mentioned in students' transcripts and the Medical Student Performance Evaluation.

Electronic Placement Information Form (EPIF)

Students have access to the EPIF in Term 5. Placement preparation starts when students submit their EPIF with their updated permanent address, phone number, and citizenship for visa support letters, if applicable. On this form students should indicate whether US or UK placement is desired, their intended starting timeframe and if necessary, specific information regarding a special consideration. Special consideration in terms of placement includes:

- available housing near a specific hospital
- special family circumstances
- placement with specific individuals

Students can also indicate on their form that they have no particular preference. In these cases the school will place these students in an affiliated hospital. This will be arranged by the Office of Clinical Education Operations on an individual basis. Please note that although special considerations are reviewed and taken into consideration, they may not be accommodated.

US CLINICAL PLACEMENT

1. Students are required to enter their examination date and upload their confirmation of 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.
2. Clinical new student coordinator will email clinical placements assignment based on passing Step1 score and completion of all pre-clerkship requirements which include all web-based Sakai requirements and health clearance. Please note the following:

- Students should not arrive at any hospital until receiving a placement confirmation; to do so is contrary to school and hospital policy. Failure to abide by this policy will result in referral to the Office of Student Affairs.
- Students can only contact the medical education coordinator at their specific assigned hospital after being confirmed by their clinical new student coordinator.
- Students are not permitted to contact any affiliated hospitals regarding core clerkships or core availability. The Office of Clinical Education Operations is responsible for scheduling all core clerkships. It is against university policy to contact/request core clerkship assignments. Failure to abide by this policy will result in referral to the Office of Student Affairs and may result in the loss of the current clinical schedule.

3. Students who are assigned to a NY Hospitals must submit completed NYS paperwork to the Office of Clinical Education Operations within 3 days of assignment. This consists of:

- NYS application – include a copy of your 4 Page USMLE Step 1 score
- NYS Infection Control Certificate. Please send your certificate of completion to Clerkshipplacement@sgu.edu
- $20 US Check of Money Order Payable to “NYSED”

Students who want to commence rotations in the US must pass USMLE Step I unless they apply and are
granted the Illinois Exemption.

Students who have taken their examination are required to upload their appearance receipt, as received by the testing center, into the Clinical Exam Tracker Application. In addition, students are required to upload their USMLE Step 1 score into the tracker.

To access this tool, here: Clinical Exam Tracker Application. Students who have any questions or concerns about utilizing the Clinical Exam Tracker application, are encouraged to review additional information on the topic, here: Clinical Exam Tracker Review. For any questions, please contact NBME@sgu.edu.

The Office of Clinical Education Operations assigns all students. EPIF is reviewed for placement purposes. Please note that students’ grades, USMLE Step I score, or citizenship do not determine priority. The clinical placement process starts by trying to accommodate all students’ geographic preferences. We review any special circumstances as stated in the EPIF. We do not guarantee that placement will be according to any of the students' requests. Final determination may be made by lottery.

Students who do not start when assigned by the Office of Clinical Education Operations will be referred to the Office of Student Affairs. After starting at a US hospital, we require students to do all third-year rotations assigned to them in that
hospital program. This would include additional hospitals paired together in the assignment. Please note, once students receive their assignment, it will be final. Please be aware that some hospitals have students complete Emergency Medicine, Family Medicine and/or a Medicine elective during their 3rd year. Students will not be able to remove/cancel these from their schedule.

A clinical new student coordinator will try to assign the majority of third-year rotations. However, if there are any remaining third year clerkships left to schedule, a clinical new student coordinator will work with students on an individual basis. Students are not permitted to exchange assignments.

UK CLINICAL PLACEMENT

Students will be required to spend at least 6 months in the UK. Students would be scheduled for 24 weeks of core clerkships. This will allow students to acclimate to the healthcare system and concentrate on successfully completing several core clerkships. Students who would like to complete the rest of

their clerkships in the United States will work with their clinical new student coordinator to arrange the remainder of their clerkships. We recommend that each student who is looking to transition from the UK to US work closely with their academic advisor on Step 1 timelines and discuss any academic questions they may have.

Students who are looking to start core clerkships in the UK, must submit the following form: UK Clinical Placement Request Form after successful completion of Term 5 and completion of all pre-clerkship requirements which includes health clearance.

Health Requirements for Clinical Rotation

Students need a confirmed placement letter in order to start clinical training. In order for the Office of Clinical Education Operations to send a confirmed placement letter, students need to have all mandatory health requirements completed, documented and cleared. Your health form and any applicable documents must be uploaded through the Student Health Records Portal (SHRP). Once logged in, please choose "Upload File", and follow the prompts to upload your documentation. Please ensure your health/medical records (this includes any corresponding lab results) are in one single PDF document. We are unable to take multiple PDF documents and documents may be rejected if submitted separately. You can find further guidance on how to merge documents, here: How to Merge Documents into a single PDF. If you have any questions, please contact the Office of Student Health Records at clinicalhealthforms@sgu.edu Students should keep the original documents; they will be required in the future for residency requirements. Fulfilling these requirements will satisfy public health and hospital regulations and is mandatory for all health care workers. Regulatory agencies have developed these regulations to protect the health of patients in the hospital as well as the health of other healthcare providers.

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. Our physical exam form needs to be filled out, dated and signed by your 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, e.g. QuantiFERON - TB Gold within 6 months prior to the start of their first rotation. This requirement is only for students who do not have a history of a positive PPD.

The 2 step PPD consists of 2 PPD skin test administered 1 – 3 weeks apart. The PPD must be indicated in millimeters. If you choose the IGRA test (Ex: QuantiFERON - TB Gold), a single screening will complete the TB requirements as long as the result is negative. Students with a history of BCG vaccination or anti-tuberculosis therapy are not excluded from this requirement.

If your QuantiFERON-TB Gold is positive or your PPD is >10mm now or by history, you need not repeat these. In this case, the following statement must be signed and dated by a physician and submitted along 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 of the measles, mumps or rubella serum IgG titers indicated non-immunity, students must submit evidence of a MMR vaccination obtained after the non-immune titer date. For a non-immune varicella titer, two varicella vaccines must be obtained at least 30 days apart after the date of the non-immune titer. If the student has received a varicella vaccines as 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 a mandatory requirement. Students need to 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 result indicates non-immunity, students will satisfy SGU requirements by submitting proof of one additional vaccine after the titer result date. Students should also check with your personal physician who may advise further vaccines and titers.

The following vaccinations are acceptable.

1. Conventional hepatitis B vaccines include Recombivax HB and Engerix-B and require three doses over a six month period.
2. A new hepatitis B vaccine, Heplisav-B, requires two intramuscular doses given one month apart.
3. **Tdap vaccination within five years is mandatory**
4. **Completing the meningococcal form is mandatory**

Additional Vaccinations

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

UK Requirements

In addition to the above, UK hospitals require the following:

1. Proof of an IPV vaccine (inactivated polio vaccine) received within the past 10 years. Students should try to get this vaccination prior to going to the UK. If they are unable, they will be able to get it in the UK for a fee.
2. When students arrive at the UK hospitals, the hospital will draw blood to test for human immunodeficiency virus (HIV), antibodies to hepatitis C (ant-HCV), hepatitis B surface antigen (HBsAg) and possibly other titers. Hospitals have the option of charging students for these tests. Students should request and save lab copies of these tests, since future hospital placements my require them

Annual Requirements

After starting clinical training, and in order to continue, students will be required to submit evidence of:

1. Tuberculosis screening every eleven months by completing a self-assessment form annually which is sent to student.
2. Influenza vaccination every year. The vaccine changes annually and is only considered valid for influenza season. A new vaccine is usually made available in September of every year. Students should be vaccinated before November1, keep written proof of vaccination and be prepared to present it to hospitals.

COVID-19 Policy for Clinical Students

Effective May 11, 2023, following the ending of the COVID-19 national public health emergencies in both the US and Grenada, SGU will no longer require individuals to be vaccinated in order to access the Grenada campus.

- SGU's COVID vaccination requirement will end May 11, 2023
- **Students in clinical and clinical research settings will continue to follow site protocols regarding vaccinations.**
- Vaccinations and boosters continue to be strongly recommended.

Please keep records of any COVID-19 vaccination you receive. We will provide information on how to securely submit your proof of vaccination.

If you need to apply for a medical exemption, please review the following:

- policy
- medical information release form
- medical exemption form

Please submit all documentation to student studentexemptions@sgu.edu.

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

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

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

Communication Skills Modules

This course consists of 42 modules and is split between two Sakai-based Communication Skills Sakai sites. Students starting clinical training must study and pass the first web-based modules 1-12 in the Communication Skills course, Part A to be eligible for clinical placement. The second Communication Skills course, Part B begins at the first rotation. Each clinical department has designated Communication Skills modules and corresponding quizzes to be an integral and required part of their rotation. Students will study the remaining Communication Skills, Part B modules throughout their clinical training, particularly as it relates to patients they see. Completing these Communication Skills courses (Part A and Part B) is a requirement for graduation. All course quizzes are available on the Sakai sites. Students must earn a minimum score of 80% to pass.

Cultural Competency Course

This is a pre-placement course designed to increase awareness of the ways culture may affect your interaction with patients. As healthcare disparities among cultural minority groups persist in our country, culturally and linguistically appropriate services are increasingly recognized as an important strategy for improving quality of care to diverse populations. This course will equip students with the knowledge, skills, and awareness to best serve all patients, regardless of cultural or linguistic background.

Infection Control Course

Infection control prevents or stops the spread of infections in healthcare settings. This course includes an overview of how infections spread, ways to prevent the spread of infections, and other recommendations to ensure student safety.

COVID Infection Control Course

This course provides information on what students rotating in facilities should be doing to identify, prepare, respond and care for respiratory virus such as the novel coronavirus. Students will learn how to identify a case once it occurs, and how to properly implement infection, prevention, and control measures to ensure there is no further transmission to self, healthcare workers and patients in the healthcare facility.

Overview of Web-based Courses

The details of the pre-clerkship requirements are found in this Manual under “I.c”. Each of the clerkship requirements are included in the curriculum of each clerkship in “IV”.

Communication Requirements

Students are responsible for ensuring that the SGUSOM can contact them at all times. They should 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 during their entire matriculation at the University; this includes during the academic terms, between academic terms, clinical rotations, while at affiliated hospitals, while on vacation or a leave of absence, during clinical bridge time, or while awaiting graduation.

Failure to monitor communications including SGU email, respond to communications, or to act on information contained in communications from the School, including failure to attend mandatory meetings as specified by the Dean of Medicine; the Office of Student Affairs; the Sr. Associate Dean of Basic Sciences Office (DOBS); Sr. Associate Dean of Clinical Studies office; Academic Advising, Development and Support Division; Course and Clerkship Directors; Directors of Medical Education or any other administrative body or individual, is considered unprofessional behavior.

Such unprofessional behavior may have adverse effects on performance and grades and may lead to either a recommendation of dismissal from the University or an administrative withdrawal from the University.

Supervision of the Clerkships

SGU has a formal administrative and academic structure for conducting its clinical program at affiliated hospitals. A DME is 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 program. The DMEs in coordination with the Clerkship Directors are instrumental in scheduling rotations, delineating holidays and vacation time, determining the scope of student activities, dealing with student concerns and being responsible for acute medical problems that students might develop. The DME reviews regularly the overall

program with the Senior Associate Dean of Clinical Studies. DME's are members of Curriculum Committee reporting to the Dean for the clinical terms. The DME reports to the Senior Associate Dean of Clinical Studies.

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 of these departments responsible for supervising the educational content of the rotation at all hospitals. The school also appoints associate chairs in the UK and elsewhere when necessary to help coordinate and supervise the educational program at all sites. Departmental Chairs and Associate Chairs as well as DMEs, CD's and others who teach SGU School of Medicine students are appointed to the clinical faculty. All clinical faculty are available to students for advice on managing their medical training and careers (e.g., choosing electives, specialties, and postgraduation training).

Site visits are made by administrative and academic members of the medical school to affiliated hospitals. The purpose of these visits is to ensure compliance with SGUSOM's standards, curriculum, and policies; to review the educational program; to elicit ideas about programmatic improvement; and to discuss any problems that arise on site. In addition to meetings with the students, the site visits can include meetings with the DME, CD 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 program, feedback to the clerkship directors and suggestions for the future.

Along with the administrative staff at the affiliated hospitals, additional SGU personnel are always available through the Office of the Dean, Office of Clinical Education Operations, Office of Career Guidance and Office of Financial Aid to help improve the 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

The teaching cornerstone of the core rotation is the close relationship between the student and the attending physicians and/or residents who act as preceptors. Many hours per week are spent in small group discussions involving students and their clinical teachers as they make bedside rounds. Together, they discuss the patient's diagnosis, treatment, and progress.

Discussion revolves around a critical review of the patient's history, physical examination findings, imaging studies and laboratory results. The preceptors assess students' medical knowledge, clinical reasoning, clinical and communication skills and professional behavior as well as serve as role models. Related basic science background, critical thinking and problem solving are woven into the discussion of individual cases. The single most important factor that determines the educational value of the clerkship is the quality and quantity of interaction between students, residents, teaching physicians and patients.

Clinical teachers are evaluated by the Clerkship Director, their faculty peers, and students on a regular basis. The basis for student evaluation of faculty is the confidential electronic questionnaire that all students complete at the end of each core clerkship. The hospital DME, SGU Department Chairs and SGU administration have access to the students' responses, which are all confidential.

The basis for senior faculty evaluation is the on-going process required by accreditation agencies, which includes peer review. Informal local knowledge of faculty, although difficult to formalize on occasion, forms an integral part of faculty evaluation. Written reports of site visits by School of Medicine Chairs and Deans add a third level of evaluation.

The Clinical Clerk

Medical students are called clinical clerks in their clinical years. They enter into the health care team of postgraduate trainees, attending physicians, nurses, technicians and other health care providers and should quickly learn their role in the health care team.

An essential feature of the clerkship consists of in-depth contact with patients; students are strongly encouraged to make the most of such opportunities. Students take histories, examine patients, propose diagnostic and therapeutic plans, record their findings, present cases to the team, perform minor procedures under supervision, attend all scheduled lectures and conferences, participate in work rounds and teaching rounds with their peers and teachers, maintain a patient log and read extensively about their patients' diseases. In surgery and gynecology, attendance in the operating room is required. In obstetrics, attendance is mandatory in prenatal and postpartum clinics; obstetrical patients must be followed 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 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 NBME 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 NBME Exam Preparation

All students during the last week of their medicine and surgery cores are to be given two days off before their NBME clinical subject exam, as well as the day of the exam. All students during their last week of ob/gyn, pediatrics, psychiatry, and family medicine/general practice rotations are to be given one day off before the exam, as well as the day of the exam. These days are protected academic time for self-study and exam preparation and considered an integral part of 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 the opportunity to learn about, learn from, and spend time with their patients. A student frequently becomes involved with a small group of patients, on average 2-4 per week. Through a detailed approach to a small number of patients students can begin to acquire an understanding of clinical problems. In addition to the initial evaluation and daily progress notes, all diagnostic and therapeutic maneuvers are closely monitored. Although a smaller group of patients are the core of the student's educational experience, exposure to a large number of other patients on a less detailed basis is also useful in broadening knowledge. The student derives considerable benefit from exposure to other students' patients who are being discussed and by being present when attendings or consultants see their own patients. The MD program curriculum includes required clinical experiences ("must see list") for the core clerkships and family medicine (General Practice in the UK) as detailed in the course syllabus.

The Office of the Senior Associate Dean, Clinical Studies also monitors each student's electronic log to ensure that each student has seen patients required by the MD program curriculum. In order to ensure curricular requirements are being met, students must account for all required clinical experiences in the Patient Encounter Log (PEL), an electronic patient log application (see below). The clerkship director reviews the PEL at the mid-core formative assessment and when completing the final clerkship evaluation form. This review confirms completion of curricular requirements and assesses students' commitment to documentation as well as patient involvement. Students should easily achieve all required clinical experiences; however, in the rare event that an experience is not achievable, the experience must be fulfilled using a virtual clinical experience, which is a web-based resource available on the clerkship Sakai site. Completion of the PEL requirement fulfills a sub-component the Professional Behavior component of the clerkship grade.

Supervision of Students

The SOM has a policy that all clinical experiences are 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 all genders. This is especially true for examinations of the breasts, genitalia or rectum. Student orders in the chart or electronic medical records must be authorized and countersigned by a physician. Minor procedures may be performed on patients after adequate instruction has been given as permitted by hospital policy and regulations. Students working in hospitals are protected by liability insurance which is carried by SGU. Students must soon become

familiar with the electronic medical record or patients' charts and know where to locate its individual components. Students are responsible for patient workups and might also write daily progress notes as stipulated by the SGU clerkship curriculum and hospital policy.

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, and ancillary support staff, as well as others from whom students learn.

GUIDING PRINCIPLES:

- Duty: Medical educators have a duty to convey the knowledge and skills required for delivering the profession's standard of care and also 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 critical to the continued growth of the University and its future students. Student feedback about the quality of MD program delivery and instruction at SGU helps to improve the education of future medical professionals. It is the professional responsibility of all students to complete evaluations for each course and clerkship. Students who fail to participate in the evaluation process are considered non-compliant and unprofessional and may be subject to disciplinary action.

SGUSOM uses an electronic questionnaire to collect student feedback on the core rotations. These questionnaires are in Appendix F and are sent automatically to each student at the completion of each clerkship. Each department has modified the questionnaire to measure the extent that a specific clerkship rotation meets the departmental guidelines and objectives. Data from these questionnaires provides documentation enabling the deans, department chairs, DME's and clerkship directors to monitor the educational program in each clerkship at each hospital based on student experience and opinion and for the curriculum committee to ensure comparability and to monitor the quality of the MD program.

For students, an aspect of professional behavior requires a commitment to improve the medical school. Given the importance of student feedback, the School of Medicine only gives students access to their clerkship final evaluation after completion and submission of the relevant questionnaire. Answers are confidential. While the school can ascertain which students have participated in the evaluation process, it does not match a response to an individual student.

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 subinternship in a core specialty, and a medicine rotation. Students in the clinical years must continue to acquire medical knowledge as they did in their basic science years. They need to give a top priority to the end of clerkship NBME exams and, for those interested in US residency, Step 2. In addition, they must also develop the clinical skills and professional behaviors needed to apply that knowledge to real-life care of patients or, in other words, to become clinically competent. In addition, medical knowledge, clinical skills and professional behaviors need to be integrated with the practical realities of the current health care delivery system. The successful passage of students through this learning process will enable them to transition to postgraduate trainee, independent practitioner and life-long learner.

SGU is committed to a competency-based curriculum. These competencies are detailed in Section Two. Those students who plan to undertake postgraduate training in the US should become familiar with the Accreditation Council for Graduate Medical Education (ACGME) Core Competencies.

Competency

The US Accreditation Council on Graduate Medical Education (ACGME) defines six domains thought to be useful in defining "competency".

The six ACGME competencies are:

- Patient Care
- Medical Knowledge
- Practice Based Learning and Improvement
- Systems Based Practice
- Professionalism
- Interpersonal Skills and Communication

While these were initially developed for residency programs, in the US today competencies are used at many levels of professional practice to define and measure an individual's ability and capability. Medical schools use competency to determine suitability for graduation; residency programs use competency to certify suitability for completion and healthcare institutions use competency to determine eligibility for clinical privileges. The emphasis on achieving and demonstrating competency, a more easily quantifiable and reliable measure, replaces a more traditional model. The traditional model judges students along a qualitative continuum – generally using words like "excellent", "good", "needs improvement" or letter grades. It is thought that the more descriptive and quantifiable an assessment method, the more valid and reliable it is.

The American Association of Medical Colleges (AAMC) has grouped competencies into the following 13 Entrustable Professional Activities (EPAs) as a basis for starting postgraduate training in the US.

EPAs

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 Test
4. Enter and Discuss Orders/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 & Initiate Evaluation & 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.

In order to ensure that every graduate of SGUSOM is able to function at the highest possible professional level, it is necessary for us to define exactly what we mean by "competent". Multiple models have been used to accomplish this. SGUSOM groups its competencies, or outcome objectives, into three domains – medical knowledge, clinical skills and professional behavior. The outcome objectives presented below provide an overarching guide for the curriculum.

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

MD Program Objectives

MEDICAL KNOWLEDGE

By the time of graduation, all students will be able to:

1. Apply the multidisciplinary body of biomedical, behavioral, and socioeconomic sciences to clinical analysis, and problem solving
2. 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.
3. 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
4. Utilize evidence-based therapeutic strategies for the prevention, treatment, and palliation of disease
5. Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems

CLINICAL SKILLS

By the time of graduation, all students will be able to:

1. Demonstrate effective verbal, nonverbal, and written communication skills; and build collaborative and trusting relationships with patients, families, and all members of the health care team to advance patient care.
2. Demonstrate clinical reasoning and problem-solving skills in the care of individual patients
3. 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
4. Demonstrate competence in routine manual skills

5. Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes into patient care
6. 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
7. 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
By the time of graduation, all students will be able to:

1. Demonstrate the ability to foster a positive, healthy professional identity encompassing conscientiousness, excellence, and a commitment to personal growth through the incorporation of new knowledge, skills and behaviors based on self-evaluation and life-long learning.
2. Demonstrate the professional qualities expected of a physician, including empathy, compassion, compliance, punctuality, reliability, responsibility, appropriate demeanor, honesty, and teamwork
3. Engage in behaviors that exemplify humility, value diversity, and foster an inclusive and equitable environment free of bias
4. Display ethical behavior, including a respect for patient privacy and autonomy and informed consent
5. Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care
6. Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation

The Clinical Curriculum

The clinical years of the SGU curriculum aim to transform students who have learned the basic sciences into students who can deal with patients and their problems in a hospital or outpatient clinic. To do this, numerous new clinical skills, professional behaviors and considerable medical knowledge must be added to that which the student has previously acquired. The clinical years in this way prepare students for postgraduate training.

The vast amount of required knowledge and the ever-accelerating rate of discovery reinforces the notion that the practicing physician must forever be a student of medicine and a continual learner. Knowledge includes the development of efficient methods for the acquisition, interpretation and recording of patient information and a systematic approach to patient care. This provides a framework on which to arrange rapidly changing and increasingly detailed medical information.

The 80 weeks of the clinical curriculum encompass 42 weeks of core rotations, 12-14 weeks of additional required rotations, and 24-26 weeks of electives.

The core rotations define the third year of medical school and include 12 weeks of internal medicine, 12 weeks of surgery and six weeks each of pediatrics, obstetrics/gynecology, psychiatry and, frequently, family medicine/general practice. (Students who do not complete family medicine in the third year must do so in their fourth year). The third year is a structured educational experience that is similar for all students. The Office of Clinical Education Operations along with the affiliated hospitals manages the scheduling of the third year.

The fourth year consists of four weeks of family medicine/general practice (if not done in the 3rd year), four weeks of a sub-internship, four weeks of an internal medicine rotation, and 24-26 weeks of electives of student choice. Each student can schedule the fourth year based on individual educational interests and career choice and are encouraged to consult an advisor when doing so.

There is no optimal sequence of core rotations. They are generally completed before taking sub-internships and electives. On occasion, a hospital may schedule a primary care rotation or elective anytime in the third year. The listing below does not indicate the sequence of courses. Core rotation schedules are determined by the hospital 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	4-6
Sub-Internship (any core specialty)	4
Internal Medicine Required Rotation	4
Electives	24 - 26
Total	**80**

Please note that all core rotations, as well as Family Medicine, the Internal Medicine required rotation and the sub-internship in any of the core rotations (Internal Medicine, Obstetrics and Gynecology, Pediatrics, Surgery, or Psychiatry) must be done at an affiliated hospital.

Emergency Medicine and Family Medicine do not qualify for the sub-internship graduation requirement. However, it will count as elective credit.

Year Four of the MD Program

This portion of the clinical program has five main goals:

1. To broaden and deepen clinical education after the core rotations
2. To continue clinical experience at a higher level involving more responsibility
3. To develop clinical competence within the training standards of an approved residency program in order to facilitate acceptance into a postgraduate training program
4. To choose a group of electives that best serves the academic needs of the student and is suitable for the student's career choice
5. To correct any deficiencies or unsatisfactory performances identified by the APRC in order to meet graduation requirements (see below).

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

Many electives are offered by clinical centers and affiliated hospitals; these can be found on the SGU Clinical Portal. As a general rule, all electives should be at least four weeks long. Elective rotations must be taken only on services that are part of a postgraduate training program.

University policy allows students to enroll in up to 12 weeks of elective rotations in out of network hospitals. In every instance in which a student seeks to take an elective outside the SGU network, students must follow the process of submitting a "Single Elective Affiliation Agreement: located on the SGU Clinical Portal. The Office of Clinical Education Operations reviews all requests. No credit will be granted retroactively if approval is not obtained beforehand.

Licensure requirements in the US vary from state to state and from year to year. A few states currently do not accept clinical training in hospitals that are not part of the SGU network. Students who know

their destination should verify the licensure laws and regulations in this regard with the specific national or state licensing agency. Those who wish to practice medicine outside the US should verify the licensure requirements of the relevant country.

SGU's medical malpractice insurance policy covers its students in healthcare facilities throughout the US, UK, Canada and the Caribbean. Other jurisdictions are available on an individual basis by application.

SGU students need to be part of the community of scholars and professionals who have gone before and will come after. In order to best serve the school's student body and aid students in career placements, SGU needs information on students' successes and achievements after graduation. SGU expects students to respond to these queries for information before and after Graduation.

Independent Study and Lifelong Learning

In order to become life-long learners, students must develop skills for self-directed learning, an essential task of medical student education. Before starting a clerkship, a student should ask and be able to answer the questions, "What should I learn in this clerkship?" and "How will I learn it?" In general, the answers to these questions will be found in multiple domains: medical knowledge, clinical skills and professional behaviors. Knowledge will be acquired during didactic activities, such as general and patient-specific reading, study schedule on AMBOSS, lectures, conferences, etc. To guide students, this section provides lists of specific core topics that should be learned during the clerkships and web-based educational programs that students must complete.

In addition, students must maintain an electronic patient encounter log (PEL) for required clinical experiences. The PEL contains a clerkship specific "must see list" of symptoms and diseases that the faculty feels students should become familiar with. Students must also recognize different categories of diseases. These include the important aspects of preventive, emergency, acute, chronic, continuing, rehabilitative and end-of-life care. Clinical skills and professional behaviors will be developed during supervised and observed patient encounters and during interaction with senior physicians, everywhere that care is delivered. Measurement of the student's medical knowledge, clinical skills and professional behavior against defined benchmarks determines the student's progress through the
academic program. Importantly, the patients that students see and document in the patient log should form the basis for active and independent learning. In this patient-centered process students should develop the ability to independently identify, analyze and synthesize relevant information.

Students should also strive to critically appraise the credibility of information sources they use. These competencies will be evaluated during discussions about patients at the bedside and in conferences and as part of students' write-ups. Each student's log becomes part of each student's performance evaluated at the end of clerkship.

Each of the core clerkships have required web-based courses and quizzes that students must complete during the rotation. The courses consist of the:

1. SOM curriculum on AMBOSS
2. USMLE World assigned questions
3. Communication Skills Course required modules
4. Ethics Modules and Quizzes

The University has purchased subscriptions to each of the above web-based resources for all clinical students. These resources promote independent study and deepen students' understanding of the clerkship. In addition, these courses will also help students prepare for the NBME clinical subject exam and Step 2.

Required Web-Based Modules

Each clerkship has required web-based modules that students must complete. These modules fall into three groups:

1. Communication skill modules
2. Ethics Modules (Appendix L)
3. Geriatrics (not required in all cores)

In addition to the web-based modules associated with the clerkships, students must also complete the following graduation requirements:

1. Pain Management Sakai Module
2. Remainder of Communication Skills Modules

Communication Skills

The basic science and clinical faculty at SGUSOM have identified competency in communication as a critical clinical skill that students must develop during medical school. As part of SGU's educational program, communication skills are a major outcome objective that defines a graduate of SGU.

Formal training of communication skills starts in the basic science terms. On clinical rotations extensive but informal exposure to communication skills occurs as students listen to residents and senior physicians.

In addition, the school has purchased a library subscription to a web-based communication skills course developed by Drexel University College of Medicine called "doc.com: an interactive learning resource for healthcare communication." This course is available to all students at no cost and can be accessed through Sakai. This course and the related exam (discussed below) will be the basis of formal communication skills training and assessment for medical students during their clinical years. The course consists of 42 modules. Students starting clinical training must study and pass a web-based exam on modules 1-12 to be eligible for clinical placement. Students should study the rest of the modules throughout their clinical training, particularly, as it relates to patients they see. In addition, each of the clinical departments has designated the following modules to be an integral part of their rotation:

- Internal Medicine – Modules 33 Giving Bad News & 32 Advance Directives
- Surgery – Modules 17 "Informed Decision-Making" & 35 "Discussing Medical Error"
- Psychiatry – Modules 13 "Responding to Strong Emotions" & 15"Cultural issues In the Interview"
- Pediatrics – Modules 21 "Communication and Relationships with Children and Parents" & 22 " The Adolescent Interview"
- Ob/Gyn – Modules 18 "Exploring Sexual Issues" & 28 "Domestic Violence"
- Family Medicine – Modules 25 "Diet/Exercise" & 29 "Alcoholism Diagnosis and Counseling"
- Emergency Medicine – Modules 33 "Giving Bad News" & 38 "Communication within Health Care Teams"

In addition to the above assignments students must complete all remaining modules. These remaining modules do not have to be done at one time. Students can work at their own pace. As a graduation requirement, students must complete all 42 modules. (See Appendix K)

Required Clinical Experiences and the Electronic Patient Encounter Log

All students must keep a daily electronic log of required clinical experiences encountered during their clinical rotations. The log centers around required clinical experiences (a "must see list") developed by the faculty and part of the course syllabus. This log is web-based and accessed through "the SGU portal" (details below). The log contains multiple fields that students must complete for each patient

encounter: rotation, hospital, date, chief complaint, primary diagnosis, secondary diagnoses, clinical setting, communication course chapters, level of responsibility and category of illness. The log also has a form upload feature and an optional comment section. Students can use the form upload feature for required case write-ups and other required forms (ex. Direct observation form, Preventative FM Visit form) Once the forms are uploaded they are displayed on the student final evaluation for the Clerkship director to view. The optional comment section to note relevant cultural issues, documenting a SOAP note, procedures or medical literature relevant to the patient. We recommend that the log be kept current on a daily basis. This log serves multiple functions and, as discussed below, will be used in different ways and for different purposes by students, by the clinical faculty at affiliated hospitals and by the Office of the Dean. Students must remain HIPAA compliant by not using any patient identifiers, such as names, initials, date of birth, medical record numbers, pictures or other identifying information.

New Direct Observation Form for Feedback on Clinical Knowledge, Skills, and Professional Behavior

- St. Georges University School of Medicine has approved a new direct observation requirement for all students starting core clerkships after May 2022 to provide students with formative feedback on their clinical knowledge, skills, and professional behavior
- Students must be observed by a clinical preceptor and provided with formative feedback on their performance during a clinical encounter.
- Students are responsible for notifying their preceptors to arrange the required direct observation.
- The preceptor must select an appropriate patient for the observed clinical encounter.
- The preceptor must complete the Direct Observation Form to provide immediate formative feedback on the selected clinical encounter.
- The Direct Observation Form may be completed during one or several clinical encounters. Each direct observation metric can be performed in small parts throughout the clerkship. This will decrease the time burden on preceptors.
- The student will upload the Direct Observation Form for display into the final evaluation for the Clerkship director to review. Details for uploading the form will be provided on the clerkship Sakai site.
- Completion of the Direct Observation feedback experience and uploading of 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.

The Faculty:

The Direct observation requirement has been developed to assess a student's clerkship specific learning objectives during a patient encounter.

The Following learning objectives will be assessed:

- Medical Knowledge
- Clinical Skills
- Professional Behaviour

During the direct observation the preceptor will apply the defined scales on the direct observation form to assess SGU students in a clinical setting. Preceptors should follow the below instructions for an optimal learning experience:

1. Together with the student, select an appropriate patient
2. Inform the patient and ask permission
3. Provide constructive feedback to student:
    - Feedback is based on an assessment of the student's knowledge, clinical skills and professional behavior observed during the direct observation of the clinical encounter.
    - Give feedback as soon as possible, correct questioning and exam maneuvers in real time.
    - Feedback should be constructive, consisting of a combination of positive and negative verbal/ written comments with instructions for improvement.

4. The entire form does not need to be completed all at once. This will ensure the direct observations will not burden preceptors with excessive time constraints.
5. Once the individual metric is observed please circle the appropriate skill level, sign and date in the comment section. (See 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

Students:

Students are to download and print the form found in Core Sakai Resources and have it present at all times during the rotation.

Students must coordinate with the preceptor to examine an appropriate patient.

The student must hand the preceptor the Direct observation form before the observation of the clinical encounter.

Once the clinical encounter is performed the student will receive verbal feedback on the observed metric and have the preceptor circle the appropriate skill level, sign and date the metric assessed. This may be done during different encounters with different preceptors until all metrics on the Direct Observation form have been observed and the feedback form has been completed.

Once the entire form has been completed the student will upload the Direct Observation form into PEL (upload feature) for display into the final evaluation system for the Clerkship director to review.

Pictures of the completed Direct observation form must be saved and uploaded in a JPEG format

Number of Direct Observations:

Internal Medicine and Surgery: (12-week rotations)

- Require 2 completed Direct Observation forms to be submitted by students. The first before the midcore evaluation for formative feedback and the second before the final evaluation.

Pediatrics, Psychiatry and Obstetrics & Gynecology:

- Require 1 completed Direct Observation form to be submitted by students.

Direct Observation Form:

Preceptor Name and Email:		Student Name/ A#:			
Direct Observation Encounter		"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	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)

Rationale for the patient encounter log

During the clinical years students need to develop the clinical competencies required for graduation and postgraduate training. These competencies are assessed in many different ways: by faculty observation during rotations, by communication skills assessments, by completion of web-based assignments and by NBME clinical subject exams. In order to develop many of these competencies and meet the objectives required for graduation, the school needs to ensure that each student sees enough patients and an appropriate mix of patients during their clinical terms. For these reasons, as well as others discussed, below the school has developed this log.

One of the competencies that students must develop during their clinical training involves documentation. Documentation is an essential and important feature of patient care and learning how and what to document is an important part of medical education. Keeping this log becomes a student training exercise in documentation. The seriousness and accuracy with which students maintain and update their patient log will be part of their assessment during the core rotations. In terms of the log, how will students be assessed? Not by the number of diagnoses they log, but by the conscientiousness and honesty they exhibit documenting their patient encounters. All of these features of documentation – seriousness, accuracy, conscientiousness and honesty – are measures of professional behavior.

Definition of a patient encounter

Students should log only an encounter with or exposure to a real patient. Simulated patients, case presentations, videos, grand rounds, written clinical vignettes, etc. should not be logged even though they are all important ways to learn clinical medicine. Many of these educational experiences, along with self-directed reading, are necessary preparation for USMLE Step 2 and postgraduate training. This log, however, focuses on a unique and critical component of clinical training, namely, involvement with "real" patients. Student involvement with patients can occur in various ways with different levels of student responsibility. The most "meaningful" learning experience involves the student in the initial history and physical exam and participation in diagnostic decision making and management. A less involved but still meaningful encounter can be seeing a patient presented by someone else at the bedside. Although the level of responsibility in this latter case is less, students should log the diagnoses seen in these clinical encounters. Patient experiences in the operating or delivery room should also be logged.

For students

- The lists of symptoms (chief complaints) and diagnoses serve as guidelines for the types of patients the clinical faculty think students should see over two years of clinical training. The clinical faculty feels that students should have clinical exposure to about 50 symptoms (chief complaints) and about 180 diagnostic entities. These lists can also serve as the basis for self-directed learning and independent study in two ways:
    - If students see a patient and enter that patient's primary and secondary diagnoses in the log, they will be expected to be more knowledgeable about these clinical entities and to do additional reading about them, including some research or review articles. If relevant, students can study and log a communication skills module.
    - If, at the end of a clerkship or FM, students discover they have not seen some of the clinical entities on the required list during the core rotations, they can view the virtual links provided in Sakai and enter them in the log as a virtual encounter. Students are also told to see these required encounters in the fourth year.
- The different fields in the log should stimulate students to look for and document the complexities of clinical encounters when appropriate. Many patients present with multiple medical problems. For example, an elderly patient admitted with pneumonia (primary diagnosis) may also have chronic lung disease, hypertension and depression (secondary diagnoses). The patient may have fears about death that need to be discussed. We hope by keeping the log students will develop a more profound understanding of many patient encounters.
- Students may, and many times should, review and edit the log (see "Instructions to access and use the log" below). The original entry might require additions if, for example, a new diagnosis is discovered, the patient moves from the ED to the OR to the wards or a patient presenting with an acute condition deteriorates and presents end-of-life issues. These developments require a return to the original entry for editing.
- The chief complaint and diagnosis lists do not include every possible diagnosis or even every diagnostic entity students must learn about. The list reflects the common and typical clinical entities that the faculty feels SGU students should experience. The same list of diagnoses is presented in two ways - alphabetically and by specialty. Both lists contain the same diagnoses and students can use whichever one is easier. If students encounter a diagnosis not on the list, they should choose the most related diagnosis from the list. By looking at "standard" diagnoses, the school can monitor the overall clinical experiences students are having at different affiliated hospitals.
- Students must learn more than they will experience during clinical rotations. The log does not reflect the totality of the educational objectives during the core clerkships. Clinical experience is an important part, but only a part, of clerkship requirements. Students need to commit themselves to extensive reading and studying during the clinical years: "Read about patients you see and read about patients you don't see".
- The NBME Clinical Subject Exams at the end of the clerkship are not based on the log but on topics chosen by the NBME.
- We encourage students to maintain this log throughout their 80 weeks of clinical training. The University requires that the logs be formally evaluated only during the clerkships. However, the list reflects those entities the faculty thinks students should encounter during their entire clinical experience in medical school, not just during the clerkships. The Office of the Dean monitors student logs throughout the clinical terms to assure compliance with the required encounters.

Instructions to students for access and use of the Patient encounter log system

The link to the Patient Encounter Log is found in the SOM Clinical Studies section. Clicking on this Patient Encounter Log link will take you to the sign in and then the Main Menu. From this menu, you can perform the following actions:

- Enter a new patient encounter
- Review or Edit my encounter logs

When you select **Enter a new patient encounter**, you will see pull down selections for all of the fields except "Comments". Make your selections and click **Submit My Log**. Entry in all of the fields is required.

The main menu selection **Review or Edit your encounter logs** will take you to a screen which lists all of your logs. Select the one you'd like to see or change. The **Edit This** Log button will allow you to make changes to the individual log.

If a printed copy is requested, Select **print your logs** from the menu to prepare a printer-friendly formatted table of your logs. Select the logs to include for printing and click **Print Selected Logs**. On the next page, click **Print this Page** to receive your output. Bring this printed record to the mid-core evaluation. Each student's log becomes part of the final clerkship evaluation form for the clerkship director to review and include in the final grade.

Assessment of Required Clinical Experiences and the Electronic Patient Encounter Log

1. Hospital Oversight

A clerkship director or faculty member reviews and evaluates students' logs as part of the mid-core and final assessment. During the mid-core formative evaluation the faculty member can comment on the completeness of the log and also ascertain whether students are seeing a variety of clinical patient encounters. Students with relatively insufficient entries are either not involved in the rotation or did not take the log assignment seriously. In either case, such deficiencies may impact the grade students receive in Professional Behavior. Since students are responsible for answering questions about the entries in their log, students should not log cases they have not seen and studied. The clinical faculty and departments can use the collective data in the students' logs to evaluate their own program and the extent it offers students an appropriate clinical experience.

2. Central Oversight

Because of its web-based structure, all entries into the log are electronically submitted to the school and reviewed in the Office of the Dean. The Office of the Dean collects, collates and analyzes logs from all of the students and uses this data in two ways:

1. To monitor and evaluate the clinical experience at different hospitals. In this way, the central administration of the school will be able to answer questions, for example, "Have all of our students seen appendicitis? Have they all seen a patient with schizophrenia? Do all of our affiliated hospitals expose our students to end-of-life issues? Are all students involved in communication with children and parents?" With the data from these logs we can document for ourselves, the faculty and the student body that all of our clinical training sites provide relevant and comparable patient experiences.
2. To review the patient log of every clinical student that has completed their clerkship year. Students who have gaps in their clinical experience can be identified. This has been made possible by asking each of the clinical departments to provide quantified criteria for the types of patients on the "must see list". The Office of the Dean will then notify students identified in this way and point out the deficiencies in their clinical experience. Students will then be required to correct this deficiency by scheduling an appropriate 4^{th} year elective.

Manual Skills and Procedures

All students need to demonstrate competency in performing four core procedures on completion of medical school in order to provide basic patient care. These procedures include:

- Basic Cardiopulmonary Resuscitation (CPR)
- Bag and Mask Ventilation

- Venipuncture
- Inserting an Intravenous Line

Competency in CPR and bag and mask ventilation should be developed during the basic science years. In addition, students need to be certified in order to perform venipuncture (drawing blood) and IV insertion. This certification needs to be documented in the Patient Encounter Log under procedures (ex. Procedure - Intravenous Insertion). Students must name the physician that certified them (in the comment section) and the date of certification. This certification needs to be done only once and can be done on any service during any rotation. However, the surgery clerkship takes the primary responsibility for this certification. Once certified, students can continue to perform these procedures without additional documentation but always under supervision.

Students should become familiar with other procedures and surgeries and are encouraged to observe or participate in as many as possible. Faculty can certify students in any number of other procedures. This documentation does not have to be sent to the medical school but must be kept by the medical student. All procedures performed by medical students must be done under faculty supervision.

Demonstrating competency in manual skills requires more than just developing a technical skill. A number of overlapping functions contribute to this professional activity. The following is from the AAMC Core Entrustable Professional Activity Curriculum referring to procedures:

• 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

The importance of reading and studying in the clinical years is paramount. Students need to focus their reading in three areas:

1. Students must read and study about their patients' problems they are seeing. The chief advantage of this method is that it gives the student a story and a face with which to associate the facts about a given condition. Most students find that they retain more of their reading when they can employ a framework of personal experience. Above all, this approach emphasizes that reading supplements clinical experience. Detailed reading about patients' problems can lead to better patient care. Comprehensive textbooks, specialty books, subspecialty books, medical journals and on-line references help students prepare for patient presentation on teaching rounds and conferences and enhance the student's knowledge base. Students are required to do computer searches in order to find the latest evidence to support a diagnosis or a treatment. Such searches provide excellent sources for obtaining leads to appropriate current references. It is rather easy to get lost in these copious indices unless one knows exactly what to look for. Thus, it becomes critical to precisely define the questions regarding each patient and then find the answers to these questions in the medical literature. Students who read about their patients become more involved in-patient care and develop problem-solving skills and clinical judgement. These are skills needed for the NBME exam and patient care.
2. Students are recommended to read a concise textbook from "cover-to-cover" to learn the extent and breadth of the clerkship specialty. This is particularly important since students will not see all of the important and major disorders of any specialty within a six or 12-week rotation. If reading selections are solely determined by their patients' problems, students are limited by the number

and variety of their cases. Understanding of each specialty must go beyond the patient experience on the wards and in the clinics. Reading a concise textbook also helps to assure a uniform background in medical studies at different affiliated hospitals.

3. Students must read to prepare for the end-of-clerkship NBME examinations, which primarily assess medical knowledge. The faculty have significantly weighted these examinations to be incorporated into the final clerkship grade to emphasize the importance of medical knowledge and test-taking skills during the clerkships. Furthermore, the mean across the 6 NBME examinations also correlates with USMLE Step 2 performance, which is important for obtaining a US residency. To do well on the NBME clinical subject exams and Step 2 CK requires a prodigious amount of reading, studying and practicing questions. To assist with third year demands to do well on written examinations, SGU provides two web-based resources, UWorld and AMBOSS, to improve test-taking ability and medical knowledge.

The Office of the Dean monitors students' performance on these programs to provide feedback to the clerkship directors and to assess students' professional behavior. A key component of professional behavior is the commitment to complete assignments and to strive for excellence in medical knowledge.

Required Web-Based Activities

Completion of a number of web-based activities and modules are part of the educational requirements during clinical rotations. These requirements give structure to protected academic time and independent learning. For this purpose the SOM makes available a number of web-based educational resources on SGU's on-line course management system (Sakai). Each core clerkship as well as family medicine have corresponding web-based activities that students must complete.

USMLE World

During the first week of their first clerkship students will receive an email from USMLE World with instructions on how to access this question bank. Students must complete all the questions in Ob/Gyn, Pediatrics, Psychiatry and Surgery and a minimum of 600 questions in Internal Medicine during the corresponding clerkship.

The questions are separated into subjects as follows:

Subject	Number of questions
Internal Medicine	600
Ob/Gyn	205
Pediatrics	304
Psychiatry	150
Surgery	155

AMBOSS

AMBOSS is a digital medical resource being utilized by SOM to support medical students throughout their core clerkships (Internal Medicine, Pediatrics, Obstetrics and Gynecology, and Surgery) and required Family Medicine rotation. Through collaborative efforts with AMBOSS and our clinical faculty, we have worked to align content on the study portal with the National Board of Medical Examiners (NBME) content outline. Utilization of the SOM portal on the AMBOSS platform will help students to gain a comprehensive coverage of pertinent topics essential for mastering each rotation, thus facilitating readiness for both Mid-Core and NBME subject Exams.

Our weekly study plan meticulously outlines key topics to be reviewed, accompanied by mandatory completion of weekly quizzes to meet professionalism requirements. This structured approach not only

ensures adherence to the curriculum but also fosters a deeper understanding of core concepts. Additionally, the platform's functionality enables seamless tracking of individual student participation and progress, thereby pinpointing areas of proficiency and areas needing improvement.

Student Guidelines:

Enrollment: Upon commencement of a core rotation, students are required to activate their accounts on the SOM AMBOSS study portal. This step is imperative for accessing weekly quizzes and aligning with the curriculum seamlessly. Failure to enroll accurately on the SOM AMBOSS platform may lead to missed quizzes, consequently adversely impacting professional behavior grades. Please see the detailed instructions on how to access AMBOSS on Sakai.

Weekly Quizzes: Structured to complement the duration of rotations, there are five quizzes for six-week rotations and ten quizzes for twelve-week rotations. Family medicine rotations with a duration of four or five weeks have four and five quizzes respectively. These quizzes, accessible from noon EST on Friday until 11:59 AM EST the following Monday, are time-sensitive and necessitate completion within the stipulated timeframe for credit allocation. Technical issues encountered during quiz completion should be promptly reported to the clinical administrative team (ask-clinstudies@SOM.edu) and the AMBOSS support team (hello@amboss.com) for a timely resolution, ensuring no disruption to assessment schedules. It is important to note that missed quizzes due to technical difficulties reported post-deadline will not be eligible for remediation.

Student should complete all questions and corresponding text readings from AMBOSS. The current break down is:

Rotation	Total	Approximate Number Per Day
Family Medicine	447	15
Internal Medicine	1121	20
Ob/Gyn	533	15
Pediatrics	632	25
Psychiatry	358	15
Surgery	622	10

Section Four: Academic Progress

Promotion and Graduation

Progression Requirements – Year 2 to Year 3

To successfully progress from the Year 2 of the MD Program (Basic Sciences) to Year 3 of the MD Program (Clinical Studies), students must have met the following requirements:

Administrative Requirements:

Students must complete the following administrative requirements in order to be cleared to start rotations:

- Be in financial good standing.
- Have health insurance.
- Have their St. George's University School of Medicine (SGUSOM) health forms cleared by the department of Student Health Records Management.
- Submit for a criminal background check.
- Affirm to reading the Clinical Training Manual.
- Complete any certification courses or paperwork required

Academic Requirements:

Students must complete the following academic requirements in order to be cleared to start rotations:

- Complete all Basic Sciences requirements in accordance with the standards for academic progress
- Cultural Competency review course
- Communication Skills Course A
- Emergency Medicine Course
- Infection control
- COVID Infection Control Course
- Complete all requirements of the Transition to Clinicals Course

Progression Requirements for Year 3 to Year 4

To successfully 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 5 core clinical rotations in accordance with standards for academic progress.
- Pass all core clerkship NBME clinical subject exams.
- Make progress toward completing the MD program within the 6 year maximum allowable timeline.

Overall MD Progression Requirements

Timeline Requirements:

Students must adhere to the following timeline requirements:

- Complete the MD program within 6 years of matriculation.
- Complete all Basic Sciences requirements within 3 years of matriculation.
- Those students who have used the 3-year maximum timeline to complete the Basic Sciences, must start their first core clerkship within 6 months of completing the Basic Sciences (3.5 years from matriculation). This 6-month period is considered to be time “borrowed” from the 3-year maximum allowed to complete the two years of Clinical Studies.
- Students who take more than three years to finish basic sciences, must start core rotations immediately upon completing term 5 at a site that does not require USMLE Step 1. This means that students who plan to take the USMLE Step 1 examination must do so at the end of their core clinical rotations.
- Those students who have been granted special permission by the CAPPS to exceed the maximum timeline must immediately start their first clerkship upon completing the Basic Sciences.
- The Clinical Segment extends over two years and five consecutive terms. Students must meet all graduation requirements within six years of matriculation.

Failure to complete meet these requirements can result in a recommendation for dismissal.

Requirements for Graduation

The Graduation Assessment Board (GAB), comprising of School of Medicine Faculty, reviews and approves those students for graduation who have completed the curriculum and met all program

requirements. To be eligible for graduation, a student must satisfactorily complete 80 weeks of clinical training after the successful completion of the 77 weeks of Basic Sciences. Based on assessments throughout the Four-Year MD Program, the School of Medicine graduates those students that have developed the competencies articulated in the MD Program Objectives.

The GAB has the final authority to approve students for graduation. To be eligible for graduation a student must satisfactorily complete 80 weeks of clinical training, pass all clerkships and electives and all components of every clinical evaluation as well as the 6 required NBME clinical subject examinations. SGUSOM graduates those students that have successfully met SOM progress, promotion, and graduation standards; thereby achieving the MD program objectives and developing the competencies necessary to engage in the practice of medicine.

In order to qualify for graduation from the MD Program, all candidates must have achieved the following:

- Satisfactory completion of 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/Gynecology, and Psychiatry)
    - 4-6 weeks of Family Medicine
    - 32-34 weeks of elective rotations: 4 weeks of a sub-internship in any core specialty, 4 weeks of a medicine elective and 22-24 weeks of electives of student choice (this depends on how many weeks of Family Medicine have been completed).
    - Beginning August 2024, all students starting year 3 rotations (core clerkships) will be required to complete 6 weeks of family medicine or general practice.
- Successfully complete any required remediation in a course, or for any failed component of a clinical rotation (including retaking and passing the NBME exam of a failed clerkship knowledge component.)
- Passing all 6 required NBME clinical subject exams.
- Successfully complete Pain Management Module.
- Successfully complete 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 Graduate Assessment Board.

Graduation Ceremony

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

SGU School of Medicine students who are on schedule to complete all degree requirements by June 30th are eligible to walk in the SGUSOM graduation ceremony. In addition, medical students who are on schedule to complete all degree requirements by August 31st may, with the approval of the Office of the University Registrar, be permitted to walk in the SGUSOM graduation ceremony. Students who are seeking this approval must apply to do so by March 31st of the graduation year using this link.

Honors Designations

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

- *Summa Cum Laude* (with greatest honor) – Students graduating with a cumulative WMPG of 95%+

- *Magna Cum Laude* (with great honor) – Students graduating with a cumulative WMPG between 92.00%–94.99%
- *Cum Laude* (with honor) – Students graduating with a cumulative WMPG between 90.00%–91.99%

Please note that there is no rounding of WMPGs. There are no exceptions made.

Timeline Requirements for the Clinical Studies

The MD program is designed for students to complete in 4 or 4.5 years depending on matriculation, with 2 years spent studying the Basic Sciences phase (Year 1 and Year 2) and 2 years spent completing the Clinical Studies phase (Year 3 and Year 4). Students may take additional time to remediate courses, prepare for Step exams (bridge time), or take Leave of Absence for a variety of reasons. However, students may not take more than 6 years from the date of matriculation to complete the MD program.

Students intending to start the Clinical Science phase in the US will typically use time between the Basic Sciences phase and Clinical Science phase to prepare for and take the USMLE Step 1. Students who complete the Basic Science phase in 2 years have up to 1 year to start the Clinical Phase and those who have taken 2.5 years have up to 6 months; however most students progress to clinicals within 3-5 months to ensure their timelines fit with ideal clerkship start dates, USMLE Step 2 schedules, and the ERAS/NRMP timing and are discouraged from taking an excessive amount of time between the phases unless content remediation for the NBME and for Step 1 warrants additional preparation time. Those students who have taken the maximum 3 years to complete the Basic Sciences must start their clinical studies in the US or the UK within 6 months of completing the Basic Sciences. In rare cases, students may have been granted an exception by the CAPPS to take additional time to complete the Basic Sciences. In such cases, students must progress from the Basic Sciences directly to the Clinical Science phase at the next available clerkship start date.

Regardless of when the clinical phase begins (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 the clinical phase, any student with less than 2 years remaining timeline, who has not yet started the clerkship phase, or any student who delays progress during the clinical phase such that a 6-year completion is impossible, will be reviewed by the APRC and may be recommended for dismissal. Any student recommended for dismissal may appeal to the CAPPS.

OPTIMAL TIMELINE FOR AUGUST MATRICULANTS

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

1. Basic Sciences: Students complete these courses in May of the second year following their matriculation.
2. Start of the clerkship year: Students who wish to start clinical training in the United States take the USMLE Step 1 in July and start their first clinical term in August or September. Students who wish to start clinical training in the United Kingdom do not have to take the USMLE Step 1 and can start in the United Kingdom at the next available start data after clearance.
3. End of the advanced clinical year: Students complete the clinical curriculum (80 weeks) by May or June in the second year following the commencement of clinical training (e.g., if clinical training begins in July, August, or September 2020, then graduation is in June 2022). This is four years or less after matriculation. Students interested in a US residency should seek to finish by the end of April to allow for adequate processing of diploma and credentials. if possible, to ensure ECFMG paperwork and state licensing paperwork prior to the start of residency orientation.

Terms 6 through 10 represent an intensive educational period. Students who start in September have less than 90 calendar weeks to the first June diploma date and must plan time off accordingly to complete all 80 required academic weeks. During this time, students interested in a US residency also study for and take the USMLE Step 2 CK at the completion of the core clerkships and apply for residencies.

OPTIMAL TIMELINE FOR JANUARY/APRIL MATRICULANTS

Students who matriculate in the January/April term generally complete their MD program in four and a half years (4.5), assuming no extension to their timeline.

1. Basic Sciences: Students complete these courses in December of the second year following their matriculation.
2. Start of the clerkship year: Students who wish to start clinical training in the United States take the USMLE Step 1 in March and start their first clinical term in May or June. Students who wish to start clinical training in the United Kingdom do not have to take the USMLE Step 1 and can start in the United Kingdom in January or April.
3. End of the advanced clinical year: While students can graduate in December in the second year after starting clinical training, most students opt to graduate in May, approximately two years after starting clinical training. Terms 6 through 10 represent an intensive educational period. Students who start in May have approximately 100 weeks to complete an 80-week curriculum and graduate in June. During this time, students interested in a US residency also study for and take the USMLE Step 2 (CK)) and apply for residencies.

A Three-Year Clinical Schedule

Most students complete their clinical training and graduate in two or two and one-half calendar years after completing the basic sciences program. These students usually take Step 2 CK once all Year 3 requirements are completed. However, students have the option to choose a three-year clinical studies schedule (a fifth year in the Four-Year MD program).

These students can take Step 2 CK after four years of medical school, allowing them more time to prepare for Step 2 CK. During this period, students also have the option to participate in individually tailored program 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 criteria below which are predictors of poor performance on Step 2 CK.

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

Students who meet these criteria are expected to delay Step 2 CK until completing additional training and study in the fourth year. The SOM can assist in developing individualized programs of additional fourth year educational activities. These students can then enter the next residency pool with a stronger academic profile by utilizing the fourth year as preparation for Step 2. These students can graduate at the end of their fourth year and then take Step 2 CK. Alternatively, they can postpone graduation and remain in medical school for a fifth year. In this fifth year, students can enter a dual degree program, such as the Master of Public Health (MPH), Master of Business Administration (MBA) or Master of Science in Biomedical Research (MScBR). The SOM can also arrange up to eight weeks of additional electives at affiliated or unaffiliated hospitals, an advanced sub-internship, other research opportunities or teaching assistantships. These fifth-year options are provided at no tuition cost. Each student's academic advisor can help the student decide which clinical schedule is best based each student's career goals.

Extended Timelines in the Clinical Program

A student may take an LOA in the clinical phase. Students who have taken excessive leaves of absence for health or other reasons should limit their bridge time and are forewarned that they must complete their program of study within the 6 year timeline requirements.

The need to take off more than one year is incompatible with satisfactory progress and can lead to dismissal from the medical school. Above all, students must remain within the satisfactory academic progress guidelines.

Students need to be aware that extending their timeline, which may be advantageous academically, may diminish their prospects in the residency match program. In addition, any disruption in a student's matriculation may affect their loan repayment status if they are receiving US federal loans.

There may be times that due to unforeseen immigration issues a student may not be able to meet their 6-year timeline requirements. Individual circumstances 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.

Regardless of the structure of a student's timeline, students must complete the MD Program within 6 years of matriculation.

Bridge Time for Students

During the clinical terms, promotion depends on passing clerkships, Family Medicine and Internal Medicine required rotations, a sub-internship and electives. No formal break exists during clinical training nor is a special mechanism necessary to promote students from one clinical term to another. After passing one clinical rotation, a student then goes on to the next scheduled rotation.

Clinical rotations are scheduled year-round. Clinical students who need to schedule a few weeks off between rotations may do so. This is referred to as bridge time. Students must notify their clinical student administrator in the Office of Clinical Education Operations and receive approval prior to taking bridge time. The amount of bridge time available to students depends upon when the clinical period begins. Students are allowed up to 20 weeks of bridge time within a rolling 12-month period. Liberal use of bridge time may negatively impact satisfactory academic progress and ultimate graduation date.

Bridge time will be used to complete and remediate NBME examinations at the end of the third year. Students who use a medical/clinical excuse will require four weeks of bridge time, and students who were unsuccessful in their NBME examination will need 4-5 weeks of bridge time per failed examination. Required bridge time for Family Medicine remediation may be used before the final activity scheduled in the fourth year.

Students must complete all of their clinical training within three years from the start of their clinical program; however, students permitted to take more than 3 years to start their clinical clerkships are considered to have "borrowed" time from the 3 years allotted to complete clinical studies. Students must complete all MD program requirements within a 6-year timeline. Students will be recommended for dismissal if they do not make progress as expected and will not complete within the 6-year maximum.

Section Five: Participation Standards and Time-off Policies

General

Clinical rotations require a full-time commitment by students. Clinical training involves students with patient care as part of the healthcare team and requires attendance at all didactic activities, completion of assignments and self-directed learning.

The faculty considers participation and engagement to be essential components of professionalism. Students must participate in all required educational activities as defined by clerkship directors. Clinical faculty **take participation into account when determining grades.**

Students are required to be at the hospital/clinic daily, Monday through Friday, as well as evenings and weekends if scheduled by the site and be on-call night and weekends as scheduled by the clerkship director. During clinical rotations, excessive tardiness can result in an F in the professional behavior component and no unexcused absences are permitted. Missing a lecture or failing to fulfill a clinical assignment will call into question a student's ability to accept the necessary responsibilities required of a physician. If a student must be absent for a period of a few hours, or a day or two, the student must obtain permission from the clerkship director before leaving. If a student is absent without permission from a scheduled rotation (including electives), the absenteeism could result in a lower or failing grade, and/or disciplinary action.

Students who are unable to participate in a rotation, should formally request a Leave of Absence, which counts towards a student's timeline and may, therefore, be denied it if will result in the student being unable to complete the MD program within the required 6-year maximum timeframe. Lengthy absences from a rotation without permission from the clerkship director, DME and the Office of Clinical Education Operations constitute a failure to complete required clerkship activities **and will result in a failing grade for the clerkship.**

The scheduling of clinical clerkships requires a great deal of work by the Office of Clinical Education Operations and hospitals. Because orientation is given at the beginning of each clerkship, students are responsible to be at the hospital at the assigned time. If a student cannot make the assigned starting date or plans to be late, the student must notify the Office of Clinical Education Operations and the DME at the hospital at once. Core rotations cannot be cancelled except for emergency reasons. The school does not allow employment in any capacity during clinical rotations.

Study Days

During the last 2 weeks of each rotation students take the NBME Clinical Subject Exam. During these weeks students are to be given two study days before their medicine and surgery NBME Clinical Subject Exam and one study day before their psychiatry, pediatrics, family medicine and ob/gyn NBME Clinical Subject Exam. During these days students are not required to be in the hospital or clinic and do not have to make up this time.

CBSE, Step 1, and Step 2 CK

Students must not take the CBSE, Step 1, or Step 2 CK during their clerkships.

Residency Interviews

Students must take into consideration policies related to scheduled electives when scheduling residency interviews in the months leading up to the match. SGUSOM has a policy for senior students taking time off during clinical rotations, including electives. Electives, once approved by the hospital,

may not be cancelled by the student without consent of the hospital. Failure to do so in the past has led to problems that have jeopardized students' graduation dates. Our policy above states that "Unexcused absences are not permitted while doing a clinical rotation." An appointment for a residency interview does not qualify as an "excused absence"**.** An "excused absence" means the student has permission from an attending physician (DME, Clerkship Director or Preceptor) to take time off for the interview. This needs to be discussed ahead of time, preferably even before the rotation starts. Absences from a rotation without such permission, even for interviews, can be grounds for an incomplete or failure in that rotation. The reason for this is that DMEs, clerkship directors and/or preceptors must certify that the student has attended the rotation for the designated number of weeks. From a legal and regulatory point of view, a week is defined as five full days. If students travel to interviews and miss several days of the rotation, asking that the evaluation form attest to a full rotation without making up that time would be fraudulent. Any days off or lost clinical time from rotations must be made up by utilizing additional on call or weekend time at the discretion of the clerkship director. Educational projects, such as a research assignment and/or presentation of a topic, could also be used by the clerkship director to make up time away from the rotation. No time off is permitted during sub-internships.

Students are advised to arrange for a four-week LOA or bridge time to attend many or all residency interviews. However, not every student can afford the time off. Students are encouraged to look at their clinical calendar (see the OCG website under 3rd year) to see if they can take the time off without jeopardizing their graduation timeline. Students who cannot take any time off should try to plan their interview season so that interviews are dispersed among the four months of "interview season," if possible. Any questions about this policy should be referred to the student's primary advisor.

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 hospital 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 exam 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 for the Family Medicine/General Practice required rotation. Passing all 6 required NBMEs is a graduation requirement. Students are expected to take the NBME within the final 2 weeks of the rotation for which it is required as per the schedule described in the assessment section of the CTM. The NBME scheduling office provides students with a permit window during which the exam must be taken.

In rare instances, unforeseen circumstances may prevent a student from taking an examination as scheduled. If a student is unable to take an NBME exam and can re-schedule the exam with the testing center within the permit window, a clinical/medical excuse does not need to be submitted. If re-scheduling within the permit window is not possible, a clinical/medical excuse must be submitted using the 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, after which they will be prevented from submitting additional clinical/medical excuses.

Students should use their Clinical/Medical Excuse wisely as no additional excused absences for examinations will be allowed in a 12-month period. If a student does not take an examination as scheduled and has already used his/her Clinical/Medical Excuse in the prior 12-month period, then the student will be deemed to have failed to complete all required clerkship activities and will receive a failing grade for the knowledge component of the clerkship/required rotation and for the rotation.

Students with extenuating circumstances for missing an additional examination will require relevant documentation. Students in this situation should seek guidance from the Office of Student Affairs (studentaffairsclinical@sgu.edu) prior to missing the examination. In circumstances where this is not possible, students must contact the Office of Student Affairs as soon as possible and provide documentation for their incapacitation.

Note: Students may not request a Medical Excuse once they have started an exam. Once a student has started an exam, a score will be submitted and contribute to the student's grade, irrespective of how much of the exam is completed. Therefore, students are strongly discouraged from taking an exam if they are unwell.

PROCEDURE FOR SUBMITTING CLINICAL/MEDICAL EXCUSE (ME)

To submit a medical excuse, the student uses the SOM Medical/Clinical Excuse Form. This self-report form must be submitted before the scheduled examination time. If a student makes a second Medical Excuse request within 12 months, then the student receives a written notice about his/her ineligibility for a second Medical Excuse and is apprised of the consequences of missing the examination(s).

PROCESS FOR RESOLUTION OF MISSED EXAMINATIONS

Any student with an approved absence who misses an examination will receive an "ME" for the exam score. The student receives an "I" for the clinical knowledge component of the clerkship/required FM/GP rotation grade, is issued an incomplete grade (I) for the course, and is expected to take the Completion Examination. 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 and by the end of Year 4 if the FM/GP required rotation was completed during Year 4*. Students should consider this completion examination period when scheduling elective rotations.

Students who miss an examination without an approved absence have not completed course requirements and will be issued an NG score for the NBME examination and a failing grade for the rotation. Students should consult the Assessment and Grading section of Clinical Training Manual for repercussions associated with failure to complete course requirements.

Completion Exams

As of January 2023

Year 3 Completion Exams (including Year 3 FM/GP required rotations)

Any student with an approved excused absence from an NBME exam should follow the instructions provided by clinadmin@sgu.edu and NBME@sgu.edu following the approval of the excused absence. Once an excuse has been submitted and a Year 3 completion exam approved, a Completion Examination Period of 3 weeks (21 days) will be blocked off in the schedule at the end of year 3 to facilitate exam preparation, scheduling, and processing. ***This may require the cancellation/ postponement of electives scheduled prior to the date the exam was missed. Students should work closely with the clerkship coordinator when scheduling subsequent electives.***

An NBME exam permit will be arranged by NBME@sgu.edu for the last 2 weeks of the Completion Examination Period during which students must schedule to take their completion examination.

Students should schedule their examinations within 48 hours of receiving their permit as testing dates book up quickly. Once 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

Any student with an approved excused absence from a Year 4 NBME examination should follow the instructions provided by clinadmin@sgu.edu and NBME@sgu.edu following the approval of the excused absence. Students should request permits from NBMEretakes@sgu.edu at least 4 weeks prior to the expected examination date. Permit windows are for a 2-week period. Once 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.

Students must pass all NBME examinations to meet graduation requirements.

It is anticipated that students will schedule bridge weeks for Year 4 Completion Exam preparation prior to taking the exam. Bridge time will be used for study time and for the examination period. (LOA time will be used if no bridge time is available). ***This may require the cancellation/postponement of electives scheduled prior to the date the exam was missed.*** Students should work closely with the NBME exam scheduling team and their Clinical Student Administrator when scheduling exam time and subsequent electives.

*Students intending to match should ensure they have taken and passed their missed/failed Year 4 FM/GP NBME examination by March 1 of the match year to ensure all graduation requirements have been successfully fulfilled by June of that year. Students are strongly encouraged to take the completion as soon as possible to avoid having pending graduation requirements at the end of the fourth year, which may prevent them from meeting residency match requirements.

Faculty Panel for Academic Professionalism (FPAP)

The FPAP deal with all professional behavior issues while students are enrolled in the clinical studies courses, e.g., missed examinations, examination compliance issues, cheating, plagiarism, and/or behavior contrary to the outcome objectives and expectations provided in the student manual and syllabus.

Where appropriate, any course and examination noncompliance issues may be referred to a Senior Associate Dean of Clinical Studies FPAP hearing. The Panel Hearings will be administered by the Office of the Senior Associate Dean of Clinical Studies. An Associate/Assistant Dean of Clinical Studies, not involved directly in student teaching or assessment, will Chair the meeting, and the membership of the panel will be comprised of at least 2 other faculty of the SOM as appointed by the Senior Associate Dean of Clinical Studies. The faculty serving on the panel will be MD faculty of the SOM, who are not involved in student advising, and who have experience with the standards for promotion and progression outlined in the SOM Student Manual.

A quorum for the committee is 3, and decisions are reached by simply majority in which the Chair has a casting vote in the event of a tie. The panel may refer the student to an appropriate support service, or when appropriate, and as outlined in the course syllabus, recommend application of the appropriate academic penalty published in the course syllabus. The panel may reduce the penalty applied, but cannot exceed that published in the syllabus. The panel may also require evidence of remediation and can define a customized remediation pathway for any infractions related to lapsed professional behavior. Course grades may be held as incomplete (I) until the student demonstrates any remediation outcomes as defined by the FPAP. The recommendation of the Panel is passed 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.

Section Six: Student Support Services

Overview

Over 1500 clinical faculty based at over 70 affiliated hospitals are responsible for the clinical training of SGUSOM students. Additionally and as described above, over 50 administrators, physicians and staff employed by the University place students in affiliated hospitals and guide them through the third and fourth year of medical school and, for many students, the US residency application process. To further augment the educational program the school has developed an extensive student support structure to provide academic advice, career guidance, residency application assistance, and behavioral health/ wellness programs. These programs and the ones described below concentrate on US residencies. The school also provides support for students interested in postgraduate training in other countries.

Clinical Terms- Guidance Resources and Schedules

During the clinical years, the school has extensive student support services to provide academic advising, career counseling and psychological services. The Office of Career Guidance should be consulted for advice on career opportunities and preparing for postgraduate training. The Office of the Dean, Office of Senior Associate Dean of Clinical Studies and the Office of Student Affairs are available for guidance on other issues. The Directors of Medical Education, clerkship directors, preceptors, medical education coordinators and clinical faculty at clinical sites are also available for advice. Each student who progresses to clinical studies will be assigned a clinical academic advisor whom the student is required to contact early in Year 3 of clinical studies.

Office of Career Guidance (OCG)

The *Office of Career Guidance* (OCG) is in the Office of the Dean and works closely with the Office of Clinical Studies and the Office of Student Affairs. The OCG advises and counsels medical students from the beginning of their educational process at SGU through graduation and into the early alumni years. All students have access to the OCG website and staff. Counseling is provided on an individual basis and is private and confidential.

For students interested in postgraduate training in the US, the OCG is committed to advising students on how to secure a residency training position upon completion of the MD program. The OCG provides support, tools and resources throughout medical school. As students enter clinical training, the OCG helps to optimize their residency application strategy, supporting them during the process of ultimately finding a residency that is the right fit for them. This commitment includes offering pathways to choosing a specialty, preparing strong residency applications, applying to the right programs, learning best practices for residency interviews and understanding all the ways to attain residencies.

During the basic science terms, the OCG offers the mandatory OCG-1 talk for students in Term 1. The importance of the basic science years with preparation for the USMLE Step 1 examination for those interested in medical licensure in the US is discussed. These talks also introduce students to available review programs as well as the OCG website and how to access valuable information there. During Term 5 the OCG-2 talk is presented and is also mandatory for students. An in-depth discussion about the USMLE Step 1 and what to expect of the clinical years is presented with input from the Student Government Association - Clinical (SGA-C).

In the clinical years, the OCG informs students of various deadlines pertaining to external examinations and residency applications. Building upon the OCG talks presented in students' Basic Sciences year, the OCG continues with additional live webinar presentations intended to give in-depth guidance on the residency application process. The OCG provides multiple presentations of the OCG-3 talk, encompassing these topics, in the winter of each year for third year students to discuss the residency

application and interview process. Each year several presentations are given at SGU's major hospital affiliations, which can include live webinar sessions offered on-line to allow students to ask questions. The OCG also maintains a robust website, which is frequently updated. Students are advised to visit the website on a regular basis to be informed about any changing regulations.

The OCG counsels students about the road to a US residency via the **National Resident Matching Program** (NRMP), **Electronic Residency Application Assistance** (ERAS), and **OBG Residency Centralized Application Service** (CAS), as well as the occasional opportunity to sign outside the match (also known as All Out programs). SGU places great value on its relationship with all participating hospitals. In addition, the OCG has Residency Mentors who provide advice concerning the postgraduate training application process for Canada, the UK and EU countries.

In March each year the OCG website has a Current Available Positions (CAPS) section as a resource for residency programs to list their available positions. Graduates and students who are looking for a residency position post-match should review this site frequently. The OCG offers a webinar about the Supplemental Offer and Acceptance Program (SOAP) prior to the match for students and grads who had a difficult residency application process, only a few interviews or were ineligible for the NRMP. A live SOAP webinar Q&A is held the Monday of match week to assist students in the process. After the match, the OCG has a live webinar with a panel to discuss options available to unmatched students such as obtaining an MPH, an MBA and doing additional elective rotations or research opportunities in Grenada and the US. After an unmatched student participates in this webinar, appointments are made with a senior OCG Residency Mentor to discuss what is best for the student to improve their chances of getting a residency in the next NRMP cycle. Students are encouraged to call upon the expertise of the OCG Residency Mentors and its website (refer to Section I for contact information).

Please refer to the OCG website: https://myuniversity.sgu.edu/pages/ocg

For OCG Support and Guidance Contact: careerguidance@sgu.edu

Medical Student's Performance Evaluation (MSPE)

The Office of the Dean composes an MSPE for all students in support of their residency applications. The MSPE is primarily submitted to the Electronic Residency Application Service (ERAS) for students participating in the National Residency Matching Program but also to other matching services and to individual residency programs that do not participate in ERAS.

MSPE's are updated throughout the clinical years by a team of MSPE Coordinators under the direction of the Dean, School of Medicine. Once a student graduates, no new information is added but the MSPE will be finalized to include all grades and to reflect graduate status. The format of the MSPE, based on guidelines provided by the Association of American Medical Colleges (AAMC), is standard for all students and cannot be changed.

Students are required to submit an MSPE Information Form (MIF) during a six week solicitation period in Jan-Feb of the year prior to graduation (e.g. Jan-Feb 2019 for 2020 grads). MSPE's are composed based on anticipated graduation year, not anticipated Match participation year.

The Summary section of the MSPE includes an Endorsement Level (EL) determined by the MSPE Coordinator under the authority of the Dean, School of Medicine. There are five EL's: Outstanding, Excellent, Very Strong, Strong and Good. The initial factor in determining a student's EL are grades but professional behavior (PB) plays a pivotal role.

The main source for PB information is the commentary students receive during rotations but disciplinary issues during basic sciences and general interactions with hospital and SGUSOM faculty, administration and staff throughout students' studies can also contribute to the EL. For example, a B student with exceptional evaluation comments and/or notable feedback from faculty/staff may earn a higher EL than their grades alone dictate. Conversely, an A+ student with problematic comments/

interactions will not receive the highest EL. Other factors that can lower the EL include suspensions, probations or multiple LOA's. USMLE scores are included in the MSPE but do not constitute significant EL criteria.

Students receive an MSPE review copy (RC) sometime after an initial draft is composed, enabling them to correct factual errors. RC's do not include the Summary section because it is not finalized until shortly before ERAS transmission and is subject to change thereafter. Students can request a finalized, unofficial MSPE after they receive their diploma.

MSPE's are uploaded to ERAS and other matching services in late summer-early fall. They can be emailed on request to individual, "all-out" programs that do not participate in the matching services after 10/1, the MSPE's official release date. Students must provide detailed contact information for all-out programs (Name, Title, Department, Hospital, City/State, Email Address). MSPE Coordinators are also responsible for sending transcripts to matching services and individual programs, as well as SGU Department Chair Letters directly to students that require them.

MSPE's and transcripts sent to matching services are NOT updated automatically. Students must contact their MSPE Coordinator to request newer versions containing additional core grades. Similarly, students who go unmatched in their anticipated graduating year must request an updated MSPE and transcript from their MSPE Coordinator after they reopen their ERAS account in the subsequent year. The versions that will initially appear in their account are those that were sent during the previous match cycle.

Further details about the MSPE process can be found in the MSPE section of the clinical website.

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 with any behavioral, psychological or substance abuse problem. Such problems coming to the attention of a

clinical faculty member should be referred to the relevant dean. Any dean or department chair is available during site visits to discuss personal questions or problems. Members of the SOM administration can be contacted any time by email.

In the US, UK, and Grenada, psychological counseling services are available for SOM students on a 24-hour basis. A meeting with a local mentor/counselor or referral to the School's counselor can be arranged. Counseling should be initiated by the student or after discussion with the local DME.

Online counseling for SGU students: https://sgu.bcs-talk.com/

Academic Advice

During clerkships: Clerkship directors are available to students for all academic difficulty issues. The CDs are responsible for mentoring students with academic difficulties identified during the midcore evaluation where they provide students with a formative assessment and review the student's Patient Encounter Log (PEL) and Firecracker quiz scores. If academic difficulties are identified, the student is referred to their primary academic advisor

Full-time faculty academic advisors: Full-time academic advisors track and support assigned students who have been identified as 'at-risk' due to not meeting SGUSOM academic standards, as well as students in need of professional behavior remediation. Advisors may refer students to other support services (PSC, Health Services, and Office of Student Affairs) as appropriate.

Part-time faculty academic advisors (academic advisors): Select clinicians who are faculty members (who have no role in assessing students) serve as academic advisors for students. These faculty members are available to assist students with academic and program-related questions, as well as with advice about academic options and consequences. All students are assigned an academic advisor in years one and two. When students transition to the clinical program in years three and four, they are assigned a new academic advisor. These clinical academic advisors are physicians mostly onsite at the affiliated hospitals where the student is rotating and provide guidance via 1:1 appointment, or advise students virtually, from a separate site. Advisors may refer students to other support services as appropriate.

During clerkships: CDs are available to students for all academic difficulty issues. The CDs are responsible for mentoring students with academic difficulties identified during the midcore evaluation where they provide students with a formative assessment and review the student's Patient Encounter Log (PEL) and Firecracker quiz scores. If academic difficulties are identified, the student is referred to their academic advisor.

Food and Housing

All clinical centers and affiliated hospitals provide information about access to food and housing. Food and housing vary from site to site but remain the student's responsibility. Information about hospitals' housing, parking permits, meal tickets and similar local issues are provided by the hospital's Medical Education Coordinators who assist SGU students at clinical centers and affiliated hospitals. A listing of hospitals offering meal tickets and parking permits can be found on the official clinical website. Departing students and the student coordinators at each hospital provide listings of available housing, which is helpful to the students. Students are responsible for their own transportation to and from their hospital.

Financial Services

Questions about student accounts and billing are handled at the Office of Student Finances. Information about scholarships or loans, counseling for financial planning, budgeting and debt management are provided by the Office of Financial Aid. Both offices are located at University Support Services, LLC, 3500 Sunrise Highway, Building 300, Great River, New York 11739. The phone numbers are: 631-665-8500, or 1-800-899-6337.

Student Accessibility and Accommodation Services

A student with a disability or disabling condition that affects one or more major life activities, who would like to request an accommodation, must submit a completed application form and supporting documentation to the Student Accessibility and Accommodation Services office as per the procedure as outlined in the Student Accessibility and Accommodation Services section of the University Student Manual.

The application form, guidelines for submission of required disability documentation, and contact information can be found here.

Section Seven: Extracurricular Activities

The Medical Student Research Institute

The SOM has invested extensively in developing a Medical Student Research Institute (MSRI). This is part of our mission to establish research as an integral component of the MD program. The MSRI provides an opportunity for exceptional students to spend part of their medical school experience involved in basic, clinical, translational or social science research under expert faculty mentorship. Students in the MSRI program are given the opportunity to conduct research within the specialty that most interests them with the expectations that this will help shape their career goals and build an academic track record that will be viewed favorably by competitive residency programs.

The MSRI has two entry points:

- **Basic Sciences Student**

Students entering Term 2 who have achieved a WMPG grade of ≥90.00% in Term 1 can apply for entry into the MSRI program If accepted, each student is assigned to an SOM Faculty Mentor who will collaboratively work with the student on a research project that leads to a scholarly product.

- **Clinical Student**

This is available to students who have completed Term 5 with at least WMPG grade of ≥90.00% and are then linked up with a Clinical Faculty mentor to work on a research project/topic that leads to a scholarly product. Students Under the guidance of one of our Clinical MSRI Directors, students point out from a variety of research projects and faculty mentors who they would like to work with and begin a unique mentored experience in clinical research.

Entry criteria have been established since the primary responsibility of all medical students is to master the material in their basic science courses and clinical rotations, as well as strive for and ensure academic excellence. Students can also do research independently but, as important as research is, students should not let it interfere with their academic performance.

Interested students are encouraged to review the selection criteria and required documents needed to become a member of the MSRI. Students can obtain more detailed information on the MSRI website:

https://myuniversity.sgu.edu/external/pages/the-office-of-research-msri

Gold Humanism Honor Society

GHHS is an international society dedicated to supporting 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 in the third year of medical school. Membership requires a commitment to a service or chapter project. Students interested in the GHHS can find more information on the GHHS web-site and can contact Dr. Cheryl Cox Macpherson, the faculty sponsor, at ccox@sgu.edu.

Scholarly Activity

To support scholarly activity, the School of Medicine offers clinical students a one-time reimbursement up to $1000 to attend a conference in order to present an abstract or poster. Each student can qualify only once during their medical school tenure. In order to be approved the student must clearly be identified on the heading of the poster or abstract as being from SGUSOM. Logo information can be found on the SGU website under the Logo Usage request form. Students must request preliminary approval for reimbursement before they attend by sending a copy of the conference invitation to the Office of the Dean (officeofthedeansgusom@sgu.edu) along with a copy of the abstract or poster. After the conference, students should fax or send electronically the receipts for their travel, lodging, meals, and miscellaneous associated expenses, W9 form (necessary to be completed by US citizens), as well as a current mailing address and their student ID#. SGU will not reimburse for tips and alcohol or charges/amounts deemed unreasonable by The Office of the Dean. Students should receive a check in about four weeks after submitting expenses. Students can submit a news idea or article about their work for publication in the University newsletter by completing the Share Your News Idea form.

Dual Degrees

The dual degree programs include MD/MPH (Masters of Public Health), MD/MBA (Masters of Business Administration-Health) and MD/MScBR (Masters in Biomedical Research). Details can be found on the SGU website.

Section Eight: Assessment and Grading

Mid-Core Examination

Overview

At the midpoint of each core rotation and the required family medicine rotation, students are administered a mid-core examination. The Internal Medicine and Surgery examinations are conducted during the sixth week of the rotation, while the Family Medicine, Pediatrics, Psychiatry, and Obstetrics & Gynecology examinations take place in the fourth week.

Exam Structure and Delivery

Each mid-core exam comprises 110 single-best-answer multiple-choice questions in 2 hours and 45 minutes without a break. All questions are developed by SOM clinical faculty based on the core's study schedule and the USMLE content outline and subsequently reviewed by each core's department chair. All questions are tested for validity before incorporation into the exam as a weighted item. The mid-core examination is delivered on the assessment solutions software ExamSoft, using technology-driven remote proctoring that digitally observes exam-takers with video and audio monitoring throughout the entire exam.

Feedback and Contribution to Final Clinical Evaluation

Students receive a categorical feedback report from ExamSoft outlining areas of strengths and opportunities for improvement. The mid-core examination contributes a specific percentage to the assessment of knowledge on the final evaluation for each core rotation and the required family medicine rotation, based on the grading scheme in effect.

Mid-Core Feedback

Evaluation of students occurs throughout the rotation with the mid-point of the rotation being a critical time for appraising progress toward achievement of learning objectives. The 2 major elements of mid-rotation feedback include the Mid-core Evaluation and the Mid-Core Examination.

Mid-Core Evaluation

These evaluations should be completed during the midpoint of the rotation (approximately week 3/4 for 6 week rotations and week 6/7 for 12 week rotations). The online Clinical Evaluation system and the mid-core evaluation form facilitate these meetings and generate necessary formative feedback to students.

The Mid-Core Evaluation consists of individualized face-to-face meetings with each student to evaluate their performance up to that point of the rotation and provide formative feedback on performance. Documentation of the meeting and the student's electronic record of the meeting is submitted on the Midcore Evaluation Form via the Clinical Evaluation System (ClinEval). This evaluation form in the ClinEval application provides clerkship directors with students' performance data including Patient Encounter Log (PEL) submissions, AMBOSS completion summaries (provided by the application), and mid-core exam performance. Direct observation forms, quiz performance records, and case write-ups are provided by the student during the Midcore Evaluation Meeting.

The clerkship director conducting the evaluation is responsible for providing formative feedback to improve the student's medical knowledge, clinical skills, and professionalism and for completing the electronic mid-core evaluation form in the Clinical Evaluation application. If any evaluation components are evaluated as "unsatisfactory", narrative comments describing the deficiency are required and the student will be referred to their Clinical Academic Advisor (Clinical AADS) to discuss their performance and plan for improvement prior to the final evaluation.

CDs must arrange for formative mid-core evaluations of all students in order to discuss the student's performance including a review the Electronic Patient Encounter Log, AMBOSS quizzes and case write-ups. These consist of individualized face-to-face meetings with each student and completion of the mid-core evaluation form (Appendix V).

The midcore evaluations is designed to achieve the following:

- Provide students with qualitative feedback early enough in the clerkship to allow time to address deficiencies.
- Provide CDs an opportunity to help students recognize their strengths.
- Offer encouragement if the student is doing well or a warning with constructive criticism if the student is doing poorly.
- Enable medical students to measure their progress in learning.

Comments provided on the mid-core evaluation may be integrated into the final evaluation.

Mid Core Examination

Overview

The midcore examination provides academic faculty, advisors, and students with valuable data on student's progress toward building competency in clinical subject knowledge at the mid-point of a clerkship. Examinations provide a snapshot of our students' content knowledge at the mid-way point of a rotation and help to identify students who would benefit from academic advising and development.

Data from mid-core exams are reviewed by the Academic Progress Review Committee (APRC) to identify students at-risk of failing to meet program standards who are in need of academic advising. Feedback from the mid-core examination facilitates students' self-evaluation of learning as they continue to prepare for the more high stakes, end-of-clerkship NBME exams.

Exams Required

Students are required to take 6 Mid-Core Examinations a required part of the assessment of clinical knowledge: in the core clerkships: one mid-core exam for each core rotation (Internal Medicine, Surgery, Psychiatry, Pediatrics, and Obstetrics/Gynecology; and one mid-core for the Family Medicine/ General Practice required rotation

Exam Schedule and Notification

The Mid-Core Examination is required at the mid-point of the rotation: the 4th Monday of a 6-week rotation and on the 6th Monday of a 12-week rotation. Students are notified of the exam details via SGU email by the Mid-Core Team one week prior to the scheduled midcore examination date.

Exam Structure

Each exam comprises 110 single-best-answer multiple-choice questions. All questions derive from a question bank created and validated by SGU clinical faculty with expertise in the 6 subject areas with multiple revisions to improve validity and reliability.

Contribution to Final Clinical Evaluation

All final clinical evaluations provide students' achievement toward competency in knowledge, clinical skills, and professional behavior domains.

This required midcore examination will be graded on the Honors/High Pass/Pass/Fail system in accordance with the percentiles established for the NBME subject examinations and derived from the performance of the August 2024 cohort:

Pass - at or above the 10th percentile
High Pass - at or above the 50th percentile
Honors - at or above the 75th percentile

The mid-core examination contributes to 20% of the Knowledge Component of the final evaluation for each core rotation and for the Family Medicine/General Practice required rotation; however, should a student fail the NBME examination, the student will fail the Knowledge Component of the final evaluation regardless of performance on the mid-core examination.

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 the CTM. Students who fail 2 or more components will earn a failing grade for the rotation.

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

The Summative Final Clerkship Evaluation

Grading Policy for the Clerkships

The clerkship director completes an electronic final assessment form for each student in a core clerkship. The form provides narrative comments, grades in individual components and a final summative grade (Appendix E). The narrative comments summarize the student's clinical performance and, importantly, professional behavior. Comments may also include attendance, rapport with patients and staff and the extent to which the students developed the required competencies for that core. This narrative section offers the faculty the opportunity to provide additional personalized evaluative information beyond the grades. These comments may be quoted in the MSPE. An additional section allows for constructive comments to promote ongoing development that are not used in the MSPE. Students should make every effort to review these comments as soon as possible after completion of a rotation. The opinions of the physicians who have worked with a student are critical for self-reflection and should be a catalyst for ongoing self-directed learning and self-improvement by the student. In particular, constructive criticisms can help a student develop into a more competent physician. Students can review these comments electronically after they complete the student feedback questionnaire. The evaluation forms are on the SOM portal (the SOM internal website) under Clinical Evaluation.

Grading System for Students Who Started Their Core Clerkships (Year 3) Before January 3rd, 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.

The students take the NBME Clinical Subject Exam during the final 2 weeks of their clerkship. The Office of Clinical Education Operations receives the scores from the NBME and scores are automatically uploaded to the SOM Clinical Evaluation System.

The NBME Clinical Subject Exams will be 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 grade. Depending on the grades on other evaluation components, it is possible for students who fail the NBME exam 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 exams, the grade will not be changed. In such cases repeating the clerkship is not necessary; the school will give students credit for the clerkship. However, the Graduation Assessment Board will 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 examination after additional study time to improve medical knowledge and test-taking skills.

Since performance on the NBME clinical Subject Exams correlates with performance on Step 2 CK, students who perform poorly on the NBME exams (failing or persistent low scores) should consider a structured program during their fourth year to improve their medical knowledge and test-taking skills. In another example, a student may pass the NBME 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 will give 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).

1. Definition of Grades

GRADE	DEFINITION
A+ (Honors)	requires all As and an A+ on the NBME exam. 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, in fact, 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 will convert to a final grade. Failure to complete remaining requirements within the required timeframe as outlined in the CTM will result 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 A+ requires 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 X). 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 II of this manual in the curriculum for each of the core clerkships.

NBME End of Clerkship Exam Policies and Procedures

The NBME Clinical Subject (Shelf) Exam 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 – NBME 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, ob/gyn 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 exam. Students must use UWorld and AMBOSS as well as 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 exam before starting their next rotation.

- All students must attend the NBME exam 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 End of Clerkship Exam on time constitutes a failure to complete required clerkship components and will result 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 has failed an NBME clinical subject exam must remediate knowledge deficiencies and retake the failed subject exam.
- Passing all 6 NBME clinical subject exams (IM, Surgery, Pediatrics, Ob/Gyn, Psychiatry, and Family Medicine) is a graduation requirement.
- Any student who fails a required NBME clinical subject exam is required to retake and pass the failed exam.
- For students who **have not yet completed** all required core clerkships (year 3), failed NBMEs must be retaken and passed prior to starting year 4 electives.
- For students **who have completed** all required core clerkships (currently in their 4th year), all failed NBME exams must be re-taken and passed by the end of the 4th year.
- Students intending to schedule re-takes must contact NBMERetakes@sgu.edu for instructions on how to schedule this exam. Retakes 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 retakes.
- A 3-week remediation period for each failed NBME clinical subject exam is strongly recommended followed by the required retake of the failed exam. This may be taken in the form of bridge time or an LOA.
- A GAB elective in the failed subject is no longer a requirement for remediation of failed NBME clinical subject exams. Students who have already scheduled these electives may take the elective as planned or arrange for an alternate elective. Contact your clinical student coordinator 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/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 and will earn a failing grade for the clerkship. An approved medical excuse is required for students to delay the end of clerkship NBME exam. Note: only one medical excuse is permitted per year.
- Students with a failing grade for the core clerkship/FM/GP required rotation will be 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 will be recommended for dismissal. Any student recommended for dismissal will be given the opportunity to appeal to the CAPPS.
- Students must be making progress toward completing the MD Program within the 6-year maximum allowable timeline. Students not likely to complete requirements within the maximum allowable timeline will be recommended for dismissal.

A formal mechanism exists for identifying and helping a student whose achievement is not up to standard. If preceptors or attending physicians judge a student to be marginal, the clerkship director is notified. The student shall be informed as early as possible during the core clerkship and given assistance and counseling. Depending upon the seriousness of the problem, the department chair, the DME, and the senior associate dean of clinical studies may be involved.

Thus, a three-tiered system for dealing with student problems exists at all clinical sites. Initially a student's preceptor and/or clerkship director discusses a student's behavior or attitude with the student. This is done at the time of the mid-core assessment or at any other time that is appropriate. Many times counseling the student is sufficient. If the problem recurs, a pattern develops or a single problem appears serious, the clerkship director notifies the DME. In addition, the University has appointed Onsite Advisors at many hospitals that can deal with students' problems. The DME and/or Onsite Advisor might meet with and counsel the student. If the problem is serious enough, the DME notifies the Deans' offices. The Office of Student Affairs and the Dean of the School of Medicine have the ultimate responsibility for dealing with students' problems.

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

Clinical Grading System

Performance in the clinical years is graded using a 3-component grading system framed around and aligns with the domains of the MD program objectives: knowledge, clinical skills, and professional behavior.

Student performance will be assessed in the 3 primary areas of competency. Final grades will be reported as Honors/High Pass/Pass/Fail.

Component Grading for the Core Clerkships

Features 3-Component Grading System

Components	Elements Assessed	Measures	Weight	Overall Component Score

Knowledge Competency **(for students who start their first year 3 rotations before August 1, 2024)**	Knowledge of Clinical Subjects	• NBME Clinical Subject Exam	100%	Honors High Pass Pass Fail
Knowledge Competency **(for students who start their first year 3 rotations after August 1, 2024)**	Knowledge of Clinical Subjects	SGU Midcore Examination NBME Clinical Subject Exam (*a failing grade for the NBME sub-component will result in a Failing grade for the Knowledge Competency)	20% 80%	Honors High Pass Pass Fail
Clinical Skills Competency	Clinical Skills	Clinical Preceptor Evaluations of • Practical clinical skills • Clinical reasoning • Communication skills	 40% 40% 20%	Honors High Pass Pass Fail
Professional Behavior Competency **(rotations with start dates prior to August 1, 2023)**	Professional Attitude/ Behavior	Direct Observation • Clinical Preceptor Evaluations of Professional Attitude/Behavior Indirect Observation • Participation in/Completion of Clinical Requirements (PELs, Medical Ethics Module, Geriatrics Module, Quizzes)	50% 50%	Honors High Pass Pass Fail
Professional Behavior Competency **(rotations with start dates after August 1, 2023)**	Professional Attitude/ Behavior	Direct Observation* • Clinical Preceptor Evaluations of Professional Attitude/Behavior (*a failing grade for the direct observation sub-component will result in an Failing grade for the Professional Behavior Component) Indirect Observation • Participation in/Completion of Clinical Requirements (Web-based content as described in clerkship syllabus)	70% 30%	Honors High Pass Pass Fail

Determination of Final Grade

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/ High Pass/ Pass	Honors/ High Pass/ Pass	**"I"** (with required remediation of the failed component)
Fail	Fail	Honors/ High Pass/ Pass	**Fail** (if no prior Fs, must repeat the clerkship)
Fail	Fail	Fail	**Fail** (if no prior Fs, must repeat the clerkship)

Implications for Academic Progress

The final grade for the core clerkship is determined by grades earned for each of the 3 components. To facilitate student success, remediation of deficiencies is integral to the grading system.

- Students must successfully complete all core clerkship/FM/GP requirements, pass all 3 components, and resolve any "I" grades of the core clerkship in order 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 and will earn a failing grade for the clerkship. An approved medical excuse is required for students to delay the end of clerkship NBME exam. Note: only one medical excuse is permitted per year.
- Failure of any of the 3 core clerkship/FM/GP components will result in an "I" grade and required 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 repercussions of additional failures. Time taken to remediate the knowledge component will consist of either bridge time or students will have to take a Leave of Absence.
- Failure of 2 or 3 core clerkship components will result in a failing grade for the core clerkship/FM/GP required rotation. Students will be 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 will be recommended for dismissal. Any student recommended for dismissal will be given the opportunity to appeal to the CAPPS.
- Students must be making progress toward completing the MD Program within the 6-year maximum allowable timeline. Students not likely to complete requirements within the maximum allowable timeline will be recommended for dismissal.

Failure of the Knowledge Component

First Failure

- **Students who fail the Knowledge component of a clerkship based on the NBME subject exam,** will be issued an "I" and be required to take a make-up exam in the same discipline in order to rectify the "I" grade in the clerkship.
- Students are required to meet with their academic advisor to discuss remediation and the repercussions of additional failures, and to develop an Individualized Learning Plan (ILP).

- Make up exams will be taken once students have completed all core clerkships. Each failed exam will require a remediation study period of 3 weeks per failed Knowledge Component followed by a make-up exam in the failed discipline. Remediation periods must be done sequentially, not concurrently. Remediation periods will be bridge time or a Leave of Absence.
- Students must earn at least a passing score on the make-up exam.
- The score for the makeup exam will be used to determine the final grade for the clerkship that will replace the "I".
- The maximum score for the Knowledge Component following this remediation is a "High Pass".

Second Failure

- A second failure of the Knowledge Component of the same clerkship, despite a remediation period, will require an additional remediation study period of 3 weeks followed by a make-up exam in the failed discipline.
- Students are required to meet with their academic advisor to discuss remediation and the repercussions 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".
- If the student fails the second attempt at remediation, this will be treated as a second failed component and result 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** will be issued an "I" and be required to remediate non-discipline specific clinical skills deficiencies during the subsequent clerkship in order to rectify the "I" grade.
- Students are required to meet with their academic advisor to discuss remediation and the repercussions 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" will be used to resolve the "I" and determine the final grade.
- In order to remediate unresolved discipline-specific clinical skill deficiencies, students will be 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 will take place during the subsequent clerkship under the guidance of clinical preceptors in order to rectify the "I" grade in the clerkship.
- Students are required to meet with their academic advisor to discuss remediation and the repercussions 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" will be 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.
- If the student fails the second attempt at remediation, this will be treated as a second failed component and result 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** will be issued an "I" and be required to remediate deficiencies in professional behavior during the subsequent clerkship in order to rectify the "I" grade.
- Students are required to meet with their academic advisor to discuss remediation and the repercussions 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" will be 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 will take 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 repercussions 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 in order 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" will be used to resolve the "I" and determine the final grade.
- If the student fails the second attempt at remediation, this will be treated as a second failed component and result in an F grade replacing the "I" given for the clerkship.

Remediation of Failed Components: Highlights

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 Individualized Learning Plan) is required followed by a Make-up NBME Subject Exam 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 -May not progress to Year 4 until NBME make-up exam is taken and 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 NBME Subject Exam 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 NBME - May not progress to Year 4 until NBME make-up exam is taken and 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" will be used to resolve the "I"	- "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	- "F" grade for clerkship

	- required to register for an elective in the same discipline as the failed clinical skills component to address discipline-specific deficiencies.	- "Pass" will be 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.	
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" will be used to resolve the "I" - once remediation is complete, the "F" will be 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" will be used to resolve the "I" - May not progress to Year 4 until remediation complete	- "F" grade for clerkship

Grading scale for NBME clinical subject exams

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

Based on NBME published percentiles and SOM percentiles determined annually, percentile-based cut-points (10th/50th/75th) will be used to assign grades (Pass/High Pass/Honors) for core clerkship NBME clinical subject exams.

The following grading scale will be used to assign a score for the clinical knowledge component of a core clerkship

	<10th %ile	**10th-49th %ile**	**50th-74th %ile**	**>74th %ile**
NBME Raw Score Cut-Points	**Fail**	**Pass**	**High Pass**	**Honors**
Medicine	<63	63 - 73	74 - 78	>78
Pediatrics	<66	66 - 76	77 - 81	>81
Ob/Gyn	<65	65 - 75	76 - 81	>81
Surgery	<62	62 - 73	74 - 78	>78
Psychiatry	<75	75- 82	83 - 85	>85

The following grading scale will be used to assign a score for the clinical knowledge component of a Family Medicine/General Practice required rotation:

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

The average of the NBME national percentile data and the SOM NBME percentile data for each of the six NBME clinical subject exams shall be used to determine whether a student obtained a grade of fail, pass, high pass, or honors for each of the core clerkship clinical subject exams or a pass/fail for the FM/GP clinical subject exams. This average of the NBME and SOM percentile data used to determine the grade of an individual student for each clerkship NBME shall be calculated using the percentile data of the previous academic cycle.

For core clerkships, obtaining an NBME clinical subject exam that ranks at the 10th percentile or above means the student earned a pass for the NBME clinical subject exam. Obtaining an NBME clinical subject exam score that ranks at the 50th to the 74th percentile means the student earned a High Pass. Obtaining an NBME grade that ranks at the 75th percentile or above means the student earned Honors.

For core the FM/GP required rotation, obtaining an NBME clinical subject exam that ranks at the 10th percentile or above means the student earned a pass for the NBME clinical subject exam.

Students must pass all required NBME Clinical Subject Exams in order to meet graduation requirements. The NBME Clinical Subject Exam (CSE) is the primary measure of a student's clinical knowledge in a core clerkship/required rotation and a required component of a student's clerkship/required rotation grade.

Remediation of Clinical Knowledge/NBME Failures

Performance on the NBME Clinical Subject Exams is the best predictor of student performance on the Step 2 CK examination required for US residency placement. Below is the new remediation plan for students who fail one or more NBME clinical subject exams:

Students who Fail the NBME Clinical Subject Examination

The NBME Clinical Subject Exam is a challenging exam for which students must prepare during their core clerkship. Unfortunately, some students do fail this required examination and will require remediation prior to taking the Step 2 CK exam and progressing to the 4th year of the MD Program.

First Failure

- Students who fail their core NBME clinical subject exam, will be required to remediate knowledge deficiencies, and take a make-up exam in the same discipline and earn a passing score. Upon failure of any core NBME clinical subject exam, students are required to contact their academic advisor to discuss remediation and the repercussions of additional failures on the MD program and Step examination timelines.
- Any failed NBME core clinical subject exam will require a 4-week mandatory remediation period: 3 weeks during which knowledge deficiencies are remedied and one week during which the NBME Clinical Subject Exam in the failed discipline is re-taken (make-up exam). The 4-week mandatory remediation period will follow the completion of all core clerkships (at the end of the third year).
- The remediation period will be considered as either a bridge or a leave of absence. Students should discuss this with their clinical student coordinator, academic advisor and financial aid counselor.
- The NBME Clinical Subject 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).
- At the start of the 4-week mandatory remediation study period students will receive an NBME permit to schedule the NBME Clinical Subject Make-up Exam during the 4th week.
- The NBME Clinical Subject Make-up Exam must be taken within this 1-week window.
- It is the student's responsibility to contact a Prometric center as soon as they are sent the NBME permit to ensure they schedule the NBME Clinical Subject Make-up Exam for a date that falls within the required 1-week window.
- Unless a Medical Excuse has been submitted (maximum 1 per calendar year), failure to schedule and take the NBME Clinical Subject Make-up Exam within the required 1-week window means students have not met all clerkship requirements and will, therefore, be issued a failing grade for the clerkship.
- Should students have multiple failed NBME Clinical Subject Exams (different disciplines), each 4-week mandatory remediation period and make-up examination must be undertaken sequentially, not concurrently.

- Due to the time and effort required for adequate clinical subject knowledge remediation, students with multiple failed NBME Clinical Subject Exams will not be permitted to start fourth year electives until remediation is complete and all NBME Clinical Subject Make-up exams have been passed.
- Students may schedule their fourth year electives; however, will not be permitted to start until they fulfill all requirements for third year.
- Students who have failed the NBME Clinical Subject Exam for their final year 3 core clerkship and whose scheduled first elective is set to begin immediately following the last core clerkship will be permitted to complete the elective but will be required to cancel any other scheduled electives to accommodate all 4-week mandatory remediation periods.
- Students who fail NBME examinations are particularly at-risk of either failing or performing sub-optimally on the Step 2 CK and, as a result, negatively affecting their prospects for a residency match.
- Students will not be certified to take Step 2 CK until all year 3 requirements have been met. Therefore, students should note that if they fail one or more NBME Clinical Subject Exams and require remediation and make-up exams, they may be required to postpone their scheduled Step 2 CK to ensure remediation has been completed and all year 3 requirements are met prior to taking the Step 2 CK.
- Students should note that if they fail multiple NBME Clinical Subject Exams and require remediation and make-up exams, they will need to postpone their scheduled Step 2 CK to ensure remediation has been completed and all year 3 requirements are met prior to taking the Step 2 CK.

Second Failure

- Students who fail the make-up of a failed core NBME clinical subject exam, despite a remediation period, will require an additional remediation study period of 4 weeks followed by a second make-up exam in the failed discipline.
- The same details related to the first NBME Clinical Subject Exam failure apply to the remediation and make-up of the second exam failure.

Family Medicine/General Practice NBME

- The NBME Clinical Subject Exam in Family Medicine taken at the end of the required Family Medicine/General Practice clerkship is a graduation requirement. This clerkship is taken in either the 3 year with the other core clerkships or in the 4^{th} year with the other elective clerkships. Students who fail this NBME subject exam are expected to undertake a 4-week remediation of 3 weeks intensive study followed by an NBME clinical subject exam make-up in Family Medicine during the 4^{th} week. Additional remediation periods will be required for all subsequent failures of the FM NBME examination. Students who fail the NBME clinical subject exam in Family Medicine must complete the remediation requirement and pass the make-up examination by the end of the 4^{th} year in order to qualify for graduation.

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

1. Clinical Knowledge Examinations: Mastery reports of NBME clinical subject exams are provided to students by the NBME for review of areas of strength and weakness. The NBME results are official; however, students may make an appeal to the NBME for a retake/regrade. Students requesting a grade recheck may submit a request to the Office of the Dean, along with the $25 fee required by the NBME. The Office of the Dean forwards the request to the NBME on behalf of the student. Unless the NBME voids the grade, it will stand.
2. Clinical Skills Evaluations: Students are provided with a formal opportunity for feedback on clinical skills during the mid-clerkship 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, PELs,

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 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 via email

3. Professional Behavior Evaluations: Students are provided with a formal opportunity for feedback on professional behavior during the mid-clerkship 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 CD. The CD reviews the student'' direct and indirect observation records, 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 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 via email

Assessment of Other Rotations

Electives, sub-internships and Family Medicine (General Practice in the UK) rotations are graded on a pass-fail basis but require narrative comments. These narrative comments will be used in the MSPE. The assessment is based on a student's daily performance in terms of knowledge, skills and professional behavior. Credit can be given only after receipt of the student's Certificate of Completion of Elective Form (Appendix F).

In order to earn a passing grade for an elective rotation, students must earn a pass for all 3 components assessed: Medical Knowledge, Clinical Skills, Professional Behavior.

Failure of any of the 3 components of an elective will result in a fail for the final grade.

In order to remediate the failing grade, students must take and pass an additional elective in the same specialty. Only passing weeks will count toward the required elective weeks.

Review of Academic Progress for MD Program

Clinical APRC reviews: The APRC conducts reviews at least bimonthly to identify students who are at risk of not meeting performance/timeline standards for progress to the next rotation or for graduation. Students are sent notices/reminders of their requirements and referred to their academic advisors for monitoring and support. Additionally, the senior associate dean of clinical studies is notified when a student fails a clerkship component. This sets in motion a structure for advising and remediating the student's deficiencies. The student and the academic advisor develop a learning plan, which the student will put into effect for the subsequent clerkship to avoid future failures.

The APRC will make recommendations to the Senior Associate Dean of Clinical Studies for a student's progression, promotion, or dismissal. Students with previous failures to meet standards and/or timeline delays may be granted an additional time to achieve standards and complete requirements or be recommended for dismissal. Students may be issued a reminder, notice, warning, or recommendation for dismissal from the office of Senior Associate Dean of Clinical Studies (clinadmin@sgu.edu). These letters may require action on the part of a student, a 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 in order 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 (ILP).

In these cases, the APRC also places students on a MAS, those students who fail a clerkship or clerkship component. Based on assessments throughout the MD Program, the SOM graduates those students that have developed the competencies intended by the Outcome Objectives.

Appeal Process and the Clinical CAPPS

All students who are recommended for dismissal have the opportunity to appeal to the CAPPS. Students preparing their appeal and related documentation should note that 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 Committee for Academic Progress and Professional standards is charged with the following responsibilities:

1. review appeals from students that 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. uphold the recommendation for dismissal, in which case students have the option to withdraw or will be dismissed, or
3. accept the appeal and retain the student on a period of academic focus or probation with conditions.
4. establish the conditions under which a student is to be retained, including defining the period of academic focus and associated conditions
5. communicate the outcome of each appeal in the form of a letter to the student, with copies to the appropriate senior Associate Dean, Dean of the School of Medicine, Registrar, and the Office of Student Affairs.
6. act as the sole body to which a student may appeal a recommendation for dismissal.
7. refer 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, and decisions of the Basic Sciences or clinical CAPPS are final. The School of Medicine has no further provision for appeal.

Section Nine: the Core Clerkships

Internal Medicine

1. MISSION AND INTRODUCTION

Description of the Core Clerkship in Internal Medicine

The 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, 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 twelve 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 health care 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 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: Twelve 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 clerk, 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 SGU Clerkship Director in 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 – max 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 mid-term 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. Students will also be expected to take a "practice" NBME shelf exam (self-evaluated) at the midpoint of the clerkship.

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

3. EDUCATIONAL OBJECTIVES

The twelve-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 clerks, and assignments and schedules. Clerks are provided feedback regularly on their progress as well as during both midcourse 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, urinary bladder catheterization, etc.

COMMUNICATION SKILLS

Verbal:

- Basic competence in comprehensive case presentation
- Basic competence in focused case presentation

- Basic competence in explaining to a patient a simple diagnostic and therapeutic plan (e.g.; Community
- Acquired Pneumonia in a healthy 40 yr. old)
- Basic informed consent scenario for a procedure (e.g.; contrast enhanced CTS)
- Basic competence in safe transitions of care (i.e., sign outs, rounds and transfer of care)

Written:

- Competence in comprehensive case write-ups
- Competence in brief case write-ups (e.g. focused CS exercise)
- Communication (Drexel) Modules:
- Delivering Bad 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 & PATIENTS

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
    1. Abdominal pain
    2. Altered mental status
    3. Anemia
    4. Back pain
    5. Chest pain
    6. Cough
    7. Chronic pain
    8. Dyspepsia
    9. Dyspnea
    10. Dysuria
    11. Fever
    12. Fluid, electrolyte, and acid-base disorders
    13. GI bleeding
    14. Hemoptysis
    15. Irritable bowel
    16. Jaundice
    17. Knee pain
    18. Rash
    19. Upper respiratory complaints

20. Weight loss

3. Patients presenting with a known medical condition.
    1. Acute MI
    2. Acute renal failure and chronic kidney disease
    3. Asthma
    4. Common cancers
    5. COPD
    6. Diabetes mellitus
    7. Dyslipidemia
    8. CHF
    9. HIV
    10. Hypertension
    11. Inflammatory bowel disease
    12. Liver disease
    13. Nosocomial infection
    14. Obesity
    15. Peptic ulcer disease
    16. Pneumonia
    17. Skin and soft tissue infections
    18. Substance abuse
    19. Thyroid disease
    20. Venous thromboembolism
    21. Geriatric Issues
    22. Cognitive Impairment
    23. Osteoporosis
    24. Polypharmacy
    25. Incontinence
    26. Falls, gait and balance problems
    27. Failure to thrive
    28. Pressure ulcers
    29. Sensory impairments
    30. Sleep disorders
    31. Depression
    32. Pain
    33. Elder abuse and neglect
    34. End-of-life

5. 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 a large number of comprehensive texts book of medicine, medical sub-specialty texts, journal review articles and internet resources to read as outlined above.

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 Sakai quizzes that require a scores of 80% or greater in order to receive credit for this clerkship. Students are required to log into each clerkship's Sakai 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 exams as well as Step 2. In addition, a student's diligence in completing these assignments reflects a commitment to excellence, a component of professional behavior grade.

Required Clinical Encounters and the Patient Encounter Log

The below list of complaints and diagnoses must be entered into your Patient Encounter Log (PEL) Program during each Core and Family Medicine Clerkship

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

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.

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.

Internal Medicine

Condition "Must See List"	# 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=yqYI_ImLD7g&t=660s
Hypertension	1	Either	3	https://www.youtube.com/watch?v=aiaXouB4QrU
Arrhythmia (any)	1	Inpatient	3	https://www.youtube.com/watch?v=5NsIIQo8dOw
Shock (any)	1	Inpatient	3	https://www.youtube.com/watch?v=QTirwgYNNHg
Dyspnea (non-cardiac)	1	Inpatient	3	https://www.youtube.com/watch?v=94G5pi_YuuU
Lung Disease (chronic/any variant)	1	Either	3	https://www.youtube.com/watch?v=gIjRmu0p1ns
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=3EVgvBORw5Y
Pneumonia (any variant)	1	Either	3	https://www.youtube.com/watch?v=IAQo2Zupgvc
Liver disease (any variant)	1	Either	3	https://www.youtube.com/watch?v=XIjOn8MXnTWg
Diabetes Mellitus	1	Either	3	https://www.youtube.com/watch?v=yzgRI_TWjfs
Dyslipidemia	1	Either	2	https://www.youtube.com/watch?v=Of1Aewx-zRM
HIV	1	Either	2	https://www.youtube.com/watch?v=5g1ljoBIi6Dk
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=8sC3s9Iek7U Lung: https://www.youtube.com/watch?v=HeEiQKoicd8
Stroke	1	Either	3	https://www.youtube.com/watch?v=CaOPBuP3VxA
Arthritis (any variant)	1	Either	2	https://www.youtube.com/watch?v=xdTSAIYISbQ
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=dIdJmVx8Pfg&t=328s
Kidney Disease (acute or chronic)	1	Either	2	Chronic Kidney Dz: https://www.youtube.com/watch?v=fv53OZBk4hs Acute Kidney Dz: https://www.youtube.com/watch?v=bwwOd7xkHNc
GI Bleeding (U or L)	1	Either	3	https://www.youtube.com/watch?v=mguoxg0nzd0&t=401s
Degenerative Neurologic disease (any)	1	Either	2	https://www.youtube.com/watch?v=RImBxfVH9H4

Obstetrics and Gynecology

Core Clerkship

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

Our goal is to provide you 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 your hands on experience, your learning will be augmented by web-based resources.

- AMBOSS - Students are expected to follow the integrated study schedule as outlined on the AMBOSS portal. This schedule features a mixture of both gynecological and obstetric topics to facilitate the varied experiences students may encounter on a weekly basis.
- UWorld Ob/Gyn Qbank
- Communication Modules - Domestic Violence and Exploring Sexual Issues modules must be completed prior to completing the clerkship.
- Ethics modules

Your patient log along with these three web-based resources will constitute your OB/GYN portfolio included in your final evaluation.

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

We are looking forward to meeting you, getting to know you and teaching you.

Portions of this overview were based on the University of North Carolina and University of Florida clerkship overview.

1. MISSION AND INTRODUCTION

- 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.

2. GUIDELINES

1. Length: Six weeks.
2. Site: Labor and delivery suite including ob 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.
3. 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 SGU 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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.
9. 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.
10. Each student will maintain an electronic log of all required clinical experiences with diagnosis they admit, evaluate or follow.
11. 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. If you do not take the exam, you have to take it within one week.
12. 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.)

3. 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.

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 Sakai 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 exams as well as Step 2. In addition, a student's diligence in completing these assignments reflects a commitment to excellence, a component of professional behavior grade.

CORE TOPICS

General

1. History
2. Physical exam
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

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 References

- Up To Date: UpToDateOnline.com
- WebMD.com

Required Clinical Encounters and the Patient Encounter Log

The list below of complaints and diagnoses must be entered into your Patient Encounter Log (PEL) Program during each Core and Family Medicine Clerkship

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

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.

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.

OB / GYN

Category	Complaint / Diagnosis "Must See List"	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=5KEAnfLj1qE&t=190s
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=lbIIj6xo-A0 Part 2: https://www.youtube.com/watch?v=sabjynu8EHU Part 3: https://www.youtube.com/watch?v=us0OywrAEjUM
Genitourinary/ OB	Normal Labor and Delivery	2	Inpatient	2	https://www.youtube.com/watch?v=w0jDfcAYZWc
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=80KN6olGNOw&has_verified=1
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=SCgLamIP4Sw
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=SCgLamIP4Sw
Genitourinary/ OB	Third Trimester Complications (pain or bleeding)	1	Outpatient/ Inpatient	1	https://www.youtube.com/watch?v=rRLmq7eG23Y
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=T09oiyoy6ek
Genitourinary / Gyn	Abnormal uterine bleeding	1	Outpatient	1	https://www.youtube.com/watch?v=Lgx4OZYGcUk
Genitourinary / OB	Hypertension in pregnancy	1	Outpatient	1	https://www.youtube.com/watch?v=J_fBKCN0C-U
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=y3RaxCEIRdk
Genitourinary / Gyn	Uterine diseases & neoplasm	1	Outpatient	1	https://www.youtube.com/watch?v=CJZr9_LATgQ&t=46s
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=5KEAnfLj1qE&t=164s
Genitourinary / OB	Infection in pregnancy (includes endometritis)	1	Outpatient	1	https://www.youtube.com/watch?v=uIxc6VbVKxI

Pediatrics

CORE CLERKSHIP

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: 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.

GUIDELINES

1. Length: Six 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 principals.
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. As an absolute minimum, each student should examine five term newborns. This includes reviewing the maternal medical record, performing a physical examination on the infant, and talking with the parent about basic care of the newborn and anticipatory guidance.
    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. A minimum of four complete clinical write-ups is required per student. 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 use the patient encounter log to record manual skills and procedures performed or witnessed.
    1. The following procedures are recommended to be performed or witnessed during the Pediatric rotation:
        1. vision and hearing screening
        2. otoscopy

3. administration of inhalation therapy (Metered Dose Inhaler/MDI/Spacer/Nebulizer).
4. throat culture
5. immunizations: intramuscular injection, subcutaneous injection.
6. nasopharyngeal swab
7. peak flow measurement

15. The students are responsible for completing the introductory modules of the Communication
16. Skills course prior to the start of the 3rd year core rotations. In addition, the modules required for the pediatric rotation are:
    1. #21 Communication and Relationships with Children and Parents.
    2. #22 The Adolescent Interview.
17. The student will complete the web-based assignments (see below) listed in Sakai.
18. The final written examination will be the National Board of Medical Examiners (NBME) Clinical Subject Examination, given at designated sites.
19. 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.
20. 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. The grade on the final written examination constitutes 30% of the final grade.

There are 5 components of the grade:

- Clinical Reasoning
- Clinical Skills
- Professional Behavior
- Communication Skills
- Written Examination – The student needs to score one standard deviation above the mean on the written examination to qualify for an A+ grade on the written examination.

When there is variation in the grades on the separate components, the final grade may be qualified with a + or a –.

An Honors grade (A+) will require an A in every component.

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 exams as well as Step 2. In addition, a student's diligence in completing these assignments reflects a commitment to excellence, a component of professional behavior grade.

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.

CORE TOPICS

General

1. Pediatric history
2. Pediatric physical exam
3. Patient write-up (problem oriented approach)
4. Begin to formulate a differential diagnosis that relates to the presenting complaint, symptoms and findings on history and physical examination.
5. 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

1. Upper Respiratory Infection (URI)
2. Asthma
3. Pharyngitis
4. Foreign body
5. Otitis media
6. Pneumonia
7. Sinusitis
8. Cystic fibrosis
9. Cervical adenitis

10. Tuberculosis
11. Croup/epiglottitis
12. Fever without focus
13. Bronchiolitis

2. Eyes

1. Conjunctivitis
2. Ocular trauma
3. Amblyopia
4. Strabismus

3. Cardiac

1. Fetal circulation
2. 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.
3. Acquired heart disease: Rheumatic Fever (RF), myocarditis
4. Hypertension

4. Gastrointestinal Disorders (G.I.)

1. Gastroenteritis
2. Constipation/Hirschsprung's disease
3. Acute abdomen (appendicitis, intussusception, volvulus)
4. Inflammatory bowel disease
5. Gastroesophageal reflux disease (GERD)

5. Endocrine

1. Diabetes, Diabetic Ketoacidosis (DKA)
2. Thyroid disease
3. Adrenal disease
4. Congenital Adrenal Hyperplasia (CAH)
5. Failure to Thrive
6. Obesity
7. Metabolic Syndrome

6. Neurology

1. Seizures
2. Meningitis
3. Head trauma
4. Cerebral palsy
5. Tumors

7. Hematology/Oncology

1. Anemias/hemoglobinopathies
2. Pediatric malignancies (Acute Lymphatic Leukemia, lymphomas, neuroblastoma, Wilm's tumor)
3. Immune thrombocytopenic purpura (ITP)

8. Renal and Genitourinary (G.U.)

1. Urinary tract infections (UTIs)
2. Nephritis/nephrosis

3. Fluid and electrolyte balance
4. Congenital anomalies

9. Dermatology

1. Seborrheic dermatitis
2. Atopic dermatitis
3. Impetigo
4. Fungal Infections
5. Exanthems
6. Neurocutaneous stigmata (neurofibromatosis, etc.)

10. Ingestions and Toxidromes

1. Lead poisoning
2. Salicylate, acetaminophen
3. Iron

11. Common Pediatric Orthopedic Problems

1. Developmental dysplasia of the hip
2. Osgood Schlatter
3. Slipped Capital Femoral Epiphysis
4. Torsions
5. Legg-Calve-Perthes disease
6. Dislocated radial head (Nursemaid's elbow)
7. Fractures

12. Musculoskeletal System

1. Osteomyelitis/septic arthritis
2. Muscular dystrophies

13. Adolescence

1. Tanner staging
2. Precocious/delayed puberty
3. Stages of adolescent development
4. Sexually transmitted infections
5. Pregnancy/menstrual irregularities
6. Vaginal discharge

14. Child Maltreatment Syndrome

1. Physical abuse
2. Sexual abuse
3. Emotional abuse
4. Neglect

15. Genetics

1. Down Syndrome, #21 trisomy
2. #13 trisomy
3. #18 trisomy
4. Turner Syndrome
5. Klinefelter Syndrome

16. Collagen Vascular

1. Juvenile Rheumatoid Arthritis
2. Systemic Lupus Erythematosus
3. Henoch Schonlein purpura
4. Kawasaki disease
5. Hemolytic Uremic Syndrome

17. Behavioral Issues

1. Temper tantrums
2. Discipline issues
3. Sleep disorders
4. Attention Deficit Disorders
5. Hyperactivity issues
6. Learning disabilities
7. Oppositional defiant disorders

18. Immunology

1. Human Immunodeficiency Virus infection (HIV)
2. Congenital Immunodeficiency Syndromes

19. Ethical Principals

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

READING

Suggested Approach to Reading for Medical Student Pediatric Rotations

"**Reading**" is an essential part of medical education. How to best benefit from the time spent reading for Pediatrics may vary among individuals. More important, than the reading per se is the ***retention*** of what you have read and the ability to recall and return to the source of the material – to create a "library" of important material in your notes in your files, and in your memory.

The following suggested reading materials (comprehensive textbooks, condensed textbook, specialized topical books, reference books, synopses, journals, internet sites) may be available at your Pediatric site and should constitute sufficient resources for your basic and applied Pediatric reading.

As you start your rotations, important preliminary reading should be done in the earlier chapters devoted to Growth and Development in one of the comprehensive textbooks. One must formulate a sense of the normal parameters of each stage of development so as to appreciate how illness affects children differently during different stages of the pediatric years.

These textbooks, journals, as well as internet sites, provide in-depth descriptions of all new aspects of pediatric care.

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

Useful 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

Required Clinical Encounters and the Patient Encounter Log

The below list of complaints and diagnoses must be entered into your Patient Encounter Log (PEL) Program during each Core and Family Medicine Clerkship.

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

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.

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.

Encounter Type "Must See List"		Number of Required	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	Outpatient/ Inpatient	1	youtube.com/watch?v=NWMI58E32BO
Anemias (specify type in notes)	DIAGNOSIS	1	Outpatient/ Inpatient	1	https://www.youtube.com/watch?v=1RnETE3t1cg
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=d6itzp1k_eg
Growth and Development Issue Short underweight	DIAGNOSIS	1	Outpatient/ Inpatient	1	https://www.youtube.com/watch?v=ojEo0TdCN5g
Murmur	DIAGNOSIS	1	Outpatient/ Inpatient	1	https://www.youtube.com/watch?v=9jqrf1bBK10
Neurologic or Neurodevelopmental Disorder	DIAGNOSIS	1	Outpatient/ Inpatient	1	Neurodevelopmental Disorders: https://www.youtube.com/watch?v=fxdGTc5OLtI Neurological Disorders: https://www.youtube.com/watch?v=VIrzYXjKI3U
Newborn Evaluation		1	Outpatient/ Inpatient	3	https://www.youtube.com/watch?v=xeKvlFn6vjA
Rash - Peds	COMPLAINT	1	Outpatient/ Inpatient	1	Part1: https://www.youtube.com/watch?v=aoxyBid-IeA&has_verified=1 Part2: https://www.youtube.com/watch?v=-YojOEtAfCg
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=oPvUzTKMqUo
Well Child Visit (1 - 12yr)		1	Outpatient	2	https://www.youtube.com/watch?v=ZG60nC3BIwc
Well Child Visit (13 - 19 yr)		1	Outpatient	2	https://www.youtube.com/watch?v=dx8naO2n5qw
Well Child Visit (Birth -1yr)		1	Outpatient	2	Well Visit 2 weeks: https://www.youtube.com/watch?v=lo9z_I9CN3c Well Visit 2 Months: https://www.youtube.com/watch?v=tC44qJI2Gjk&t=76s Well Visit 4 Months: https://www.youtube.com/watch?v=_-RVRCmzpE4

Psychiatry

Mission and Goals

Mission: Our mission 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.

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.

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 Status 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.

The above objectives are met by engaging in a combination of didactic study and supervised clinical experience.

Didactic study:

- Classroom activities such as lectures, seminars, and student presentations.
- Self-directed learning activities such as Drexel Communication Skills Curriculum (doc.com), AMBOSS and UWorld.

Clinical experience:

- Assignment to one or more interdisciplinary clinical teams in a variety of clinical settings.
- Performing psychiatric evaluations and follow-up, including conducting a psychiatric interview and mental status examination, constructing a differential diagnosis according to the current diagnostic system, and formulating an effective treatment plan by participating in clinical activities with members of the team under the direction of preceptors.

Requirements: Students are expected to:

- 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).
- Be on call as assigned.
- Complete at least one comprehensive case write-up and two focused write-ups (SOAP Note) and submit them in a timely manner
- Complete assigned activities from the department’s web-based curriculum (AMBOSS, UWorld)
- Complete other assignments given by the preceptor, e.g. class presentations, making-up for absences or deficiencies.
- Complete modules 13 (managing strong emotions) and 15 (culture in the clinical interview) from the Drexel Communication Skills Curriculum (doc.com).
- Keep the patient electronic log current and bring a copy to the mid-core evaluation and submit a copy for the final evaluation.
- Do well on the final written exam (NBME subject exam).

Recommended Textbooks:

- **Introductory Textbook of Psychiatry**, Black and Andreasen, APP (currently in 6th edition)
- **Study Guide to Introductory Psychiatry**, Black & Cates, APP
- **Synopsis of Psychiatry**, Kaplan & Sadock, Wolters Kluwer (currently in 11th edition)
- **Shorter Oxford Textbook of Psychiatry**, Harrison & Cowen, Oxford University Press (currently in 7th edition)
- **New Oxford Textbook of Psychiatry**, Gelder, et al, Oxford University Press (currently in second edition)
- **Psychiatry**, Cutler & Marcus, Oxford University Press (currently in second edition)

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 (Up-to-Date, Medscape, etc.).

Study Guide: Please follow the AMBOSS study plan as a guide for the student in addition to other web-based curriculum.

Required Clinical Encounters and the Patient Encounter Log

The below list of complaints and diagnoses must be entered into your Patient Encounter Log (PEL) Program during each Core and Family Medicine Clerkship.

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

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.

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.

Psychiatry

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=OBTIVS5-yuo
Depressive Disorders	2	Outpatient/ Inpatient	3	https://www.youtube.com/watch?v=3IUkw23oaUk
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=TodtrWq75bU
Cognitive Disorders	1	Outpatient/ Inpatient	2	https://www.youtube.com/watch?v=ltjstlkgCUM

Student Midcore Evaluation Form	**St. George's University School of Medicine**
Clerkship: PSYCHIATRY	Hospital:
Rotation Start Date:	Completion Date:
Student:	Preceptor:

THE FOLLOWING ITEMS WERE REVIEWED/DISCUSSED (check):

Log:_____ "SOAP" note: _____ Doc.com _____ UWorld _____ AMBOSS_____

One-Minute Preceptor Model (Modified) - A Guide for Providing Feedback

C- Commitment: How do you think you did?

P- Probe for supporting evidence: What went well and what are the areas to improve?

R- Reinforce the good (positive feedback); "I really like…"

G- Guidance on improving errors and omissions (correct mistakes): Here's how you might try this in the future.

G- General rule: find a teaching point applicable to the situation

G- Goals for next time

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)

Surgery

Core Clerkship

Mission Statement:

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.

To 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.

To 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.

To provide students with the tools for life-long adult learning of surgical diseases for their ongoing professional development.

COURSE GOALS and OBJECTIVES

1. 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.

2. 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.

3. 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.

CLERKSHIP GUIDELINES

1. Length: 12 weeks.

- 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.
- 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.

2. A specific formal orientation session, at the start of the clerkship must be provided.

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.

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.

3. Inpatient, outpatient and acute care experience should be provided.

4. Attending rounds for house staff and students should be conducted at least three times a week.

5. 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.

Protected Study Time

1. 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. 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 communications skills.
2. 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 CS 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.
3. Electronic patient encounter logs are to be maintained and up to date at all times. (Instructions regarding the log are found in Section One of the Clinical Training Manual)
4. 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.
5. Students will be responsible for the review of basic anatomy, pathology and physiology of all surgical problems encountered.
6. Department of Surgery is responsible to teach and assess competency in starting an intra-venous line and venipuncture.

Evaluations:

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.

The Standard Departmental Examination format and cases (that are distributed at each faculty meeting) may be used for teaching as well as for formative and summative feedback, particularly in the assessment of clinical reasoning, problem solving and communications skills.

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. 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 Subject Examination in Surgery.

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.

CORE TOPIC GOALS and OBJECTIVES

In addition to general medical knowledge students will be required to demonstrate knowledge in all topics outlined in the AMBOSS study plan that will form the basis for learning within the clerkship. Please see the below topic learning objectives.

Module 1: Shock

1. Define the types of shock: hypovolemic, septic, neurogenic, anaphylactic and cardiogenic.
2. Describe the clinical signs of hypovolemic shock and relate them to the underlying pathophysiological process.
3. Describe the critical objective measurements used to monitor the patient in shock.
4. Describe the initial clinical management and resuscitation of the patient in shock.

Module 2: Trauma

1. Explain the ATLS teaching of primary and secondary survey in the initial evaluation and treatment of acutely injured patients and define the classes of hemorrhage used in estimating loss of circulating blood volume.
2. Describe the initial evaluation, stabilization, resuscitation and management of the patient with blunt and penetrating abdominal and thoracic trauma.
3. Describe the initial evaluation, resuscitation and management of the patient with an isolated splenic injury.

Module 3: Head Injuries

1. Explain the Glasgow coma score.
2. Describe the principles of evaluation and treatment of head injuries including epidural and subdural hematoma.

Module 4: Burns

1. Classify burns according to the depth of injury and etiology.
2. Estimate the area of burn injury using the rule of nines.
3. Describe the resuscitation of the burn patient using the Parkland Formula.
4. Outline the basic principles of burn wound care.

Module 5: Acute Abdomen

1. Outline the pathophysiology, clinical presentation and consequences of acute peritonitis, both localized and generalized.
2. Describe the diagnosis and treatment of acute appendicitis, acute diverticulitis and acute perforated peptic ulcer.

3. Develop a detailed understanding of the diagnosis and treatment of common biliary tract-associated causes of the acute abdomen including acute and chronic cholecystitis, cholangitis and acute pancreatitis.
4. Describe the diagnosis and treatment of commonly occurring causes of the acute abdomen in infants and children including pyloric stenosis, intussusception and midgut volvulus.

Module 6: Intestinal Obstruction

1. Differentiate large and small intestinal obstruction and list common causes of each condition.
2. Differentiate intestinal obstruction from a dynamic (also referred to as paralytic) ileus.
3. Explain the pathophysiology of fluid and electrolyte disturbances associated with small l intestinal obstruction.
4. Describe the diagnosis, initial resuscitation and management options in the treatment of intestinal obstruction, including partial small intestinal obstruction, complete small intestinal obstruction, and colonic obstruction.

Module 7: Gastrointestinal Hemorrhage

1. List the common etiologies of upper and lower gastrointestinal hemorrhage.
2. Describe of the emergency diagnosis (including clinical examination, endoscopy and radiologic imaging), resuscitation and management of acute gastrointestinal hemorrhage.
3. List the indications for surgical intervention in upper and lower gastrointestinal hemorrhage.
4. Describe the pathophysiology of portal hypertension and the principles of management.

Module 8: Common Gastrointestinal and Cutaneous Malignancies

1. Outline the steps involved in the clinical diagnosis and management of cutaneous malignancies.
2. Outline the steps involved in the clinical diagnosis and management of gastrointestinal malignancies
3. Demonstrate an understanding of the relevant anatomy that determines the strategy and extent of resection employed in the surgical management of gastrointestinal malignancies.
4. Acquire an overview of the staging and prognosis of the common malignancies noted above.

Module 9: Hernias

1. Define hernia and describe the different types of abdominal wall hernias.
2. Demonstrate an understanding of the incidence, etiology, and complications, operative risks and rate of recurrence in the management of abdominal wall hernias.
3. Outline the fundamental principles in the surgical management of inguinal, umbilical and abdominal incisional hernia.
4. Define the terms related to abdominal wall hernias: reducible, irreducible, incarcerated, obstructed and strangulated.

Module 10. Surgery of the Breast

1. Discuss the evaluation and management of common benign diseases of the breast.
2. Describe the risk factor analysis, clinical examination, diagnosis and surgical management (both breast-conserving and breast-sacrificing) of in-situ and invasive malignancy of the breast.
3. Describe the rationale for and technical approach to axillary lymph node management, including sentinel lymph node biopsy, in the surgical management of malignancy of the breast.

Module 11: Benign Colo-rectal Disorders

1. Describe the diagnosis and treatment of common benign ano-rectal conditions including hemorrhoids, fissure-in-ano, fistula-in-ano, perianal abscess and peri-rectal abscess.

Module 12: Peripheral Arterial Disease

1. Describe signs and symptoms of acute ruptured abdominal aortic aneurysm and describe the diagnosis, resuscitation and surgical management.
2. Describe the pathophysiology and diagnosis, both non-invasive and invasive, and treatment of peripheral arterial occlusive disease.
3. Describe the diagnosis and treatment of acute and chronic limb ischemia.
4. Describe the signs and symptoms of cerebral transient ischemic attacks and outline the available diagnostic modalities, non-invasive and invasive, used in the evaluation of carotid artery disease.
5. Describe the clinical course of mesenteric thromboembolic disease and discuss the approach to diagnosis and treatment.

Module 13: Venous Disease

1. Review the venous system of the lower extremity and develop an understanding of the effect of tissue pressure, the significance of the muscle pump and the effect of valvular insufficiency.
2. List the principles of management of varicose veins associated with venous insufficiency.
3. Explain the pathophysiology of venous stasis ulcers of the extremities and the principles of their treatment.
4. Describe the diagnosis and treatment of deep vein thrombosis (DVT), pulmonary embolism (PE) and the post-phlebitic syndrome.

Module 14: Thoracic Surgery

1. Develop an understanding of the evaluation of a solitary lung nodule seen on chest imaging.
2. List an overview of tumors commonly seen in the chest by location.
3. Delineate the principles of surgical management of lung cancer.
4. Develop an understanding of the commonly seen benign and malignant esophageal disorders including esophageal malignancy, achalasia and gastro-esophageal reflux disease (GERD).

Module 15: Transplant Surgery

1. Develop an understanding of the status of transplant surgery in the USA and worldwide.
2. Develop an understanding of the immunological aspects of transplant surgery including commonly used immunosuppressive medications and the side effects of immune-suppressive therapy.
3. Define the terms, anatomic and biologic, used in the description of transplant donors and recipients.

Module 16: Laparoscopic Surgery

1. Identify the comparative benefits and risks of laparoscopic surgery in comparison to open surgical procedures.
2. Develop an understanding of advanced laparoscopic techniques and robotic surgery.

Module 17: Bariatric Surgery

1. Define obesity and morbid obesity based on the body mass index (BMI).
2. List the co-morbid conditions associated with morbid obesity.

Module 18: Endocrine Surgery

1. Describe the symptoms, signs and management of hyperthyroidism.
2. Discuss the evaluation of a thyroid nodule.
3. Discuss the differential diagnosis and treatment of the patient with hypercalcemia.
4. Discuss the pathophysiology of primary, secondary and tertiary hyperparathyroidism.
5. Discuss the diagnosis and management of pheochromocytoma.
6. Discuss the features of Multiple Endocrine Neoplasia (MEN) syndromes and their surgical treatment.
7. Discuss the diagnosis and treatment of disorders of the pituitary adrenal axis.

Module 19: Ethical and Legal Issues in Surgery

a. Describe the principles of medical ethics applied to surgery including the concepts of patient advocacy, un-masking of economic influences and the duty to relieve suffering and ease pain with dignity.

b. Describe the fundamental elements of the patient-physician relationship.

c. Describe the responsibilities of the patient and the physician.

d. Discuss those aspects of medical ethics of particular concern to the surgeon:

1) "Futile" care

2) Organ procurement

3) Transplantation guidelines

4) Withholding or withdrawing care

5) HIV testing

6) Referral of patients

7) Confidentiality

8) Fee splitting

9) Informed consent

10) Substitution of surgeon

11) Disputes between medical supervisors and trainees

12) New medical and surgical procedures

Module 20: Surgery in the Elderly

Describe and explain the effect of the following factors on wound healing and recovery from illness, injury and operative treatment in elderly patients:

1. Nutrition
2. Metabolic state (including diabetes mellitus)
3. Collagen synthesis and deposition
4. Pharmacologic manipulation
5. Physical activity/mobility
6. Physiologic reserve and frailty
7. Immune competence

Develop an understanding of the unique physiology and risk factors seen in the elderly in relation to the management of shock, trauma, head injuries, burns, the acute abdomen intestinal obstruction, common GI malignancies, hernias, surgery of the breast, venous disease, thoracic surgery, transplant surgery, laparoscopic and robotic surgery, bariatric surgery and endocrine surgery.

Module 21: Communication Skills in Surgery

Communication skills are critical to surgery in that surgical therapy is offered as an alternative to patients with whom a long-term professional relationship has not been previously developed. Students will:

1. Learn to communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds particularly in regard to the concept of informed consent for surgical procedures.
2. Describe the use of certified interpreters and language interpretation services in the process of informed consent for surgical procedures.
3. Describe the unique aspects of effective communication with physicians, other health professionals, and health related agencies in association with surgical treatment and follow-up surgical care.
4. Learn to work effectively as a member or leader of a health care team in surgery.
5. Describe the consultative role of the surgeon to other physicians and health professionals.
6. Learn to maintain comprehensive, timely, and legible medical records associated with surgical care.

SURGICAL SUBSPECIALTIES

ANESTHESIOLOGY:

- Discuss the pre-operative evaluation of the surgical patient in association with commonly occurring comorbid conditions.
- Discuss the intra-operative factors associated with anesthetic management, including intubation and airway management.
- Care and monitoring of the unconscious patient.
- Blood and fluid management.
- Local, regional and general anesthesia.
- Discuss the postoperative care of the surgical patient including:
    - Monitoring in the post-anesthesia care unit (PACU)
    - Pain management
    - Early and late complications
- Discuss the toxicity of local anesthetics agents.

ORTHOPEDICS:

- Discuss the process of fracture healing.
- List common seen fractures of the long bones and pelvis.
- Outline the principles of immobilization of bones and joints in trauma.
- Delineate the diagnosis and treatment of low back pain and sciatica.

UROLOGY:

- List the common symptoms in the presentation of urinary problems.
- List the common urological problem encountered in clinical practice.
- Identify the methods used to treat ureteric and renal stones.
- Outline the diagnosis and management of benign and malignant prostate disease.

OPHTHALMOLOGY:

- Describe a normal fundoscopic examination and list the fundoscopic changes associated with common clinical conditions such as hypertension, diabetes and glaucoma.
- Describe the anatomy and pathophysiology of pupillary size and reactions in the diagnosis of neurologic abnormalities and head injury.
- Describe the symptoms and signs of glaucoma.
- Describe the management of minor eye trauma including subconjunctival hemorrhage and corneal abrasion.

OTORHINOLARYNGOLOGY:

Review the relevant clinical anatomy of ear/nose/throat.

Outline the diagnosis and management of common conditions of the ear including cerumen impaction, foreign body removal, and perforation of the tympanic membrane, Otitis external and Otitis media.

Develop an understanding of the common conditions of nose and sinuses including deviated septum, hyper-trophic turbinates, acute sinusitis and chronic sinusitis.

Develop an understanding of common surgically treated conditions of the throat including tonsillitis (and the indications for tonsillectomy) and obstructive sleep apnea (OSA).

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 Sakai 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 exams as well as Step 2. In addition, a student's diligence in completing these assignments reflects a commitment to excellence, a component of professional behavior grade.

Required Clinical Encounters and the Patient Encounter Log

The below list of complaints and diagnoses must be entered into your Patient Encounter Log (PEL) Program during each Core and Family Medicine Clerkship.

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

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.

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.

Surgery

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=sPXxK7nTuZo
Appendicitis Acute Appendicitis	1	Inpatient	1	https://www.youtube.com/watch?v=FBBVJ7ng-Cg4
Breast abnormality (other than cancer) Gynecomastia	1	Inpatient	1	https://www.youtube.com/watch?v=HaX7ooc-bP8&has_verified=1
Cellulitis / Abscess	1	Inpatient	1	Cellulitis: https://www.youtube.com/watch?v=ZnntoZb0ahg Abscess: https://www.youtube.com/watch?v=SDixvV3SHic
Cholecystitis / Cholelithiasis	2	Inpatient	2	https://www.youtube.com/watch?v=dGdO-vWX0TE
GI Tumor / Gastrointestinal Tumor / Malignancy or common cancer (specify type in notes)	2	Inpatient	1	Prostate Cancer: https://www.youtube.com/watch?v=8sC3s9lgs7U&t=39s Colon Cancer: https://www.youtube.com/watch?v=yt9OBXvrFg0 Breast Cancer: https://www.youtube.com/watch?v=PnCtrclLCGU
Hernia (Specify type and reducible - incarcerated or strangulated)	2	Inpatient	1	https://www.youtube.com/watch?v=nmD6nZdtbUU
Pancreatitis (Specify acute or chronic in comments)	1	Inpatient	1	https://www.youtube.com/watch?v=UVxfZfZdfjY
Traumatic Injury / Accidental fall / Trauma/ Injury related to trauma	1	Inpatient	2	https://www.youtube.com/watch?v=jcGJg22HSE
Wound management	4	Inpatient	1	https://www.youtube.com/watch?v=CThiLTvnZLY

SURGERY READING LIST

REQUIRED

Print:

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

RECOMMENDED

Books:

- 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 JW, McCullough LB and Richman BW, Oxford University Press.
- Lecture Notes: General Surgery

Ellis and Calne, 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.

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 Sakai 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 exams as well as Step 2. In addition, a student's diligence in completing these assignments reflects a commitment to excellence, a component of professional behavior grade.

Family Medicine

The clerkship in family medicine will:

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

Guidelines

The family medicine curriculum will utilize the following guidelines:

1. Length: Six 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 Sakai. Students will be required to take the NBME exam.
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

A special emphasis will be placed on continuity of care, communication skills, and integration of medical care, preventive medicine and problem-solving skills

Educational Objectives

The family medicine curriculum will assist students in achieving the following 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; v. equality.

Preventative Family Medicine (FM) Assignment

Two preventative visit assignments are required for all third- and fourth-year students during their first Family Medicine rotation. This requirement will strengthen our health maintenance curriculum and augment students' understanding of preventive health.

The two preventative visits can occur during any outpatient or inpatient encounter. The first preventative 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 preventative assessment and plan using the information technology software app. A presentation of the encounter to the preceptor for instruction and feedback is required. Both preventative encounters must be documented in the Patient Encounter Log within comments.

Please see the full assignment description in Sakai under the Family Medicine syllabus.

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

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

Patient Education Topics

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

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 Sakai and complete the following assignments:

- SGUSOM's curriculum on AMBOSS
- UWorld
- Communication Modules
- Ethic Modules
- AAFP website Preventative articles and the US Preventative Task Force site
- 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 exams as well as Step 2. In addition, a student's diligence in completing these assignments reflects a commitment to excellence, a component of professional behavior grade.

WEB-BASED RESOURCES

A. Recognition of the clinically relevant differences between the genders

Describe the nutritional needs of men and women.

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

B. Knowledge and application of strategies for effective learning and improvement

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

C. Knowledge of development and changes across the lifespan

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

D. An understanding of 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

E. An understanding of the science and management of pain

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

F. An understanding of the concept of 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

G. An understanding of the 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/

H. Comprehension of 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

I. Preventive Medicine Web Resources

- 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/

Textbooks

1. Lange current Diagnosis and Treatment in Family Medicine, 2nd Edition, South-Paul, Matheny, Lewis
2. Essentials of family medicine, 2nd Edition, Sloan, Slatt, Curtis

Required Clinical Encounters and the Patient Encounter Log

The below list of complaints and diagnoses must be entered into your Patient Encounter Log (PEL) Program during each Core and Family Medicine Clerkship.

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

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.

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.

Family Medicine	Complaint/ Diagnosis "Must See List"	# of Required Encounters	Required 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=_PDOXIVGeuY
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=9mPwOTiMSj8
Orthopedics	Back Pain	1	Outpatient	1	https://www.youtube.com/watch?v=BQiTegn9RwY
Cardiovascular	Chest Pain	1	Outpatient/ Inpatient	1	https://www.youtube.com/watch?v=TxA76yc1ck
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=3YkkNAvd9I4
Pulmonology	Asthma / COPD	1	Outpatient/ Inpatient	1	https://www.youtube.com/watch?v=VCXVmHI8a-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=AVEmmZsEaAQ
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=TiSKEErYH48 Eye: https://www.youtube.com/watch?v=7MsZDWIBKPM
Cardiology	Hypertension	1	Outpatient	3	https://www.youtube.com/watch?v=TEXVSrojcMY
Orthopedics	Osteoarthritis	1	Outpatient	1	https://www.youtube.com/watch?v=onKaBMvVUs0&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 (See instructions above)
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=dIdJmVx8Pfg&t=1870s
General	Well Adult Exam	1	Outpatient	1	https://www.youtube.com/watch?v=j_oPd_DRfj4
General	Counseling (Nutrition, Sex, Tobacco, Exercise, Stress, Alcohol)	1	Outpatient	3	https://www.youtube.com/watch?v=EhX5M-vjgqE https://www.youtube.com/watch?v=wEeuzkKBd2o https://www.youtube.com/watch?v=1jfH055byg4
General	Health Maintenance (Vaccines, BP follow up, Wt Loss)	1	Outpatient	1	https://www.youtube.com/watch?v=lgXAfubraoM
General	Preventative Care Visits	2	Outpatient	3	Required (Cannot be completed virtually)

Section Ten: Electives and Additional Fourth Year Rotations

Electives and Additional Fourth Year Rotations

Course Objective:

Under the supervision of the attending and staff, the student will function as a member of the specialty healthcare team and participate in daily clinical management. Provide the student an opportunity to participate in an intensive specialty clinical experience. Expose students to the commonly encountered patients as well as the complex diagnostic and management conditions in the specialty.

b. Clinical Expectations and Structure:

1. Students will be assigned to a clinical team for a period of 4 weeks.
2. Students should participate in all team activities, including rounding and conferences.
3. Students should maintain a daily census of 2 – 4 patients.
4. The clerkship Director (or preceptor) will supervise the overall educational experience, monitoring progress, providing feedback, and completing the final evaluation.

c. Learning Objectives:

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

Demonstrate Communication Skills

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

Demonstrate 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 health care team including nursing, pharmacist, 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 care throughout a patient's hospitalization, including end of the day and end of service coverage.
- Demonstrate appropriate care and follow-up for the patient after discharge from the hospital and or clinic, coordinate care plan utilizing community resources when necessary.

Demonstrate 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

Demonstrate Procedures Skills

- List risks and benefits of common invasive procedures, and how to obtain informed consent.
- Demonstrate the rational, 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:

1. Daily rounds, case-based discussions
2. Daily reading on active cases

E. Assessment:

1. Formative feedback on communication skills
2. Formative feedback on case-based presentations
3. Formative feedback on daily patient management and treatment (including procedures)
4. Formative feedback on documentation and transition of care
5. Formative feedback on the utilization of non-physician and consultants in patient care
6. The clerkship director or preceptor will develop a summative assessment at the end of the rotation using feedback from as many members of the health care team as possible. The preceptor will grade the student on medical knowledge, clinical skills and professional attitude. A narrative description of the student's strengths and weakness is required.

Sub-Internship

GOALS AND OBJECTIVES:

The general goal of a sub-internship is to provide an educational experience for clinical clerks by offering graduated supervised responsibility for patient care in the area of a general specialty. The sub-intern will assume increasing responsibility for patient care and function as a fully integrated member of a medical team on the inpatient floors. Under attending supervision sub-interns render direct patient care and assume the responsibilities of an intern with a reduced load.

The sub-internship is designed to be a supervised educational experience that will serve to improve and build upon those cognitive and technical clinical skills already attained during the a 3rd year clerkship. The experience will hone the skills of data gathering and interpretation and further the student's knowledge of the illnesses that effect adult patients, and the basic management of these illnesses. Through the sub-internship, the student will have the proper environment in which to learn the clinical skills and behavior essential to the practice of the specialty and the delivery of the highest quality patient care.

SUB-INTERN CLINICAL COMPETENCIES:

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

II. 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 health care team learn how to properly transfer care throughout a patient's hospitalization, including end of the day and end of service coverage.
- Be able to arrange appropriate care and follow-up for the patient after discharge from the hospital coordinate care plan utilizing community resources when necessary.

III. 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 reference to access evidence based medicine to solve clinical problems.

IV. Procedures

- Understand the risks and benefits of common invasive procedures, and how to obtain informed consent.
- Effectively explain the rational, 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.

General and Sub-specialty Electives

4^{th} year electives require a different educational approach and philosophy than 3^{rd} year clerkship. The curriculum for the 3^{rd} year clerkships is detailed and structured. The 4^{th} year electives encourage self-directed learning, does not require a comprehensive reading list nor detailed objectives. We have not found it necessary to produce a different curriculum for every subspecialty elective and, therefore, a generic curriculum is presented below. 4^{th} year electives should be 4 weeks in length.

Objective:

To provide the student with the opportunity for an intensive experience in a subspecialty.

To expose the student to the commonly encountered patients as well as the complex diagnostic and management conditions in this discipline.

To better understand the basis of consultation for and breathe of this discipline.

Learning experience:

Under the supervision of the attending staff, the student will function as member of the subspecialty health care team and attend daily rounds. As appropriate, the student will undertake the initial history

and physical exam, present patients to the health care team, observe and assist in procedures and surgeries and acquire experience in requesting and interpreting appropriate imaging studies. By the end of the four week rotation the student should aim to develop both consultative skills and an understanding of management principles through self-directed learning using standard texts and electronic resources.

Emergency Medicine Elective

MISSION AND INTRODUCTION

The emergency medicine rotation provides a learning experience aimed at teaching medical students the necessary skills to take care of patients with a wide variety of undifferentiated urgent and emergent conditions. Our mission is to enable students to develop and demonstrate the core competencies in knowledge, skills and behaviors of an effective emergency department clinician.

GUIDELINES

The emergency medicine curriculum objectives specify student skills and behaviors that are central to care of an emergency department (ED) patient and are appropriately evaluated in the context of the outcome objective for the medical program.

The Emergency Medicine objectives can be taught and evaluated in the following various settings to include clinical bedside teaching, observed structured clinical evaluation, lectures, problem-based learning groups, self-directed learning materials, and simulations.

Structure

- Length: four to six weeks
- Site: Emergency Department
- The Clerkship Director will provide an orientation at the start of the clerkship. This should include a discussion of the expectations and responsibilities of the clerk, the general department, the student schedule and assignments to residency teams and preceptors. .
- Before the start of the clerkship students are required to access the corresponding online Emergency Medicine course in Sakai. This course includes an introduction by the SGU Chair of Emergency Medicine, the curriculum and web-based assignments.
- Exposure to undifferentiated patient complaints across all age groups: pediatric, adult and elderly
- Teaching rounds for house staff and students should be done at least once daily.
- A full schedule of teaching conferences including grand rounds, residency conferences, and scheduled didactic sessions specific to the needs of the students.
- The clinical faculty must provide direct supervision of the students for physical examination, case presentations and clinical procedures.
- All clinical write-ups or formal presentations must include a focused history and physical, problem list with its assessment, and a diagnostic and therapeutic plan.
- The clinical faculty will evaluate oral presentation skills (including transitions of care) and provide an objective assessment of competency in communication.

Educational Objectives

A. Medical Knowledge - Students will demonstrate medical knowledge sufficient to:

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

B. **Clinical Skills** - Students will demonstrate the ability to:

- Perform assessment of the undifferentiated patient
- 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 & phlebotomy, ECG, Foley catheter, splint sprain/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 with health care 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 hand-offs 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

C. Professional Behavior - Students will be expected to:

- 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 inter-professional 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.

CORE TOPICS

The educational core identifies the basic set of clinical presentations, procedures, and educational topics that would 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 principle teaching materials will be consistent across all training sites. The various educational venues used to teach these topics and procedures should ideally be complementary and may include lectures, bedside teaching, self-study materials, medical student-generated presentations, simulated encounters, direct observation, and laboratory workshops. The Department of Emergency Medicine will provide 12 "Essential Topic" PowerPoint Presentations to serve as the foundation for a didactic lecture series. Again, these lectures are not meant to be the only didactic presentations a student will encounter or negate the importance of other educational presentations.

1. **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 all areas of the age and gender spectrum. Because of multiple factors, including the unpredictable nature of emergency medicine, clinical experience may be quite variable, even within a clerkship rotation. Certain presentations of ED patients that are common. All medical students should have exposure to the following during their clinical rotations based on a national curriculum.

1. Abdominal/pelvic pain
2. Altered mental status/loss of consciousness
3. Back pain
4. CVA/stroke
5. Chest pain
6. Fever/SIRS/Sepsis
7. Gastrointestinal bleeding
8. Geriatric Emergencies
9. Headache
10. Respiratory Distress
11. Shock/Resuscitation
12. Ob/Gyn Emergencies
13. Trauma/musculoskeletal/limb injuries
14. Wound care

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

2. **Procedures.**

Certain procedures to 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. Arterial blood gas and interpret pulse oximeter
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: laceration repair (simple), incision and drainage (abscess)
9. Venipuncture

The procedures listed here are derived from previous curricula, consensus opinion, and an informal evaluation of procedures currently performed on rotations. In recognition of the variation of what procedures might be available on clinical shifts, the use of labs, mannequins, direct observation, videotape presentations, and simulators is encouraged.

D. WEB BASED EDUCATIONAL ASSIGNMENTS FOR INDEPENDENT LEARNING

- **Communication Modules**
- **Ethics Modules**
- **Clerkship Directors in Emergency Medicine Course**

Clinical experience cannot provide a student with every aspect of the curriculum, nor can one guarantee what clinical presentations a student will encounter. Therefore, a core knowledge base relevant to emergency medicine topics must also be taught. The list of essential topics is based on previously published curricula, the model curriculum for emergency medicine residencies and consensus opinion. In order to maintain consistency in learning objectives, the Department of Emergency Medicine has developed a minimum standard with respect to student self-study. The web based curriculum uses on-line reading assignments, simulated patient encounters and assessments of medical knowledge in a self-directed learning environment. Students are required to complete each of the lesson modules of **Clerkship Directors in Emergency Medicine Course** in Sakai.

Module	**Topic**	**Content sections:**
1	Introduction	Orientation Presentation

Module	Topic	Content sections:
		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 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

3. **Testing and Evaluation**

Each Lesson Module has a multiple choice test to evaluate your interpretation of the materials in the reading assignment and simulated patient encounters. A score of 100% is required to pass the module. The ethics and communication skills module is evaluated independently. Please be sure to take the Module quiz in the Sakai Communication Skills Course (completion of these modules is also required).

GMDC Complaints 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 are expected to first attempt to resolve their concerns directly with the School. If the matter cannot be resolved at the School level, a formal complaint may be submitted directly to the GMDC in accordance with the GMDC Complaint Policy using the GMDC Complaint Form.

Appendices

Appendix A: Affiliated Hospitals

NEW YORK

- BRONXCARE HEALTH CENTER
- BROOKLYN HOSPITAL CENTER
- FLUSHING HOSPITAL MEDICAL CENTER
- KINGS COUNTY HOSPITAL CENTER
- KINGSBROOK JEWISH MEDICAL CENTER
- LINCOLN MEDICAL AND MENTAL HEALTH CENTER
- LONG ISLAND COMMUNUTY HOSPITAL
- MAIMONIDES MEDICAL CENTER
- MANHATTAN PSYCHIATRIC CENTER
- METROPOLITAN HOSPITAL CENTER
- MONTEFIORE NEW ROCHELLE
- NEW YORK CITY HEALTH AND HOSPITAL
    - ELMHURST MEDICAL CENTER
    - QUEENS HOSPITAL
- NORTHWELL HEALTH
- RICHMOND UNIVERSITY MEDICAL CENTER
- SOUTH BROOKLYN HEALTH (formerly CONEY ISLAND HOSPITAL)
- ST. JOSEPH'S HOSPITAL HEALTH CENTER
- WOODHULL MEDICAL AND MENTAL HEALTH CENTER
- WYCKOFF HEIGHTS MEDICAL CENTER

NEW JERSEY

- HACKENSACK UMC MOUNTAINSIDE FAMILY PRACTICE
- JERSEY CITY MEDICAL CENTER
- JERSEY SHORE UNIVERSITY MEDICAL CENTER
- JFK MEDICAL CENTER
- MORRISTOWN MEDICAL CENTER
- NEW BRIDGE MEDICAL CENTER
- NEWARK BETH ISRAEL MEDICAL CENTER
- OVERLOOK MEDICAL CENTER
- ST. BARNABAS MEDICAL CENTER
- ST. JOSEPH UNIVERSITY MEDICAL CENTER
- ST. MICHAEL'S MEDICAL CENTER
- ST. PETER'S UNIVERSITY HOSPITAL
- TRINITAS REGIONAL MEDICAL CENTER

CALIFORNIA

- ALAMEDA HEALTH SYSTEM - HIGHLAND HOSPITAL
- ARROWHEAD REGIONAL MEDICAL CENTER
- CHA HOLLYWOOD PRESBYTERIAN MEDICAL CENTER
- DOCTOR'S HOSPITAL MODESTO
- 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

FLORIDA

- CENTER FOR HAITIAN STUDIES
- CLEVELAND CLINIC - FLORIDA
- COMMUNITY HEALTH CENTER OF SOUTH FLORIDA
- DELRAY MEDICAL CENTER
- KERALTY HOSPITAL
- NICKLAUS CHILDREN'S HOSPITAL
- SOUTHERN WINDS

MARYLAND

- HOLY CROSS HOSPITAL
- NORTHWEST HOSPITAL CENTER
- SHEPPARD PRATT HEALTH SYSTEM
- SINAI HOSPITAL OF BALTIMORE
- SPRING GROVE HOSPITAL CENTER
- ST. AGNES MEDICAL CENTER

MICHIGAN

- ASCENSION ST. JOHN HOSPITAL

OHIO

- MERCY ST. VINCENT MEDICAL CENTER
- NATIONWIDE CHILDRENS HOSPITAL
- THE JEWISH HOSPITAL

ILLINOIS

- ADVENT HEALTH LAGRANGE
- HUMBOLDT PARK HEALTH
- LOYOLA MACNEAL HOSPITAL
- SAINT ANTHONY HOSPITAL
- WEST SUBURBAN MEDICAL CENTER

CONNECTICUT

- ST. MARY'S HOSPITAL

WISCONSIN

- MERCY HEALTH SYSTEM

UNITED KINGDOM

- **Cores only**
  - QUEEN ELIZABETH THE QUEEN MOTHER HOSPITAL
  - ST. MARTIN'S HOSPITAL (KENT & MEDWAY NHS & SCP TRUST)
  - SHEEPCOT MEDICAL CENTRE
  - THE ADAMS PRACTICE
  - WILLIAM HARVEY HOSPITAL

- **Cores & Electives**
  - NORFOLK & SUFFOLK NHS FOUNDATION TRUST
  - NORFOLK & NORWICH UNIVERSITY HOSPITAL
  - NORTH HAMPSHIRE HOSPITAL
  - NORTH MIDDLESEX UNIVERSITY HOSPITAL
  - POOLE HOSPITAL NHS FOUNDATION TRUST
  - ROYAL HAMPSHIRE COUNTY HOSPTIAL
  - RUSSELLS HALL HOSPITAL
  - ST ANN'S HOSPITAL, POOLE
  - ST. ANN'S HOSPITAL, LONDON
  - STOKE MANDEVILLE HOSPITAL
  - WATFORD GENERAL HOSPITAL

GRENADA

- GRENADA GENERAL HOSPITAL

Appendix B: School of Medicine Health Form for Clinical Placement

To access the most up to date form, please use the following link.

For any questions regarding clinical health forms, please contact the Office of Student Health Records at StudentHealthForms@sgu.edu.

Appendix C: Visa Information for Clinical Training in the US, UK and Grenada

The majority of the University's clinical programs are in the US and the UK. Students who are not nationals will need visas to enter these countries for the purpose of clinical training. The Office of Clinical Education Operations will provide students, at the time their hospital placement is confirmed, with the most current supporting documentation necessary to facilitate the pertinent visa application process. Students should not apply for a visa for the purpose of clinical training without first following guidelines issued by the Office of Clinical Education Operations and securing the appropriate supporting documentation from the school.

For clinical training in the US, the appropriate classification is the B1 (Visitor for Business) Visa. As a non-US school, St. George's University is unable to issue Form 1-20 A/B to support an application for an F-1 student visa. SGUSOM clinical students qualify for the B1 visa in the category of a medical

student studying at a foreign medical school who seeks to enter the US temporarily in order to take a medical clerkship at a SGU affiliated hospital without remuneration. The US hospital must be affiliated with a US medical school. Students should be aware that this is a temporary visa classification that has a limit on the duration of stay (generally six months) once the student enters the country.

For entry into the US, it is always easier to obtain a visa from one's home country.

Canadian students apply for the US visitor visa at the border crossing or the airport. You do not apply at the US Consulate or Embassy in Canada for this visa. Canadian students who plan to reside in Canada while training in Michigan may want to look into the NEXUS Pass for expedited border crossings. For information go to:

http://www.cbp.gov/xp/cgov/travel/trusted_traveler/nexus_prog/nexus.xml

SGUSOM clinical students who wish to train in the UK for longer than 6 months can be sponsored by SGISM Ltd to obtain a Tier 4 (General) visa. SGUSOM clinical students who wish to train in UK for less than 6 months will need **either** a Short Term Study Visa **or** No visa.

Further details can be found on the University website under Clinical UK Program.

There is no guarantee that a visa will be issued. Visa determinations are granted at the discretion of the individual immigration officers in the various embassies, border crossings and airports. **Incomplete or missing documentation can jeopardize a student's visa application.** Visit the Clinical Website and the UK Clinical Program portion of the University website for additional information regarding visas for clinical training in the US and UK.

RECOMMENDATIONS

International students who enroll in a USMLE preparatory course conducted in the US may qualify for sponsorship for a US student visa by the educational institution running the preparatory course. St. George's students who enter the US on a student visa need to apply for a change of visa classification while in the US to continue into their clinical training.

Do not apply for your visa or attempt to enter the US for your clinical training without the 3 required letters from the Office of Clinical Studies. These letters are issued only when placement is confirmed. The letters are:

- The permanent placement letter.
- The visa support letter from the University Registrar
- The visa support letter from the hospital.

These letters state that the student is a bona fide student in good standing at SGUSOM and explain the program in medicine. They also state the dates and hospital information.

An immigration officer's main concern may be that medical students wish to earn a salary and thus not leave the US. It is important that students stress that they will not be earning a salary while in the US for their clinical training and that they have strong ties and/or obligations to return to their home country. In addition, students will need to provide proof of financial support for duration of stay in the US and proof of intent to return to home country upon graduation. Once you receive your visa, be sure to have your updated visa support letters from the school and hospital with you whenever you cross the border/enter the country. Although a student may hold a valid visa, an immigration officer may not be aware that it is the appropriate visa classification when questioning the student about the purpose of the visit.

The B1 Visa may be issued for a number of years and may allow multiple entries. However, the entry permit (I-94) for the visa has a finite lifespan of usually no more than six months. It is very important

that students remember to renew the visa and/or entry permit before it expires. Students in the US on an expired visa are considered officially “out of status” and can be banned from the country for up to 10 years.

US CITIZENS VISA INFORMATION FOR CLINICAL TRAINING IN CANADA

US Citizens do not require any kind of study visa to enter Canada for the purpose of clinical training provided their stay is less than 6 months. For more information:

http://www.cic.gc.ca/english/study/study-who.asp

For any immigration questions, please 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: Final Evaluation for Students that Started Rotations before January 3rd 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.

Appendix E: Final Evaluation for Students that Started Rotations after 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

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 F: Clinical Elective Assessment of Student Performance

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

Affix Official Hospital Seal Over Signatures OR Notarize here.

Evaluator _____
Name and Title (Please Type or Print)

Signature _____ Date _____

Director of Medical Education _____
Name and Title (Please Type or Print)

Signature _____ Date _____

Please note that students have the right to view the contents of this evaluation.
Return this Form to: Office of Clinical Education Operations, Attn: Clinical Evaluations
University Support Services, LLC, 3500 Sunrise Hwy, Bldg. 300, Great River, NY 11739

Appendix G: Family Questionnaire

1. The goals, objectives, and requirements of this rotation were effectively explained at orientation. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
2. This rotation effectively fulfilled the goals and objectives described at orientation. (Strongly agree/ Agree/Neutral/Disagree/Strongly Disagree)

3. There is adequate time available to complete required course activities (required readings and modules, AMBOSS, UWorld, etc.). (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
4. The clinical exposure time limits were followed. (Clinical exposure time did not exceed 50 hours per week when averaged over the entire rotation.) (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
5. I am satisfied with my level of involvement with the healthcare team during this rotation. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
6. This rotation provides a safe and nurturing emotional climate that focuses on student success. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
7. I did not experience and/or witness mistreatment of students during this educational experience (e.g., harassment, discrimination, public humiliation, psychological/physical punishment). (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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 (https://secure.ethicspoint.com/domain/media/en/gui/57112/index.html) to file an anonymous report.
9. I feel supported in my personal and professional pursuits by other students in my learning environment. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
10. There is someone in authority that I can confide in who will listen, advise, and act appropriately in an unbiased manner when important concerns arise. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
11. I am satisfied that the availability of clinical preceptors to teach in clinical settings enabled me to achieve learning objectives (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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) (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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 (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
14. I am satisfied that the volume and types of cases enabled me to achieve the learning objectives for the rotation (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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 (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
16. I was provided with written or oral feedback on my performance throughout this rotation. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
17. The midcore evaluation meeting provided me with valuable information for improvement (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
18. During this rotation, I have gained a greater understanding and awareness of cultural differences that may influence medical outcomes and decisions. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
20. Upon completion of this rotation, I feel more comfortable identifying clinical presentations specific to patients from various patient populations. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
21. I was observed and provided with appropriate guidance on proper history taking, physical examination, and differential diagnosis for the patients I saw. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
22. I am satisfied with the quality of teaching provided during this rotation (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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--5-Excellent)

24. Overall, I am satisfied with this rotation experience. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
25. Please comment on your overall experience during this rotation

Appendix G: Medicine Questionnaire

1. The goals, objectives, and requirements of this rotation were effectively explained at orientation. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
2. This rotation effectively fulfilled the goals and objectives described at orientation. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
3. There is adequate time available to complete required course activities (required readings and modules, AMBOSS, UWorld, etc.). (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
4. The clinical exposure time limits were followed. (Clinical exposure time did not exceed 50 hours per week when averaged over the entire rotation.) (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
5. I am satisfied with my level of involvement with the healthcare team during this rotation. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
6. This rotation provides a safe and nurturing emotional climate that focuses on student success. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
7. I did not experience and/or witness mistreatment of students during this educational experience (e.g., harassment, discrimination, public humiliation, psychological/physical punishment). (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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 (https://secure.ethicspoint.com/domain/media/en/gui/57112/index.html) to file an anonymous report.
9. I feel supported in my personal and professional pursuits by other students in my learning environment. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
10. There is someone in authority that I can confide in who will listen, advise, and act appropriately in an unbiased manner when important concerns arise. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
11. I am satisfied that the availability of clinical preceptors to teach in clinical settings enabled me to achieve learning objectives (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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) (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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 (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
14. I am satisfied that the volume and types of cases enabled me to achieve the learning objectives for the rotation (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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 (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
16. I was provided with written or oral feedback on my performance throughout this rotation. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
17. The midcore evaluation meeting provided me with valuable information for improvement (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
18. During this rotation, I have gained a greater understanding and awareness of cultural differences that may influence medical outcomes and decisions. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)

20. Upon completion of this rotation, I feel more comfortable identifying clinical presentations specific to patients from various patient populations. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
21. I was observed and provided with appropriate guidance on proper history taking, physical examination, and differential diagnosis for the patients I saw. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
22. I am satisfied with the quality of teaching provided during this rotation (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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--5-Excellent)
24. Overall, I am satisfied with this rotation experience. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
25. Please comment on your overall experience during this rotation

Appendix G: OB/GYN Questionnaire

1. The goals, objectives, and requirements of this rotation were effectively explained at orientation. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
2. This rotation effectively fulfilled the goals and objectives described at orientation. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
3. There is adequate time available to complete required course activities (required readings and modules, AMBOSS, UWorld, etc.). (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
4. The clinical exposure time limits were followed. (Clinical exposure time did not exceed 50 hours per week when averaged over the entire rotation.) (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
5. I am satisfied with my level of involvement with the healthcare team during this rotation. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
6. This rotation provides a safe and nurturing emotional climate that focuses on student success. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
7. I did not experience and/or witness mistreatment of students during this educational experience (e.g., harassment, discrimination, public humiliation, psychological/physical punishment). (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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 (https://secure.ethicspoint.com/domain/media/en/gui/57112/index.html) to file an anonymous report.
9. I feel supported in my personal and professional pursuits by other students in my learning environment. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
10. There is someone in authority that I can confide in who will listen, advise, and act appropriately in an unbiased manner when important concerns arise. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
11. I am satisfied that the availability of clinical preceptors to teach in clinical settings enabled me to achieve learning objectives (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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) (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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 (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
14. I am satisfied that the volume and types of cases enabled me to achieve the learning objectives for the rotation (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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 (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)

16. I was provided with written or oral feedback on my performance throughout this rotation. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
17. The midcore evaluation meeting provided me with valuable information for improvement (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
18. During this rotation, I have gained a greater understanding and awareness of cultural differences that may influence medical outcomes and decisions. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
20. Upon completion of this rotation, I feel more comfortable identifying clinical presentations specific to patients from various patient populations. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
21. I was observed and provided with appropriate guidance on proper history taking, physical examination, and differential diagnosis for the patients I saw. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
22. I am satisfied with the quality of teaching provided during this rotation (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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--5-Excellent)
24. Overall, I am satisfied with this rotation experience. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
25. Please comment on your overall experience during this rotation

Appendix G: Pediatric Questionnaire

1. The goals, objectives, and requirements of this rotation were effectively explained at orientation. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
2. This rotation effectively fulfilled the goals and objectives described at orientation. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
3. There is adequate time available to complete required course activities (required readings and modules, AMBOSS, UWorld, etc.). (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
4. The clinical exposure time limits were followed. (Clinical exposure time did not exceed 50 hours per week when averaged over the entire rotation.) (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
5. I am satisfied with my level of involvement with the healthcare team during this rotation. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
6. This rotation provides a safe and nurturing emotional climate that focuses on student success. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
7. I did not experience and/or witness mistreatment of students during this educational experience (e.g., harassment, discrimination, public humiliation, psychological/physical punishment). (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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 (https://secure.ethicspoint.com/domain/media/en/gui/57112/index.html) to file an anonymous report.
9. I feel supported in my personal and professional pursuits by other students in my learning environment. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
10. There is someone in authority that I can confide in who will listen, advise, and act appropriately in an unbiased manner when important concerns arise. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
11. I am satisfied that the availability of clinical preceptors to teach in clinical settings enabled me to achieve learning objectives (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)

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) (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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 (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
14. I am satisfied that the volume and types of cases enabled me to achieve the learning objectives for the rotation (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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 (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
16. I was provided with written or oral feedback on my performance throughout this rotation. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
17. The midcore evaluation meeting provided me with valuable information for improvement (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
18. During this rotation, I have gained a greater understanding and awareness of cultural differences that may influence medical outcomes and decisions. (Strongly agree/Agree/Neutral/Disagree/ Strongly Disagree)
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. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
20. Upon completion of this rotation, I feel more comfortable identifying clinical presentations specific to patients from various patient populations. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
21. I was observed and provided with appropriate guidance on proper history taking, physical examination, and differential diagnosis for the patients I saw. (Strongly agree/Agree/Neutral/ Disagree/Strongly Disagree)
22. I am satisfied with the quality of teaching provided during this rotation (Strongly agree/Agree/ Neutral/Disagree/Strongly Disagree)
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--5-Excellent)
24. Overall, I am satisfied with this rotation experience. (Strongly agree/Agree/Neutral/Disagree/ Strongly Disagree)
25. Please comment on your overall experience during this rotation

Appendix G: Psychiatry Questionnaire

1. The goals, objectives, and requirements of this rotation were effectively explained at orientation. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
2. This rotation effectively fulfilled the goals and objectives described at orientation. (Strongly agree/ Agree/Neutral/Disagree/Strongly Disagree)
3. There is adequate time available to complete required course activities (required readings and modules, AMBOSS, UWorld, etc.). (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
4. The clinical exposure time limits were followed. (Clinical exposure time did not exceed 50 hours per week when averaged over the entire rotation.) (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
5. I am satisfied with my level of involvement with the healthcare team during this rotation. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
6. This rotation provides a safe and nurturing emotional climate that focuses on student success. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
7. I did not experience and/or witness mistreatment of students during this educational experience (e.g., harassment, discrimination, public humiliation, psychological/physical punishment). (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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 (https://secure.ethicspoint.com/domain/media/en/gui/57112/index.html) to file an anonymous report.

9. I feel supported in my personal and professional pursuits by other students in my learning environment. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
10. There is someone in authority that I can confide in who will listen, advise, and act appropriately in an unbiased manner when important concerns arise. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
11. I am satisfied that the availability of clinical preceptors to teach in clinical settings enabled me to achieve learning objectives (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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) (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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 (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
14. I am satisfied that the volume and types of cases enabled me to achieve the learning objectives for the rotation (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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 (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
16. I was provided with written or oral feedback on my performance throughout this rotation. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
17. The midcore evaluation meeting provided me with valuable information for improvement (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
18. During this rotation, I have gained a greater understanding and awareness of cultural differences that may influence medical outcomes and decisions. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
20. Upon completion of this rotation, I feel more comfortable identifying clinical presentations specific to patients from various patient populations. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
21. I was observed and provided with appropriate guidance on proper history taking, physical examination, and differential diagnosis for the patients I saw. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
22. I am satisfied with the quality of teaching provided during this rotation (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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--5-Excellent)
24. Overall, I am satisfied with this rotation experience. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
25. Please comment on your overall experience during this rotation

Appendix G: Surgery Questionnaire

1. The goals, objectives, and requirements of this rotation were effectively explained at orientation. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
2. This rotation effectively fulfilled the goals and objectives described at orientation. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
3. There is adequate time available to complete required course activities (required readings and modules, AMBOSS, UWorld, etc.). (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
4. The clinical exposure time limits were followed. (Clinical exposure time did not exceed 50 hours per week when averaged over the entire rotation.) (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)

5. I am satisfied with my level of involvement with the healthcare team during this rotation. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
6. This rotation provides a safe and nurturing emotional climate that focuses on student success. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
7. I did not experience and/or witness mistreatment of students during this educational experience (e.g., harassment, discrimination, public humiliation, psychological/physical punishment). (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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 (https://secure.ethicspoint.com/domain/media/en/gui/57112/index.html) to file an anonymous report.
9. I feel supported in my personal and professional pursuits by other students in my learning environment. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
10. There is someone in authority that I can confide in who will listen, advise, and act appropriately in an unbiased manner when important concerns arise. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
11. I am satisfied that the availability of clinical preceptors to teach in clinical settings enabled me to achieve learning objectives (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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) (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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 (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
14. I am satisfied that the volume and types of cases enabled me to achieve the learning objectives for the rotation (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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 (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
16. I was provided with written or oral feedback on my performance throughout this rotation. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
17. The midcore evaluation meeting provided me with valuable information for improvement (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
18. During this rotation, I have gained a greater understanding and awareness of cultural differences that may influence medical outcomes and decisions. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
20. Upon completion of this rotation, I feel more comfortable identifying clinical presentations specific to patients from various patient populations. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
21. I was observed and provided with appropriate guidance on proper history taking, physical examination, and differential diagnosis for the patients I saw. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
22. I am satisfied with the quality of teaching provided during this rotation (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
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--5-Excellent)
24. Overall, I am satisfied with this rotation experience. (Strongly agree/Agree/Neutral/Disagree/Strongly Disagree)
25. Please comment on your overall experience during this rotation

Appendix H: Chair's Site Visit

Hospital:	Click to enter text.	**Date of Visit**:	Click to enter text.
Department:	Click to enter text.	**Reviewer:**	Click to enter text.
Clerkship Director:	Click to enter text.	**Chair:**	Click to enter text.
DME:	Click to enter text.	**Med-Ed Coordinator:**	Click to enter text.

Number of Students ###. **3rd year**: ###. **4th year:** ###.

NBME Average Grade for that Clerkship ###.

Review of the Student Feedback Questionnaire and Comment on the Strengths and Weaknesses of the Program from the Students' Point of View: Click to enter text.

Rate the following on a scale of 1-5

5 = Excellent, 4 = Very Good, 3 = Good, 2 = Fair, 1 = Poor, 0 = Not Done

- **Orientation to the department**

  Does it include: an introduction to the key faculty and coordinators, tour of the department's service areas and facilities, distribution of schedules, confirmation that students are familiar with the clinical training manual, an explanation of course objectives, introduction to web-based learning requirements, emphasis on developing communication skills, discussion of manual skills requirements, discussion of professional behavior?

  5 4 3 2 1

  Comments: Click to enter text.

- **Daily Schedule**

  Is there an appropriate amount of time allotted for experience in inpatient, outpatient, and sub-specialty, urgent or emergency care?

  5 4 3 2 1

  Comments: Click to enter text.

- **Supervision:**

  Is the experience appropriately supervised in all areas of the rotation? Are the students given schedules? Are the students taught the foundations of patient care and manual skills? Are students allowed to document charts or do they use alternative methods for documenting clinical information? Do the students participate in adequate night and weekend calls?

  5 4 3 2 1

  Comments: Click to enter text.

- **Quality of Patient Rounds:**

  Are there daily rounds, are they led by a faculty member, is there student participation, are there student presentations, are there input from residents, are students assigned to a team?

  5 4 3 2 1

  Comments: Click to enter text.

- **Lectures, Clinical Discussions and Preceptor Sessions:**

  Are they adequate in number, interactive, relevant to the curriculum, 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 Drexel modules being completed, is USMLE world being utilized?

  5 4 3 2 1

  Comments: Click to enter text.

- **Write – ups:**

  Is the required number being submitted in a timely manner? Are the write-ups being critiqued and returned to students in a timely manner so that students can achieve ongoing improvement in their written expression?

  5 4 3 2 1

  Comments: Click to enter text.

- **Facilities:**

  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?

  5 4 3 2 1

  Comments: Click to enter text.

- **Mid-Core Evaluations:**
  Are they being done midway through the clerkship or earlier as needed? 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? Is there an inquiry into progress on web-based requirements? Are the student's communication skills being assessed? Is the student made aware of his/her positive/negative behaviors as perceived by the faculty? Are the evaluations being documented and submitted?

  5 4 3 2 1

  Comments: Click to enter text.

- **Resident Teaching:**
  Are the residents eager to teach, knowledgeable and do they integrate the students into the clinical activities?

  5 4 3 2 1

  Comments: Click to enter text.

- **Attending Physicians:**
  Are the Attendings available experts in their field and eager to teach? Do they motivate and inspire the students? Are they role models for professional behavior?

  5 4 3 2 1

  Comments: Click to enter text.

- **Integration into Clinical Activities:**
  Are the students integrated into the care team? Have they 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? Do the students dress appropriately? Do the students; behave professionally, are they punctual, responsible, understand and complete their assignments, offer their assistance to patients and peers to accomplish improved patient outcomes?

  5 4 3 2 1

  Comments: Click to enter text.

- **Educational Objectives and Guidelines:**
  Overall, how well does the clerkship meet the objectives and follow the guidelines as published in the Clinical Training Manual?

  5 4 3 2 1

  Comments: Click to enter text.

Meeting with students:

Issues raised by students: Click to enter text.

Issues to be discussed with Faculty:

Discuss issues raised by students and formulate a response from the faculty.
Review and discuss the most recent Student Questionnaire and Comments.
Discuss changes compared to the Student Questionnaire and Comments of prior site visits.
Issues raised by faculty.
Faculty's familiarity with the stated objectives in the Clinical Training Manuals and grading procedure and are they being followed?
Are the students informed of the course requirements and web-based learning requirements at the start of the rotation?
Are the students being evaluated for communication skills?
Are the students being assessed regarding professional behavior?
Faculty's impression of student's preparedness.
Faculty's knowledge of the process for obtaining faculty appointments and ability to obtain appointments.

Strengths: Click to enter text.

Weaknesses: Click to enter text.

Corrective Actions: Click to enter text.

Summary & Conclusions: Click to enter text.

Miscellaneous Comments: Click to enter text.

Click to enter text.
Print Name

Click to enter text.
Date

Appendix H: Surgery Site Visit Form

SURGERY SITE VISIT FORM
ST. GEORGE'S UNIVERSITY SCHOOL OF MEDICINE
CHAIR'S SITE VISIT REPORT

Prepared BY: _____ **Signature:** _____

Site of Visit: _____ **Date of Visit:** _____
Address: _____
Program Director: _____ **Number of students** _____

I. FACILITIES/ACCOMMODATIONS:

On call rooms	Excellent	Very good	Good	Fair	Poor
Library Facilities	Excellent	Very good	Good	Fair	Poor
Computer access	Excellent	Very good	Good	Fair	Poor

Comments: _____

II. ORIENTATION INTERVIEW:

Interview Conducted: Yes No
Conducted By: Program Director Other Faculty Both
Aims Objectives Outlined: Yes No Schools Manual Used: Yes No

Comments: _____

III. MIDROTATION INTERVIEW:

(1) Interview Conducted: Yes No (2) Conducted By Program Director: Yes No
(3) With Documentation: Yes No (4) One-on-one: Yes No

Comments: _____

IV. EXIT INTERVIEW WITH PROGRAM DIRECTOR:

EXIT INTERVIEW: Yes No

Comments: _____

V. STRUCTURE OF ROTATION :

General Surgery	Anesthesia	ENT	G.U	Ophthalmology	Orthopedics	Trauma	Vascular	SICU
3 wks	**1** wk	**1** wk	**1** wk	___ wk	___ wk	___ wk	___wk	**1** wk

3 weeks – study/library time. 1 week faculty practice. General Surgery includes Bariatric/plastic S8rgery/Vascular Cardiothoracic

Comments:

_____
_____
_____
_____

VI. ON-CALL SCHEDULE/ACTIVITIES:

On-call every: ___ day	24 hrs. call: Yes No	Weekends Week days
Stay overnight: Yes No	Morning Report presentation: Yes No	
Teaching: Excellent	Very Good Good Fair Poor	
Involvement: ER → O.R Yes No	Present to Attending: Yes No	

Comments: _____

VII. GENERAL SURGERY, CLINIC, AND O.R. EXPOSURE

Gen. surgery:	excellent	Very good	good	fair	poor	Hands-on	Good teaching	Variety & volume	Student friendly	Structured
(a) Clinic										
(b) O.R										
Subspecialties	excellent	Very good	good	fair	poor	Hands-on	Good teaching	Variety & volume	Student friendly	Structured
Anesthesia										
Orthopedics										
ENT										
Urology										
ICU										
Vascular / Trauma										

Comments: _____

VIII. TEACHING SCHEDULE:

SCHEDULE: Didactic lecture, Interactive Sessions, Bedside, H&Ps, and Clinical kills

DIDACTIC LECTURE & INTERACTICE SESSION

(1) per week
(2) Scheduled: Variable: (3) Curriculum covered: Yes No
(4) Conducted By: Program Director Faculty Residents
(5) Excellent Very good Good Poor

FORMAL BEDSIDE TEACHING ROUNDS

(1) Done: Yes No
(3) Excellent Very Good Good Fair Poor

COMMENTS: In SICU

VI. ON-CALL SCHEDULE/ACTIVITIES:

On-call every: ___ day	24 hrs. call: Yes No	Weekends Week days
Stay overnight: Yes No	Morning Report presentation: Yes No	
Teaching: Excellent	Very Good Good Fair Poor	
Involvement: ER → O.R Yes No	Present to Attending: Yes No	

Comments: _____

VII. GENERAL SURGERY, CLINIC, AND O.R. EXPOSURE

Gen. surgery:	excellent	Very good	good	fair	poor	Hands-on	Good teaching	Variety & volume	Student friendly	Structured
(a) Clinic										
(b) O.R										
Subspecialties	excellent	Very good	good	fair	poor	Hands-on	Good teaching	Variety & volume	Student friendly	Structured
Anesthesia										
Orthopedics										
ENT										
Urology										
ICU										
Vascular / Trauma										

Comments: _____

VIII. TEACHING SCHEDULE:

SCHEDULE: Didactic lecture, Interactive Sessions, Bedside, H&Ps, and Clinical kills

DIDACTIC LECTURE & INTERACTICE SESSION

(1) per week
(2) Scheduled: Variable: (3) Curriculum covered: Yes No
(4) Conducted By: Program Director Faculty Residents
(5) Excellent Very good Good Poor

FORMAL BEDSIDE TEACHING ROUNDS

(1) Done: Yes No
(3) Excellent Very Good Good Fair Poor

COMMENTS: In SICU

H&Ps

(1) Document on charts: Yes No (2) per rotation (3)Graded: Yes No
(4) Countersigned by: Residents Attending P.A.

CLINICAL SKILLS

(1) Done: Yes No (2) Addressed Formally: Yes No
(3) Supervised by: (a) Residents Attending P.A.

(4) Excellent Very Good Good Fair Poor

Comments:_____

_____

EXAMINATIONS AND EVALUATIONS:

(1) Examinations and Evaluations By Program Director: Yes No
(2) One-on-one: Yes No

XI. INTERVIEW WITH PROGRAM DIRECTOR :

Interview with Program Director: Yes No
Students Problems Identified: Yes No

X. NARRATIVE ANALYSIS:

STRENGTHS

F. Teaching
G. Autonomy-hands/on
H. Volume of cases
I. Clinics

RECOMMENDATIONS

1. Study time requires structure & supervision-mixed revisions.
2. Word of caution about autonomy to be kept in check.
3. Improve on-call experience to allow all students to see acute patients and then follow to O.R.

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: Communication and Interpersonal Skills Behavior List

Behavior List

Functions	Sub-Functions
1. Fostering the Relationship	Expressed interest in the patient as a person Treated the patient with respect Listened and paid attention to the patient
2. Gathering Information	Encouraged the patient to tell his/her story Explored the patient's reaction to the illness or Problem
3. Providing Information	Provided information related to the working diagnosis Provided information on next steps
4. Making Decisions: Basic	Elicited the patient's perspective on the diagnosis and next steps Finalized plans for the next steps
5. Supporting Emotions: Basic	Facilitated the expression of an implied or stated emotion or something important to him/her

Appendix K: Drexel University Communication Curriculum

Communication Curriculum

Introduction Welcome to the DocCom Learning Curriculum. We believe that using this curriculum will enable your faculty to create an outstanding educational experience in some essential aspects of clinician-patient communication. When learners master the curriculum material, they will deliver higher quality patient care and more empathic care. For example, they will be more skilled in working with challenging clinical situations such as giving bad news or relating to an angry family member. This curriculum specifically assists learners striving to fulfill the ACGME competency requirements in clinician-patient communication.

BASIC MODULES

Communication Basic Modules (Modules 1 - 12)

01. Overview **Geoff Gordon MD, Oregon Health & Science University, Portland**

02. Mindfulness and Reflection in Clinical Training and Practice
Ronald Epstein MD, Rochester University

Learning Objectives:

- Describe common physician characteristics that may contribute to unhealthy personal beliefs, behaviors, and habits.
- Describe common causes and manifestations of professional burnout.
- Describe healthy cognitive, emotional, and behavioral practices that can promote your well-being and sustain you throughout a career in medicine.
- Describe 3 changes in attitude, behavior or practice you could make that would improve or sustain your well-being.
- Disclose these changes and discuss their importance and potential barriers to their implementation with 2 important people in your life.
- Discuss why physician well-being results in improved relationships and outcomes.

03. Therapeutic Aspects of Medical Encounters
David Brody MD, Denver Health; Dennis Novack MD, Drexel University College of Medicine, Philadelphia

Learning Objectives:

- Describe core concepts underlying the therapeutic efficacy of the physician patient relationship
- List the therapeutic goals of medical encounters
- Describe strategies that advance the therapeutic aims of your medical encounters

04. Balance, Self-Care
John F. Christensen, PhD., Legacy Health System, Portland, Oregon

Learning Objectives:

- Describe common physician characteristics that may contribute to unhealthy personal beliefs, behaviors, and habits.
- Describe common causes and manifestations of professional burnout.
- Describe healthy cognitive, emotional, and behavioral practices that can promote your well-being and sustain you throughout a career in medicine.
- Describe 3 changes in attitude, behavior or practice you could make that would improve or sustain your well-being.
- Disclose these changes and discuss their importance and potential barriers to their implementation with 2 important people in your life.
- Discuss why physician well-being results in improved relationships and outcomes.

05. Integrated Patient-centered and Clinician-centered Interviewing - Structure and Content of the Interview
Auguste H. Fortin VI, MD, MPH, Yale University; Francesca Dwamena MD, and Robert C. Smith MD, ScM, Michigan State University

Learning Objectives:

- 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 understanding the patient’s full (biopsychosocial) history,
- Describe the content and structure the written medical history.

06. Build a Relationship
Julian Bird MD, Kings College, London; Steve Cole MD, SUNY, Stony Brook

Learning Objectives:

- 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

07. Open the Discussion
Beth Lown MD, Harvard University; Ron Saizow MD, University of Oklahoma

Learning Objectives:

- Discuss the importance and rationale for eliciting all patient concerns to establish, through negotiation when necessary, the visit agenda.
- Discuss and implement communication strategies at the beginning of each medical encounter to elicit a comprehensive list of patients’ concerns.
- Discuss and implement communication strategies to prioritize and reach agreement on the agenda.
- Identify personal barriers to the elicitation of concerns, and the risks of failure to do so.

08. Gather Information
Beth Lown MD, Harvard University

Learning Objectives:

- 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 information.
- Use your knowledge and skills to gather information effectively from a patient.

09. Understand the Patient's Perspective

Beth Lown MD, Harvard University

Learning Objectives:

- Endeavor to more consistently appreciate your patients' perspectives and to "see the world through their eyes."
- Understand how patients' social contexts affect their health and illness behaviors.
- Describe and demonstrate skills to elicit patients' social context, explanatory models, concerns and expectations.
- Explore personal assumptions and potential barriers to understanding patients' contexts and perspectives.

10. Share Information
Beth Lown MD, Harvard University

Learning Objectives:

- Understand the challenges that you will face when sharing information with patients
- Describe and demonstrate a systematic, relationship-centered approach to sharing information
- What skills do you need to practice to improve your relationship-centered sharing of information, and when will you do this?

11. Reach Agreement
Beth Lown MD, Harvard University

Learning Objectives:

- 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 decision making.
- Describe and demonstrate skills for reaching agreement about decisions and plans.

12. Provide Closure
Beth Lown MD, Harvard University

Learning Objectives:

- Describe clinician behaviors that facilitate effective visit closure.
- Describe physician 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

13. Responding to Strong Emotions
Barry Egener MD, Legacy Health System, Portland, Oregon
With Doctoring Curriculum Facilitator Guide

14. It Goes without Saying: Nonverbal Communication in Clinician-Patient Relationships
Jeannette M. Shorey II MD, University of Arkansas Medical School

15. Understanding Difference and Diversity in the Medical Encounter: Communication across Cultures
Calvin Chou MD, PhD; University of California, San Francisco; Ellen Pearlman MD, New York University; Cathy Risdon MD, McMaster University

16. Promoting Adherence and Health Behavior Change
Carol Chou MD, University of Pennsylvania; Michael Goldstein MD, Brown University; F. Dan Duffy MD, U Oklahoma, Tulsa; Rob Shochet MD, Johns Hopkins University
With Doctoring Curriculum Facilitator Guide

17. Shared Decision-Making
Clarence H. Braddock III MD, MPH, Stanford University

	18. Exploring Sexual issues Rich Frankel PhD, Indiana University; Elizabeth Edwardsen MD, Rochester University; Sarah Williams MD, New York University
	19. Exploring Spirituality & Religious Beliefs Shimon Waldfogel MD, Thomas Jefferson University, and Stuart R. Sprague, PhD, AnMed Health

COMMUNICATING IN SPECIFIC SITUATIONS

	20. Family Interview Kathy Cole-Kelly MD, Case Western, Tom Campbell MD, Rochester University
	21. Communication and Relationships with Children and Parents Elizabeth Rider MSW, MD, Harvard University
	22. The Adolescent Interview Ken Ginsberg MD, Oana Tomescu MD, University of Pennsylvania
	23. The Geriatric Interview Brent C. Williams MD, MPH and James T. Pacala MD, MS
	24. Tobacco Intervention by Michael Goldstein, MD, and Margaret Dundon, PhD, VHA National Center for Health Promotion and Disease Prevention as well as Susan Swartz Woods, MD, Oregon Health & Sciences University
	25. Motivating Healthy Diet and Physical Activity Geoffrey Williams MD, Rochester University
	26. Anxiety and Panic Disorder Steven Locke MD, Harvard University
	27. Communicating with Depressed Patients Steven Cole MD, SUNY, Stony Brook *With Doctoring Curriculum Facilitator Guide*
	28. Domestic Violence Nielufar Varjavand MD and Dennis Novack MD, Drexel University College of Medicine *With Doctoring Curriculum Facilitator Guide*
	29. Alcohol: Interviewing and Advising William Clark MD, Harvard Medical School; and Sharon Parish MD, Albert Einstein College of Medicine *With Doctoring Curriculum Facilitator Guide*
	30. The Clinical Assessment of Substance Use Disorders Barbara A. Schindler MD, Drexel University College of Medicine, and Ted Parran MD, Case Western Reserve *With Doctoring Curriculum Facilitator Guide*
	31. Medically Unexplained Symptoms and Somatization Francesca Dwamena MD, Michigan State University; Felice Milan MD, Albert Einstein College of Medicine; Auguste H. Fortin VI MD, MPH, Yale University, Robert C. Smith MD, ScM, Michigan State University
	32. Advance Directives Julie Childers, M.D. and Eva B. Reitschuler-Cross, M.D., University of Pittsburgh School of Medicine; Lynn O'Neill, M.D., Emory University School of Medicine
	33. Giving Bad News Timothy Quill MD, Catherine Gracey MD, Carly Dennis MD, University of Rochester; Anthony Caprio MD, Carolinas Healthcare System *With Doctoring Curriculum Facilitator Guide*
	34. Communication near the End of Life Muriel Gillick MD, Harvard University *With Doctoring Curriculum Facilitator Guide*
	35. Dialog about Unwanted Outcomes Peter Barnett MD, University of New Mexico
	36. Ending Clinician-Patient Relationships Peter Lichstein MD, Wake Forrest University

COMMUNICATING WITH COLLEAGUES

	37. The Oral Presentation Alicia Monroe MD, Brown University
	38. High Performance Teams: Diversity and RESPECT Cathy Risdon MD, McMaster University, Marla Rowe MD, Wayne State University, Zeev Neuwirth MD PhD, Harvard University, Anthony Suchman MD, Rochester University, Julie Crosson MD and Carol Mostow MD, Boston University School of Medicine

Description:

Understand how effective multidisciplinary teams are used for effective patient care.

Learning Objectives:

- 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 debriefing adverse events

39. Talking with Impaired Clinicians
Peter Barnett MD, University of New Mexico

40. Giving Effective Feedback: Enhancing the Ratio of Signal to Noise
Burton Landau PhD, Drexel University College of Medicine
With Doctoring Curriculum Facilitator Guide

41. Professionalism: Boundary Issues
Elizabeth Gaufberg MD, MPH, Harvard Medical School
With Doctoring Curriculum Facilitator Guide

42. Effective Clinical Teaching
Dennis Novack MD, Allison Ferris MD, Burton Landau PhD, Drexel University College of Medicine, and Ronald Saizow MD, University of Oklahoma
With Guidelines for Residents

Appendix L: Ethics in Medicine Curriculum

The Ethics in Medicine website is an educational resource designed 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 topics, cases, and resources covered here are intended to be used as a resource by the UWSOM community and to supplement or support other teaching and learning throughout the curriculum. It is not designed to answer patient-specific clinical, professional, legal, or ethical questions.

NOTE: The UW Dept. of Bioethics & Humanities is in the process of updating all Ethics in Medicine articles for attentiveness to the issues of equity, diversity, and inclusion.

https://depts.washington.edu/bhdept/ethics-medicine

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: Old Rubric

Old rubric for the assessment of clinical competencies (for students who started 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	The student is able to independently: Able	The student with minimal guidance:	The student with intermittent	The student with continual guidance:	Student despite maximal guidance:

Reasoning Grade	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 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 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. 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	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. 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 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. 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	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 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.	Minimally dependent and above average use of: Questioning styles, including effective information gathering.	Intermittently dependent and average use of: Questioning styles, including effective information	With continual guidance a fair use of: Questioning styles, including effective information gathering. Fair levels of eye contact and	Student despite maximal guidance unable to: Use adequate questioning styles, including ineffective

	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.	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.	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.	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.	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 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	Minimally dependent with above good communication skills with members of the health care team using medical terminology, utilizing semantic qualifiers. Recognizes and communicates most common and important abnormal clinical findings	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 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
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	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	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	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	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.

	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	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	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	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	Unable to participate in activities to improve the quality of medical education. Reacts inappropriately to difficult situations involving conflicts, nonadherence, and ethical dilemmas

Appendix M: New Rubric

New Grading System Rubric January 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. Present sand or document pertinent health information in a concise, complete and responsible way. Performs routine and basic medical procedures. Selects 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 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 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	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	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	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.

	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	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	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	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. provide 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	A student with minimal guidance: Fosters an	A student with continuous guidance: Fosters an atmosphere of excellence,	A student despite continuous guidance: Fails to show up, is

	excellence, participates and attends in all rounds, clinical sessions and lectures on time. Accepts 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. 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 dilemma	atmosphere of excellence, participates and attends in all rounds, clinical sessions and lectures on time. Accepts 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	participates and attends in all rounds, clinical sessions and lectures on time. Accepts 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. 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	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 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 tutors), 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, Equity, 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 Exam score but not submit, until the 14th day after the end of the rotation. On the 14th day, a grade of NG will appear and clerkship directors and the DME will be able to submit grades.

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 sent to the SOM. This will allow time for final processing, review of any errors, and uploading of grades through the Office of the University Registrar.

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.

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

IT Issues Impacting Core Clerkship Grading

For issues accessing the SOM Electronic Evaluation System for Core Clerkships, the DME, CD, or MEC should contact IT Support Services (**support@sgu.edu**) with a copy to Carolyn Miller (cmiller2@sgu.edu), Manager, Hospital Relations for assistance in gaining access to the evaluation system.

Appendix R: Potential Options & Pathways

4th Year Students & Graduates without a Residency

Considerations:

- To be eligible for these options, you must not have secured **any** postgraduate medical training (*including internship training outside the US*).
- You must have met **ALL graduation requirements** (including completing the 80-week clinical curriculum and pass all required NBME examinations) to be eligible to participate in any of these options!
- If you previously participated in an Option that required you to delay your graduation (e.g., ECP, MScBR), ***you cannot delay your graduation a second time.***
- When reviewing the Options and Pathways, keep in mind there may be additional guidelines for openings and dates for a particular Program.
- All participants must maintain medical insurance coverage.

The following is a brief description of some potential pathways you can follow to improve your chances of matching in next year's match. Please note that all Options and Pathways are covered by webinars conducted by the Office of Career Guidance (OCG). Application and corresponding materials will be distributed by OCG. If you have any questions, please reach out to OCG at careerguidance@sgu.edu.

1. **Extended Clinical Program (ECP):** Participating in the ECP is a chance to complete audition electives in the US to gain additional LoRs and face time with attendings and program directors. To assist you in pursuing these additional electives, SGU will allow up to eight weeks of rotations at affiliated hospitals in the US tuition free. Students who are US citizens or USPR may also opt to do rotations at non-affiliated hospitals but would be responsible for any fees. Students must graduate by the next main diploma granting date. For example, a student participating in the ECP who was to graduate in June must now graduate by the following January. In pursuing this option, you will maintain your status as a medical student and ability to complete audition clerkships while you prepare for next year's Match. The only charge for participation is the medical student malpractice insurance premium, currently $357 for any four months of additional rotations. The participation for the ECP may be limited to certain months and certain affiliated hospitals.
2. **Master of Science in Biomedical Research (MSc. BR):** This is a dual degree MD/MSc. BR program that enables students to complete research in a clinical setting and retain their status as medical students. While tuition is free, students will be responsible for malpractice insurance as in the ECP.
3. **Master of Public Health (MPH):** SGU's MPH is accredited by the US accrediting authority, CEPH, and will enhance the MD degree by giving students a credential in public health, which is much needed in the healthcare systems today. This is a one-year online program and not a dual degree. Tuition is waived for graduates who failed to match.
4. **Master of Business Administration (MBA) in Multi-Sector Health Management:** This is a one-year, online master's program with cohort group classes includes two in-person weeks in Grenada – one at the beginning and one near the end. While tuition is waived for unmatched graduates, students will be responsible for books, certain fees and travel to Grenada. The MBA is not accredited at this time in the US.
5. **SGU Research Fellowship Program in Grenada:** This unique, one-year research opportunity provides graduates the opportunity to focus on research with the Medical Student Research Institute (MSRI), as well as teach components of the basic science program. The University awards a monthly stipend for this program and testimonials from graduates who participated in this option can be found here.
6. **Research Programs through our Affiliates:** Occasionally, we may be made aware of research opportunities at one of our network of hospital affiliates. If you have received your MD degree and are interested in pursuing a path in research, we can provide you information on any opportunities we learn about.
7. **Self -Directed Strategies:** We encourage all students and graduates to utilize their personal network of relationships to help strengthen and further their careers. Many of the above options, as well as others, may be available through your personal network. If you choose to pursue a pathway outside of SGU, please let us know and we will continue to provide any support and career guidance required.

Appendix S: Masters in Basic Medical Sciences

Based on the recommendation of the faculty and approval by the Curriculum Committee, the requirements for the Masters in Basic Medical Sciences have changed effective January 1st, 2022.

Students must successfully pass:

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	21

Students are eligible if:

- Student who chooses to withdraw after successfully passing all the above courses will be provided with an opportunity to attain the Masters in Basic Medical Sciences.
- Student will be required to complete an application which will then be reviewed by the Office of the University Registrar. Student will need to ensure they have no outstanding holds on their records.
- Student who is recommended for dismissal in Term 5 or in the clinical years and the appeal is rejected by Committee for Satisfactory Academic Progress and Professional Standards (CAPPS), will be eligible to receive the Masters in Basic Medical Sciences. Directions and application materials will be included in the CAPPS letter. Student will need to ensure they have no outstanding holds on their records.

For any questions, please contact 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, Equity, 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, Equity, 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 - Policies tab

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 SGU-SOM and are not to be construed as representative of the school or its curriculum. The SGU-SOM student handbook, clinical training manual and course syllabi remain as the definitive guides to school policies, academic requirements, curriculum and resources.