The Clerkship eNewsletter (CeN) is an electronic communication format distributed to clerkship directors, clerkship coordinators and other staff involved in teaching or delivering clerkship education. Check our web site for additional information and updates:

http://www.med.wisc.edu/education/md/curriculum/years-3-4/main/120.

Contact Tim Jensen (timjensen@wisc.edu) with any questions, comments or to suggest a topic.

This month’s topics:

- **Core Curriculum and Advising Days 2010-11**
  Next Core Day: *Skills and Systems to Impact Health Disparities* – **Friday, Oct. 1**
  NEW THIS YEAR
  4th Year Core Day: *Preparedness and Communicating with the Media and other Stakeholders* – **Monday, November 1; Monday, May 9, 2011.**
  (Offered twice to accommodate 4th year schedules)

- **Clerkship Meeting Dates 2010-11**

- **MERC Grant to Integrate Public Health: Clerkship Additions for 2010-11**

- **Peer Review Process**
  Traditionally, clerkships have been provided with ratings and comments about their clerkships from students through our OASIS evaluations, focus groups, and AAMC Graduate Questionnaire (GQ) to name a few sources of data. The UWSMPH Educational Policy Committee (EPC) identified a sub-committee to look at developing a peer review process – one that would add another layer of feedback for clerkships and courses to improve their programs. It was determined that the peer review process would start with 3rd and 4th year clerkships. Clerkships are currently identifying learning activities or curricular components that they would like reviewed by their peers. Some areas include lectures, seminars, orientations and conferences. A peer review team will then be identified. The team will most likely review 1-2 clerkship learning activities or didactics per year. More updates will be shared with the clerkship faculty and staff later this fall.

- **Clerkship Web site**
  The Year 3 and 4 Curriculum Web site has been live and public for over one year. On this site (http://www.med.wisc.edu/education/md/curriculum/years-3-4/main/120) you can find medical school policies, schedules, site links, evaluation forms, individual clerkship pages that each include curricula, logistics, expectations and contact information. There are also helpful links to OASIS and Learn@UW for information that should not be on a public site. Please visit the clerkship web pages and let us know of needed updates or if you have something to add.
Curriculum and Evaluation
- **Mid-rotation form** – Mid-rotation feedback is required for every clerkship with a duration of 4 weeks or more. Clerkships modify their forms to best fit their rotation’s needs, but the template below is the model most clerkships use.
- **Student Clinical Evaluation** – The 2009-10 Student Clinical Performance Evaluation incorporated some minor changes to the Professionalism section.
- **Experience Requirements: ED-2** – Each clerkship has a set of unique clinical requirements or learning activities that are included in their Experience Requirements. Students complete these and must check them off on OASIS.

WARM Corner
The Wisconsin Academy for Rural Medicine (WARM) has now in its fourth year and as the second class of WARM students begin their 3rd year of medical school, the program is expanding to its second regional site. While Marshfield Clinic started hosting the first WARM students in July 2009, Gundersen Lutheran in La Crosse began hosting eight students in July 2010. In addition to the original group of WARM students, now beginning their 4th year of medical school in the Marshfield region, five M3 students are in the Marshfield system completing their 3rd year clerkships in a traditional block format; students in the Gundersen Lutheran system are following a longitudinal model. Students are paired up and as four students complete clerkships in La Crosse, the other four students spend six months at their rural site (Tomah, Whitehall, Prairie du Chien or Decorah, IA) and over an 18 week period, complete PCC, pediatrics and medicine in a longitudinal format. The students switch locations for the next 18 weeks. The purpose is to allow students to explore a true longitudinal physician/patient relationship in a rural location.

Aurora BayCare and Green Bay will come aboard as WARM's third site in July 2012. It is currently in the process of finalizing which rural sites it will utilize but students will complete clerkships in a block format as they do in Marshfield.

Twenty-one M1 students from across the state joined 18 M2 students on August 16.

If you have any questions about WARM, please contact Dr. Byron Crouse at bjcrouse@wisc.edu or 608.265.6727 or Alison Klein, MPA, at alklein2@wisc.edu or 608.263.7082.

Student Services Corner
The week of August 16 was orientation week for the new M1s. The Class of 2014 has 171 students. Students participated in community projects, faculty dinners and writing their own code of professionalism for their class. Information on issues of professionalism, the use of social media, alcohol use, resources on where to seek help and counseling for personal issues, were all included in this year's orientation.
Meetings will be held in Room 2158 at the Health Sciences Learning Center
For teleconferencing, please contact Tim Jensen via email at timjensen@wisc.edu or by phone at (608) 263-4713

<table>
<thead>
<tr>
<th>Month</th>
<th>Event</th>
<th>Date and Time</th>
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<tbody>
<tr>
<td>August</td>
<td>Clerkship eNewsletter</td>
<td>12:00 – 1:00 PM</td>
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<tr>
<td>September</td>
<td>Monday, 9/20</td>
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<td>October</td>
<td>Clerkship eNewsletter</td>
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<td>November</td>
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<td>Fall YEPSA 2010</td>
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<td>December</td>
<td>Clerkship eNewsletter</td>
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<td>January</td>
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<td>February</td>
<td>Clerkship eNewsletter</td>
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<td>March</td>
<td>Clerkship Retreat TBD</td>
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<td>April</td>
<td>Clerkship eNewsletter</td>
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<td>Medical Education Day, HSLC TBD</td>
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<td>May</td>
<td>Monday, 5/16</td>
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<td>June</td>
<td>Spring YEPSA 2010 TBD</td>
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<td></td>
<td>Monday, 6/20</td>
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<td>July</td>
<td>Transitional Clerkship TBD</td>
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Integrating Public Health into the Clerkship Curriculum: 2010-2011
NEW or ENHANCED CURRICULA

Anesthesiology
Students are required to complete an evidenced-based written assignment as part of their clinical journal. Citing at least two journal articles, students must answer the following question: Is pre-operative smoking cessation beneficial in the peri-operative period, and can the anesthesiologist use the pre-operative visit as an opportunity to make this cessation permanent?

Internal Medicine
The Learning Review requirement offers a good opportunity to add a systems-based question to the activity. The clerkship directors now require that one of the two Learning Reviews be centered on the Systems-Based Practice issues surrounding a patient or patients they saw. For example, upon discharge, how can we prevent re-admission? How did this person get so sick in the first place?

To understand if the student is “competent” in the systems-based exercise, they may consider adding a discussion and/or evaluative component to the Learning Review. They will use the expertise of Amy Kind to develop an evaluation rubric, and Julie Foertsch to complete a qualitative review of past student Learning Reviews – to understand the variability of submissions.

A new Topic Oriented Conference (TOC) will be led by Dr. Tosha Wetterneck. Healthcare Delivery from a Systems Perspective will include a required reading and case to prepare for the discussion. TOC objectives: Students will define, describe and discuss:
1.) Why systems-based practice and systems thinking are important
2.) The UW Systems Engineering Initiative for Patient Safety (SEIPS) Model of a work system including:
   • The elements of a work system
     i. Tools and technologies
     ii. Tasks
     iii. Organization
     iv. Persons
     v. Environment
   • The different processes
   • The outcomes of the model
     i. Patient outcomes
     ii. Organizational outcomes
     iii. Employee outcomes

Ob-Gyn
During Gyn Outpatient clinics, routine women’s health screening is emphasized with students so they understand the primary health screening guidelines recommended across the lifespan, including screening for cervical, breast and colon cancer.

The clerkship enhanced some lectures to include the following:
1. In STI lecture, highlight epidemiology and high incidences in certain WI areas, i.e. Milwaukee syphilis rates.
2. In Contraception and Sterilization lecture, highlight issues of access for women. This could include advocacy as well.
3. In **Urologic Health** lecture, emphasize issue of urinary incontinence, which is the leading cause of woman going to a nursing home, and the issue of access to care.

**Primary Care**
The **PBL** and **Doctor/Patient Communication** requirement will add **obesity** to the Motivational Interviewing curriculum. Obesity will also be added as a core learning topic. PBL cases 2 and 4 will be modified to explicitly address counseling for adult and pediatric obesity, respectively.

Students are required to complete a **Community Project** where they choose one of a menu of project suggestions ranging from community newspaper columnist to a community health education presentation. A tangible product must be developed. All projects must include a perspective on health beyond the individual patient, be useful for that particular community where the student rotates, and be germane to primary care. Students must pilot their work with community members to ensure that they are appropriate and useful for the intended audience.

**Psychiatry**
Students are now required to participate in an outpatient addictions treatment experience, specifically an **Alcoholics Anonymous** (or comparable) meeting. Students will discuss their experiences with faculty at the **Substance Use Disorders** seminar.

The clerkship will also add a requirement that students interact with an **outpatient case manager** at least once --participating in coordination of care of a patient with severe mental illness for students to learn the community system of care. This can take place via a family meeting or team meeting on the inpatient unit, or via phone contact.

The clerkship is enhancing some **Seminars/Lectures** to include the following:
1. In the **Schizophrenia** seminar, they will add an objective and talking point about how individuals with severe, persistent mental illness are particular vulnerable to the organizing and financing of the mental health system. In addition, this lecture will emphasize how the care of these patients promotes the interface between psychiatrists and community mental health centers.
2. In the **Legal Issues** seminar, they will add an objective and talking point surrounding the issues of caring for patients who are involuntarily committed to psychiatric treatment and how psychiatrists are bound by state laws about the criteria for involuntary commitment. Another opportunity in this seminar is to emphasize the issue of the decisional capacity evaluation, including the aging patient and determining if they can live independently: **independence vs. societal safety**.
3. The **Psychopharmacology** lecture will discuss that atypical antipsychotic medications are commonly associated with metabolic side effects such as weight gain, hyperglycemia and dyslipidemia -- touching on **obesity** issue.

**Radiology**
The clerkship is enhancing some **lectures** to include the following:
1. Radiation risks – found in three lectures: Safety, Intro to CT, and Intro to CXR’s
2. Mammography guidelines – 40 yo vs. 50 yo
3. Virtual Colonoscopy vs. Endoscopic Colonoscopy
4. TB testing in foreign born persons – X-ray not required by INS—rising new cases

Radiology includes a required **Case Report** that is 10% of the student’s grade. The case report is typically a write-up of a case the student has seen early in their two-week rotation. The report must be based on a current study (i.e. during the rotation) and must include at least one reference.
Students can now also choose a “public health issue related to Radiology” such as one of the above four topics and provide an evidence-based public health report. The EBPH activity would be an alternate for the case report. [Note: Radiology piloted this in last few rotations of 09-10 academic year; there is little if any interest by the student to tackle a “large issue” rather than just a case of one specific entity. Given the short 2 week length, this was not surprising to clerkship director]

Surgery
The clerkship is enhancing and adding some case discussions to include the following:

1. In the Perioperative Care case discussion, they will incorporate patient safety issues, including instructing students about check points in system.
2. The case discussions involving cancer will continue to emphasize standard screening methods and guidelines.
3. Surgery is adding a one-hour case discussion on obesity and the surgical patient. Obesity and the Surgical Patient will be led by Dr. Jon Gould, and will focus on how the surgical team approaches the obese patient.

4th Year Surgery Selectives (Sub-I)
In the 4th year, Surgery is moving toward unifying the curriculum. Since students experience different rotations, the idea is to add an activity that will help unite the Surgery requirement. The proposed learning activity is for students to follow one patient from the pre-operative meeting through surgery and post-op. The students would be asked to examine access to care, support of the patients through their surgical experience, and resources at home to support recovery. If a student is unable to follow one patient through this entire process they may assess the different components in separate patients. An online module has been developed to guide students in reporting their experiences while they follow their patient.

4th Year Preceptorship
The Preceptorship is implementing a new requirement involving a Community health assessment. Students will conduct a community health assessment for their Preceptorship community and search the evidence base to find programs that work in addressing priority health problems.

Objectives: At the end of this experience, students will be able to:

- Conduct a community health assessment.
- Describe sources and limitations of population based data.
- List specific health indicators used to assess the health status of a community.
- Determine health problems in their Preceptorship community based on health outcomes and behavioral, social, and environmental health determinants.
- Determine community health priorities.
- Search the evidence based literature relating to a contemporary public health problem
- Apply population health principles to better understand their Preceptorship community and patient health needs.
- Discuss benefits and barriers to physician participation in community health assessments.
- Identify an evidence based intervention and prepare for a small group presentation.
# UWSMPH Clerkship Mid-Rotation Student Feedback Form

*Complete Student Self-Assessment rating, then review with at least 1 supervisor who you have spent significant time in your rotation.*

<table>
<thead>
<tr>
<th>FEEDBACK ON STUDENT PERFORMANCE</th>
<th>Student Self Assessment</th>
<th>Supervisor Assessment</th>
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<tbody>
<tr>
<td></td>
<td>Competent: At or above expected performance</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td></td>
<td>Competent: At or above expected performance</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td></td>
<td>Unacceptable: Requires Attention</td>
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</table>

### Patient Care
- Takes an effective history
- Performs appropriate physical exam
- Generates differential diagnosis
- Generates and manages treatment plan

### Medical Knowledge
- Exhibits knowledge of diseases and pathophysiology

### Practice-Based Learning and Improvement
- Demonstrates skills in evidence-based medicine

### Systems-Based Practice
- Teamwork

### Interpersonal & Communication Skills
- Communication with patients and families
- Written communication
- Oral presentation skills

### Professionalism
- Respect/Compassion
- Response to feedback
- Accountability

**Student:** What am I doing well?

**Student:** What skills do I need to improve? What can I do to advance my performance?

Student’s Name: __________________________ Date __________________________

**Supervisor:** What is student doing well?

**Supervisor:** What skills does student need to improve? What can student do to advance their performance?

Supervisor’s Name: __________________________ Date __________________________

Supervisor Role: __________________________
2010-2011 UWSMPH Student Clinical Performance Evaluation on Clerkships

Student: ___________________________ Service: ___________________________ Location: ___________________________
Evaluator(s): ___________________________ Dates of rotation: ___________________________
来说 CKO role: Clerksip Director ☐ Attending ☐ Mentor ☐ Resident ☐ Other ☐

Please evaluate the performance of the student in the following competencies using the anchors described below:

- **Advanced**: Highly commendable performance, top 5-10% of students evaluated
- **Competent**: Capable; at expected performance for level
- **Needs Improvement**: Demonstrates initial growth; opportunity for improvement
- **Unacceptable**: Needs Attention

<table>
<thead>
<tr>
<th>Competency</th>
<th>Advanced</th>
<th>Competent</th>
<th>Needs Improvement</th>
<th>Unacceptable: Needs Attention</th>
<th>Not Evaluated</th>
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<tbody>
<tr>
<td><strong>Patient Care</strong></td>
<td>Students are expected to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.</td>
<td>☐ Identifies and fully characterizes all patient concerns in an organized fashion. Recognizes and attends to biopsychosocial issues.</td>
<td>☐ Identifies and characterizes most patient concerns in an organized fashion.</td>
<td>☐ Sometimes misses important information. History generally not fully characterized.</td>
<td>☐ Often misses important information. Patient concerns poorly characterized.</td>
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<tr>
<td>1. Takes an effective history</td>
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<tr>
<td>4. Generates and manages treatment plan</td>
<td>☐ Independently generates treatment plans and manages patients with minimal oversight.</td>
<td>☐ Contributes to the treatment plan and management of patients.</td>
<td>☐ Does not consistently contribute to treatment plan or management of patients.</td>
<td>☐ Contributes little to the treatment plan and management of patients. May suggest inappropriate treatment options.</td>
<td>☐ Not observed.</td>
</tr>
<tr>
<td><strong>Medical Knowledge</strong></td>
<td>Students are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences.</td>
<td>☐ Has fund of knowledge that is beyond expected level of training. Applies knowledge to patient care.</td>
<td>☐ Demonstrates expected fund of knowledge for level of training.</td>
<td>☐ Has gaps in basic fund of knowledge.</td>
<td>☐ Fund of knowledge inadequate for patient care.</td>
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<tr>
<td>5. Exhibits knowledge of diseases and pathophysiology</td>
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<tr>
<td><strong>Practice-Based Learning and Improvement</strong></td>
<td>Students are expected to investigate and evaluate their patient care practices by appraisal and assimilation of scientific evidence.</td>
<td>☐ Routinely accesses primary and review literature. Applies evidence to patient care. Able to judge quality of evidence.</td>
<td>☐ Routinely accesses primary and review literature. Applies evidence to patient care.</td>
<td>☐ Reads only provided literature. Inconsistently applies evidence to patient care.</td>
<td>☐ No evidence of outside research or reading. Unable to access basic databases.</td>
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<tr>
<td>6. Demonstrates skills in evidence-based medicine</td>
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<tr>
<td><strong>Systems-Based Practice</strong></td>
<td>Students are expected to demonstrate an awareness of the larger context and system of health care and effectively call on system resources to provide optimal care.</td>
<td>☐ Well-integrated with team. Communicates important issues to appropriate team members in a timely fashion.</td>
<td>☐ Respectful of team members. Understands role and communicates effectively with team. Identifies appropriate team member for patient care issues.</td>
<td>☐ Occasional misunderstanding of student role in team. Does not always communicate effectively with team.</td>
<td>☐ Disrespectful to team members. Disrupts team dynamic.</td>
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<td>7. Teamwork</td>
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<tr>
<td>Interpersonal &amp; Communication Skills:</td>
<td>Advanced</td>
<td>Competent</td>
<td>Needs Improvement</td>
<td>Unacceptable: Needs Attention</td>
<td>Not Evaluated</td>
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Please rate the student’s performance in each subject below by choosing a box with the most accurate descriptor. Try to think of specific witnessed events and behaviors when rating each subject.

**Professionalism:** Students are expected to demonstrate a commitment to carrying out professional responsibilities, and to be responsive, compassionate, and honest.

<table>
<thead>
<tr>
<th>RESPECT AND COMPASSION: Consider how the student shows respect and compassion for others and tolerates differences.</th>
<th>Competent</th>
<th>Needs Improvement</th>
<th>Unacceptable: Needs Attention</th>
<th>Not Evaluated</th>
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</table>

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<tr>
<th>RESPONSE TO FEEDBACK: Consider how the student accepts feedback from faculty, staff and peers.</th>
<th>Competent</th>
<th>Needs Improvement</th>
<th>Unacceptable: Needs Attention</th>
<th>Not Evaluated</th>
</tr>
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<tbody>
<tr>
<td>☐ Accepts feedback without personal offense. Uses feedback to improve performance.</td>
<td>☐ Accepts feedback with resistance, or takes feedback too personally.</td>
<td>Denies issues or attempts to blame others.</td>
<td>☐ Not observed.</td>
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<tr>
<th>ACCOUNTABILITY: Consider whether the student is prepared, can be relied upon to take responsibility for assigned tasks and is punctual.</th>
<th>Competent</th>
<th>Needs Improvement</th>
<th>Unacceptable: Needs Attention</th>
<th>Not Evaluated</th>
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**Comments Section**

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

Please comment on areas where the student’s performance will benefit from enhanced skill development. These comments will NOT appear in the MSPE. (FOR STUDENT ONLY) **Attach sheets if necessary.**
If this student needs attention in any of the following areas, please check appropriate area. Please provide comments on each section checked. 
Comments are mandatory. Attach sheets if necessary.

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

I have concerns about this student's performance. The Dean for Students should review his/her record: ___ Yes ___ No
I have reviewed this evaluation with the student: ___ Yes ___ No

___________________________     ______________________     ______________________
Signature of evaluator                  Date                  Signature of student                   Date
2010-2011 UWSMPH Clerkship Experience Requirements (ED-2)

Students will use OASIS to check off each Clerkship Experience Requirement. The following conditions, procedures and learning activities must all be completed by the end of the rotation. If students are having difficulty getting these experiences, please contact the clerkship director or administrator in advance of the end of the rotation.

Anesthesiology

• Communicate anesthetic risks to a patient.
• Evaluate a patient's preoperative suitability for general anesthesia.
• Deliver a general anesthetic to a pediatric patient.
• Deliver a general anesthetic to an adult patient.
• Place an intravenous catheter on a minimum of 5 patients.
• Manage a patient airway, including mask ventilation and either laryngeal mask airway (LMA) or endotracheal tube placement on a minimum of 5 patients.
• Utilize regional anesthesia as a primary surgical anesthetic.

Internal Medicine

• Evaluate (History, Exam, Written or Oral Presentation) a patient with **active cardiac disease problem**.
• Evaluate (History, Exam, Written or Oral Presentation) a patient with **active GI disease problem**.
• Evaluate (History, Exam, Written or Oral Presentation) a patient with **active infectious disease problems**.
• Evaluate (History, Exam, Written or Oral Presentation) a patient with **active pulmonary disease problem**.
• Evaluate (History, Exam, Written or Oral Presentation) a patient with **active renal disease problem**.
• Complete EIGHT History and Physical Exam Admit notes for each month. Two of these may be in the "On-Service note" format.
• Complete TWO Learning Reviews each month (to demonstrate reflection as a component of lifelong learning)
Neuroscience

- Evaluate a patient with **back or neck pain** through history, exam, or presentation (written or oral).
- Evaluate a patient with **cerebrovascular disease** (chronic or acute) through history, exam, or presentation (written or oral).
- Evaluate a patient with **headache** through history, exam, or presentation (written or oral).
- Evaluate a patient with **impaired consciousness** through history, exam, or presentation (written or oral).
- Evaluate a patient with **paresthesia** through history, exam, or presentation (written or oral).
- Evaluate a patient with **visual disturbance or loss** through history, exam, or presentation (written or oral).
- Evaluate a patient with **weakness/paralysis** through history, exam, or presentation (written or oral).
- Use imaging studies to recognize MRI findings in **brain tumor**.
- Use imaging studies to recognize MRI findings in **ischemic stroke**.
- Use imaging studies to recognize CT findings in **traumatic brain injury**.
- Use imaging findings to recognize **carotid atherosclerosis**.
- Observe an intracranial catheter procedure.
- Observe a spine procedure.
- Observe an open brain procedure.
- Complete a neurological exam.
- Develop an inpatient rehabilitation plan for an individual patient.
- Demonstrate ophthalmoscope use.

Ob-Gyn

- Perform a bimanual pelvic exam as part of a well woman exam.
- Perform cervical cultures as part of a well woman exam.
• Evaluate a patient with **cervical dysplasia** through history, exam or presentation (written or oral).

• Evaluate a patient with **first trimester bleeding** through history, exam or presentation (written or oral).

• Participate in a hysterectomy.

• Participate in a laparoscopic abdominal/pelvic surgical case.

• Perform a manual breast exam as part of a well woman exam.

• Evaluate a patient with **menopause** through history, exam or presentation (written or oral).

• Evaluate a patient with **menstrual abnormalities** through history, exam or presentation (written or oral).

• Participate in providing office based prenatal care

• Participate in a normal labor and spontaneous vaginal delivery

• Perform a pap smear as part of a well woman exam.

• Evaluate a patient with a **sexually transmitted disease** through history, exam or presentation (written or oral).

• Perform a speculum exam as part of a well woman exam.

• Observe and participate as part of the team in breaking bad news to a patient; example: abnormal pap smear, pregnancy loss, review of a positive pathology report.

**Pediatrics**

• Participate in an adolescent well-child exam.

• Evaluate (History, Exam, Written or Oral Presentation) a child with a **chronic medical problem** (e.g. asthma, diabetes, epilepsy, cystic fibrosis, genetic syndrome).

• Evaluate (History, Exam, Written or Oral Presentation) a child with **cough or wheeze**.

• Evaluate (History, Exam, Written or Oral Presentation) a child with **ear pain or otitis media**.

• Evaluate (History, Exam, Written or Oral Presentation) a child with **fever**.
• Evaluate (History, Exam, Written or Oral Presentation) a child with an active GI problem (e.g. vomiting, diarrhea, abdominal pain).

• Evaluate (History, Exam, Written or Oral Presentation) a child with abnormal growth or development.

• Participate in an infant well-child exam (age 0 - 12 months).

• Evaluate (History, Exam, Written or Oral Presentation) a newborn with jaundice.

• Evaluate (History, Exam, Written or Oral Presentation) a child with rash.

• Participate in a young well-child exam (age 15 - 60 months).

Primary Care

• Perform a history of a patient with an acute concern with faculty observation and feedback

• Perform a history of a patient with a chronic concern with faculty observation and feedback a patient with abdominal pain through a history, physical exam, or presentation (written or oral).

• Perform an EENT examination of a patient including proper (pencil-grip) use of otoscope, distinguishing normal/abnormal tympanic membranes, appropriate use of ophthalmoscope, and distinguishing nl/abnormal throat findings, with faculty observation and feedback

• Perform a musculoskeletal examination of a patient including use of the IPReSS format (as in, ‘When it hurts, IPReSS!’): Inspection, Palpation, ROM (active then passive), Strength, Special Tests. Focus on shoulder/back/knee. With faculty observation and feedback

• Perform a cardiovascular examination of a patient including cardiac PMI, detection of dysrhythmias, perceiving S3/S4, describing murmurs including response to maneuvers, palpation of peripheral pulses, and accurate determination of Blood Pressure, with faculty observation and feedback

• Perform an abdominal examination of a patient including detection of HSM, ascites or masses, with faculty observation and feedback

• Perform a urogenital examination of a male or female patient including inspection, palpation, description of common variants, appearance of being comfortable, with faculty observation and feedback
• Perform a neurological examination of a patient including CN 2-12, Strength, sensation (monofilament), gait and Deep Tendon Reflexes, with faculty observation and feedback

• Perform a focused psychological examination of a patient including Mini-Mental Status and screening for depression, with faculty observation and feedback

• Communicate the plan of care with a patient, with faculty observation and feedback

Psychiatry

• Evaluate (perform history and mental status exam) a patient with a mood disorder (major depressive disorder or bipolar disorder) AND do either a written report or an oral presentation.

• Evaluate (perform history and mental status exam) a patient with suicidal ideation AND do either a written report or an oral presentation, with a specific focus on assessment of the risk of suicide.

• Evaluate (perform history and mental status exam) a patient with an anxiety disorder (generalized anxiety disorder, panic disorder, obsessive-compulsive disorder, or post-traumatic stress disorder) AND do either a written report or an oral presentation.

• Evaluate (perform history and mental status exam) a patient with a psychotic disorder (schizophrenia, schizoaffective disorder, or mood disorder with psychotic features) AND do either a written report or an oral presentation.

• Evaluate (perform history and mental status exam) a patient with dementia or delirium AND do either a written report or an oral presentation.

• Evaluate (perform history and mental status exam) a patient with a substance use disorder (abuse or dependence) AND do either a written report or an oral presentation.

• Participate in an outpatient addictions treatment experience, specifically an Alcoholics Anonymous (or comparable) meeting, and report on experience at Substance Abuse seminar or to faculty supervisor.

• Assist in the evaluation, management and disposition of a patient with chronic mental illness (severe mood disorder, schizophrenia or schizoaffective disorder) by interacting with a member of the patient’s outpatient mental health system (case manager or social worker).

• Participate in a consultation-liaison (C & L) experience.

• Participate in an electroconvulsive therapy (ECT) experience.

• Participate in an inpatient experience.
Participate in an on call experience.

Participate in an outpatient experience.

Present a 20-minute review of a clinically relevant topic to your faculty supervisor (life-long learning project).

Evaluate at least two patients under direct observation by a faculty member. This may be done in conjunction with one of the first six experiences listed above.

Radiology

- Assist with the evaluation of imaging studies for abdominal pain including CT and plain radiographs. Identify abnormal calcifications, air and fluid collections, vascular abnormalities, and masses. Create a list of appropriate differential diagnoses integrating the history with the images and suggest the next therapeutic step.

- Assist in interpretation of bone trauma and soft tissue abnormalities on radiographs. Diagnose fractures as well as soft tissue injuries that can mimic fractures. Assist in requesting appropriate follow-up studies if the initial radiographic images are not diagnostic including MR and image guided procedures.

- Assist in the evaluation of a breast mass using features on mammography and be able to explain the usefulness of ancillary procedures such as image guided biopsy, breast ultrasound, and MR. Demonstrate an understanding of the importance and difficulties in communicating information about these imaging studies to the patient.

- Assist with evaluation of CT, MR, and chest radiographs to determine the cause of acute chest pain. Assist in determining the appropriate sequencing of studies based on history and physical exam findings that might suggest pulmonary emboli, aortic disease, coronary artery disease, pneumothorax, and pneumonia.

- Assist in the evaluation of patients presenting with shortness of breath. Radiographic images as well as CT and MR will be interpreted. Cases will include pneumothorax, pneumonia, CHF, pulmonary emboli, and coronary artery disease. Assist with interpretation of life threatening conditions such as tension pneumothorax.

Surgery

- Participate in the care of a patient with abdominal pain, including at a minimum, performing a focused H&P and/or discussing management plan with attending or resident and/or documentation in the medical record (i.e. SOAP note, op note, etc).

- Participate in the care of a patient with colorectal disease, including at a minimum, performing a focused H&P and/or discussing management plan with attending or resident and/or documentation in the medical record (i.e. SOAP note, op note, etc).
- Participate in the care of a patient with **hepatobiliary disease**, including at a minimum, performing a focused H&P and/or discussing management plan with attending or resident and/or documentation in the medical record (i.e. SOAP note, op note, etc).

- Participate in the care of a patient with a **hernia**, including at a minimum, performing a focused H&P and/or discussing management plan with attending or resident and/or documentation in the medical record (i.e. SOAP note, op note, etc).

- Observe at least one instance of informed consent, paying particular attention to communication skills, potential for bias, and physician/patient power imbalance during the interaction.

- Participate in the following clinical skills or procedures: Place an IV - Place an NG tube - Place a Foley - Gown and glove in sterile environment - Perform an arterial puncture for sample - Suture and tie knots.

- From the following list of encounters, all students in the clerkship are expected to participate in the care of at least 4: Ear pain - Throat pain - Neck mass - Joint disease - Spinal disease - Arterial disease - Venous disease - Cardiac disease - Lung disease - Skin and/or soft tissue disease or injury - Benign genitourinary disease or injury - Malignant genitourinary disease or injury - Renal disease

- Participate in the care of a patient with **multi-system trauma**, including at a minimum, performing a focused H&P and/or discussing management plan with attending or resident and/or documentation in the medical record (i.e. SOAP note, op note, etc).

**4th Year Preceptorship**

- **Continuity**: Participate, under supervision, in the evaluation and management of a single patient in multiple health care settings or at multiple office visits.

- **Obesity**: Participate, under supervision, in the evaluation and management of a patient with health issues resulting from obesity.

- **Uninsured/Underinsured**: Participate, under supervision, in management of a patient whose ideal management plan is not covered by insurance.

- **Community Health Referral**: Participate, under supervision, in referring a patient to appropriate community health resources in order to improve that patient's health.

- **Community Assessment Exercise Completion**: Complete the pretest, community health assessment activities and posttest.

- **FASD**: Complete the FASD pretest, watch the video, and complete the FASD posttest prior to completion of the course