WAYNE STATE
School of Medicine

Resident and Faculty Handbook

Wayne State University School of Medicine

A guide for resident and faculty preceptors teaching students at WSUSOM clerkships and clinical rotations

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Resident and Faculty guide
WSUSOM

Introduction

This guide is provided to all faculty and residents who provide the core of the clinical educational experience to the students at the WSUSOM. It is meant to be both a quick guide and also a more in-depth resource for residents and faculty as they have WSU students assigned to their service. It is organized in a quick "need to know" format with links to more in-depth information for reference.

Background

The WSUSOM has always recognized and appreciated the fact that the vast majority of the clinical knowledge imparted on our students come from clinical faculty and residents. The near peer contributions of resident teachers joined with the experienced guidance of clinicians along with community preceptors all combine to make for a great clinical education. This makes WSUSOM grads well prepared for entering the next phases of their training. The goal of WSU will always be the training of great clinicians, and this would not be possible without the several thousand residents and faculty leading the effort.

The clinical education of WSU students is spread out among a vast array of facilities—outpatient and inpatient—involving all the major health systems of southeast Michigan, multiple postgraduate programs, and diverse settings and experiences. Throughout this complex system, the SOM still sets the policies, procedures, and curriculum that unite this experience. Although the student experience at each site is never going to be the same, it is comparable for all students. It is our hope that this guide will be a concise but effective tool in uniting the experience across all settings.

How to use this guide book:

The guide is divided into need-to-know quick reference sections. This will include the overarching course objectives for the core clerkship experience as well as the specific clerkship objectives for the individual courses. Also included are SOM policies and procedures that are often encountered, as well as common questions. Important information on evaluation procedures that lead to student grades are included.

In the second section there is information on the general organization of the curriculum at the WSUSOM that may be of interest or help for general knowledge as well as overall curriculum goals and objectives.

Preface

How the Students Are Prepared for Clerkships

WSUSOM has a newer curriculum in the 18-12-18 (months) model rather than the 2 + 2 (years) traditional setup. Over the first 18 months, in addition to a systems-based study of human physiology, anatomy, and disease, the students are enrolled in a *clinical skills* course starting the first day of medical school. Correlated with the systems being studied in the classroom, the clinical skills course teaches the basic history and physical exam skills–basic in the first year and advanced the second. These are with standardized patients and include written and oral case presentations.

In the M2 year (April to December of year 2) the students are placed in outpatient clinical sites in the *Clinical Experiential Course*, to begin to see patients in a clinical setting.

Their progress is evaluated and graded, and enrichment sessions are held for those needing added instruction. Thus, as the students start M3 year, they should be well prepared on the basics of history and

physical examination, oral and written case presentation, and other basic skills. They are ready for clerkships and the honing of these and other skills to prepare them for residency.

Prior to starting clerkships and while studying for Step 1, all are enrolled in a Clerkships Preparation Course which builds on the earlier skills.

Transitions

Transitions between phases of medical education is an emphasis and interest of the SOM. Many members of the SOM were involved in writing an AMA guide on this, which is free to download at this link: American Medical Association (ama-assn.org). This guide provides guidance from the executive coaching world on transitions in medical training from both the student side and the resident/faculty side.

Overview of the M3 Year

Starting on the first Monday of April, the clerkships continue for 12 months in 12-week blocks.

- 12 weeks Internal Medicine and ambulatory Medicine
- 12 weeks Surgery, including specialty surgery and Anesthesia
- 6 weeks Obstetrics and Gynecology
- 6 weeks Pediatrics (inpatient and outpatient)
- 4 weeks Family Medicine
- 4 weeks Psychiatry
- 4 weeks Neurology

All are also enrolled in a longitudinal course, CRISP (Clinical Reasoning, Integration and Skills for Practice), through the year. This course meets monthly on Monday afternoons to cover topics common to all clerkships and integrative topics.

Part 1: Need to Know

Goals and Objectives of Clerkships

As students progress through the core clerkships of M3, their instruction is guided by the goals and objectives. There are a set of overall objectives that are common to all clerkships. Student achievement is assessed by successful demonstration and fulfillment of these objectives.

Overall Goals and Objectives for the M3 Clerkship Year

COMMON LEARNING OBJECTIVES
1. Identify the signs and symptoms of common clinical conditions.
2. Formulate clinical questions, access resources, and appraise evidence to improve understanding and advance patient care.
3. Gather a focused and comprehensive history including a pertinent HPI, review of systems, core histories, and psychosocial factors.
4. Perform a relevant physical examination and other routine technical procedures.
5. Develop and rank the top 3 most likely differential diagnoses.
6. Recommend common screening tests, labs, and imaging required to advance patient care while minimizing risk and cost.
7. Interpret tests to distinguish normal from abnormal findings and identify the pertinent positive and negative findings that support the differential diagnosis.
8. Develop basic management plans including diagnostic, treatment, prevention, and pain-relieving strategies that integrate evidence and patient preferences.
9. Develop, present, and document organized, concise, and accurate patient records.
10. Identify situations the require a consultation or referral.
11. Enter orders and write prescriptions.
12. Advocate for patients and their families through counseling, resources, and other patient education efforts.
13. Identify patients requiring urgent or emergency care and inform a senior team member.
14. Build rapport with patients and families from diverse backgrounds through patient-centered communication, respect, trust, and empathy.
15. Collaborate with other health professionals to enhance and transition patient care.
16. Demonstrate a commitment to lifelong growth through resilience, self-evaluation, and professional identity formation.
17. Evaluate healthcare disparities that impact health outcomes in the patient, the community, and the region.

Goals and Objectives for Individual Clerkships

Each clerkship has individual objectives essential to that specialty. These are established by the curriculum committee and clerkship directors and are in line with those established by the national organizations in each specialty.

- Internal Medicine
- Surgery
- Obstetrics and Gynecology
- Pediatrics
- Neurology
- Psychiatry
- Family Medicine
- Emergency Medicine
- Senior Subinternship

Required Clerkship Cases and Procedures

Each student on the clerkship is required to complete a set of patient experiences and procedures (known as PxDx) that they track on New Innovations. Those who do not get a chance to complete these will complete an alternative experience—we also track that—although that is unusual that that is needed. It is important to note that these are *minimums*—the student experience is much more complete and robust than these basic procedures.

See full list of PxDX requirements by clerkship.

Evaluation and Grading

Importance of Learners from Multiple Schools

WSUSOM understands and supports the fact that WSU students learn alongside students from other schools. This is almost always a win-win situation for student learning. However, it is important to distinguish the different schedules, objectives, and evaluation of students from the different schools so each student is properly evaluated. The following section outlines the details of our evaluation form.

Feedback

In the ideal state, each preceptor evaluating the student will meet briefly with the student to review their performance. The SOM values negative and positive feedback in that all is necessary for growth. Formal evaluations are required at the end of the student's time on the service. Again, discussion of these evaluations with the student is ideal. More ideas for feedback are included on the feedback module available online at the FD4ME site (see that section below for more details).

a. How an Evaluation Becomes a Grade

Students can receive four grades in clerkships: Honors (H), Satisfactory with commendation (S+), Satisfactory (S), and Unsatisfactory (U). The final grades are determined by the WSU clerkship director and a grading committee. Basically, the grade is a combination of clinical evaluations from preceptors (residents and faculty) and the shelf exam score. Sometimes there are additional assignments and quizzes involved. Each clerkship course, by necessity, has customized formulae for reaching this grade. Individual preceptors will rate the competencies. However, it is up to the clerkship director to compile these individual ratings and give an overall evaluation and grade.

Students may receive a grade of S+ (clinical) by exhibiting excellent performance on their clinical evaluations (with minimal criteria on the exams) or a grade of S+ (academic) by exemplary exam performance with clinical satisfactory. Outstanding performance in both phases is required for an Honors grade.

After preceptors submit evaluations, coordinators and clerkship directors compile evaluations and use various formulae and criteria to assign a final grade. These formulae and criteria differ by clerkship. The grade is then sent to enrollment management where it is manually uploaded into the mainframe system, and at that point made available to the student. This whole process must be done within two weeks.

b. Online Platform for Evaluations

Evaluation forms are all done in the New Innovations (NI) system. All evaluators in the WSU system will have a landing page on this system after they are entered. The Office of Enrollment Management at WSU has a help desk for all issues and can solve most problems with a single email (records@med.wayne.edu). The NI system can be logged on through the Internet on a PC/Mac or through the smartphone link. There is a very convenient app available through the App Store and Google Play for free. This also allows users to dictate comments through the phone.

Important note: Several hospitals use NI for resident evaluations also (notably the DMC). This is a different account and requires a different sign in and password (we still dream of a single sign-on). Be sure to use ***wayneume*** *as the sign in institution to complete student evaluations and to look for your own teaching evaluations.*

c. Assignment of Evaluations

There are three ways of getting an evaluation in your inbox:

1. The clerkship coordinators assign an evaluation to you as a resident or faculty rounding or precepting the student.
2. The student assigns an evaluation form to you based on time spent together in the clinical setting
3. You assign yourself an ad hoc evaluation of the student.

Note: in (1) a reciprocal evaluation will be assigned to the student to evaluate your teaching performance. In (2) and (3) the student will need to assign this evaluation to themselves.

Since not every assignment of an evaluation is valid and sometimes a resident or faculty member cannot complete it due to lack of time or opportunity, there is an option to decline requested evaluations.

Preceptors receive notification of the evaluation via the email on file with NI. The first notification tends to end up in junk mail, but once the address is recognized as friendly, the notifications and reminders are successfully sent and received.

d. Number of Evaluations

The number of evaluations required differs by clerkship. On some clerkships (FM) the student may work with a single preceptor for the month, while on other clerkships they may work with several dozen residents and faculty. Students are encouraged to seek evaluations from everyone with which they have had sufficient contact in order to give a mostly complete evaluation. It is still possible to evaluate a student even if some competencies were not observed. Also, with some short-term, one day evals (i.e., a shift in anesthesia) a short form may be used to document limited but still meaningful interactions.

e. Time Course of Evaluations

It is necessary to complete evaluations as soon as possible after the student's course or assignment to your service is completed. In order to comply with federal law, students must have their grades prior to getting

financial aid disbursement (i.e., loan checks) for the next quarter. Thus, grades need to be in the central repository system within two weeks of the end of the clerkships. This necessitates that evaluation forms are completed within 2-3 days of the end of the course, as it takes time for compilation, test grade results, and manual entry.

In short, if we don't get our evals in, the students don't get their rent money!

f. Completing an Evaluation Form

Attestations and Role:

After accessing the form on NI, you will be asked to attest your knowledge of the objectives and policies (i.e., this guidebook) and, particularly, the mistreatment policy. You will check the estimate of the time spent with the student (1 day vs. 1 week, etc.) and also your role (junior/senior resident or faculty). 14 competencies are then listed graded 1 to 5 (5 highest) with anchor statements for each rating. A 3 rating is minimal satisfactory mark for each rating. Rating a student below this mark—1 or 2—will usually need some explanatory comment to help the clerkship director develop a possible remediation plan.

Competency Measures:

As you complete this form, please note the anchors for each competency as a general guide. You may also note the student's status in the time course of the year—i.e., students near the end of third year may have more expected of them. However, this will show in the overall course of the evaluations and the MSPE letter at the end of the year will reflect student's unquestionable progress. On the other hand, a student near the end of clerkships who is not on the path to overall competency will need to be noted so sufficient enrichment can be provided.

Again, a rating of 3 is recognition of a student meeting the expectations of the competency. The anchors reflect that this is a student who usually or often demonstrates the competency. A rating of 4 requires a student to frequently demonstrate this, and a rating of 5 requires a student to consistently demonstrate the competency to greater than the satisfactory or minimal level.

g. Competencies to Be Evaluated (general categories)

History Taking
Physical/Mental Status Exam
Synthesize Data/Clinical Reasoning
Formulate Plan from Diagnostic Data
Oral Presentations
Written Documentation
Demonstration of Medical Knowledge
Self-directed Learning
Technical Skills/Handovers
Determinants of Health
Communication w/ Patients and Families
Communication w/Healthcare Team
Professionalism, Ethics w/ Patients
Professionalism, Demeanor, Work Ethic

RIME:

Next is the opportunity to rate the student on RIME criteria. This will best characterize the student's role on the service as Reporter, Interpreter, Manager or Educator. Importantly, this is not a part of the grade and is

included as feedback to help in the overall development of the student through the year. Most students are reporters at the beginning and reach interpreters with practice and experience. Some reach the higher levels as the year progresses.

h. Comments and Feedback

Comments:

Comments are required on the evaluation form. The first comments are usually positive and are meant to be included on the MSPE letter to residency program directors (aka Dean's Letter or Medical Student Performance Evaluation). WSU takes all of these comments almost verbatim and includes them on the letter for each clerkship.

Comments Not for MSPE:

The secondary comments are not for the MSPE. This section is included as some preceptors are sometimes shy about giving feedback that will help the student be a better doctor in fear that it will ruin their career somehow. For this reason, this section is included and the comments here are visible to the students but not included in their MSPE letters. This, of course, is valuable and encouraged. Students are coached to appreciate and take these suggestions to heart, and also to use them as part of an overall learning plan.

i. Professionalism Reporting

The last part of the evaluation gives the preceptor the chance to recognize good or bad professional behavior.

First, for students with professionalism issues needing coaching or attention, they can be noted in this section. This will be brought to the attention of the clerkship and counselors so that we can help and intervene. Noting an issue here does not necessarily get the student in trouble—it is an opportunity to note an observation that will possibly be helpful for the student.

If there is a more egregious professionalism issue, we encourage formal reporting through the professionalism reporting form. This form goes into a WSU repository and is sent directly to the professionalism committee chair and manager. If the preceptor has already counselled the student on this matter, this can be documented. The committee chair may meet with the student or invite the student to a formal hearing depending on the situation.

> *For a full list of professionalism standards, see Section 7 of the student handbook.*

PEARLS:

On the brighter side, we also have a PEARLS (Professional, Empathetic, Accountable, Respectful, Leadership and Stewardship) Award for students who go above and beyond in their professional performance. There is a link for nominations for this award on the form.

j. Release of Evaluations

Student evaluations are released to students promptly so they may use the feedback for improvement. Evaluations of preceptors (by students) are embargoed for 90 days so students do not need to fear "retaliation" and thus will give honest appraisal of our teaching performance.

k. Midclerkship Evaluations

Residents and faculty may be asked to complete a midclerkship evaluation form (formative assessment) for a student. These are required at the halfway point of all clerkships. They include a student self-assessment

and a preceptor or director assessment of ways to improve the student's clinical performance. Final assessments/evaluation do not necessarily need to be identical to the midpoint evaluations.

Faculty Development and Feedback

Resident and Faculty Preparation for Teaching

1. **FD4ME (Faculty Development for Medical Education)**
    a. All faculty (at the time of their appointments or renewals) are required to complete the initial modules at the WSU FD4ME site. All residents in affiliated programs involved in teaching WSUSOM students are likewise required to complete these initial modules. Completion is tracked by WSU and reported to the program directors and GME offices at the affiliated programs. FD4ME: Faculty Development 4 Medical Educators | The Ohio State University (osu.edu). There are many more modules available at the site and completion is encouraged to build up teaching skills.

Required Modules for WSU Faculty and PGY1 Trainees

WSU first-year residents (PGY1) and faculty are required to complete the modules listed below. An access code is required to receive free registration and access to this module.

- Adult Teaching Premises and Practices
- Creating A Respectful Learning Environment: Avoiding Student and Trainee Mistreatment
- Feedback I: From Theory to Models

All WSU residents and faculty may complete any other module available in the FD4ME program at no charge.

**Note: All faculty and trainees must use their WSU or WSU affiliate email address to access the modules at no charge. Please contact aging@osu.edu or call 614-293-4815 for assistance.*

Recommended Modules for WSU Faculty and Trainees

Be well-prepared to face the challenges of teaching medical students and trainees and feel comfortable doing so with these core modules for Wayne State University medical instructors. (Please contact your support team for the required access code).

- Teaching Students in the Ambulatory Care Setting 1: Getting Started
- Teaching Students in the Ambulatory Care Setting 2: Patient Care Skills
- Teaching Students in the Ambulatory Care Setting 3: Evaluation and Feedback
- Dealing with Difficult Students: The Slow, the Rude, and the Uncaring

**Note: All faculty and trainees must use their WSU or WSU affiliate email address to access the modules at no charge. Please contact aging@osu.edu or call 614-293-4815 for assistance.*

Quick Tips: Navigating in FD4ME

Register

Create an FD4ME Account using your WSU or WSU affiliate email address. (Only WSU specific email domains will receive access to the modules at no charge). If you already have an account using a different email address, please contact aging@osu.edu or call 614-293-4815 for assistance with updating your account.

Select Module

Start by adding the WSU core & recommended modules to your Cart. Complete the payment process using the provided access codes (no funds will be due).

Begin Module

Click "Begin online module" to start. Most modules take approximately 30 minutes to complete but do not need to be completed in one session.

Complete Evaluation

Is there a topic you'd like to see added to the FD4ME program? Please include suggestions for additions and improvements to existing modules using the evaluation form.

Take and Submit Post Test

Download and submit the Certificate of Complete (if required by your program).

Additional opportunities for faculty development.

a. The WSUSOM office of faculty affairs maintains schedules of these events. Office of Faculty Affairs and Professional Development - School of Medicine - Wayne State University
b. The WSUSOM Office of Learning and Teaching (OLT) has a listing of resources Office of Learning and Teaching - School of Medicine - Wayne State University
c. The Southeast Michigan Center for Medical Education (SEMCME) sponsors many courses. These are available through the affiliated hospitals that all belong to SEMCME (jointly sponsored by WSUSOM and OUWB medical schools) Home - Southeast Michigan Center for Medical Education (semcme.org)

Just in Time Teaching (JiTT)

WSUSOM is piloting use of this app (available on the App Store and Google Play) during clinical clerkships. This is an excellent set of teaching tools/topics/techniques for use by residents and faculty on clinical rounds. Download using the instructions in the press release (jitt-app-press-release-march-2022.pdf (hofstra.edu)) and expect to hear more about JiTT as we integrate use into the clerkships.

Feedback and evaluation of faculty and resident teaching performance

Residents and faculty preceptors are evaluated by students during clerkships and other courses. These evaluations are collated by New Innovations and tracked by the Office of Curricular affairs. The evaluations are embargoed for 90 days following completion. This is, of course, done to allay student concern of retribution and to avoid quid pro quo concern with giving honest evaluations of resident and faculty.

The evaluation form (see appendix) is based on teaching performance.

Reporting

1. **Self-Access:** These evaluations are ALWAYS available to the individual faculty and residents through their New Innovations account and password. They are released 90 days after the course concludes, and thus may not show on NI immediately. They can be downloaded and collated using the software site for promotion and program director use.
2. **Summary Reporting:** Scheduled reporting of the evaluations are done centrally and sent to the residency program directors (through the UGME/GME office at the respective affiliates). Resident evaluation reporting is done every 6 months while faculty is done yearly and sent to the affiliates.

3. **Awards:** The Office of Curricular Affairs sends teaching awards (certificates and/or pins) annually to the top-rated faculty and residents. These awards are purely based on the numbers as the actual numerical scores from the evaluation forms are used for ranking. Approximately the top 10% of faculty and residents receive this recognition from the students. Awards are sent in May of each year, after completion of the clerkship year (and some math calculations).

Policies and Procedures Commonly Referenced

Note that these are highlights of policies that frequently come up on clerkships A complete set of policies and procedures are always available in the Student handbook at this link: Wayne State University School of Medicine MD Handbook and Policies 2022-23

1. Duty Hours

Duty Hours and Work Environment Policy

The following was adapted from the ACGME Duty Hours and Working Environment recommendations and apply to WSUSOM medical students doing clinical training at all of our clinical sites.

Segment 3 Duty Hours

Duty hours are defined as all educational activities in clerkships and electives during Segment 3 and 4 of the medical school curricula, including inpatient and outpatient care, administrative activities related to patient care (charting, discharge planning, transfer planning, etc.), and scheduled educational activities such as conferences, rounds, etc. Duty hours do not include reading and preparation time spent away from the duty site.

Both students and their supervising attending faculty and residents are reminded that medical students are here in an educational capacity. They are not on the floors, clinics, etc. to provide indispensable patient care.

Consequently, there may be times when the educational requirements of the program dictate that patient care time be curtailed to allow students to attend scheduled conferences, lectures, and other required educational activities.

Duty hours will mirror those published by the ACGME as of March 2017 outlined as follows:

- Duty hours must be limited to 80 hours per week, averaged over a 4-week (one month) clerkship or elective. These 80 hours include in-house call activities.
    - For example, a student may work 90 hours in one week, 60 hours in the next week, and two 75-hour work weeks during a 4-week (one month) clerkship. The average of 75 hours per week satisfies the above rule.
    - Two 90-hour work weeks and two 70-hour work weeks also satisfy the above rule.
- Students must be provided with 1 day off in 7, free from all educational and clinical responsibilities, averaged over a 4-week (one month) clerkship or elective, inclusive of call.
    - For the purposes of this policy, 4-week periods of a clerkship are treated the same as a one-month elective.
    - For 2-month clerkships, the rules stated herein apply to each of the 4-week (one month) portions of the clerkship.
    - One day is defined as one continuous 24-hour period free from all clinical, educational and administrative activities.

        - For example, a student is required to work from Monday through the following Friday (12 days) and then gets the entire following weekend off. The two days off that weekend satisfies the requirement that the student has one day off in 7.
- Call: overnight call will be scheduled no more frequently than every third night.
- Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

On-Call Activities

The objective of on-call activities is to provide medical students with continuity of care experiences and additional patient care experience that would not be available during a regular workday.

On-Call activities that do not meaningfully provide for this objective should be critically evaluated and terminated from the medical school schedule. In-house call is defined as those duty hours beyond the normal work day when students are required to be immediately available in their assigned institution.

- In-house call must not occur more often than once every 7 days averaged over the 4-week period.
- Continuous in-house call does not have a limit number of hours per on-call event. Rather, the policy of a maximum of 80 hours/week averaged over 4 weeks and one day off every 7 days averaged over 4 weeks must be followed.
- On some services, overnight "night shift" or "night float" are required due to the nature of the service. These are subject to the aforementioned limits of 80 hours/week and 1 in 7 days off. Every effort is made by the clerkship to work didactic activities around these schedules.

Reporting of Duty Hours Violations

Responsibility for reporting of Duty Hours Violation lies with the student. Students should report a violation of duty hours by logging into New Innovations and going to the forms tab. The duty hour violation form is located there. The form should be filled out when the duty hour violation occurs. The report is automatically sent to the Clerkship Director and the Associate Dean of Clinical Education at the time of student submission. The Clerkship Director and/or Associate Dean of Clinical Education will address the violation at the time of occurrence and record results in New Innovations

2. Mistreatment

The School of Medicine strives to create a safe and supportive learning environment that reflects the Institution's values: professionalism, respect for individual rights, appreciation of diversity and differences, altruism, compassion, and integrity. We are committed to maintaining an educational and professional environment that is free of all forms of harassment and discrimination and take the rights of our students very seriously. Incidents of medical student mistreatment are addressed following the reporting process below:

TO REPORT MISTREATMENT:

1. DISCUSS it: Counselor, Associate Dean of Student Affairs, Assistant Dean of Basic Science, Assistant Dean of Clinical Education, WSUSOM clerkship/course director, hospital system clinical campus Director of Medical Education, OR the Office of Ombudsman at WSU
2. FILE a School of Medicine Report:
    a. File a report anonymously or self-disclosed via the following link: https://cm.maxient.com/reportingform.php?WayneStateUniv&layout_id=37

    The form will be received by the Associate Dean of Student Affairs. All investigations are confidential, and your information is protected during any follow-up activities. If you would like to receive feedback about the outcome of your concern, please provide your name. If you are not comfortable providing your name

but would still like follow up of any outcomes concerning your complaint, you may create an anonymous or disposable email address on the form.

Examples of Mistreatment:

Students should use this Mistreatment Policy to address discriminatory, unfair, arbitrary or capricious treatment by faculty, staff, students, clinical teaching faculty, and medical personnel. The school adheres to the professional standards of behavior established by the Association of American Medical Colleges and the Wayne State University Nondiscrimination Policy (referenced in III.c.) http://oeo.wayne.edu/pdf/affrm_actn_policy.pdf. Students are expected to report behavior which interferes with the learning process. Students should consider the conditions, circumstances and environment surrounding the behavior. Examples of discriminatory, unfair, arbitrary or capricious treatment include, but are not limited to: *

1. Physical
    a. Physically mistreated causing pain or potential injury
    b. Pushed/slapped hand ("get out of the way communication")
    c. Exposed to other forms of physical mistreatment used to express frustration, make a point or get attention
2. Verbal
    a. Accused
    b. Threatened/intimidated
    c. Yelled at/snapped at
    d. Degraded/ridiculed/humiliated/sworn at/scolded/berated
    e. Exposed to inappropriate conversation/comments (of nonsexual and nonracial nature)
3. Sexual harassment
    a. Making sexual comments, innuendo, jokes, or taunting remarks about a person's protected status as defined in the University's Nondiscrimination Policy Statement. (referenced in III.c.)
    b. Making sexual advances, requests for sexual favors, and other verbal or physical conduct or communication of a sexual nature as per the University Sexual Harassment Policy
    c. Ignored because of gender
    d. Stalking of a sexual nature; i.e. persistent and unwanted contact of any form whether physical, electronic or by any other means.
4. Ethnic
    a. Exposed to racial or religious slurs/jokes as defined in the University's Nondiscrimination Policy Statement. (referenced in III.c.)
    b. Stereotyped
    c. Neglected/ignored (because of student's ethnicity)
5. Power
    a. Dehumanized/demeaned/humiliated (nonverbally)
    b. Intimidated/threatened with evaluation or grade consequences
    c. Asked to do inappropriate tasks/scut work
    d. Forced to adhere to inappropriate work schedules
    e. Neglect/ignored

*list adapted from Fried et. al, Academic Medicine, Sept 2012

Please note: When one party has any professional responsibility for another's academic or job performance or professional future, the university considers sexual relationships between the two individuals to be a basic violation of professional ethics and responsibility; this includes but is not limited to sexual relationship

between faculty and student or between supervisor and student, even if deemed to be mutually consenting relationships. Because of the asymmetry of these relationships, "consent" may be difficult to assess, may be deemed not possible, and may be construed as coercive.

3. Supervision of students in clinical activity

The Wayne State University School of Medicine values the role of learners in the provision of clinical care. We also value the educational principle of graded responsibility to maximally support learners in their development of clinical expertise. For this to occur, we require that appropriate supervision, assessment, and feedback of learners occur.

All Wayne State University School of Medicine students must be appropriately supervised when participating in required or elective clinical activities. Supervision must occur by a physician who must either possess a Wayne State University School of Medicine faculty appointment or be supervised in their teaching and assessment role by an individual who has a Wayne State University School of Medicine faculty appointment. These individuals can include but are not limited to physicians, residents, fellows, or other licensed health professionals. Student's level of responsibility while being supervised is based on the Public Health Code of the State of Michigan. The Public Health Code of the State of Michigan allows licensed practitioners to delegate activities and procedures of medical care to medical students while under the direct supervision of the licensed practitioner who is physically present. The students are required to be enrolled in an approved school of medicine and be participating in medical care as part of a course of study.

WSUSOM Medical students may therefore write orders for drugs, treatments, etc., provided that:

1. They are under direct supervision of a licensed physician and are doing so within the approved medical school course of study;
2. They are compliant with the policies of the clinical partner hospital, clinic, practice site or other provider organization. Students may not write prescriptions if otherwise prohibited by hospital/clinic/practice site policy;
3. The students are assigned to or are consultants to the service on which the order pertains; and,
4. A licensed physician countersigns all orders before the orders are executed. Counter signatures via the electronic medical record must likewise be done before the order is executed.
    a. Routine admission orders are not exempted from the above provisions.
    b. Students are not allowed to enter orders in the electronic medical record while signed in using another's credentials, and permission to do so by the licensed practitioner is not valid.
    c. All activity must be in compliance with Michigan Controlled Substance laws.
    d. Medical students acting as sub-interns are still subject to the above provisions.

Medical students will identify their signatures with WSU II, III or WSU IV or MS (Medical Student) III or IV, just as licensed physicians identify their signatures with MD. Medical students will also wear badges identifying them as medical students. Medical students are not to be involved in any portion of the medical care of other medical students. As part of professional behavior, students should recuse themselves from involvement in medical care of family members or acquaintances.

At all times, if a student is uncomfortable performing an assigned procedure because they feel either that their skills are inadequate or that they need more supervision/guidance than is available, then that student MUST refrain from doing the procedure. Students should never attempt a procedure on a patient they are uncomfortable performing.

4. Student absences

Mandatory Attendance Policy for Clerkship Orientations

Students are required to attend the entire Clerkship Orientation Session for each of their required Segment 3 and Segment 4 clerkships. Any student who does not attend a Clerkship's Orientation Session will be prohibited by the Clerkship Director from participating in that clerkship for the scheduled period and may have their entire schedule of clerkships revised by the Associate Dean of Clinical Education as deemed necessary to meet WSUSOM academic requirements.

Wayne State University School of Medicine recognizes and appreciates the diverse cultural and religious backgrounds of its students. Approved holidays are identified by the University. Everyone is off on those days, and students are not required to be at their Segment 3 clerkships on those days. However, there are no official days off during student's Segment 4 required clerkships, rotations, and electives. For students on clinical rotations, all days off are determined by the clinical service the student is assigned to for each month.

Requests for time away from clerkships and electives must be submitted in writing to the student's counselor as soon as possible upon knowing of the need for an excuse. The student's counselor will work with the student to contact the Clerkship/Elective Director to request the time off if the request is considered appropriate. The counselor and student will work with the Clerkship/Elective Director to determine how/if the time can be made up. Excused absences may not be granted by the Clerkship/ Elective Director if this policy is not followed.

Excused absences for non-medical reasons (including weddings, family gatherings, travel, vacation) are not granted. The exception is presentation of the students own scientific work at local or national meetings. A guideline for excused time off for these meetings is one day for local and two days for national meetings, including travel to and from the site. This allows for the student to present their scientific work and get a flavor of the meeting. Attendance for the entirety of a meeting is usually not possible if it does not conform to these time constraints. Notably, travel to international or distant (e.g., Hawaii) meetings is not possible because of the travel times required. One student per paper/poster will be allowed to be excused. Attendance at meetings that do not involve presentation of the student's own scientific work is not a valid reason to request an excused absence.

Students' attendance is expected and required at all other times by the faculty and the Clerkship Director or Elective Coordinator for satisfactory completion of each clinical clerkship or elective. Not appearing for clinical responsibilities and assignments is unprofessional as well. Indeed, unexcused absences will severely affect the clerkship grade; as detailed in clerkship syllabus, students may fail a clerkship or elective if they do not show up for an assigned activity, miss a call, etc.

If for any reason clinical time is missed for illness, family emergency, weather delays, etc., the student is required to notify the supervising attending, resident or other primary individual to whom the student will report for that shift, the clerkship coordinator, and the Clerkship Director or the Director's designee immediately. Communication must occur as soon as possible before the start of clinical duties or required academic event via email, telephone, or text, as appropriate. When communicating the absence, the following information must be conveyed: the nature of the absence and the expected return date. Having notified these individuals, it is still the student's responsibility to obtain an excused absence from the Office of Student Affairs. To do so, the student must contact their counselor or the Associate Dean of Student Affairs and Career Development. When the student returns from an excused absence, the student will discuss making up the missed clinical time with the Clerkship Director. In the event of 4-5 missed academic days due to illness, family emergency, weather delays, etc., students will be required to make up the same number of academic days of the rotation, respectively. In addition, the clerkship or course director will review the student's performance to determine whether learning goals can be met by the end of the clerkship or course. If learning goals cannot be met, the clerkship or course must be repeated. In the event of more than 5 missed academic days due to illness, family emergency, weather delays, etc., the student will work with the Associate Dean for Clinical Education to develop an alternate make-up plan. If the missed

time is a considerable percentage of the clerkship days, it may be necessary to repeat part or all of the clerkship. Quarantine time will be addressed individually, and missed competencies may be made up with M4 work.

Failure to do so will result in an unexcused absence.

5. Wellness days

In order to install some breaks for life events, celebration of religious holidays, or to get a break from the clerkships, the WSUSOM allows wellness days for M3 students on clerkships. These days are limited to one every 12-week block. The student will apply for these on a university Maxient website. They must also have permission from their clerkship, site, and team. Wellness days must be requested two weeks in advance. They cannot be taken on the first or last day of the rotation, nor as an additional study day during the last week of the clerkship. They should not be used for medical appointments or care as these are separately allowed by the excused absence policy (through the student counselor). Other than recording these on the university website system, no other permission from Student Affairs is needed. The student use of these is closely monitored to avoid irregular use, which would be brought to the attention of the professionalism committee.

6. Needlestick policy

In the event that a student is stuck with a needle or other sharp instrument or sustains exposure to a body fluid on mucus membranes or non-intact skin, the student must report this to their senior resident, attending physician, or supervising faculty member immediately. As detailed below, a written report must be completed detailing the circumstances of the exposure and the student must notify the WSUSOM's Medical Student Health Officer of the reported incident via email at: MDHealthRecords@wayne.edu.

The medical school has established relationships through the affiliation agreements with all of our clinical site facilities (hospitals and ambulatory sites). Specific policies must be followed when an exposure or potential exposure has occurred:

- A student who sustains an exposure to blood and/or body fluids in the course of a clinical assignment at any of our affiliated clinical institutions should immediately seek care in the designated department of that facility. These departments are listed for each institution on the back of the laminated cards that are distributed at Segment 3 Orientation. This list should be kept for potential use during Segment 4.
- If the incident occurs outside of the regular business hours of the institution's designated department the student should receive initial evaluation and treatment in that institution's Emergency Department.
- A student who suffers an injury or exposure while on a "Home" required or elective rotation that is not taking place at an affiliated clinical site facility (e.g. a rotation taking place in a faculty physician's office) should seek care in the nearest emergency department.
- All injured students must complete a short Wayne State University Report of Injury form. Students must also sign and date the very bottom of the form. This form is available online.
    - NOTE: The Report of Injury form must be submitted within 48 hours of the injury. Completed forms should be submitted to the Medical Student Health Officer at: MDHealthRecords@wayne.edu.
- The Medical Student Health Officer will forward the form to the WSU Office of Risk Management on the student's behalf.
- The WSU Office of Risk Management will cover the expenses of the first emergency department visit as long as the Report of Injury has been submitted to the Medical Student Health Officer within the prescribed 48-hour post-injury time frame.

- When completing paperwork in the emergency department, students should show their laminated card that ensures that Wayne State University will be responsible for the professional and facility charges related to the initial visit for evaluation and treatment in the department.
- Any expenses incurred (co-pays, deductibles) based on a failure to adhere to the above process will be the responsibility of the student. After the initial evaluation and treatment encounter at the clinical institution, the student will subsequently follow-up with their personal physician using their own health insurance coverage within five days of the incident.
- Any questions regarding this policy should be addressed to the Medical Student Health Officer at MDHealthRecords@wayne.edu.

7. Snow days

The SOM follows official University Closures/Remote Day Policies but maintains discretion to make independent determinations for essential curricular elements in coordination with Main Campus Administration.

Rationale:

Due to the unique and complex nature of the MD Curriculum, a shift to remote instruction may not be feasible and jeopardize essential learning, especially in the clinical care setting. Remote operations may also be irrelevant in the MD learning space as many students are geographically dispersed for clinical rotations unequally affected by local weather patterns or students are scheduled for shifts out of sync with normal workday hours. An automatic default to extraction of medical students from their tailored learning environment results in loss of valuable clinical and professional skills training that can often not be reclaimed. Accordingly, all efforts will be made to maintain and model the duty, routines, and practices expected for physicians-in-training towards their profession, patients, and society. Thus, in coordination with university administration, the SOM may exercise the latitude to maintain previously scheduled clinical activities or on-site examinations.

Independent Determinations for Essential Curricular Elements:

All core M3 Clerkships and Senior Clinical Rotations are pre-determined Essential Curricular Elements. Continuation of any additional curricular elements deemed essential during a university closure will be determined by the respective segment directors in collaboration with the associate deans for clinical education and Student Affairs. Expectations will be clearly and timely communicated to students via the class-appropriate listservs or established portals by the course/segment/clerkship directors. It is the responsibility of students to check their emails and relevant class/course communication portals for awareness of any such independent determinations from the SOM once an Inclement Weather Alert has been issued by the university. The SOM expects that, as physicians in training, students will balance their professional responsibilities with common sense to develop personal decision-making. As such, if a medical student feels they cannot safely make it to the medical campus, hospital, or clinical site for a determined essential curricular element (including examinations) during a university-issued closure/remote day, they are to contact their clinical team/preceptor or class counselor for an excused absence as indicated per the specific guidance below. As with any absence, students are expected to make-up that missed essential curricular element in coordination with their course director/preceptor.

CLERKSHIP PHASE

Medical Students are assigned to the clinical campus sites and thus follow the routines and practices of clinicians. As such, all clinical rotations and duties are deemed Essential Curricular Elements. Clerkships and hospital sites have agreed to be lenient for situations that students may feel are unsafe. **The SOM expects that, as physicians in training, students will balance their professional responsibilities with common sense to develop personal decision-making on these issues at this advanced stage in their medical education.** During an official university inclement weather/remote day closure only: If the students feels that they cannot safely make it to the hospital or clinical site, students are to contact their team or preceptor rather than their class counselor as this will not be recorded as an unexcused absence. Students excused for inability to traverse to their assigned sites during remote operations for inclement weather based on their best judgement will not be adversely graded with active surveillance by the associate dean for clinical education/Curricular Affairs Office. However, as for any absence, the clerkship director or hospital team may instruct you to make up the time missed.

- If the university is otherwise open (not weekends or holidays), students must get an excused absence from their counselor for any missed days other than official WSU inclement weather closures.
- For severe snow storms occurring on days the University is not open (weekends, holidays), students should directly contact their faculty supervisor/rounding team to notify them if they will not be in due to hazardous weather conditions.
- Segment 3 and Segment 4 students may be required to make up clinical time that is missed at the discretion of the WSUSOM clerkship director.

8. Institutional Holidays

WSUSOM has a number of institutionally recognized holidays, including the following: New Year's Day (observed); Martin Luther King, Jr. Day; Memorial Day; Fourth of July; Labor Day; Thanksgiving and the day after Thanksgiving; and Christmas Day (observed).

- During the clerkship and M4 elective phases, all WSUSOM institutional holidays are observed from 5 pm the day before to 5 pm the day of the holiday to accommodate clinical call schedules in the M3 year. Students may be expected to report to clinical duties at 5 pm on the day of the institutional holidays. M4 students are expected to follow the procedures of their site.

9. Professionalism reporting

The WSUSOM professionalism policy is in Section 7 of the student handbook. Reporting of violations of professionalism is necessary. Not every instance will lead to dire consequences for the student, and all are reviewed. Students will always receive due process under university rules, policies, and procedures. Thus, reporting is encouraged so the school is able to intervene and help shape professional identity formation in all of our students.

It is also important to note that many professionalism issues among medical students reflect something else going on. Substance use, family and economic issues, academic problems, and psychological stressors are often at the root of these issues; and prompt reporting to the SOM can get the students help and intervention. Indeed, the professionalism process is meant to be a positive intervention for students and identify students in need. Many of these issues occur only in clerkships when the student is distant from the school. Reporting helps support the students and gets them connected to university resources.

WSUSOM maintains the Maxient software for tracking student performance, including professionalism. The link for this form is well distributed and is on every New Innovations evaluation form and the home page. Professional Performance Review Referral Form (SoM) (maxient.com)

The SOM maintains a professionalism committee (as a subcommittee of the promotions committee) to oversee professionalism issues. The chair of this committee evaluates reports of violations.

What happens?

There are three tiers of intervention for professionalism issues.

1. *Tier 1: Coaching/discussion (*AKA the cup of coffee meeting to discuss improvements). This can often take place at the hospital or clerkship; in which case it would be documented on the Maxient form.
2. *Tier 2: Meeting with Student/Curricular affairs* (AKA trip to the principal's office). The student record will be reviewed, information gathered, and a course of intervention or monitoring started. A holistic review of the whole situation will usually lead to a plan, intervention, help, or other progress.
3. *Tier 3: Egregious violations* should be reported promptly. More often a repeated pattern of behavior will prompt a hearing with the committee with possible action by the promotions committee.

In summary, the professionalism reporting structure is more supportive than punitive as the SOM continuously strives to instill the values of the professional physician into our physicians in training.

Part 2. Appendixes and References

1. Goals and Objectives for Individual Clerkships
   - Internal Medicine
   - Surgery
   - OB/GYN
   - Pediatrics
   - Neurology
   - Psychiatry
   - Family Medicine
   - Year IV - Subinternship
   - Emergency Medicine M4
   - M3 Longitudinal Course: CRISP
2. Highways to Excellence© Curriculum Map
3. PXDX Required Procedures and Cases by Clerkship
4. LCME Rational and Reason Supporting This Handbook
5. Full Professionalism Policy
6. M3 Clerkship Preceptor Evaluation of the Student
7. Evaluation of Preceptor by Student

Goals and Objectives for Individual Clerkships

INTERNAL MEDICINE CURRENT LEARNING OBJECTIVES & ALIGNMENT
1: Knowledge for Practice (KP)
Demonstrate knowledge of common problems seen by Internists and describe health care disparities for patients.
2: Patient Care (PC): Develop skills necessary to care for patients with problems commonly seen by Internists.
Gather a history & perform a physical exam appropriate to patients seen on the Internal Medicine service to advance patient care.
Identify potential triggers that may (re)traumatize patients related to previous adverse experiences (from abuse, bias related to ethnicity, gender, sexual preferences, weight, age, substance use, etc.) and avoids re-traumatization.
Gather a history related to impact of climate appropriate to a patient's medical problem(s). Makes recommendation(s) to mitigate impact on patient.
Develop and rank order a differential diagnosis based on the patient's history, physical findings, lab and imaging studies, and knowledge of the epidemiology of diseases considered.
Recommend (know when and what to order) and interpret common diagnostic tests [EPA3] to advance patient care recognizing and applying value-based strategies to ensure quality while minimizing patient risk and cost.
Develop a diagnostic and management (therapeutic) plan that incorporates evidence, patient preferences, social determinants, and clinical judgment.
Request and appropriately order consultation when needed.
Enter orders and write prescriptions.
Document clinical encounters that are accurate, focused and well-organized, and appropriate to the clinical setting (e.g. comprehensive new patient, abbreviated follow up), documenting the patient's status and progress.
Deliver accurate concise, efficient & well-organized oral presentations.
Form clinical questions and retrieve evidence to advance patient care.
Transition care responsibility including writing sign-outs and performing hand-offs when relinquishing or assuming patient care responsibilities.
3: Practice-Based Learning and Improvement (PBLI)
Demonstrate the ability to evaluate care provided.
Appraise and assimilate scientific evidence.
Continuously improve patient care based on a constant self-evaluation and lifelong learning.
4: Interprofessional and Communication Skills (ICS)

Demonstrate ability to deliver information to patients about their proposed evaluation, evaluation results, or diagnoses in a professional and empathetic manner
Demonstrate effective exchange of information.
Collaborate with patients, families, and health professionals in a manner that optimizes safe, effective patient-centered care.
5: Professionalism: Demonstrate commitment to carrying out professional responsibilities treating patients with respect, demonstrating compassion and empathy, and advocating for patients), while exhibiting a strong work ethic and adhering to ethical principles.
Identify ethical issues related to patient care.
Demonstrate commitment to clinical excellence taking personal responsibility and "ownership" of patients and their care.
6: Systems-Based Practice (SBP): Effectively use resources to care for patients.
Identify social determinants that contribute to disparities in healthcare outcomes.
Utilize resources and tools to analyze and prevent error.
Identify system failures and contribute to a culture of safety and improvement.
7: Interprofessional Collaboration (IPC)
Work with health professionals.
Collaborate with pharmacy students during patient safety day.
8: Personal and Professional Development (PPD)
Demonstrate commitment to professional growth as through self-reflection, self-assessment, and personal ownership of responsibilities including development of a plan professional growth that includes reading about every patient cared for and completing assignments on time without complaints.

SURGERY CURRENT LEARNING OBJECTIVES & ALIGNMENT
Overarching Goal
1. Demonstrate mastery of the overall care and workup of the surgical patient, emphasizing the medical comorbidities, psychological, social and other complicating factors.
OVERALL GOAL & CLERKSHIP LEARNING OBJECTIVES
1: Knowledge for Practice (KP)
Mastery of examination, diagnosis, etiology, resuscitation, and initial treatment of the following areas of surgical care:
• Acute abdomen
• Gastrointestinal hemorrhage
• Breast examination, workup and management of breast mass, mammographic lesion, benign and malignant breast disease
• Initial resuscitation of the injured or burned patient, outlining the priorities of initial trauma care
• Shock, its pathophysiology, etiology, and classification
2: Patient Care (PC): Develop skills necessary to care for patients with problems commonly seen by Internists.
2. Perform a history and physical exam on a surgical patient, with attention to medical conditions which may impact the outcome of the operation.
3. Perform an H&P on a patient with an acute or chronic surgical condition, reach a differential diagnosis, and formulate a plan of treatment.
4. Interpret findings and compose an initial plan of treatment for common surgical problems seen in primary care settings.
6. Demonstrate knowledge and skills in the care of the surgical patient, including:
• Basic classes and techniques of anesthesia
• Treatment of post-operative pain
• Wound healing basics, recognizing normal and abnormal wound healing and ability to properly dress an incision or open wound
• Fluid, electrolyte, and acid-base balance by writing fluid resuscitation orders and addressing electrolyte imbalances
• Routes, techniques and management of nutrition therapy. Evaluate the nutrition risk of a patient.
• Hemostasis basics and disorders which may complicate surgery
• Surgical infections, postoperative complications, and antibiotic use
7. Demonstrate skill in practical and motor aspects of surgical care including:

• Participate in the operative care of the patient by scrubbing into surgery, demonstrate sterile technique, gowning and procedures.
• Surgical record keeping, both written and electronic, including postoperative orders, and succinct, direct documentation.
• Familiarity with basic surgical procedures, dressings, drains, and instruments.
• Suturing a simulated or actual incision to the satisfaction of the surgeon.
8. Demonstrate knowledge and performance of surgical decision making at the extremes of age, concepts of futile surgical care and surgical palliation of incurable disease processes.
3: Practice-Based Learning and Improvement (PBLI)
Demonstrate knowledge of the peer review process and quality improvement processes as demonstrated in morbidity and mortality conferences.
4: Interprofessional and Communication Skills (ICS)
Demonstrate knowledge and observe the process of informed consent.
Demonstrate skill in the high intensity procedure centered team of the operating room, procedure rooms, and intensive care units
5: Professionalism: Demonstrate commitment to carrying out professional responsibilities treating patients with respect, demonstrating compassion and empathy, and advocating for patients), while exhibiting a strong work ethic and adhering to ethical principles.
Demonstrate professional behavior especially in these areas:
• Daily care of the patient as part of a surgical team
• Communication with residents, faculty, physician extenders, and hospital staff
• Communication with patients and families
• Communication with health care personnel
• Appearance in all clinical settings
6: Systems-Based Practice (SBP): Effectively use resources to care for patients.
Demonstrate the ability to evaluate the proper roles in interventional and surgical care in the overall care of the patient
Assess the suitability of intervention in patients with comorbidities, variations in access to surgical care, and care at the extremes of age
Identify system failures and contribute to a culture of safety and improvement by evaluating the morbidity and mortality of interventional procedures
7: Interprofessional Collaboration (IPC)
Demonstrate skills of operating room collaboration with the preoperative team, anesthesia team, nursing, allied health and physician extenders in this environment

8: Personal and Professional Development (PPD)
Demonstrate commitment to professional growth as through self-reflection, self-assessment, and personal ownership of responsibilities including development of a plan professional growth that includes reading about every patient cared for and completing assignments on time without complaints.

OB/GYN CURRENT LEARNING OBJECTIVES & ALIGNMENT
OVERALL GOAL & CLERKSHIP LEARNING OBJECTIVES
1. Health care of women during the reproductive and post-reproductive years.
2. Care of the pregnant female, normal labor and delivery.
3. Common obstetrical and gynecologic problems, preventative care, screening for gynecologic malignancies, and family planning and sexuality.
PATIENT CARE
Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
Discuss the value of routine health surveillance as part of health promotion and disease prevention
Identify disease risk factors in patients personal and family histories
Perform a comprehensive women's-specific history and physical exam
Effectively collect and interpret gynecologic specimens
Accurately generate problem lists, formulate diagnostic impressions and develop management plans for common gynecologic disorders and conditions
Demonstrate the ability to identify and provide gestational-age appropriate antenatal care and be able to interpret common diagnostic studies during pregnancy
Participate in obstetric and gynecologic procedures, and be able to demonstrate the ability to complete intraoperative procedural tasks such as maintaining sterile technique, Foley catheter insertion, and basic suturing and knot tying
Provide a preliminary assessment of patients with sexual concern
MEDICAL KNOWLEDGE:
Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care
Describe normal female anatomy and physiology across the lifetime
Recognize the appearance of common urogenital tract pathology
Recognize the appearance of common breast changes and disorders
Define menstrual cycle physiology, discuss puberty and menopause, and explain normal and abnormal bleeding
Describe the etiology and evaluation of infertility
Summarize maternal physiologic and anatomical changes in pregnancy and the postpartum period
Summarize fetal and placental physiology

List the benefits of preconception care in reducing maternal and fetal morbidity and mortality
Explain the proper prenatal, intrapartum and postpartum care of normal pregnancy as well as common pregnancy-related complications
List methods and mechanisms of contraception, sterilization, and abortion
Compare and contrast signs and symptoms, findings, evaluation, and management of benign gynecologic conditions to gynecological malignancies
Describe the components of preoperative, intraoperative, and postoperative care as they apply to common obstetrics and gynecologic procedures
PRACTICE-BASED LEARNING AND IMPROVEMENT:
Demonstrate the ability to investigate and evaluate his/her care of patients
Appraise and assimilate scientific evidence, and continuously improve patient care based on constant self-evaluation and life-long learning
INTERPERSONAL AND COMMUNICATION SKILLS:
Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaborations with patients, their families, and other health professionals
Produce well-organized written and oral reports to communicate findings obtained during patients' evaluations and workup
Counsel patients about preventive care and health maintenance, and explain prevention guidelines as they apply to the female patient
Develop rapport with patients, taking into account patients' social and cultural contexts
Analyze his/her own strengths with regard to interaction and communication skills
PROFESSIONALISM:
Demonstrate a commitment to carrying out professional responsibilities
Recognize and understand the basis of legal and ethical issues in order to promote quality patient care and patient safety
Recognize his/her role as a leader and advocate for women
SYSTEMS-BASED PRACTICE:
Demonstrate an awareness of and a responsiveness to the larger context and system of healthcare
Call on other resources in the healthcare system to provide optimal health care

PEDIATRICS CURRENT LEARNING OBJECTIVES & ALIGNMENT
Develop the top 3 most likely differential diagnosis following a clinical encounter based on common pediatric signs and symptoms.
Demonstrate the ability to gather a pediatric history including: -Report on the source of the history and understand the importance of this information -Obtain a pertinent HPI and review of systems -Review core patient histories (birth, medical, surgical, family) -Obtain neonatal, developmental, and age-appropriate social histories
Perform a physical exam. Students should be able to: -Interpret pediatric vitals, growth charts, and BMI charts -Be proficient in following exam components and able to identify and describe abnormal findings: general appearance, vital signs, head, neck, heart, lungs, abdomen, neurologic, musculoskeletal, integumentary -Perform the following exam components and sometimes be able to identify and describe abnormal findings: eyes, ENT -Perform a GU exam under supervision and be able to perform Tanner staging
Provide and explain preventative care education to a family using appropriate pediatric resources.
Recognize a patient requiring urgent or emergent care and inform a senior team member.
Determine when to use basic screening tests and interpret the results. -For sick patients, this include BMP, CBC, urinalysis, blood and fluid cultures. -For well patients, the student should be able to identify and interpret appropriate screening tests included in the Bright Futures guidelines.
Develop basic management plans, including immunizations, medication, and fluid management. Students should be able to: -Perform weight-based calculations of bolus and maintenance fluids. -Select appropriate antibiotics and locate information about weight-based dosing. -Understand the appropriate medications to treat common childhood diseases, such as, otitis media, asthma or constipation. -Determine which vaccinations a child should receive at their visit based on age, health status, and previous vaccine history.
Utilize appropriate resources to increase their understanding of pediatrics.
Write an encounter note, such as an H&P or SOAP note, using appropriate clinical language and format.
Orally present an organized clinical encounter that includes all four SOAP components.
Demonstrate professional behavior at all times. -This includes behavior towards patients and families. -This includes behavior towards residents and attending physicians, and all members of the inter-professional team. -Attend all clinical and scheduled events as dictated in the syllabus and schedule.

NEUROLOGY CURRENT LEARNING OBJECTIVES & ALIGNMENT
Overarching goals
The goal of teaching students to recognize and manage neurologic disease encompasses two categories of objectives: the procedural skills necessary to gather clinical information and communicate it and the analytical skills needed to interpret that information and act on it.
The goal of the clerkship is to teach the principles and skills necessary to recognize and manage the neurologic diseases a general medical practitioner is most likely to encounter in practice.
1: Knowledge for Practice (KP)
Demonstrate proficiency in the following analytical skills:
Recognizing symptoms that may signify neurologic disease (including disturbances of consciousness, cognition, language, vision, hearing, equilibrium, motor function, somatic sensation, and autonomic function)
Identifying symptoms that may represent neurologic emergencies.
Distinguishing normal from abnormal findings on a neurologic examination
Localizing the likely sites in the nervous system where a lesion may produce a patient's symptoms and signs
Formulating a differential diagnosis based on lesion localization and relevant historical and epidemiologic features.
2: Patient Care (PC): Develop skills necessary to care for patients with problems commonly seen by Internists.
Demonstrate proficiency in the following procedural skills:
Interviewing to obtain a complete and reliable neurologic history
Performing a reliable neurologic examination
Examining patients with altered level of consciousness or abnormal mental status
Delivering a clear, concise, and thorough oral presentation of a patient's neurologic history and examination
Preparing clear, concise, and thorough documentation of a patient's neurologic history and examination
[Ideally] Performing a lumbar puncture under direct supervision, or using simulation
Developing, presenting, and documenting a succinct, appropriate assessment and plan for the neurologic problem list.
3: Practice-Based Learning and Improvement (PBLI)
Demonstrating awareness of the principles underlying a systematic approach to the management of common neurologic diseases.
Describing timely management of neurologic emergencies
Understanding cognitive biases and their implications for diagnostic errors
Reviewing, interpreting, and applying pertinent medical literature to patient care

4: Interprofessional and Communication Skills (ICS)
Demonstrate ability to deliver information to patients about their proposed evaluation, evaluation results, or diagnoses in a professional and empathetic manner
Communicate empathetically with patients and families
Explaining the indication, potential complications, and interpretation of common tests used in diagnosing neurologic disease.
Collaborate with patients, families, and health professionals in a manner that optimizes safe effective patient-centered care.
5: Professionalism: Demonstrate commitment to carrying out professional responsibilities treating patients with respect, demonstrating compassion and empathy, and advocating for patients), while exhibiting a strong work ethic and adhering to ethical principles.
Identify ethical issues related to patient care.
Demonstrate commitment to clinical excellence taking personal responsibility and "ownership" of patients and their care.
6: Systems-Based Practice (SBP):
Developing skills needed to deliver patient-centered, compassionate neurologic care with emphasis on diversity, inclusiveness, and recognition of implicit bias
Applying principles of medical ethics to patient care
Explaining the public health impact of neurologic disorders
Identifying socioeconomic and regulatory issues and other health disparities that may influence accessibility of affordable diagnostic and therapeutic resources
7: Interprofessional Collaboration (IPC)
Identifying situations in which it is appropriate to request neurologic consultation
8: Personal and Professional Development (PPD)
Demonstrate commitment to professional growth as through self-reflection, self-assessment, and personal ownership of responsibilities including development of a plan professional growth that includes reading about every patient cared for and completing assignments on time without complaints.

PSYCHIATRY
CURRENT LEARNING OBJECTIVES & ALIGNMENT

MEDICAL KNOWLEDGE
1.1 Describe the normal psychological development across the lifespan. a. Apply knowledge of the expected changes across the lifespan in the care of patients with psychiatric disorders and medical conditions
1.2 Describe the DSM (Diagnostic and Statistical Manual) criteria for psychiatric disorders and substance use disorders. a. Apply knowledge of the major psychiatric disorders in the care of patients. b. Apply knowledge of the substance use disorders in the care of patients. c. Describe the scientific basis for the diagnostic tests used in psychiatry. d. Describe pertinent positive and negative findings from historical and objective examination and apply this to DSM criteria.
1.3 Describe the psychopharmacological treatments and psychotherapies for psychiatric disorders. a. Apply knowledge of psychopharmacology in developing treatment plans for patients with psychiatric disorders with attention to risk benefit analysis and awareness of cost. b. Demonstrate the basic features of motivational interviewing and supportive psychotherapy. c. Demonstrate ability to differentiative key types of psychotherapy modalities based on their features.
1.4 Demonstrate knowledge of psychiatric concepts, components of the psychiatric mental status exam and cognitive screening. a. Demonstrate ability to complete a mental status examination. b. Demonstrate ability to perform a cognitive screening examination.
Patient Care Skills
2.1 Conduct patient interviews skillfully. a. Independently conduct an organized, comprehensive history, including a thorough psychiatric and narrative history. b. Demonstrate the ability to engage challenging patients and show sensitivity during difficult conversations
2.2 Diagnose psychiatric disorders in patients. a. Prioritize a differential diagnosis by applying knowledge of psychopathology and medical illnesses. b. Understand the relevance of a biopsychosocial formulation in developing treatment plans, including treatment focused on health maintenance and relapse prevention.
2.3 Propose evidence based therapeutic options. a. Apply knowledge of indications, contraindications and potential adverse reactions, and likely outcomes for a given therapeutic intervention, with attention to cost and quality. b. Provide patient education regarding prevention, diagnosis, treatment plan and health promotion, including obtaining informed consent.

2.4 Assess risk factors for suicidality and dangerousness in patients. a. Apply knowledge of the risk factors for suicide when making treatment plans and understand the limits of confidentiality. b. Apply knowledge of the risk factors for violence when making treatment plans and an understanding when to alert others, including potential targets. c. Apply knowledge of potential signs/symptoms of abuse when developing treatment plans, including when to report suspected abuse. d. Understand the legal aspects of treatment of patients with psychiatric disorders who are at risk for harm to self or others.
System Based Practice
3.1 Apply the bio-psycho-social model in psychiatric assessments. a. Incorporate contextual factors into plans for patient.
3.2 Advocate for the humane, just, safe, and prudent care of patients with psychiatric disorders. a. Demonstrate behavior that conveys caring, honesty, genuine interest and tolerance when interacting with a diverse population of patients and families.
3.3 Describe the basic framework for mental health care in our country. a. Recognize how the mental health care delivery system in which one works affects patient care, being able to identify the resources available to assist patients with psychiatric disorders.
Interpersonal Skills and Communication
4.1 Deliver effective patient presentations, including a psychiatric examination. a. Present patient encounters accurately and succinctly both verbally and in written communication.
4.2 Document accurately in the medical record, including a mental status examination. a. Document patient encounters accurately in a timely, focused, and prioritized way.
4.3 Communicate and work effectively with others with attention to appropriate boundaries. a. Seek and respond to feedback on one's communication skills. b. Communicate with patients and families in a timely, clear, and empathetic manner. c. Communicate effectively with all members of the patient's treatment team, including those from other professions and disciplines. d. Participate effectively in hand-off communications with other providers and know when to consult a consultation-liaison (CL) psychiatrist. e. Demonstrate understanding of human responses to emotions and ways they impact communication with patients (including knowledge of transference/countertransference).
Caring/Valuing Professionalism
5.1 Demonstrate respect, empathy, and concern for all patients, regardless of the patient's problems, personal characteristics or cultural background. a. Demonstrate respect for all patients and families in clinical encounters. b. Demonstrate ability to self-reflect on one's cultural sensitivity and interactions with patients and families.
5.2 Be courteous to patients, families, staff, colleagues, and other health professionals. a. Demonstrate punctuality, reliability, preparedness, initiative, and follow-through.

5.3 Value and behave in a manner consistent with the highest ethical standards of the profession, including confidentiality and honesty. a. Demonstrate the highest standards of individual and team-behavior that is patient-centered, culturally sensitive, and socially just. b. Apply knowledge of medical ethics to clinical situations. Self-identify limitations and strengths in one's abilities to work autonomously and request supervision when needed.
Practice Based Learning
6.1 Advance knowledge through intellectual curiosity. a. Incorporate critical reflection and feedback received to identify strengths and weaknesses, set individual learning goals, and engage in learning activities to meet those goals. b. Demonstrate curiosity, objectivity, and the use of scientific reasoning in patient care.
6.2 Appropriately utilize evidence-based resources to address uncertainty in medicine and gaps in knowledge/skills. a. Identify appropriate resources to address gaps in knowledge/skills. b. Identify clinical questions as they emerge in patient care activities; identify, appraise, and apply relevant evidence to answer those questions.
6.3 Accept, reflect on, and implement feedback on one's own performance. a. Accept and process feedback from faculty, patients, and peers to improve clinical performance. b. Self-reflect on feedback in order to improve performance.

FAMILY MEDICINE CURRENT LEARNING OBJECTIVES & ALIGNMENT
The overarching goal of the Family Medicine Clerkship is to help medical students in their third year of study to develop, to a degree appropriate at that level of training, the competencies that are important to the discipline of Family Medicine and to the medical profession in general.
GOAL A: FM clerkship students will expand their medical knowledge base and develop their ability to acquire and apply that knowledge in the outpatient medical setting.
By the end of the Family Medicine Clerkship each third-year medical student will have acquired the basic knowledge, appropriate to their level of training, to diagnose, manage, and/or appropriately refer patients who present to the Family Medicine setting with commonly seen problems.
Objective 1: Demonstrate recognition and knowledge of the common core problems encountered in Family Medicine and develop corresponding differential diagnosis and management plans.
Objective 2: Demonstrate an understanding of how to access and apply screening, prevention, public health principles, and clinical care guidelines for common medical problems in the primary care setting.
Objective 3: Demonstrate competence in obtaining a focused or comprehensive history and understanding of the patient's presenting complaint in the context of the Biopsychosocial model.
Objective 4: Demonstrate competence in performing a physical examination appropriate for the outpatient clinical presentation.
Goal B: FM clerkship students will augment and acquire new skills essential to performing tasks in the outpatient clinical setting.
By the end of the Family Medicine Clerkship each third-year medical student will have enhanced their skills in performing clinical tasks in the Family Medicine setting appropriate to their level of training.
Objective 5: Demonstrate competence in delivering oral case presentations in the outpatient setting.
Objective 6: Observe or perform common Family Medicine ambulatory procedures.
Objective 7: Demonstrate competence in composing correct and complete medication prescriptions to treat common ambulatory clinical problems. E-prescribing module vs written prescriptions.
Objective 8: Demonstrate the ability to utilize screening and counseling techniques in advising patients about lifestyle modifications.
Objective 9: Demonstrate competence in organizing and completing accurate patient records in the ambulatory setting.
Objective 10: Demonstrate understanding of the patient-centered medical home concepts in the delivery of care in the ambulatory setting.
Goal C: FM clerkship students will build on their communications skills and professional identity formation in the unique context of the outpatient clinical learning environment.

By the end of the Family Medicine Clerkship each third-year medical student will have augmented and demonstrated personal professional attitudes and attributes in the Family Medicine setting appropriate to their level of training.
Objective 11: Demonstrate the ability to communicate with and relate to patients, families, and other members of the healthcare team by reflecting sensitivity to the diverse populations encountered in primary care clinical settings.
Objective 12: Demonstrate professional attributes and responsibilities, as well as a capacity for self-improvement and adaptability in the context of the clerkship structure and the Family Medicine outpatient learning environment.

YEAR IV - SUBINTERNSHIP CLINICAL COMPETENCES
CURRENT LEARNING GOALS & OBJECTIVES

1: Communication

Rationale - Interns play a key role in communicating aspects of patient care to patients, families and healthcare providers, often in diverse clinical settings.

Prerequisites- Communication and rapport/relationship development with patients, families and colleagues consistent with Year III curriculum.

Specific Learning Objectives:

1.1: Knowledge - Subinterns should demonstrate knowledge of:

Local and national ethical and legal guidelines governing patient confidentiality with specific attention to
i. Written documentation
ii. Verbal communication with the patient and family members
iii. Electronic transmission

Recognition and management denial, grief, noncompliance, depression and psychosis.

The importance of cultural issues governing health care decision making by patients and their families.

Appropriate resources available in the inpatient and outpatient setting for the coordination of mental and physical health care.

1.2: Skills - Subinterns should demonstrate the ability to:

Communicate effectively with patients and family members
i. Utilize lay terms appropriate to the patient's or patient's family level of education and be able to explain scientific terminology.
ii. Communicate abnormal results and/or "bad news" to patients or their families in a sensitive manner.
iii. Discuss end-of-life issues with patients and family members
iv. Provide concise daily updates for patients and family members regarding hospital course and rationale for ongoing or new treatment plans.
v. Consider cultural sensitivities and patient wishes when providing information.

Recognize verbal and non-verbal clues of a patient's mental and physical health.

Clearly summarize for the patient and/or family the reason for admission and rationale for clinical plan.

Initiate a conversation with a patient about advance directives.

Demonstrate the ability to clearly and concisely present oral and written summaries of patients to members of the health care team.
i. Recognition and synthesis of relevant information
ii. Communication of clinical information to the primary care physician

1.3: Attitudes and professional behavior - Subinterns should:

Demonstrate an understanding of the value of effective communication with physician and non-physician members of the health care team and consultants.

Demonstrate an understanding of the importance of communicating with the patient's primary care physician.
Understand cultural sensitivities and patient wishes with regards to health care and incorporate this knowledge into discussions with the patient and family.
2. Coordination of Care
Rationale - Interns play a central role in coordinating patient care; both during hospitalization and upon transition from the inpatient to outpatient setting. This involves communication between the patient and his/her family, colleagues, consultants, members of the health care team and other hospital personnel. Appropriate; management and coordination is essential to ensure optimal patient care.
Prerequisites 1. Communication skills as outlined above 2. Community health care skills consistent with Continuity of Care Clerkship 3. Coordination of Care consistent with Year III curriculum
Specific Learning Objectives:
2.1: Knowledge - Subinterns should demonstrate knowledge of:
How to contact members of the health care team, consultants and other hospital personnel.
How to properly transfer care throughout a patient's hospitalization including end of the day and end of service coverage.
Availability of community resources.
2.2: Skills - Subinterns should be able to:
Prioritize tasks for daily patient care in order to effectively utilize time.
Appropriately utilize consultants i. Define a consultant's role in the care of a patient. ii. Identify appropriate issues for the consultant referral. iii. Discuss a consultant's recommendation with members of the health care team.
Effectively coordinate with physician and non-physician members of the health care team including: i. Nursing staff ii. Physician assistants and nurse practitioners iii. Social Workers iv. Therapists (occupational, physical, speech, art...) v. Pharmacists vi. Nutrition support staff vii. Discharge planners viii. Respiratory therapists
Identify house staff on-call and cross-coverage schedules among house staff.
Communicate oral and written transfer of patient care responsibilities to other house staff (e.g. at sign-out) i. On call days ii. Upon transfer of the patient between services.

Demonstrate proficiency in coordinating a comprehensive and longitudinal patient care plan.
Communicate the plan with outpatient health care provider; arranging for follow-up when appropriate
Enter orders and write prescriptions.
Document clinical encounters that are accurate, focused and well-organized, and appropriate to the clinical setting (e.g. comprehensive new patient, abbreviated follow up), documenting the patient's status and progress.
Coordinate care plan utilizing community resources when necessary.
2.3: Attitudes and professional behavior - Subinterns should demonstrate:
Respect for all members of the health care team.
A willingness to assist other members of the health care team.
Altruistic behavior.
3. Information Management
Rationale -Interns face an extraordinary challenge in managing large amounts of clinical information relevant to a patient's hospital admission. Accurate and timely acquisition, documentation and transfer of clinical information are necessary for safe and efficient hospital practice.
Prerequisites - 1. History acquisition and physical examination skills as per year III curriculum. 2 Test interpretation as per Year III curriculum.
Specific Learning Objectives:
3.1: Knowledge - Subinterns should demonstrate knowledge of:
How to access the clinical information system in use at their hospital
How panic values are communicated from the hospital laboratory to the responsible team member
A systematic method to track clinical/laboratory/radiologic data.
Patient confidentiality regulations governing medical records and clinical information.
The importance of precision and clarity when prescribing medications.
3.2: Skills - Subinterns should demonstrate the ability to:
Document the following in an organized and efficient manner: i. Admissions notes; including the History and Physical Exam ii. Daily progress notes iii. Transfer notes iv. On-call emergency notes v. Discharge summaries
Use of electronic or paper reference to access evident based medicine to solve clinical problems.
3.3: Attitudes and professional behavior - SubInterns should demonstrate:

A respect for patient confidentiality rights.
A respect for the patient medical record as a medico-legal document.
4. Procedures
Rationale: For the fourth-year medical students, the subintership presents an opportunity to gain experience with procedures that are commonly performed by interns and residents.
Prerequisites - Basic and advanced procedures per School of Medicine Curriculum
Collaborate with patients, families, and health professionals in a manner that optimizes safe effective patient-centered care.
Specific Learning Objectives:
4.1: Knowledge - Subinterns should demonstrate knowledge of:
Indications, contraindications, risk and benefits of each of the following procedures: i. Venipuncture ii. Intravenous catheter insertion iii. Arterial blood sampling iv. Nasogastric tube placement v. Lumbar puncture vi. Urethral catheter insertion vii. Intramuscular and subcutaneous injections viii. Bag and mask placement and utilization ix. Other procedures that are service appropriate
How the information obtained from these procedures will enhance the patient's care
How to assess patient's competence in order to provide informed consent for a procedure
Potential procedure related risks for the operator and the need for universal precautions.
4.2: Skills - Subinterns should demonstrate the ability to:
Recognize clinical situations where one or more procedures are indicated
Effectively explain the rational, risks and benefits for the procedure in language that is understandable by the patient and/or his/her family.
Obtain and document informed consent, if necessary
Recognize limitations of skill or proficiency in performing one of the above procedures.
Personally perform, with direct supervision, the above procedures, when possible.
Write a procedure note
Ensure that samples obtained are properly prepared for laboratory processing.
Teach procedure skills to a third-year medical student, when appropriate.
4.3: Attitudes and professional behavior - Subinterns should demonstrate:

Respect for patient autonomy and the principles of informed consent.
Concern for maximizing patient comfort and privacy.
Commitment to learning how to perform procedures in an efficient and cost-efficient manner.

EMERGENCY MEDICINE M4
CURRENT LEARNING OBJECTIVES & ALIGNMENT

Overarching outcome goals: The student will become familiar with the initial evaluation and stabilization of patients who present to the emergency department with urgent and emergent medical illnesses and traumatic injuries. The student will gain experience managing acutely ill and injured patients in a timely fashion. He/she will follow the patient's emergency department course, and provide an appropriate disposition. The student will become familiar with a variety of invasive and noninvasive techniques that are routinely used in the treatment of patients in the emergency department. The required procedures are suturing, peripheral IV placement, performing ABG's, and Foley catheter insertion. Students are expected to participate in all aspects of patient care including resuscitations.

In the course of the clerkship the student will perform the following:

KNOWLEDGE FOR PRACTICE
Obtain an accurate problem focused history and physical examination
Recognize immediate life-threatening conditions.
Participate in patient management, by developing an evaluation and treatment plan, monitoring the response to therapeutic intervention, and developing an appropriate disposition and follow up plans.
Educate patients on safety and provide anticipatory guidance as necessary related to the patient's chief complaint. Educate patients to ensure comprehension of discharge plan.
Develop a differential diagnosis when evaluating an undifferentiated patient.
Prioritize likelihood of diagnoses based on patient presentation and acuity.
List the worst-case diagnoses.
Create a diagnostic plan based on differential diagnoses.
Develop a management plan for the patient with both an undifferentiated complaint and a specific disease process.
PATIENT CARE
Assume responsibility for the management of patients at the level of a subintern
Independently collect both focused and comprehensive patient histories
Independently perform both focused and comprehensive physical exams
Demonstrate appropriate wound management techniques including basic suturing skills
Describe appropriate wound care and management
Participate in adult resuscitations and identify and describe the pathophysiology behind treatment protocols
Demonstrate basic airway skills
Demonstrate competence in basic procedural skills including venipuncture, suturing, and IV placement
Demonstrate competence in the use of point of care ultrasound in performing an eFAST exam

Demonstrate the ability to generate appropriate differential diagnoses and develop diagnostic and therapeutic plans for patients presenting with the following complaints:
• Abdominal Pain
• Chest Pain Respiratory Distress Medical Code Trauma Code
• Any eyes, ears, nose, or throat case
• Musculoskeletal case
• Neurological case
• Pediatric case
• Traumatic injury case (not a trauma code)
PRACTICE BASED LEARNING
Effectively use available information technology, including medical record retrieval systems, and other educational resources to optimize patient care and improve their knowledge base
INTERPERSONAL AND COMMUNICATION SKILLS
Effectively communicate with patients and family members
Demonstrate a compassionate and nonjudgmental approach when caring for patients
Presentation skills: Present cases in a complete, concise, and organized fashion
Effectively communicate with consultants and admitting services
PROFESSIONALISM
Display a strong work ethic. Be conscientious, on time, and responsible. Maintain a professional appearance.
Exhibit honesty and integrity in patient care
Practice ethical decision
Demonstrate professional behavior. Exercise accountability
Be sensitive to cultural issues (age, sex, culture, disability, etc.)
Work in a collegial manner with other members of the health care team
Maintain patient dignity and respect patient privacy and confidentiality
SYSTEM BASED PRACTICE
Recognize when patients should be appropriately referred to the emergency department (ED)
Recognize the importance of arranging appropriate follow up plans for patients being discharged from the ED
Recognize the role of EM in the community, including access to care and its impact on patient care
Understand the indications, cost, risks, and evidence behind commonly performed ED diagnostic studies

Recognize the role of the Emergency Department in the larger healthcare delivery system
INTERPROFESSIONAL COLLABORATION
Work with nurses, pharmacists, and medical technicians as part of an Interprofessional care team
Effectively communicate with other members of the health care team
PERSONAL AND PROFESSIONAL DEVELOPMENT
Improve one's own practice by soliciting and incorporating feedback
Understand that there is a degree of uncertainty in Emergency Medicine

M3 Longitudinal Course: *CRISP*
Four 3-month long courses. Students must register in quarters in 22-23
Student enrolled in Apr-June, July-Sept, Oct-Dec, Jan-Mar. Required of all students.
Description:
This is a yearlong longitudinal course that gives the WSU Segment 3 students advanced skills in areas common to all specialties and is an integral part of the 4-year clinical excellence program as part of the Highways to Excellence© curriculum. Including sessions on clinical reasoning, interprofessional health care, continuation of the ultrasound curriculum in the clinical setting, leadership, career planning, wellness, and other topics that help unify the core curriculum.
Goal
To enable a WSUSOM student to enter Segment 4 training prepared for continued learning in many areas common to all medical practice and practice in a professional, ethical, socially responsible fashion with the skills and knowledge best introduced in the post clerkship setting.
Specific Objectives
1. Demonstrate knowledge and competency in areas common to all specialties of medical practice, including patient care skills, professional practice, professional identity formation, ethics and end of life issues, advanced communication, and lifelong learning
2. Demonstrate implementation of resilience and grit in clinical practice
3. Use appropriate medical applications to support patient care
4. Identify the elements of breaking bad news
5. Reflect on ways to improve interdisciplinary teamwork
6. Identify effective ways to improve time management and organizational skills and identify how you can implement these in your practice.
7. Exercise Professionalism Principles during clerkship rotations
8. Apply your knowledge of controlled substance misuse when interacting with patients
9. Using self-reflection, identify and implement activities to support self-care and wellness

PxDx Required Experiences by Clerkship

INTERNAL MEDICINE	SURGERY
Diagnosis Name	**Diagnosis Name**
Abdominal Pain	Abdominal Pain (Acute)
Acute medical illness	Acute Surgical Problem (incl. Trauma)
Chest pain	Breast Problem
Chronic disease management	Common Malignancy
Geriatric problem (e.g., dementia, memory loss, falls, and incontinence)	Geriatric Surgical Illness or Trauma
Infectious Disease	Rectal Problem
Kidney Disease	Subspecialty Case
Liver Disease	Surgically Treated Infection
Medical Illness Impacted by Climate	**Procedure Name**
Metabolic problem (e.g., Diabetes, thyroid disease, obesity)	Draw Blood
Patient admitted due to lack of access to primary care	Foley Catheter
Patient with multiple medical problems	History & Physicals
Preventative Disease Management	Knot Tying
Shortness of Breath	Obtaining informed consent/explaining procedure
Substance Use Disorder/Withdrawal	Place NG tube
Worsening of a chronic medical problem	Post-Op Care-Outpatient
Procedure Name	Pre-Op. Eval-Outpatient
Counsel and provide resources, and referral (if requested) for a patient with substance abuse disorder	Rectal Exam w/Prostate Eval
Educate a patient about their illness or treatment using "teach back" technique	Start IV
Perform a mental status test	Sterile Prep and Draping of surgical Field

Submit adverse/near miss event report to clinical site using site's error reporting system	Suturing
Use ethical checklist to identify ethical issue in patient care	
Use USPTF to develop preventative health plan for a patient	

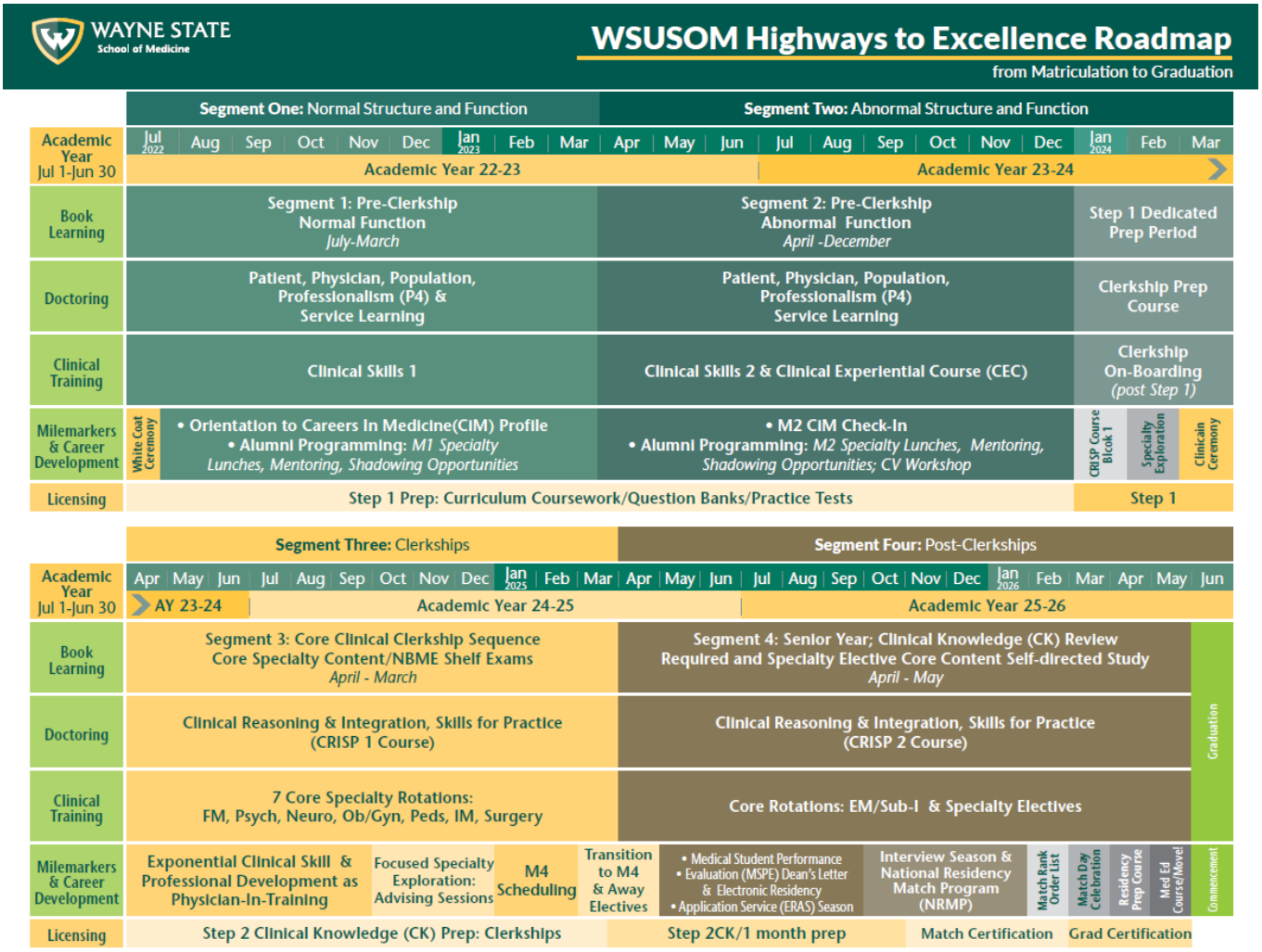
FAMILY MEDICINE	OBSTETRICS/GYNECOLOGY
Diagnosis Name	**Diagnosis Name**
Abdominal Pain/Peptic Ulcer Disease	Abnormal Pap Smear
Anxiety/Depression	Contraceptive Counseling
Arthritis	First Trimester Pregnancy Complications
Asthma and COPD	Menopause
Diabetes Mellitus	Menstrual Disorder
Headache	Pregnancy complication - 3rd Trimester
Hypertension	Prenatal Care
Ischemic Heart Disease/Chest Pain	Preterm Labor
Low Back Pain	Vaginitis/STDs
Pharyngitis/URI Pneumonia	**Procedure Name**
Urinary Tract Infection	Abdominal/Vaginal Ultrasound
Vaginitis & STDs	Breast Examination
	Cervical Examination - pregnant patient
Procedure Name	Cesarean Observe
Comprehensive H&P	Culture Swab Acquisition
Domestic Violence Screening	Pelvic Examination - bimanual incl. pap smear
Preventive Medicine	Sexual History/Obstetric History/Gyn History
	Sterile Technique - scrub, gown, glove
	Vaginal Delivery (non-operative) - Identify Need for Repair

PEDIATRICS	PSYCHIATRY
Diagnosis Name	**Diagnosis Name**
Acute illness	Anxiety Disorder Diagnosis
Chronic Disease	Bipolar Diagnosis
Infectious Disease	Cognitive Disorder Diagnosis
Newborn Infant 0-4 wks	Personality disorder (or trait)
Well Child 4 yrs - 18 yrs	Psychotic Disorder Diagnosis

Well infant 1 mo - 36 mos	Substance Use Disorder Diagnosis
Procedure Name	Trauma related disorder (examples: PTSD, Acute Stress Disorder)
Developmental Assessment	Unipolar depression Diagnosis
Immunization Record/MCIR review	**Procedure Name**
Pain Assessment	Follow-up
Somatic growth curve [HT, WT, HC, BMI] interpretation	Psychiatric Evaluation
Written patient encounters submitted for critique	

NEUROLOGY	**EMERGENCY MEDICINE**
Diagnosis Name	**Diagnosis Name**
Dementia	Abdominal Pain
Headache	Chest Pain
Low Back Pain	Eye, Ears or Throat Case
Mononeuropathy	Medical Code
Movement Disorder	Musculoskeletal Case
Multiple Sclerosis	Neurologic Case
Polyneuropathy	Pediatric Case
Potential Neurologic Emergencies	Respiratory Distress
Seizure	Trauma Code
Stroke	Traumatic Injury Case (not trauma code)
Procedure Name	**Procedure Name**
Examine patient with altered level of consciousness or abnormal mental status	ABG
History Taking	Foley
Neurological Exam	IV/Blood Draw
	Suturing/Wound Repair

Highways to Excellence© Curriculum Map



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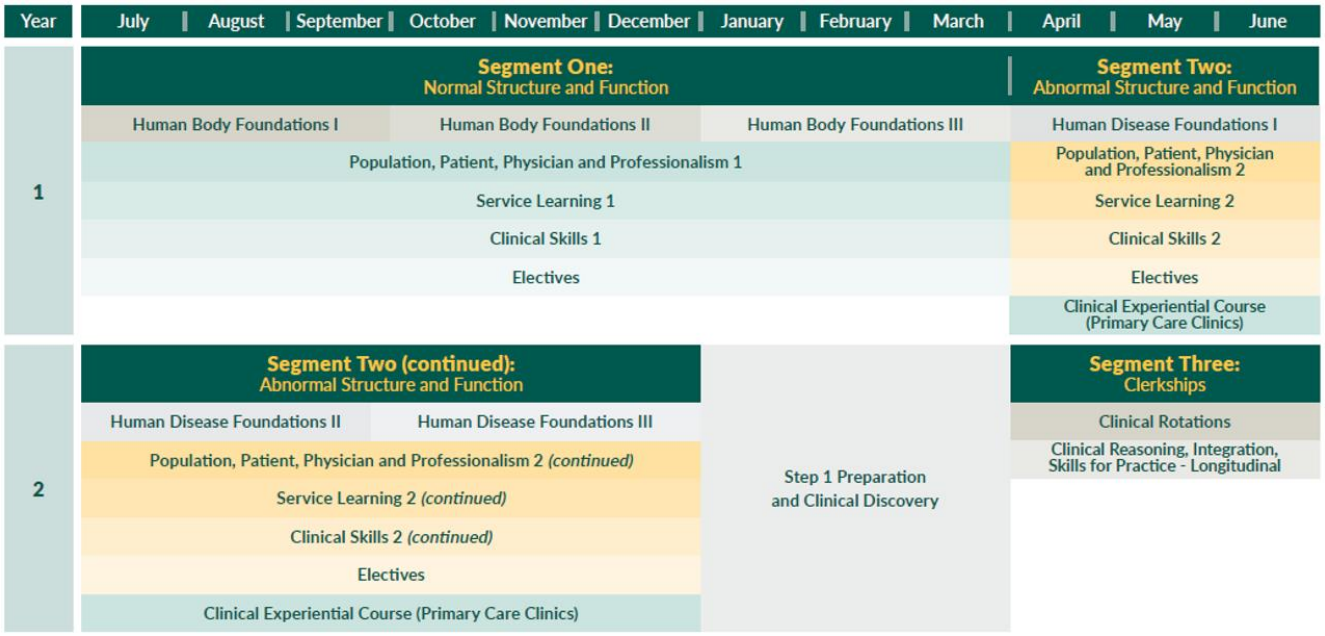
Pre-Clerkship Phase



Clerkship and Post-Clerkship Curriculum

LCME Rational and Reason Supporting This Handbook

8.16 Non-Faculty Instructor Policy Purpose

The purpose of this policy is to ensure that residents, graduate students, postdoctoral fellows, and other non-faculty instructors in the medical education program who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and are prepared for their roles in teaching and assessment.

Responsible Party and Review Cycle

The Senior Associate Dean for Curricular Affairs and Undergraduate Medical Education will review this document annually.

LCME Accreditation References LCME Element 9.1 Preparation of Resident and Non-Faculty Instructors

Description

Non-Faculty Instructors

All residents, fellows, graduate students, advanced standing medical students, and other non-faculty instructors that instruct, assess or supervise Wayne State University School of Medicine medical students are required to be provided the learning objectives for the course, clerkship or elective prior to beginning their duties. Additionally, these individuals must receive appropriate training in order to prepare them for their roles and responsibilities.

The minimum expectations for the activities include:

- Residents and other instructors who do not hold faculty ranks receive a copy of the course or clerkship/clerkship rotation objectives and clear guidance from the course or clerkship/clerkship rotation director about their roles in teaching and assessing medical students.
- The institution and/or its relevant departments provide resources (e.g., workshops, resource materials) to enhance the teaching and assessment skills of residents and other non-faculty instructors. The institution is responsible for central monitoring of the level of residents' and other instructors' participation in activities to enhance their teaching and assessment skills.
- Formal evaluation of the teaching and assessment skills of residents and other non-faculty instructors, with opportunities provided for remediation if their performance is inadequate is required. Evaluation methods could include direct observation by faculty, feedback from medical students through course and clerkship/clerkship rotation evaluations or focus groups, or any other suitable method.

Professionalism Policy

The professionalism policy begins in Section 7 of the student handbook.

M3 Clerkship Preceptor Evaluation of the Student

Click to view the full PDF of the updated New Innovations Preceptor Evaluation of the Student.

Subject Name
Class of ----
Rotation: Location
Evaluation Dates

Evaluated by: **Evaluator Name**
Class of ----

New preceptor assessment of student

Committee draft

Instructions:
If any of the following are true please close this form and Suspend. If none of the following apply please continue with your evaluation of the student.
• I did not work with the student
• I did not have a sufficient amount of time to properly evaluate the student
• I have a conflict of interest evaluating the student
• I professionally treated the student for medical or health issues

TIMELINE TO SUBMIT EVALUATION
*• Evaluations must be completed after working with a medical student. The evaluation form will be sent to you via email through E*Value*
• Complete the evaluation as soon as possible after working with the student
• All evaluations are due two weeks after the end of clerkship
• If you do not complete your evaluation in a timely manner, it will automatically expire and you will not be able to complete it

RANKING
• WSUSOM expects its medical students to perform at the level of "3" or higher in every competency listed on the evaluation form
• Anchor descriptions for "3" describe the school's expectation for a third year medical student in a clinical clerkship
• Anchor descriptions for "1" describe a student who is not consistently performing at the level of a third year medical student
• Anchor descriptions for "5" describe a student who is consistently performing above the level of a third year medical student
• If a student consistently falls below a "3", which is the level expected for that competency, s/he should be rated as "1"
• If a student consistently excels beyond the level expected, s/he should be rated as "5"
• If a student's proficiency falls between the anchor descriptions, then please use "2" or "4"

1 Amount of time spent with student constituting this evaluation

◯ One day or shift
◯ 2-7 Days
◯ 8-14 Days
◯ 15-30 days or more

2 Preceptor's role

◯ Junior resident
◯ Senior resident or fellow (PGY2+)
◯ Faculty

Clerkship Objectives

3* I have reviewed and are familiar with the clerkship objectives and evaluation policies contained in the Resident/Faculty guide. If not, please visit the below link to review the objectives and return to complete this form.
https://mesg.med.wayne.edu/objectives

- ◯ Yes
- ◯ No

Student Mistreatment Policy

4* I am aware of the Wayne State University School of Medicine Student Mistreatment Policy.
If not please visit the below link to review the policy/Student Handbook and return to complete this form.
https://www.med.wayne.edu/ume-academic-student-programs/professionalism/#mistreatment

- ◯ Yes
- ◯ No

5* History Taking

1 - Performance not consistent with Junior student Generally incomplete history. Frequently disorganized. Does not focus on the patient's problem. Important/key information is often missing and/or not reliable. Struggles to establish rapport.	2 - Often performs below expected level-- incomplete and disorganized in uncomplicated patients.	3 - Performance at expected level Able to elicit key elements of patients' history. Generally complete with appropriate organization. Often includes most important information. Often establishes a therapeutic relationship.	4 - Often performs above expected level. Frequently complete and organized in uncomplicated and complex patients.	5 - Performance far above expected level Outstanding history taking. Excellent organization and consistently includes important information. Skillful at establishing rapport even in challenging and complex situations.	N/A
◯	◯	◯	◯	◯	◯

6* Performing Physical/Mental Status Exam

1 - Performance not consistent with Junior student Incomplete, superficial, cursory, or inaccurate. Misses major findings frequently. Often unable to perform common physical exam maneuvers or mental status observations.	2 - Often performs below expected level.. Incomplete or inaccurate.	3 - Performance at expected level Able to perform necessary physical exam/mental status exam activities. Recognizes abnormalities are present; not necessarily able to identify the abnormality.	4 - Often performs above expected level but not consistently. Performs accurate comprehensive or focused physical appropriately.	5 - Performance far above expected level Consistently performs comprehensive or focused physical exam/mental status exam activities accurately and appropriately. Able to recognize and identify most abnormalities.	N/A
◯	◯	◯	◯	◯	◯

7* Ability to Synthesize Data into Assessment. Demonstrates sound Clinical Reasoning

1 - Performance not consistent with Junior student Often unable to construct a problem list. Poor ability to develop differential diagnosis	2 - Often performs below expected level but not consistently. Difficulty generating a basic differential dx	3 - Performance at expected level Able to construct a problem list. Able to interpret clinical and diagnostic studies to develop a differential diagnosis. Often able to identify most likely diagnosis. Uses Clinical Reasoning techniques.	4 - Often performs above expected level but not consistently. Frequently demonstrates sound Clinical Reasoning	5 - Performance far above expected level Consistently develops a comprehensive differential diagnosis and is astute at prioritizing diagnoses in an accurate, logical order. Able to explain details of Clinical Reasoning in reaching diagnosis.	N/A
○	○	○	○	○	○

8* Ability to Interpret Diagnostic Labs and Tests, Formulate Therapeutic Plan

1 - Performance not consistent with Junior student Has difficulty developing a logical plan of care. Does not avail him/herself to information sources to assist in developing plans for treatment. Lack of knowledge of common tests and diagnostic procedures.	2 - Often performs below expected level but not consistently. Does not demonstrate reasonable use of tests.	3 - Performance at expected level Able to develop an appropriate initial plan of care informed by the differential diagnosis, and using available information sources. Understands common tests.	4 - Often performs above expected level but not consistently. Able to suggest appropriate tests and procedures.	5 - Performance far above expected level Consistently develops comprehensive care plans. Seeks out multiple information sources to inform treatment plans. Demonstrates well reasoned knowledge of diagnositic tests and procedures.	N/A
○	○	○	○	○	○

9* Oral Presentations

1 - Performance not consistent with Junior student Lack of preparation. Presentation poorly organized. Key information is missing. Consistent inattention to detail. Unable to organize and/or express thoughts clearly.	2 - Often performs below expected level but not consistently. Difficulty reporting basic information.	3 - Performance at expected level Evidence of preparation. Clear summaries of findings, diagnostic and therapeutic plans. Able to present key information in an organized fashion and appropriate time frame (no more than 10 minutes).	4 - Often performs above expected level. Organized, concise, accurate and appropriately focused. Presents pertinent positives and negatives.	5 - Performance far above expected level Well prepared and well organized. Consistently provides pertinent information in a concise, logical and fluent manner with minimal use of notes.	N/A
○	○	○	○	○	○

10* Written Documentation

1 - Performance not consistent with Junior student Consistently incomplete and poorly organized. Major omissions. Information is unreliable. Does not reflect discussion with team members or use of information resources.	2 - Often performs below expected level but not consistently. Cuts and pastes notes.	3 - Performance at expected level Able to write in an organized and clear manner. Note conveys key information about patient's clinical status. Reflects use of available information and discussion with team members. Explains and justifies most likely dx. Does not cut and paste notes.	4 - Often performs above expected level but not consistently. Does not cut and paste notes.	5 - Performance far above expected level Written documentation is consistently organized and includes thorough summary of the history, physical/mental status exam, assessment and plan. It reflects use of multiple resources including the team. Consistently writes original notes explaining clinical reasoning, justification for dx. Does not cut and paste note.	N/A
○	○	○	○	○	○

11* Technical/Procedural Skills

1 - Performance not consistent with Junior student Generally careless or incompetent. Frequent disregard for patient comfort.	2 - Often performs below expected level but not consistently	3 - Performance at expected level Proficient. Exhibits appropriate care. Minimizes patient discomfort and risk.	4 - Often performs above expected level but not consistently	5 - Performance far above expected level Superb skills, excellent technique. Puts patients at ease, attends to their concerns.	N/A
○	○	○	○	○	○

12* Medical Knowledge

1 - Performance not consistent with Junior student Often unable to demonstrate adequate knowledge of basic and clinical sciences as related to their patients' problems. Rarely able to answer general questions requiring basic science knowledge.	2 - Often performs below expected level but not consistently	3 - Performance at expected level Demonstrates knowledge related to assigned patients' problems. Working knowledge of basic and clinical sciences as demonstrated by ability to answer most questions.	4 - Often performs above expected level but not consistently	5 - Performance far above expected level Consistently integrates basic and clinical sciences as related to the patients' problems. Consistently able to answer general questions requiring basic science and clinical knowledge.	N/A
○	○	○	○	○	○

13 Identifies Social, Economic, Psychological and Cultural Factors that contribute to health, disease and medical care.

Below Expectations. Consistently overlooks one or more factors	Frequently overlooks one or more of these factors.	Meets expectations. Incorporates basic aspects of these factors	Incorporates basic aspects of these factors and applies them to the patient's plan of care.	Incorporates DETAILED aspects of these factors and applies them to the plan of care
○	○	○	○	○

14* Seeks opportunities and demonstrates Self-Directed Learning, including evidence based practice.

1 - Performance not consistent with Junior student Rarely shows initiative in seeking out information, feedback, etc. Infrequently responds to instruction.	2 - Often performs below expected level but not consistently	3 - Performance at expected level Demonstrates initiative in seeking out information and using available resources. Solicits and responds to instruction and feedback. Brings new learning to the team.	4 - Often performs above expected level but not consistently	5 - Performance far above expected level Is inquisitive and consistently demonstrates initiative in seeking out information and resources. Seeks out additional information. Consistently incorporates feedback and demonstrates improvement. Educates themselves and the team with new evidenced based information.	N/A
○	○	○	○	○	○

15* Communicates effectively with patients and families across a broad range of cultural backgrounds.

Unacceptable: Does not establish rapport, use appropriate language, avoid jargon or convey empathy	Below Expectations: Has difficulty establishing rapport, using appropriate language, avoiding jargon or conveying empathy.	Meets Expectations: Frequently establishes rapport, uses appropriate language, avoids jargon or conveys empathy. Puts patient at ease.	Exceeds Expectations: Consistently establishes rapport, uses appropriate language, avoids jargon and conveys empathy. Puts patient at ease.	Far exceeds expectations: Consistently establishes rapport, uses appropriate language, avoids jargon or conveys empathy even with challenging patients, families and situations. Puts patient at ease.
○	○	○	○	○

16* Communication with all members of the healthcare team

1-Does not communicate effectively. Often causes friction. Poor team skills. Often disrespectful. Often works in isolation. Cannot be relied upon by other team members.	2 - Below expectations Has difficulty communicating with the entire healthcare team. Communication unclear, incomplete or disorganized	3 - Meets expectations. Respectful and open to all team members (pharmacists, nurses, MA's, etc). Ability to work cooperatively with all team members. Mature and dependable. Sensitive to others. Shares pertinent information.	4 - Exceeds expectations. Frequently takes the initiative to exchange information with all members of the team, including nursing and ancillary staff.	5 - Performance far above expected level Excellent interpersonal skills. Respectful, mature, and cooperative with all team members including non-physicians. Highly sensitive to others' needs. Appropriately assertive. Highly dependable, identifies opportunities to assist teammates. Consistently takes the initiative to exchange information with all members of the team, including nursing and ancillary staff.	N/A
○	○	○	○	○	○

17* Professionalism, Ethics and Interpersonal Relationships with Patients

1 - Performance not consistent with Junior student Demonstrates lack of regard for social or cultural issues. Disrespects patient's dignity. Disregard's patient's privacy.	2 - Often performs below expected level but not consistently	3 - Performance at expected level Demonstrates compassion. Shows good understanding of patient's perspective. Respectful of patient's dignity. Protective of patient's privacy.	4 - Often performs above expected level but not consistently	5 - Performance far above expected level Consistently compassionate and sensitive to social, cultural, and religious issues. Advocates for patient's dignity. Vigilant in protecting patient's privacy. Consistently develops a trusting relationship with patient. Patients feel comfortable revealing sensitive information.	N/A
◯	◯	◯	◯	◯	◯

18* Professional Behavior, Demeanor, and Work Ethic with Healthcare Team

1 - Performance not consistent with Junior student Does not meet obligations. Frequently late and irresponsible. Lacks interest and enthusiasm in clinical work and learning. Unavailable when needed. Poor effort and lack of self-direction. Records fraudulent information.	2 - Often performs below expected level. Needs reminders. Peripheral to team activities. Late or tardy.	3 - Performance at expected level Meets obligations. Punctual, well-motivated, responsible. Assumes responsibility. Generally follows through on assigned tasks. Shows enthusiasm and self-direction.	4 - Often performs above expected level. Actively involved and makes meaningful contributions to the patient care team.	5 - Performance far above expected level Exceeds obligations. Always punctual. Assumes added responsibility. Completely reliable. Superior team player. Excellent enthusiasm and self-direction. Highly valued integral team member.	N/A
◯	◯	◯	◯	◯	◯

19 RIME Evaluation: Please assess this student's overall performance on the following scale. This is not a portion of the grade determination but will indicate to the student the level of performance overall that they have demonstrated.

◯ This student performed below the level of Reporter and requires remediation.

◯ Reporter: Solid performance; obtains & reports basic information accurately; beginning to interpret; solid personal and professional qualities

◯ Interpreter: Clearly more than typical work in most areas of evaluation. Proceeds consistently to interpreting data; good working fund of knowledge; an active participate in care. Consistent preparation for clinics.

◯ Manager: Actively suggests management options; excellent general fund of knowledge, outstanding knowledge of patients.

◯ Educator: Outstanding ratings in most areas of evaluations. Strong qualities of leadership and excellence in professionalism, interpersonal relationships, and professional behavior, demeanor and ethic. Could effectively function as a junior resident.

20* General Comments (to be included in the Dean's letters)

21 Additional comments NOT to be included in the Dean's Letters (include areas needing improvement)

22 Identify any less than professional behavior that occurred during the clerkship or opportunities for professional growth so that we can coach up our students for improvement. You may use this link to refer students for coaching. https://cm.maxient.com/reportingform.php?WayneStateUniv&layout_id=25

23 Please identify this student as exemplary in advocating for patients and patient care in a manner which deserves recognition. Please complete a PEARLS nomination for this if appropriate using this link. https://cm.maxient.com/reportingform.php?WayneStateUniv&layout_id=25

Evaluation of Preceptor by Student

[Click to view the full PDF of the updated New Innovations Student Assessment of the Faculty and Residents.]

Subject Name
Class of ----
Rotation: Location
Evaluation Dates

Evaluated by: **Evaluator Name**
Class of ---

Student Assessment of Faculty/ Resident

Instructions:
You are receiving this evaluation because the faculty/resident is listed in New Innovations as having worked with you during your clerkship. Please use this evaluation form to provide constructive feedback to him/her.
If you did not have a sufficient amount of time to properly evaluate the resident or did not work with the resident please suspend this evaluation.
You are asked to first provide comments and then rate the faculty/resident on five different domains.

RESIDENT - Overall Comments

1* Learning Climate
- **Accommodated teaching to actively incorporate all members of the team**
- **Challenged thinking in a non-threatening manner**
- **Overall created a positive learning environment**
- **Helped me to integrate as an active member into the team**

1 Made No Significant Effort	2 Attempted, But Poorly Done	3 Average	4 Above Average	5 Outstanding	N/A
○	○	○	○	○	○

Comment

2* Teaching
- **Taught effectively in chosen environment (i.e., bedside, outpatient clinic, classroom, operating room)**
- **Showed enthusiasm and interest in teaching**
- **Focused discussions appropriately**
- **Role modeled history taking, physical exam skills, interpersonal skills and patient education**

1 Made No Significant Effort	2 Attempted, But Poorly Done	3 Average	4 Above Average	5 Outstanding	N/A
○	○	○	○	○	○

Comment

3* **Patient Care Skills**

- **Effectively taught day-to-day skills (e.g., writing orders, finding supplies, contacting social work)**
- **Helped me with my documentation**
- **Helped me prepare for rounds**
- **Explained procedures to me**

1 Made No Significant Effort	2 Attempted, But Poorly Done	3 Average	4 Above Average	5 Outstanding	N/A
◯	◯	◯	◯	◯	◯

Comment

4* **Critical Thinking**

- **Emphasized problem-solving (identified important elements in case analysis and thought process, leading to diagnosis and/or management decisions)**
- **Taught in a way that learner could understand reasoning process**
- **Stimulated self-learning (i.e. read, researched, and reviewed pertinent topics)**

Made No Significant Effort	Attempted, But poorly Done	Average	Above Average	Outstanding	N/A
◯	◯	◯	◯	◯	◯

Comment

5* **Professionalism**

- **Showed respect for the patient**
- **Placed the patient's comfort and interests first**
- **Consistently compassionate and sensitive to social, cultural, and religious issues**
- **Showed respect for all members of the team including non-physicians**
- **Resident was on time for professional duties**

1 Made No Significant Effort	2 Attempted, But Poorly Done	3 Average	4 Above Average	5 Outstanding	N/A
◯	◯	◯	◯	◯	◯

Comment

6* **Feedback and Evaluation**

- **Communicated areas of strength**
- **Communicated areas of weakness**
- **Made helpful suggestions for improvement**
- **Provided timely feedback**

1 Made No Significant Effort	2 Attempted, But Poorly Done	3 Average	4 Above Average	5 Outstanding	N/A
◯	◯	◯	◯	◯	◯

Comment

RESIDENT - Overall Ranking

7* Please rate the overall ranking of the faculty/resident

1 Made No Significant Effort	2 Attempted, But Poorly Done	3 Average	4 Above Average	5 Outstanding	N/A
○	○	○	○	○	○

8* Please leave overall comments of the faculty/resident