Clerkship eNewsletter – August 2011

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 Roberta Rusch (rrusch@wisc.edu) with any questions, comments or to suggest a topic.

This month’s topics:

- **Core Curriculum and Advising Days 2011-12**
  Next Core Day: *Skills and Systems to Impact Health Disparities* – **Friday, Oct. 14**

- **2011 Transitional Clerkship**

- **Clerkship Meetings and eNewsletter Dates 2011-12**
  Please MARK YOUR CALENDERS: Clerkship Director Retreat – **Friday, March 9, 2012**

- **New Senior Associate Dean for Academic Affairs Joins UWSMPH**

- **New Director of 4th Year Preceptorship**

- **Faculty Development Opportunities**

- **Clerkship Web site**
  The Year 3 and 4 Curriculum Web site has been live and public for two years now! 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.

  **NEW THIS YEAR:** Each clerkship page has a *Residency as Teachers* link that informs residency program directors and residents what role they have in medical student education, and details regarding the clerkship curricula. Please encourage your residents to visit your clerkship page!

  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**
• **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**
  Aurora BayCare in Green Bay joined Gundersen Lutheran and Marshfield Clinic in July 2011 in hosting its first WARM students. Five third-year WARM students will complete their clerkships in the Green Bay region utilizing rural sites in Shawano, Plymouth and Two Rivers. They join six M3s in Marshfield and seven in La Crosse. Green Bay will be hosting a WARM core day for all WARM M3s at the end of September.

  There are 25 WARM students beginning their first year at the UWSMPH this month. This group represents the first full class for WARM. A welcoming reception for students and their families will be held later this month.

  There is no WARM symposium this summer. Instead, the program is undergoing a strategic planning process and will be requesting input from many different individuals, groups and departments. Please contact Byron Crouse, MD, with questions at bjcrouse@wisc.edu.

- **Student Services Corner**

  **Staff changes**
  Jane McGann, who oversaw OASIS and 3rd and 4th year scheduling has retired from the University. In addition, Sharon Greuel, Dean McBride’s assistant has also retired. Student Services is in the process of finding replacements for these positions, which is likely to take several weeks. We ask you to be patient on getting OASIS issues resolved until we are again fully staffed. Meanwhile, if you have questions for Dean McBride or any of his staff, please contact Sarah Zander at 608-263-4920 or email at schmit2@wisc.edu

  **MSPE Changes**
  New this 2011-12 academic year, the Medical School Performance Evaluation (MSPE) formerly the Dean’s Letter, will be going out to prospective residency programs on October 1 rather than November 1. The current 3rd year class will be the first class that MSPE’s will go out one month earlier. It is vital that all grades are submitted within 6-weeks after the final clerkship exam for each student. This will allow time for Student Services to calculate GPA and class rank, finish transcripts, and submit evaluations in the MSPE for students’ residency applications.
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday &amp; Friday, June 30 &amp; July 1, 2011</td>
<td>3rd Year Transitional Clerkship: Orientation to Clinical Years</td>
</tr>
<tr>
<td></td>
<td>Christie Seibert, MD &amp; Faculty</td>
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<tr>
<td>Friday, October 14, 2011</td>
<td>Morning 3rd Year Core Curriculum: Health Disparities &amp; Faculty</td>
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<tr>
<td></td>
<td>Shobhina Chheda, MD, MPH</td>
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<td></td>
<td>Afternoon Getting Started on Residency Planning</td>
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<td></td>
<td>Christopher Stillwell, MA and Patrick McBride, MD, MPH</td>
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<tr>
<td>Friday, February 24, 2012</td>
<td>Morning &amp; Afternoon 3rd Year Core Curriculum: Palliative Care</td>
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<td>Jim Cleary, MD, Toby Campbell, MD, Ann Curtis, MD &amp; Faculty</td>
</tr>
<tr>
<td>Monday, March 12, 2012</td>
<td>Morning &amp; Afternoon 4th Year Core Curriculum: Emergency Preparedness</td>
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<tr>
<td></td>
<td>Mike Walters, MD &amp; Chris Zuver, MD</td>
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<tr>
<td>Friday, May 4, 2012</td>
<td>Morning 3rd Year Core Curriculum: Unanticipated Outcomes</td>
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<td></td>
<td>Gretchen Schwarze, MD, Jan Haedt, RN, BS, CPHRM &amp; Faculty</td>
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<td></td>
<td>Afternoon Specialty and Residency Advising</td>
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<tr>
<td></td>
<td>Christopher Stillwell, MA &amp; Patrick McBride, MD, MPH</td>
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</tbody>
</table>
2011 Transitional Clerkship

The 2011 Transitional Clerkship was held this year on June 30th and July 1st. The program consisted of a mix of large group and small group sessions, including twelve skills workshops/discussion sessions. This was the first year in which the UWSMPH’s Transitional Clerkship to prepare M3s for entry into clinical clerkships was made optional. Approximately 125 students chose to attend.

Program Goals

1. To ease the transition into third-year clerkships
2. To help reduce student anxiety by orienting them to the unfamiliar culture, expectations and procedures of the hospitals and clinics where they will be posted

Session Objectives

Workplace Learning and Clerkship Policy Introduction
Christie Seibert, MD
Patrick McBride, MD, MPH
1. Identify policies and procedures relative to the clerkship years.
2. Describe the unique learning environment inherent in clinical medicine.
3. List resources to meet new challenges.

UWHC Compliance Program
Daniel J. Weissburg, JD
1. Identify privacy issues before they become problematic.
2. Describe regulatory compliance issues

Clinical Procedures I
Arterial Blood Gas (ABG)
Ken Van Dyke, MD
Jonathan Ketzler, MD
Diane Head, MD
Mark Schroeder, MD
1. Identify the radial artery at the wrist.
2. Obtain an ABG sample from the radial artery.

Otoscopy
Gwen McIntosh, MD, MPH
1. Demonstrate proper use of the otoscope to improve diagnostic skills.
2. Identify two abnormal findings of the tympanic membrane and middle ear.
Oxygen Delivery
Robin Wipperfurth, RRT
1. Identify various oxygen delivery devices and their appropriate use.
3. Identify the procedure for ordering RT Protocols and what interventions are available.
4. List methods of oxygen delivery.
5. Define safety/limitations of various oxygen devices.
6. Describe what RT Protocols are and what to expect from your RT.

Clinical Procedures II
Nasogastric Tube (NG)
Rebecca Sippel, MD
1. Demonstrate how to measure and place an NG tube properly.

Foley Catheter
Bruce Slughenhoupt, MD
Barb Lewis, RN, MS
1. List indications, contraindications, and possible complications of passage of a urethral catheter.
2. Be able to insert a urethral catheter.
Pelvic Exam and Draping  
Kathy Stewart, MD  
1. Properly position and drape a patient for a pelvic exam as well as for gynecologic surgery.  
2. Understand the basics of speculum and bimanual examination.

Gowning and Gloving  
Ann White, RN, BSN  
1. Gown and glove in a sterile fashion.

ECG  
Laura Zakowski, MD  
1. Interpret EKGs in context of a variety of clinical scenarios.  
2. Use EKG information to make clinical decisions.

Career Planning  
Chris Stillwell, MA  
1. Understand the specialty choice and residency application timeline, its associated tasks and the resources available.  
2. Understand how students’ clinical experiences can enhance career and residency planning.

4th Year Panels  
Sean Duffy, Emily Abeyta, Allie Pratt, Amrik Ray, Kerri Austin, Alison Gold, Garrett Mortensen, Tahlia Weis Sadoski, Shefaali Sharma  
1. Describe expectations on the wards and in the clinics.  
2. Distinguish the roles and functions of the medical student within the patient care team.

My Role in Patient Safety  
Tosha Wetterneck, MD, MPH  
1. Define patient safety.  
2. Discuss the importance of improving patient safety in US health care.  
3. Describe the physician's role in enhancing safety for their patients.

Healthlink Tips and Training  
Eric Yanke, MD  
1. Demonstrate efficient use of Healthlink, including strategies for completing electronic student notes.  
2. Utilize Healthlink for patient care on third year clerkship rotations.
Feedback, Evaluation and Grading
Christie Seibert, MD

1. Describe how clinical educators assess and evaluate their performance.
2. Differentiate between feedback and evaluation.

The Medical Education Office surveyed students following the Transitional Clerkship.

When attendees were asked to rate “Overall, how worthwhile was it to attend the Transitional Clerkship,” the 85% of respondents who said “Fairly” (2 points) or “Very” (3 points) resulted in a high average rating of 2.33 out of 3:

<table>
<thead>
<tr>
<th>Not at all = 0</th>
<th>Somewhat = 1</th>
<th>Fairly = 2</th>
<th>Very = 3</th>
<th>Mean (N)</th>
</tr>
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<tbody>
<tr>
<td>0.0% (0)</td>
<td>15.6% (14)</td>
<td>35.6% (32)</td>
<td>48.9% (44)</td>
<td>2.33 (90)</td>
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</table>

Attendees were also asked the degree to which they felt the Transitional Clerkship met its two main goals. Their responses on the 5-point agreement scale shown below make it clear that the Transitional Clerkship clearly met its goals for over 70% of respondents.

<table>
<thead>
<tr>
<th>The Transitional Clerkship helped...</th>
<th>Strongly Agree = 5</th>
<th>Agree = 4</th>
<th>Neutral = 3</th>
<th>Disagree = 2</th>
<th>Strongly Disagree = 1</th>
<th>Mean (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ease my transition into third-year clerkships.</td>
<td>20.0% (18)</td>
<td>60.0% (54)</td>
<td>17.8% (16)</td>
<td>1.1% (1)</td>
<td>1.1% (1)</td>
<td>3.97 (90)</td>
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<tr>
<td>reduce my anxiety by orienting me to the culture, expectations and procedures of hospitals and clinics.</td>
<td>25.8% (23)</td>
<td>44.9% (40)</td>
<td>20.2% (18)</td>
<td>7.9% (7)</td>
<td>1.1% (1)</td>
<td>3.87 (89)</td>
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</tbody>
</table>

One student summarized the effect of the Transitional Clerkships with regards to these goals as follows:

“My pre transitional clerkship anxiety about showing up on the first day and being completely clueless was generally alleviated, and I felt more prepared to be able to deal with the fact that there was lots of learning ahead and that I would feel disoriented for a while. Somehow the transitional clerkship normalized the disoriented feeling for me and made it easier to overcome.”
Meetings and Newsletter Dates

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</th>
<th>Time</th>
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<tbody>
<tr>
<td>August</td>
<td>Clerkship eNewsletter</td>
<td></td>
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<tr>
<td>September</td>
<td>Monday, 9/19</td>
<td></td>
<td>12:00 – 1:00 PM</td>
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<tr>
<td>October</td>
<td>Clerkship eNewsletter</td>
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<tr>
<td>November</td>
<td>Fall YEPSA 2011</td>
<td>11/11</td>
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<tr>
<td>December</td>
<td>Clerkship eNewsletter</td>
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<tr>
<td>January</td>
<td>Monday, 1/22</td>
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<td>12:00 – 1:00 PM</td>
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<tr>
<td>February</td>
<td>Clerkship eNewsletter</td>
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<tr>
<td>March</td>
<td>Clerkship Retreat, HSLC</td>
<td>Friday, 3/9</td>
<td>8:00 AM-3:00 PM</td>
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<tr>
<td>April</td>
<td>Clerkship eNewsletter</td>
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<td>12:00 – 1:00 PM</td>
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<tr>
<td></td>
<td>Medical Education Day, HSLC</td>
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<tr>
<td>May</td>
<td>Clerkship eNewsletter</td>
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<tr>
<td>June</td>
<td>Spring YEPSA 2012</td>
<td>6/7-6/8 &amp; 6/11-6/12</td>
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<td>Monday, 6/18</td>
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<td>12:00 – 1:00 PM</td>
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<tr>
<td>July</td>
<td>Transitional Clerkship, HSLC TBD</td>
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New Senior Associate Dean for Academic Affairs Joins UWSMPH

On August 1, Elizabeth Petty, MD became the Senior Associate Dean for Academic Affairs at the University of Wisconsin School of Medicine and Public Health. Dr. Petty has been a Professor of Internal Medicine and Human Genetics at the University of Michigan in Ann Arbor since 2006 and will also be joining the faculty in the Department of Pediatrics here at UWSMPH.

Prior to joining the faculty at Michigan in 1994 as an Assistant Professor, she received her B.A. in Art History and Human Biology at Clarke College in Dubuque, Iowa, went to medical school and completed Pediatric residency training at the University of Wisconsin in Madison, Wisconsin, and did postdoctoral training in genetics at Yale University in New Haven, Connecticut. She is board certified in Clinical Genetics and Molecular Diagnostics by the American College of Medical Genetics.

At the University of Michigan, Dr. Petty has been the Associate Dean of Student Programs and, most recently, the Associate Dean for Medical Student Education. She has been the Medical Director of the Genetic Counseling Training Graduate Program, the Director of the Adult Medical Genetics Clinic, and Service Chief for the Division of Molecular Medicine and Genetics. She has served on many institutional committees, including the University’s advisory committee for the Life Sciences Values and Society Program, the School of Public Health’s Interdepartmental Graduate Concentration Program in Genetics, and the Center for Genetics in Health and Medicine. Clinically, she has cared for individuals and families in the University of Michigan’s Medical Genetics and Cancer Genetics clinics, providing diagnostic evaluations, management, and genetic counseling and education to her clients.

She is passionate about teaching human and molecular genetics to undergraduates, medical, and graduate students, as well as community groups. She has taught genetics in the first year medical genetics curriculum, developed and directed an elective in Medical Genetics for fourth year medical students, and developed courses in Medical Genetics for graduate students. She has taught forensic genetics at the undergraduate level and provided expert opinions on DNA evidence in forensic cases in Michigan and Ohio. She has served on the Michigan Commission of Genetic Privacy and Progress and has delivered lectures to communities worldwide addressing ethical, social, and legal issues that stem from advances in genetics and related technology.

Dr. Petty has enjoyed an active externally funded research program that reflects both her curiosity about basic genetic mechanisms that contribute to health and disease and her interest in understanding how advances in genetics may impact individuals and societies. The primary efforts of her molecular genetics and cancer biology research laboratory have been focused on characterizing novel molecular mechanisms that regulate cell cycle progression, cytokinesis, and genomic stability that are functionally relevant to the development of breast
cancer and other solid tumor malignancies. In particular, she has gained an international reputation for her contributions for her role in characterizing the cellular roles of CHFR and SEPT9. Her goal has been to better understand how expression in these genes may contribute to the transformation of normal cells into frankly malignant cells in hopes that this will facilitate the development of highly sensitive and specific prognostic biomarkers of disease. Outside of her basic science research laboratory she has remained actively engaged in social science research to explore how people understand and use information about genetics in their lives and how advances in genetics impacts their perceptions about health, disease, and human behavior. This work has led to multiple publications and presentations at national meetings. Thus, her portfolio has demonstrated excellence and international prominence in cancer genetics, clinical genetics, and social science research.

Dr. Petty will be bringing her commitment to and passion for research, education, clinical care, administration, and community service to her new roles as both a Professor of Pediatrics and Senior Associate Dean of Academic Affairs at the University of Wisconsin School of Medicine and Public Health. Please join us in welcoming Dr. Petty to our UW community.
New Director of 4th Year Preceptorship

Dr. Paul Hunter will assume the position of Director of the UWSMPH 4th Year Preceptorship on September 6.

He is an Assistant Professor, Department of Family Medicine, University of Wisconsin School of Medicine and Public Health; Scientist, Center for Urban Population Health, www.cuph.org; and Associate Medical Director, City of Milwaukee Health Department. At the Milwaukee Health Department, Dr. Hunter provides medical consultation about immunizations, sexually transmitted diseases, and tuberculosis. At the Center for Urban Population Health he researches nutrition education issues among inner city residents in Milwaukee.

Dr. Hunter is a graduate of the University of Wisconsin School of Medicine and did his residency at UW Eau Claire Family Practice Residency. He has 20 years of experience in Family Medicine primarily with underserved patient populations at community health centers in Milwaukee and Rockford.

Dr. Hunter is active in teaching medical and public health students at all levels, from pre-meds in the RUSCH, to TRIUMPH medical students doing community health projects in Milwaukee, to MPH students Dr. Pat Remington's course Population Health 780, to family medicine residents at the St Luke's in Milwaukee. He looks forward to interacting with fourth year students and clinical preceptors in community practices throughout the state.

Please join us in welcoming Dr. Hunter.
Faculty Development Opportunities

Please visit the Faculty Development Web site for more information and to keep updated on events UWSMPH is offering: http://intranet.med.wisc.edu/faculty-development/30682. For more information about faculty development opportunities at the University of Wisconsin School of Medicine and Public Health, contact the faculty development staff including Patricia Kokotailo, MD, MPH, Associate Dean for Faculty Development and Faculty Affairs, at pkkokota@pediatrics.wisc.edu and Alice Frohna, PhD at afrohna@wisc.edu.

Centennial Scholars Program Symposium – September 15, 2011

Save the date for the first Centennial Scholars Program Symposium on Thursday, September 15, 2011, with guest speaker Renee Jenkins, MD. Dr. Jenkins will present “Health Equity: Fulfilling the Promise to the Next Generation” at 4pm in HSLC Room 1325.

Dr. Jenkins is Professor and Chair Emeritus in the Department of Pediatrics at Howard University College of Medicine. She is a Past President of both the American Academy of Pediatrics and the Society for Adolescent Health and Medicine. Dr. Jenkins is a nationally renowned advocate and speaker in the area of health equity and diversity.

Dr. Jenkins will also present at Pediatrics Grand Rounds: “Evaluating Professionalism: Getting Past ‘I Know It When I See It’” on Thursday, September 15, 2011 at 7:30am in HSLC Room 1345.

Back to the Old Chalkboard: Rethinking How and What we Teach in Medicine
Continuum of Medical Education Teaching Enhancement Conference – Wednesday, September 28, 2011

This UWHC/SMPH conference opens with Dr. DaRosa’s GME Grand Rounds presentation, an ideal professional development opportunity in teaching and learning for faculty across the continuum of medical education. The morning sessions are designed to be information-sharing and discussion forums targeted to education leaders, faculty and chief residents. The afternoon sessions focus on a variety of key elements critical to effective teaching in medical education, and include interactive workshops that use evidence-based practices for enhancing teaching skills. All residents, fellows and faculty are welcome. Seating is limited and refreshments will be offered, so contact Jeanne Sarbacker at jsarbacker2@uwhealth.org to register. Registration is required for Dr. DaRosa’s Grand Rounds, the Luncheon and the afternoon Teaching Skills Conference. Breakout groups will be filled on a first -call, first-serve basis.

7:00-8:30  GME Grand Rounds:  Maximally-Invasive Teaching
Debra DaRosa, PhD, MS (Registration required)--HSLC 1345 (Video simulcast to 1225 & 1229; will be Webcast as well)

8:30-9:30  LCME Teaching Requirements/Medical Student Feedback on Resident Teaching-- G5/152
Christie Seibert, MD; Roberta Rusch, MPH

9:30-9:45  Break
9:45-10:45  Building Infrastructure to Support Faculty Development-- G5/152
Pat Kokotailo, MD, MPH; George Mejicano, MD, Debra DaRosa, PhD, MS; Susan Goelzer, MD, MS

10:45-11:30  Practical Frameworks for Learning in Medical Education-- G5/152
George Selix, PhD, MS

11:30-12:45  Luncheon and Panel on Faculty Recruitment, Reward and Remediation (Registration Required)—HSLC 1345
Susan Goelzer, MD, MS; Deb DaRosa, PhD, MS; Erik Ranheim, MD, PhD; Claudia Reardon, MD

Afternoon Teaching Skills Conference (Registration Required)-- HSLC 1309

1:15-1:30  Welcome and Introduction:  Susan Goelzer, MD, MS

1:30-2:15  Plenary
Optimizing Student Learning - The Learning Environment
Pat McBride, MD, MPH

2:15--3:00  Developing Appropriate Strategies for Direct Observation and Learning
Jeremy Smith, MD

3:00-4:15  Concurrent Breakout Groups (choice of one)
Giving Effective Feedback-- HSLC 1309
Jeremy Smith, MD
Developing Curriculum for Simulation-- HSLC 1222
George Selix, PhD; Jennifer Huang, MD
The Role of Reflection in Teaching and Learning-- HSLC 1220
Amy Smith, MS

4:15-4:30  Closing Remarks-- HSLC 1309
Susan Goelzer, MD, MS
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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</thead>
<tbody>
<tr>
<td></td>
<td>Competent: At or above expected performance</td>
<td>Needs Improvement</td>
</tr>
</tbody>
</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: ___________________________
### 2011-2012 UWSMPH Student Clinical Performance Evaluation on Clerkships

<table>
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<tr>
<th>Student:</th>
<th>Service:</th>
<th>Location:</th>
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</table>

**Evaluator(s):**

Evaluator role: Clerkship Director □ Attending □ Mentor □ Resident □ Other □

**Dates of rotation:**

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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>Advanced</th>
<th>Competent</th>
<th>Needs Improvement</th>
<th>Unacceptable: Needs Attention</th>
<th>Not Evaluated</th>
</tr>
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</table>

#### Patient Care:

Students are expected to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

1. Takes an effective history

   - Identifies and fully characterizes all patient concerns in an organized fashion. Recognizes and attends to biopsychosocial issues. □
   - Identifies and characterizes most patient concerns in an organized fashion. □
   - Sometimes misses important information. History generally not fully characterized. □
   - Often misses important information. Patient concerns poorly characterized. □
   - Not observed. □

2. Performs appropriate physical exam

   - Able to efficiently focus exam based on differential diagnosis. Attentive to detail. □
   - Demonstrates correct technique with an organized approach. □
   - Does not always demonstrate correct technique. Not consistently organized. □
   - Disorganized. Frequently not thorough. Misses and/or misinterprets findings. □
   - Not observed. □

3. Generates differential diagnosis

   - Consistently generates a complete differential diagnosis. Able to demonstrate clinical reasoning. □
   - Consistently generates a complete differential diagnosis. □
   - Cannot consistently generate a complete differential diagnosis. □
   - Poor use of data. Misses primary diagnoses repeatedly. □
   - Not observed. □

4. Generates and manages treatment plan

   - Independently generates treatment plans and manages patients with minimal oversight. □
   - Contributes to the treatment plan and management of patients. □
   - Does not consistently contribute to treatment plan or management of patients. □
   - Contributes little to the treatment plan and management of patients. May suggest inappropriate treatment options. □
   - Not observed. □

#### Medical Knowledge:

Students are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences.

5. Exhibits knowledge of diseases and pathophysiology

   - Has fund of knowledge that is beyond expected level of training. Applies knowledge to patient care. □
   - Demonstrates expected fund of knowledge for level of training. □
   - Has gaps in basic fund of knowledge. □
   - Fund of knowledge inadequate for patient care. □
   - Not observed. □

#### Practice-Based Learning and Improvement:

Students are expected to investigate and evaluate their patient care practices by appraisal and assimilation of scientific evidence.

6. Demonstrates skills in evidence-based medicine

   - Routinely accesses primary and review literature. Applies evidence to patient care. □
   - Reads only provided literature. Inconsistently applies evidence to patient care. □
   - No evidence of outside research or reading. Unable to access basic databases. □
   - Not observed. □

#### Systems-Based Practice:

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.

7. Teamwork

   - Well-integrated with team. Communicates important issues to appropriate team members in a timely fashion. □
   - Respectful of team members. Understands role and communicates effectively with team. Identifies appropriate team member for patient care issues. □
   - Occasional misunderstanding of student role in team. Does not always communicate effectively with team. □
   - Disrespectful to team members. Disrupts team dynamic. □
   - Not observed. □
### Interpersonal & Communication Skills

Students are expected to effectively communicate and collaborate with patients, their families and health professionals.

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<thead>
<tr>
<th></th>
<th>Advanced</th>
<th>Competent</th>
<th>Needs Improvement</th>
<th>Unacceptable: Needs Attention</th>
<th>Not Evaluated</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Communication with patients and families</td>
<td>□</td>
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<td></td>
<td>Identifies nonverbal cues and hidden patient concerns. Consistently demonstrates empathy.</td>
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<td></td>
<td>Consistently identifies and responds to patients’ concerns, perspectives and feelings. Uses language effectively, without jargon.</td>
<td>□</td>
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<tr>
<td></td>
<td>Sometimes misses patients’ concerns and emotional cues. Often uses medical jargon.</td>
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<tr>
<td></td>
<td>Often misses patients’ concerns. Does not recognize emotional cues. Frequent use of medical jargon.</td>
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<tr>
<td></td>
<td>Not observed.</td>
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<tr>
<td>9. Written communication</td>
<td>□</td>
<td></td>
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<td></td>
<td>Thorough and precise written record. Integrates evidence-based information into assessment and plan.</td>
<td>□</td>
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<tr>
<td></td>
<td>Thorough and precise written record. Clearly stated assessment and plan.</td>
<td>□</td>
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<tr>
<td></td>
<td>Incomplete and poorly organized written record.</td>
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<tr>
<td></td>
<td>Inaccurate or absent written record.</td>
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<td>10. Oral presentation skills</td>
<td>□</td>
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<tr>
<td></td>
<td>Concise but thorough. Assigns priority to issues. Organized and polished, with minimal written prompts.</td>
<td>□</td>
<td></td>
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<tr>
<td></td>
<td>Communicates clearly and concisely. Information complete.</td>
<td>□</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Communication disorganized. Information not clearly presented.</td>
<td>□</td>
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<tr>
<td></td>
<td>Poor presentation. Misses key information.</td>
<td>□</td>
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<tr>
<td></td>
<td>Not observed.</td>
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</tbody>
</table>

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></th>
<th>Competent</th>
<th>Needs Improvement</th>
<th>Unacceptable: Needs Attention</th>
<th>Not Evaluated</th>
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<tbody>
<tr>
<td>RESPECT AND COMPASSION:</td>
<td>□</td>
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<tr>
<td>Consider how the student shows respect and compassion for others and tolerates differences.</td>
<td>Nonjudgmental. Responds with empathy and demonstrates balanced treatment of others. Seeks to understand values and belief systems of others.</td>
<td>□</td>
<td>Needs to improve ability to demonstrate empathy or demonstrate respect. Careless with confidential information.</td>
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<tr>
<td>RESPONSE TO FEEDBACK:</td>
<td>□</td>
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<tr>
<td>Consider how the student accepts feedback from faculty, staff and peers.</td>
<td>Accepts feedback without personal offense. Uses feedback to improve performance.</td>
<td>□</td>
<td>Accepts feedback with resistance, or takes feedback too personally.</td>
<td>Denies issues or attempts to blame others.</td>
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<tr>
<td>ACCOUNTABILITY:</td>
<td>□</td>
<td></td>
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<tr>
<td>Consider whether the student is prepared, can be relied upon to take responsibility for assigned tasks and is punctual.</td>
<td>Readily assumes responsibility. Dependable. Completes tasks on time and is organized. Punctual.</td>
<td>□</td>
<td>Assumes responsibility only when asked. Not always dependable. Has some difficulty organizing and completing tasks on time. Sometimes late.</td>
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<tr>
<td></td>
<td>□</td>
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</tbody>
</table>

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.

### 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 ___________________________
2011-2012 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 **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 a Foley - Gown and glove in sterile environment - 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