



PHASE II STUDENT HANDBOOK

**April 23, 2018 – April 26, 2019
Class of 2020**

Clerkship Directors and Coordinators

FAMILY AND COMMUNITY MEDICINE



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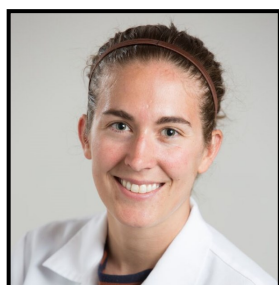
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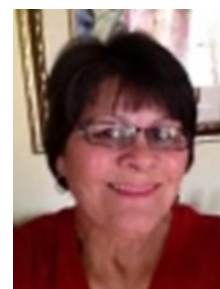
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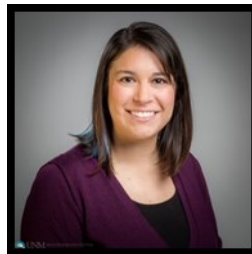


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OTHER IMPORTANT PEOPLE IN PHASE II

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Director



Peter Couse
Coach



Michael Hess, PhD
Coach

THE OFFICE OF PROGRAM EVALUATION, EDUCATION AND RESEARCH (PEAR)



Renee Quintana, MPA
Program Manager

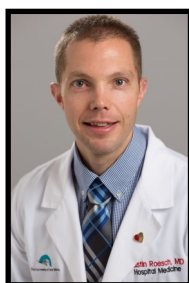


Nancy Shane, PhD
HS Associate Scientist III

OFFICE OF ASSESSMENT & LEARNING (A&L)



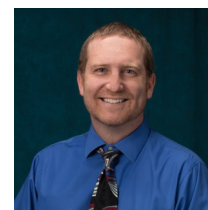
Edward Fancovic, M.D.
Executive Director



Justin Roesch, M.D.
Assistant Director



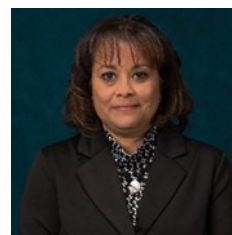
Kristy J. Allocca
Operations Manager



J. Allen Veitch, MBA
Data Services Manager

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John Waid
Data Analyst



Audrey H. Ortega, BSBM
SP Program Manager

STUDENT WELLNESS PROGRAM



Elizabeth Lawrence, M.D.
Wellness Director

OFFICE OF MEDICAL STUDENT AFFAIRS / OFFICE OF UNDERGRADUATE MEDICAL EDUCATION



Sheila Hickey, M.D.
Associate Dean of Students



Teresa Vigil, M.D.
Assistant Dean of Students



Paul McGuire, PhD
Associate Dean of UME

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Phase II Clerkships – General Information

Phase II begins approximately the last week in April of the second year in medical school, and lasts for one year. There are six 8-week blocks with two scheduled vacations lasting approximately two weeks each; one immediately after block two and the second vacation immediately after block 4, during the winter holiday break.

There are seven required Phase II clerkships that each student must take and pass: Family Medicine, Internal Medicine, Neurology, Obstetrics-Gynecology, Pediatrics, Psychiatry, and Surgery. All Phase II Clerkships are 8 weeks in length with the exceptions of Neurology and Psychiatry, which last 4 weeks each and are taken together during the same 8-week block.

Call/After Hours Responsibilities

1. Family Medicine:
No overnight call.
2. Internal Medicine:
No overnight call. At the VA, teams are on call every 4th night and students leave at before 10 PM.
At University Hospital, there is a 6-day cycle. The day call and MICU transfer are days for student admits.
3. Neurology:
Students will take one weekday short call at UNMH from 4pm to 8pm during the four-week rotation.
4. OB/Gyn:
Each student is assigned a single week (a combination of up to 4 nights from 8 pm to 8 am and evening hours) of night float on Labor & Delivery. On L&D, students can expect to be scheduled for a weekend day and a weekend night. During exam and Orientation weeks, some variability may occur. For all rotations, rounding in the early a.m. may be expected one weekend day per week and on holidays. No other "call" is scheduled in the rotation.
5. Pediatrics:
Inpatient Day team: 9 to 14 days from 6 AM - 6 PM.
Inpatient night team: 4 to 6 days from 12 noon to midnight.
Heme-Onc team: 5 days from 6 am – 6 pm
Pediatric Outpatient Clinic: 14 days: some nights to 8 pm; one Saturday 9 am – 3 pm.
Newborn nursery: 6 days from 7 am to 6 pm.
6. Psychiatry:
No overnight call. Students will experience emergency psychiatry on a night shift twice during the 4-week block. They will do the shifts in the Psychiatric Emergency Service (PES) at the Mental Health Center.
7. Surgery:
Night Float 5:30 PM to 12:00 AM four times during the rotation (back-to-back). You will have a secured day off following night float and an additional weekday off if your night float on includes Saturday AND Sunday. You may be expected to work one weekend day per week.

Work hours

There is a maximum work hour limit for students, not to exceed 80 hours per week. Most clerkships provide for one day off every 7 days, while other clerkships schedule hours such that averaged over a 4-week period, a student will have 4 days off. For each rotation, students on each clerkship will be asked to track their work hours for two weeks out of every month to verify that each clerkship maintains and adheres to this policy (See *Phase III Student Handbook*)

<http://som.unm.edu/education/md/omsa/student-promotion-and-policies.html>

Time away from clerkship

For information regarding other time off during the clerkship (e.g. sick time, conferences, personal/family emergencies, personal events, exams, etc) – please refer to the leave policy on the OMSA website

<https://som.unm.edu/education/md/omsa/student-promotion-and-policies.html#tab-2>

Absences away from clerkships will be tracked over the course of Phase II. If a student's scholarly project has been accepted for presentation at the annual conference in Carmel, CA in January, please communicate with the Clerkship Directors in advance if scheduled to be on Neuro/Psych. They will need to be placed in the eight-week paired clerkship first in January so as to avoid travel during required components of the four week clerkships.

Holidays

Whether or not a Phase II student will be off for a holiday (Independence Day, Labor Day, Thanksgiving, Martin Luther King Jr., Memorial Day) varies with the clerkship and site. In general, you should assume that you **ARE** working the holiday if you are on an inpatient rotation, unless you hear otherwise.

Inclement weather

See the "*Inclement Weather Policy*" in the policies section of the OMSA website

<https://som.unm.edu/education/md/omsa/student-promotion-and-policies.html#tab-3>

Student Pagers versus cell phones

The Clerkship Directors approved the students choosing either a cell phone or a pager to use **ONLY** during Phase II. Phase III students must have a pager since the nursing staff rely on pagers to contact the sub-interns.

If the students choose to have a cell phone only for a contact, they must:

- Give Student Affairs the number so all Clerkship Coordinators have it readily before the start of the rotation.
- Consider their own privacy issues.
- Be certain they have good reception in the hospital so as to ensure the reliability of this cell phone number.
- While on the Trauma Service in the Surgery clerkship, they will likely be given a pager to use.

Social Media use

The University of New Mexico School of Medicine (UNMSOM), recognizes that social media sites like Facebook, Twitter, YouTube and Flickr have become important and influential communication channels for our community. To assist in posting content and managing these sites, UNMSOM has developed policies and guidelines for use of social media. For details, see policies on the OMSA website. <https://som.unm.edu/education/md/omsa/student-promotion-and-policies.html#tab-3>

3

Background check and Medical Student Drug Testing

A critical part of medical education involves learning experiences in hospitals and other health care facilities. Use of these facilities for training is essential and students must be able to complete their assigned rotations. Most of these hospitals and health care facilities have policies requiring drug testing and/or criminal background checks. UNM medical students are required to complete and pass a yearly background check and drug screen. Students must to comply with all facility policies and state law, which include the aforementioned drug testing and background checks. Any questions or concerns regarding this may be shared confidentially with the Office of Medical Student Affairs.

Miscellaneous information:

Lockers, located in the BBRP (the pavilion), are available to students on a first-come, first-served basis. There are no lockers available to you at the VA. During the Transitions block, students are instructed to come to the Office of Medical Student Affairs to get the UNM hospital locker combination, and a card with important Phase II phone numbers.

- Scrubs
 - To obtain access to the UNMH Scrub Machines, students must first retrieve their 8-digit scrub code from one of the ScrubEx scrub machines. There are two scrub machines on the 2nd floor of the Main side of the hospital by the ACC area. The third is on the 5th floor of the BBRP side of the hospital by the service elevators. To retrieve your 8-digit scrub code, scan your badge at the machine and write down or take a photo of the number. Students will then take their 8-digit scrub code to the Linen Department (far northeast corner of Main Hospital on the 2nd floor). The Linen Department will enter the student in the system and issue their initial set of scrubs.
 - If a student is in need of OR scrubs (OR scrubs are now purple), they must complete an OR Scrub Request Form and bring the form to the Linen Department along with their 8-digit scrub code. Students can request the OR Scrub Request Form by emailing Joseph Salazar, Linen Supervisor, directly at jrsalazar@salud.unm.edu. (If a student has already been entered in the system and needs OR scrub access at a later time, they can return the form via email to Joseph Salazar in lieu of visiting the Linen Department in person). Medical Students are issued 2 scrub credits (can be a combination of purple and green scrubs). Medical students can change into surgical scrubs in the main OR locker room. Scrubs can be returned to any ScrubEx machine, however you can only get purple scrubs from the Main OR or Peds OR ScrubEx.
 - Please keep in mind:
 - When returning scrubs, there is a 30 second window so please make sure you are ready to return a full pair (1 top & 1 bottom)
 - Please check pockets before returning scrubs
 - All scrubs are not to leave the hospital as they are hospital property
- Badges should **always** be worn in patient care areas
- Dress code

Professional appearance: Students are encouraged to place a high value on grooming and personal hygiene. The following guidelines apply:

 - UNMH ID badge worn at all times
 - Hair should be neat and clean
 - No open toe shoes
 - Clothing should be clean and in good repair
 - If you wear a white coat, it should be clean
 - If scrubs are allowed on your service (check with the clerkship) students should wear a clean white coat over the scrubs. No shoe covers, hats, dirty scrubs (blood or other body fluids, etc) should be worn outside the operating room. In general scrubs are allowed only for the OR, call, and during patient care activities on select clerkships. Purple scrubs are for use only in the OR.
 - Please dress in business casual at a minimum when attending clerkship activities that do not require patient contact (e.g. orientation, grand rounds, and lectures).
- Safety
 - Personal safety – security escorts are readily available for walking you to your car at night (e.g. going home after being on call or working evening hours). <https://campussafety.unm.edu/> <http://loboguardian.unm.edu/>
 - Possessions – generally keep valuables on your person or locked in your locker.
 - Blood and body fluid exposures, needle stick injuries.
Please see the *Blood and Body Fluid Exposure*” section on UNM’s Student Health and Counseling Center site <http://shac.unm.edu/bbp.htm> for procedures on how to be evaluated in the event of an exposure.

Write-ups (SOAP notes, Operative notes, Admission H&Ps)

There are national regulations developed because of fraudulent billing by physicians who were not physically present at the time of the service for clinical notes recorded in a patient's medical record by medical students and residents. UNM SOM follows these regulations. (See [Appendix A](#)).

Essentially, what the regulations on Appendix A mean is that the only part of a SOAP note or admission H&P that is acceptable (for billing purposes) when written by a student is the "Review of Systems" and the "Past Family / Social History". The rest of the SOAP note or H&P written by a student can remain on the chart, but for billing purposes another SOAP note or admission H&P must be written by either the intern / resident and / or the attending. In the house staff's or attending's note, they can refer to the student's findings for the Review of Systems and Past Family / Social History.

NOTE: This will change in the spring of 2018 because of new rules by CMS. Once the University Hospital leadership has finalized the changes, the clerkship directors will update the students, residents and faculty on medical student notes.

Your notes (clinic note, admission H&P, inpatient progress note, operative note, post-op note, discharge note, et cetera) will generally be placed in the patient's electronic medical record. Student documentation will vary from one clerkship to another and from one institution to another. Each clerkship director will explain individual block expectations during each block orientation. You will be able to practice order entry in the EMR and the orders will be co-signed by your supervisor. Some guidelines about writing notes are as follows:

1. Unless otherwise specified, a student should expect to write a complete SOAP note or admission H&P on each patient they see. Depending on the rotation, you will type in a note, and forward it to your supervisor for review, feedback, and signature, but again this procedure varies for each clerkship.
2. Phase II students are NOT allowed to dictate any patient clinical note. You will have a course toward the end of Phase II that will teach you "How to dictate." After completing this course, you will receive your own unique code that will allow you to dictate in Phase III.
3. Phase II students are NOT allowed to be "scribes" for the intern, resident, fellow, or attending.
4. While on the Surgery or Ob-Gyn clerkships:
 - a. All outpatient notes (NOT pre-ops or post-ops) are dictated by an attending or resident
 - b. Inpatient notes that are related to surgery are written and co-signed by a resident. Since the billing for surgery and deliveries are global (i.e., one charge for the entire admission – surgery and post-op days) the students may write the notes and resident do not need to completely re-write them
 - c. Selected outpatient notes are written by the students with an attached note by the resident / faculty

Phase II Clerkship Performance Objectives

In 2005 the clerkship directors developed the document "Phase II Clerkship Performance Objectives" (See [Appendix B](#)). This list of common patient presenting complaints and procedural and communication skills is reviewed and updated annually and was extensively reorganized in 2016. For each presenting patient complaint you should be able to obtain an accurate medical history, to perform a focused physical exam, and to accurately interpret the history and physical findings to develop a patient representation (synthetic summary) and a list of differential diagnoses and justify each diagnosis with relevant history and physical exam findings. Additionally, you should be able to develop a plan for further investigations to confirm the diagnosis as well as discuss the diagnostic impression and proposed work-up with your patient. These objectives are particularly helpful in preparation for the Phase II Clinical Performance Examinations (OSCEs).

Phase II Clerkships Patient Types

LCME, the governing body that accredits medical schools, mandated that the required Phase II clerkships ensure students have a similar experience on their clerkship. They also require that the clerkship directors keep track of the types of patient each student sees during his / her clerkship, and that if a student does NOT evaluate the minimum number of patients in a certain category, alternate methods for learning about that patient problem are used (e.g. computer simulations or paper cases). All seven of the required Phase II clerkships have specified each type of patient to be seen on the clerkship. This information on specific patient types will be distributed to you at orientation for each clerkship.

The student will track patient encounters on-line on One 45. Please do NOT wait until the last week to enter this information. **Failure to enter any information at all and / or failure to meet the minimum requirement may result in lowering of the clerkship grade.** A mid-point evaluation by the clerkship director / coordinator of each student's progress is mandatory, to ensure that each student is seeing the types of patients required at a level of interaction consistent with their training and supervision needs, and to allow for any interventions as needed.

Phase II medical students are expected to document patient encounters- including H&Ps, progress notes, and specialty notes- in the Electronic Medical Record (EMR). No clerkship is exempt from this requirement. All medical student notes should be written by the student using their own account credentials, placed in the medical student folder or use medical student note type in the EMR, and forwarded in the EMR system for review to their supervisor (resident or attending physician, or both, per individual clerkship requirements). The required number of notes per patient, day, week, or service will vary according to specific direction from each clerkship.

Office of Academic Resources & Support (OARS)

Location: BMSB B80, Phone: 925-4441

Contact Learning Specialists for appointments or more information:

- Pamela DeVoe, PhD, 272-8972, pdevoe@salud.unm.edu
- Peter Couse, 272-1419, PCouse@salud.unm.edu
- Michael Hess, PhD, 272-3631, MiHess@salud.unm.edu

Academic Support

Academic enrichment services are offered to all medical students throughout training. Learning Specialists assist students with all aspects of Phase II, including clerkship shelf exams, and USMLE Step 2 CK & USMLE Step 2 CS:

<https://som.unm.edu/education/md/ume/oars.html>

- Study and Test-taking Strategies
- Test Anxiety
- Time Management and Organizational Skills
- Issues related to Clinical and Communication Skills, Professionalism and Ethics
- General questions about the medical curriculum, and scheduling
- Consultation or referral to additional resources, board review planning and/or courses, or special diagnostics as needed.

Assessment for Accommodations

Students with diagnosed disabilities who need accommodations for learning and/or testing must initiate and maintain current documentation with the UNM Accessibility Resource Center (ARC) <http://as2.unm.edu/>. Cheri Koinis, PhD, 272-3898, ckoinis@salud.unm.edu, is the HSC contact. Contact any OARS Learning Specialist for more information.

Medical Student Scholarly Research Requirement

OARS Learning Specialists can assist with most stages of the research requirement. OARS is also the administrative home for student research projects. This includes electronic submission, review process, and approval. Please send all your inquiries, information, or questions about research to Pamela DeVoe PDevoe@salud.unm.edu, located in the OARS office,

BMSB B80, 925-4441. All OARS Learning Specialists are happy to meet with you to discuss your research: generating research questions, writing your proposal, data collection and analysis, final documents, editing, and poster production. We work closely with research mentors to assist you in getting the most out of your research experience. (See the Student Research Handbook for detailed information about research deadlines).

Class of 2020 - Major Deadlines

Research Requirements	Deadlines	Promotion Requirements
Select Mentor	March 1, 2017	
Submit Research Proposal/Project Plan	July 10, 2017	Must submit proposal for promotion to Phase II.
Submit Scholarly Project Progress Report	May 1, 2019	
Submit Final Scholarly Product: paper or presentation, AND mentor final product evaluation	March 1, 2020	Must have final scholarly product submitted and evaluated by research mentor before graduation.

Presentation:

In order for your presentation to be applied as your research requirement, your PROPOSAL must be **APPROVED** prior to the time of presentation. The two most common opportunities for presentation with The University of New Mexico School of Medicine connection are:

1. The Western Student Medical Research Forum in Carmel, California, traditionally held every year in January/February; or
2. The University of New Mexico School of Medicine's Medical Student Research Day, usually held in mid-April.

Plan ahead and talk early with SOM researchers, mentors, and OARS Learning Specialists and Research Coordinator to consider your options and prepare ahead of deadlines.

Office of Assessment & Learning (A&L)

Location: HSLIC 116, Phone 272-8028

Important A&L contacts:

- Edward Fancovic, M.D., efancovic@salud.unm.edu
- Justin Roesch M.D., jroesch@salud.unm.edu
- Kristy Allocca, kallocca@salud.unm.edu
- J. Allen Veitch, MBA, javeitch@salud.unm.edu
- John Waid, jhwaid@salud.unm.edu
- Audrey Ortega, auortega@salud.unm.edu
- <https://som.unm.edu/education/md/ume/al.html>

Phase II Clerkships / Assessment

All seven clerkships use "PRIME" for clinical assessment. PRIME is a developmental model for providing specific behavior-based feedback on clinical performance (P = Professionalism, R = Reporter, I = Interpreter, M = Manager, E = Educator). As a learner progresses through his or her training, he / she should also progress developmentally in his / her ability to gather the patient's relevant history and laboratory information, interpret that data, and suggest appropriate management plans.

Feedback from faculty and house staff on a student's clinical performance should incorporate the PRIME scheme. The student should receive feedback on his / her clinical performance frequently, including at the mid-point of the rotation so that if improvement is needed, there would be time left to demonstrate improvement in clinical performance. See **Appendix C** for grading scheme for assessing clinical performance in Phase II and conversion to numerical score. Each clerkship will use this scheme for evaluation of students.

Assignment of FINAL clerkship grades:

Standards for Phase II Clerkship Grades

1. CLINICAL GRADES:

Assessment and evaluation of students, as described in **Appendix C**.

2. SHELF BOARD SCORES:

Conversion to numerical grade on 4.0 scale

<u>Percentile on shelf exam</u>	<u>Grade point</u>	<u>Interpretation</u>
$\geq 85^{\text{th}}$	4.0	Outstanding
$75^{\text{th}} - 84^{\text{th}}$	3.5	Good Plus
$50^{\text{th}} - 74^{\text{th}}$	3.0	Good
$20^{\text{th}} - 49^{\text{th}}$	2.0	Satisfactory
$6^{\text{th}} - 19^{\text{th}}$	1.0	Marginal (not passing)
$\leq 5^{\text{th}}$	0.0	Unsatisfactory (not passing)

Repeating the shelf exam:

- Any shelf examination score less than Satisfactory is considered non-passing, but it is possible for a student to pass the clerkship with a "Marginal" subjective examination grade if the other components used to calculate the final grade are high enough.
- However, if a student receives an "Unsatisfactory" for the clerkship subject examination (i.e., $\leq 5^{\text{th}}$ percentile), he / she will fail the clerkship and will be required to take a subject examination re-test.
- If a student receives a subject examination score of Marginal or higher AND the overall final grade for that clerkship is a passing one, the student may **NOT** repeat a shelf exam to attempt to achieve a higher subject examination score.

Unsatisfactory Subject Examination Grade

- If a student receives a score of $\leq 5^{\text{th}}$ percentile (0.0 on a 4.0 scale, an "Unsatisfactory") on a shelf exam, the student will receive an "F" for the final clerkship grade regardless of what the calculated average of the shelf exam + clinical grade + "other" equals.
- The student will be contacted by the Clerkship Director notifying them of the failing subject examination score; he / she will receive a letter from Office of Medical Student Affairs outlining the next steps, including a referral to the Office of Academic Resources and Support (OARS). It is recommended that the student also consult with the clerkship director for direction in studying. After meeting with OARS and developing a formal study plan with OARS and the clerkship director, a date for a re-test of the shelf exam will be scheduled.
- To remediate a failed clerkship shelf exam (if the student passed all other components of the clerkship), he / she may retake the exam at one of the following times:
 - On one specific date during the two-week Phase II vacation in August.
 - On one specific date within 2 weeks of the end of Phase II in April/May.
 - On one of the regularly scheduled shelf exam dates, which occur roughly every 4 weeks. (This option is only available after completion of all Phase II clerkships.)
- Students may incur fees for rescheduled exams.
- If the student passes this re-test, the highest score that can be achieved for the final clerkship grade will be a "Satisfactory" which will be recorded on the transcript as "S".

- f. If a failed clerkship shelf exam is not remediated within 12 months of the original grade, the transcript will show an “F” for the clerkship grade as well as the “S” once it has been remediated.
- g. If the student does NOT pass the shelf exam re-test after the 3rd attempt (the original attempt and two re-takings), the transcript will show “F” / “F” for that clerkship. The student will be referred back to CSPE and may be allowed one more attempt to repeat the entire clerkship. Failure to pass the second attempt at repeating the entire clerkship (not just the shelf exam) will result in immediate dismissal from the school of medicine.

Unsatisfactory Subject Examination Grade in More Than One Clerkship

- a. If at student receives an “Unsatisfactory” score on the subject shelf exam for more than one clerkship, the student will be referred to the Professional Development group in Assessment and Learning and to the Office of Academic Resources and Support.
- b. These two groups will make a recommendation to CSPE regarding next steps, such as “*Other than shelf exam remediation, no intervention needed, continue with clerkships*” to “*Discontinue clerkship to begin a remediation program to address the identified issues*”.
- c. If an intervention is recommended, CSPE will review the recommendation and if approved, impose an educational prescription that may include taking time off from clerkships in order to improve their exam preparation strategies, retake failed exams and participate in clinical correlation activities.

3. COMPONENTS OF THE FINAL CLERKSHIP GRADE

- 50% clinical PRIME narratives
- 25% shelf boards
- 25% “performance based” - see table below

Family Medicine	15% Service Learning Project, 10% Health Policy, Advocacy and Healthcare Systems
Internal Medicine	15% Quizzes, 10% professionalism
Neurology	5% TINS, 20% clinical reasoning exam
Obstetrics-Gyn	25% oral examination
Pediatrics	15% fluids quizzes, 5% clerkship requirements, 5% prescriptions
Surgery	25% tutorial
Psychiatry	25% written Psychiatry clinical reasoning exam

4. CALCULATION OF FINAL CLERKSHIP GRADE

- a. Each component is converted into a numerical grade using a 4-point scale as noted below.

Outstanding.....	3.5
Good	3.0
Satisfactory	2.0
Unsatisfactory	1.0

- b. EXAMPLE:

(Shelf exam 4 point grade x 0.25) + (clinical 4 point grade x 0.50) + (“other” 4 point grade x 0.25) = final grade on a 4 point scale.

No rounding whatsoever is used - the actual point grade is used for the final grade.

- c. The cut-offs for “Outstanding,” “Good,” “Satisfactory,” and “Fail” for the final clerkship grade are listed below. These cut-offs have been agreed upon by all clerkship directors.

<u>Final Score</u>	<u>Final Clerkship Grade</u>
3.50 - 4.00	Outstanding
3.00 - 3.49	Good
2.20 - 2.99	Satisfactory
≤ 2.19	Fail

Standards for Other Grading Policies

1. INCOMPLETE CLERKSHIP GRADE

- a. Appropriate assignment of an “Incomplete” Grade:
 - i. An “Incomplete” will be assigned only in those situations where a student who is currently achieving a passing grade has a personal or family emergency and is unable to complete the course.
Extenuating circumstances must be validated by the Dean of Students before the course director may grant an incomplete.
 - ii. The clerkship director, in conjunction with CSPE, will decide what components of the clerkship must be finished to complete the clerkship and receive a grade.
 - iii. If a student receives an “Incomplete” for a clerkship grade because the shelf exam was not taken, a make-up shelf exam may be taken ONLY while a student is not on another clerkship – which generally means after the end of Phase II. The delay is required to avoid distraction from the current clerkship while the student is studying for the missed shelf exam.
 - iv. The student’s transcript will carry an “Incomplete” until course requirements are finished. The required course work for a clerkship must be finished within 12 months of the “Incomplete” being assigned; otherwise the “Incomplete” will become a “Fail” and will remain on the transcript followed by the final grade. e.g., I / F.
- b. Inappropriate assignment of an “Incomplete”
 - i. A student who has completed three or more weeks of the clerkship AND who is failing the clerkship may NOT request or receive an “Incomplete.”
 - ii. After the third week of each 8-week clerkship rotation, if a student decides to drop a clerkship in which they believe they will get a failing grade, the transcript will reflect: “WF” – withdrawal / failure.
 - iii. If a student decides to drop a clerkship and is passing at the time of the drop, the transcript will reflect a “W” – withdrawal / passing grade.

2. MARGINAL CLINICAL GRADE

- a. If a student receives a grade of “Marginal” or lower for his / her clinical grade, this Marginal supersedes all other components (i.e. shelf exam, tutorial, or “other”) and the student’s final grade will be no higher than a “Fail” regardless of what the final calculated clerkship grade is.
- b. For example, a student with a “Marginal” clinical grade, an “Outstanding” on tutorial, and a “Good” on the shelf exam would have a grade point of
 $(1.0 \times 0.5) + (4.0 \times 0.25) + (3.0 \times 0.25) = 2.25$ on 4.0 scale,
which would be a “Satisfactory.” However, because the student received a “Marginal” for the clinical component, the final clerkship grade will be a “Fail” which is NOT a passing grade.
- c. Potential causes of Marginal clinical grade
 - i. Despite feedback, student’s clinical performance is that of an inconsistent or minimal Reporter
 - ii. Repeated minor lapses in Professionalism (see Phase II grading policies / professionalism, below)
 - iii. A single egregious lapse in Professionalism

PROMOTION TO PHASE III

- A final clerkship grade of Satisfactory must be achieved in all 7 Phase II Clerkships.
- If a student receives a failing grade (Fail) in a single clerkship, the student will be referred to CSPE. After discussion with CSPE and the clerkship director, the student may be allowed to repeat only that one Phase II clerkship or may be required to repeat the entire Phase II year, or the student might face dismissal from medical school

See the Promotion Policy and the Due Process policy on the Student Affairs Website for more details

<https://som.unm.edu/education/md/omsa/student-promotion-and-policies.html#tab-3>

OTHER INFORMATION ON GRADING

Completion of final clerkship grades

The goal for each clerkship director is to have the grades completed within 4 – 6 weeks after the last day of the clerkship. This grade turn-around time is monitored by the Clerkship Directors.

End of clerkship evaluations

Students must complete an online (one45) anonymous evaluation of the clerkship. This evaluation can be done in a step-wise fashion beginning the last week of the rotation, but should be completed and submitted by the following Monday, the first day of the subsequent block / rotation.

(see [Appendix D](#) for more information on this policy).

The PEAR office collects this anonymous data from the students and then generates and distributes reports of aggregate data. All end of clerkship evaluations are completely anonymous, and student responses cannot be linked back to a specific individual. Additionally, the clerkship director does NOT receive the report until after all student grades from that clerkship have been finalized in one45. In order to help preserve anonymity, the clerkship directors only receive and distribute the anonymous student comments regarding faculty or residents only every six months.

(See [Appendix E](#) for more information on maintaining anonymous clerkship evaluation data).

Phase II Grading Policies / Professionalism

UNM SOM has professionalism codes for students, residents, and faculty. Domains of professionalism include altruism, accountability, excellence, duty, honesty and integrity, respect for others, privacy and confidentiality. Most students choose to behave professionally, but there are times when the expectations for professional behavior are not clear. We are including the following information in an attempt to clarify the minimal expectations for student professional behavior at UNM.

Lapses in professionalism in any domain can and will affect your clerkship grade.

Any of the following behaviors will result in a failing clinical grade:

- A student acts in an unprofessional way that he/she knows will harm a patient
- A student acts in an unprofessional way that he/she knows has the potential to harm a patient
- Unprofessional behavior that is not remediated after appropriate interventions

Lapses in professionalism such as those described below may result in lowering of your clinical grade by one or more letter grades or may result in a marginal clinical grade and therefore a “fail” grade for the clerkship.

Examples of Professionalism lapses

1. Duty / Altruism

- a. Needs continual reminders about fulfilling responsibilities to patients and other health care professionals or clerkship staff
- b. Cannot be relied on to complete tasks, misses’ deadlines for assignments
- c. Fails to return e-mails and pages promptly; unavailable to team members or clerkship staff
- d. Leaves hospital/work area repeatedly without checking in with team members
- e. Does not show up for expected patient care duties or required educational activities or is unprepared when present
- f. Has repeated personal conflicts that impair ability to function as member of the health care team

2. Honesty and Integrity

- a. Falsifies or misrepresents information concerning lab tests, patient findings, other information regarding patients
- b. Falsifies or misrepresents own actions or behaviors

3. Respect for Others

- a. lacks empathy and is often insensitive to patients’ (or families’) needs, feelings, wishes; lacks rapport with patients and families
- b. displays inadequate commitment to honoring the wishes and wants of the patient
- c. displays prejudice towards patients, families, other health care providers on the basis of a recognizable social group

- d. demonstrates inability to function within a health care team
 - e. demonstrates arrogance
 - f. is overly critical / verbally abusive at times of stress
4. Privacy and confidentiality
- a. Repeatedly violates patient confidentiality
5. Accountability
- a. demonstrates signs of mood disorder, substance use, other impairment
 - b. demonstrates lack of ability to remediate deficits:
 - i. does not recognize own limits of knowledge / skill
 - ii. does not recognize general practice limits placed on students
 - 1. is resistant or defensive in accepting criticism
 - 2. remains unaware of own inadequacies after interventions
 - 3. resists making changes
 - 4. does not accept responsibility for errors or failures

Process for reporting professionalism concerns in Phase II:

1. An allegation of unprofessional behavior may be brought to the clerkship director by residents, faculty, staff, or another student. If, in the judgment of the clerkship director, the incident appears to represent an incident of unprofessional behavior, the incident will be discussed with the student by the clerkship director, reviewing the concerns. The student will have the opportunity to offer comments.
2. A second incident in the same or in another Phase II clerkship will result in another discussion with the clerkship director and another interview of the student. The Associate Dean of Students will consider meeting with the student.
3. In the case of a third incident, may result in one of the following: CSPE review, comment written in the student's Dean's letter reflecting areas of concern/deficiencies, consideration of academic probation, or possible academic dismissal.
4. In the case of an egregious violation of professionalism, even if it is the first incident, the matter will be referred to the Associate Dean of Students and may result in one of the following: CSPE review, comment written in the Dean's letter reflecting areas of concern/deficiencies, consideration of academic probation, or possible academic dismissal.

Commendations for excellence in professionalism may be submitted to the Associate Dean of Students / Office of Medical Student Affairs by anyone, at any time for possible consideration for inclusion in the student's Dean's letter.

Phase II Clinical Performance Examinations: (Commonly called the "OSCE")

Toward the goal of becoming a successful entry-level physician

The Phase II clinical performance assessments:

- Guide and enhance student learning.
- Allow students to:
 - Demonstrate mastery of core body of knowledge essential for competent clinical practice
 - Demonstrate critical thinking skills, clinical skills and communication skills necessary to apply knowledge in competent clinical practice
 - Demonstrate ability to find, analyze, and interpret new data necessary to competent clinical practice
 - Demonstrate skills that will be tested as part of the United States Medical Licensing Examination (USMLE) Step 2 Clinical Skills (CS)
- Guide faculty teaching efforts
- Provide an additional basis for making student progress decisions

There are:

1. Clear statements of the intended learning outcomes from faculty.
(*Phase II Performance Objectives*)
2. Equitable assessment procedures for all students. (*Standardized assessments*)
3. Specific, explicit criteria for judging successful performance. (*Faculty set standards*)

4. Timely feedback to students that emphasizes the strengths of their performance and focuses their attention on specific areas in need of improvement. (*Reports of results*)

When:

Every 16 weeks each Phase II student will have one day of clinical skills testing, for a total of three days of performance testing during Phase II. The test day is scheduled near the end of each of the three clerkship groupings:

1. Internal Medicine, Neurology, & Psychiatry
2. Obstetrics/Gynecology & Pediatrics
3. Family Medicine & Surgery

What:

For each grouping there will be five standardized patient stations. 15 minutes each (Three general and two clerkship specific cases)

- Three SP encounters are followed by 10 minutes for clinical write-ups in Calibrated Peer Review™
- Two SP encounters may be followed by feedback sessions or other case related activity

How:

Scoring domains and parameters:

1. Clinical skills (History and physical examination)
 - Faculty generated checklists
 - Credit for an average score (of all cases) ≥ 70
2. Communication skills
 - New Mexico Clinical Communication Scale (NM-CCS)
 - Credit for an average score (of all cases) ≥ 19.9
3. Clinical note writing
 - UNM clinical note scoring grid as applied during Calibrated Peer Review™
 - Credit for an average note score (of all cases) ≥ 4.0 AND an average CPR™ calibration score (of all cases) ≥ 70

Students must complete all portions of the exam, including the portions of the note-writing task that happen after the testing day. Students must meet the faculty-established standard in all three of the core test domains (communication skills, clinical skills and note writing) averaged over the course of all three examinations in order to receive credit for the Phase II OSCEs.

Grading:

Competence in communication skills, clinical skills and clinical note writing (as demonstrated by a passing performance in the Phase II OSCE) is required for promotion into Phase III. Students whose average score in communication skills, clinical skills and note writing is above the faculty-established standard will receive credit for Phase II OSCEs on their UNM transcript. Scores with checklists/feedback for individual OSCEs are typically available four weeks after the OSCE ends. Upon completion of the third OSCE, grades (Cr/NC) will be posted in One45.

Required Competency Remediation:

Students who have not demonstrated sufficient skills in communication skills, clinical skills and/or clinical note writing, in a performance exam will be contacted to review the performance and develop a learning plan for improvement. Students whose performance does not meet the standard as required for Phase II OSCE credit will be reviewed by the Professional Development faculty. An individualized remediation plan will be developed, which may require mandatory Phase III coursework or retesting.

Special Circumstances:

- Students who float (postpone) a block will take the entire performance examination if they are participating in a clerkship at the time the exam occurs. For example, if a student begins Phase II eight weeks late by floating Surgery but is taking FM at time of the first OSCE, that student will take the whole Family Medicine/Surgery OSCE even though the student has not yet taken Surgery.

- Students who are absent for all or part of a Phase II OSCE or who are taking an examination out of sequence will need to wait for the next exam opportunity to complete the requirement if exam slots are fully occupied by students following the usual schedule. All OSCE examinations must be completed by the August prior to a student's anticipated graduation date.

OB/Peds Example:

A student will take this Phase II Performance Examination after completing 8 weeks of Pediatrics and 8 weeks of Obstetrics & Gynecology. This student, one of up to 36 students who have just completed the same rotations, will spend a half day seeing five standardized patients. Some of the patients will present with the sorts of clinical problems seen on the Pediatrics and Obstetrics & Gynecology services (clerkship specific cases). In addition, there will be patients with presentations that are not necessarily related to the rotations just completed (general cases). The purpose of the general cases is to give you practice evaluating a case that you might encounter in any clerkship (or clinic) but which may be outside of what is typically expected. We hope this will help you think broadly about clinical situations and prepare you for your USMLE Step 2 Clinical Skills examination.

The student will write clinical notes after three of the patient evaluations. These notes will be entered into the Calibrated Peer Review™ computer program.

Students end the day in a mandatory group debriefing session where faculty will report performance trends and answer student questions. Students will then have until the end of the clerkship to complete the calibration, peer review and self-assessment portions of the Calibrated Peer Review™ note-writing assignment. Calibrated Peer Review™ assignments must be completed in order to receive credit for the entire OSCE. Late submissions will incur a 20-point penalty on the calibration score.

Remember:

- Arrive early for each station
- Bring your diagnostic equipment. Each exam room contains an ophthalmoscope/otoscope
- Call Assessment & Learning 272-8028 to problem solve if you have an emergency
- Read the directions carefully
- Reference materials (unless specifically provided) are not allowed
- The honor code applies and you should neither give nor receive aid before, during or after any examination. See the "Medical Student Code of Professional Conduct" on the policies section of the OMSA website <https://app.box.com/s/vc7268vrewjnejlmf72unmb80wk5ged1>
- Unless specifically instructed otherwise, no invasive maneuvers will be performed on the standardized patients (pelvic, breast, rectal, genital, gag, corneal)
- Many physical findings can be simulated, so believe all the clinical information you obtain
- Rarely you may be shown a written description of the findings after correctly completing the pertinent maneuver(s)
- You may not bring pagers, phones, computers or other electronic devices into the exam room. Otherwise, they must be off – except when you are eating lunch
- Use only the correct exam code
- Ask a proctor if you have any questions

Teaching Sessions in Phase II

Family Medicine:

Family Medicine Didactic Sessions and Workshops will be held Monday through Friday of the first week of the block from 8:00 am – 5:00 p.m. These sessions will also occur on Tuesday from 1:00 p.m. – 5:00 p.m. throughout the block.

Internal Medicine:

You will meet on Tuesday afternoons from 1:00 to 3:00 for 2 lectures. The faculty member will discuss the approach to certain common topics in internal medicine and some common diagnoses. Quizzes are also scheduled into this time. These

may occur at either UNMH or VA so be sure to check the schedule. As well there will be other lectures on ekg, cxr, ethics, etc. at times other than Tuesday afternoon so again make sure to check your schedule. Attendance is mandatory. Lectures and resident conferences occur weekly throughout the rotation. Lectures occur late in the afternoon and review commonly-tested subjects on the shelf exam. Resident conferences typically occur between 8-9 am and provide students with exposure to advanced aspects of patient care.

Neurology:

TINS (Topics in Neurology) are small group sessions that occur once a week for 2 hours. During week 1, we will review how to perform a detailed neurological exam. During the remaining 3 weeks, faculty will facilitate case discussions on various neurologic diseases. Topics are designed to help students prepare for the shelf exam. In addition, student didactics and resident conferences occur weekly throughout the rotation. Didactics cover commonly-tested subjects on the shelf exam. Resident conferences typically occur between 8-9 am and provide students with exposure to advanced aspects of patient care.

Obstetrics-Gynecology:

Each Friday morning, students attend a Grand Rounds presentation on an Ob-Gyn topic. Case-based and didactic lectures follow Grand Rounds each Friday and are scheduled from 9:00 a.m. – 5:00 p.m.

Pediatrics:

Tutorial in the Phase II Pediatrics clerkship is a modification of Phase I tutorials. There are three tutorial groups with 5 – 8 students and 2 tutors in each group. Pediatrics tutorials meet for 2 hours in the late afternoon once weekly for the 8-week rotation. Pediatrics tutorial is “Pass / Fail” – based on attendance and quality of performance. A grade of “fail” in tutorial will result in lowering of the final Pediatrics clerkship grade by one letter grade.

It is a problem-based format, and no paper cases are used. The first meeting the tutor presents an unknown patient in a “progressive disclosure” format. After obtaining information on the history and physical exam, the students will develop a differential diagnosis on their own and then as a group. Learning issues are developed before the end of the session. At the next session the following week, students revise their differential diagnosis (if needed), the learning issues are discussed, and then the final diagnosis is given. Then a new case is started. Each student will present at least one “unknown” patient to his /her tutorial group.

Psychiatry:

Teaching sessions will cover the evaluation and management of inpatient and outpatient psychopathology and essential skills required for the clerkship including interviewing and the mental status exam, managing the challenging patient, capacity and informed consent, and performing suicide assessments. These sessions will take place during orientation, Tuesday afternoons, and on Wednesday mornings.

Surgery:

Tutorials involve 2 sessions of 2 hours each, in which 8 students meet with a faculty member (Drs. Yassin and Vigil) to review pre-selected cases. The sessions will involve review of pertinent anatomy, physiology, radiology, and clinical presentation/management.

Phase II Clerkships / Doctoring VI and Specialty Exploration Experience (SEE)

Doctoring VI: Honing your Skills and Cultivating Resilience in Clinical Practice Course Overview

Doctoring VI is the **required** Phase II curriculum in the four-year Doctoring course. The course goal is for you to refine clinical and communication skills and develop the habits of self-awareness, self-care, and reflection necessary to become effective in your chosen fields in medicine. The course addresses cross-cutting issues that influence patient care and professional life regardless of specialty, including critical incident evaluation, pain management, professionalism, physician

wellness and self-care, personal and professional ethics, and communication challenges. The course has four components described below.

Course Components:

1) **Core Doctoring VI Sessions:**

Six Thursday afternoon (1:00-4:00pm) sessions; one session is scheduled during each 8-week clerkship block (Director: Esme Finlay, MD)

2) **OSCE Video Review:**

You will be assigned a timeframe in which to review one OSCE video with your small group facilitator. The focus will be self-assessment and feedback regarding patient-physician communication. (Director: Esme Finlay, MD)

3) **Specialty Exploration Experience:**

SEE is the D-VI “laboratory” for professional identity development, with a goal of engaging you with experiences in your potential residency / specialty. You must complete 14 required sessions, including **seven by the end of block 3 (late October) if you started Phase II on time**. If you are off-cycle, you should complete 2 to 3 sessions per eight week clerkship and 1 to 2 sessions per four week clerkship by the end of October. The November 2018 and April 2019 sessions will require reflection about professional identity formation and will draw from your SEE experiences. (Director: Daniel Stulberg, MD; Coordinator, Rebecca McCain)

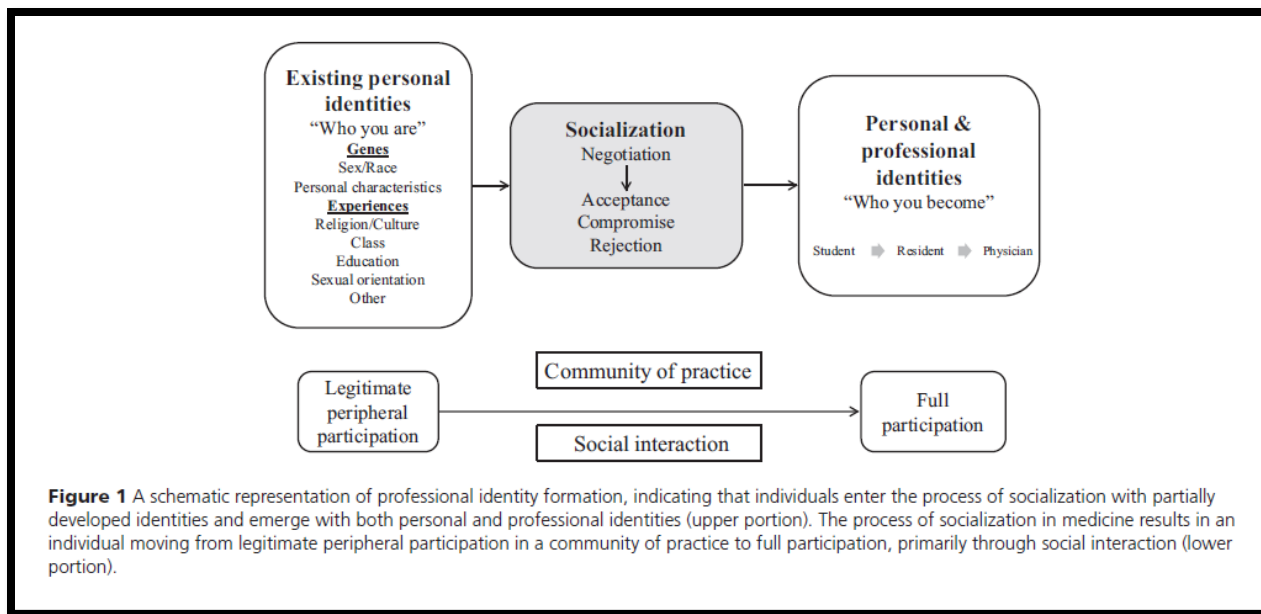
4) **Doctoring VI Wellness Elective:**

An elective Wellness Program is offered from 4-5 pm, directly following the required D-VI sessions on 6 Thursdays during Phase II. Information and sign up will be available during Transitions. (Director: Elizabeth Lawrence, MD)

Professional identity formation (PIF) is an organizing concept for the Doctoring I course. PIF is defined below:

Professional Identity Formation
<i>Professional Identity Formation is the transformative journey through which one integrates the knowledge, skills, values and behaviors of a competent, humanistic physician with one’s own unique identity and core values. This continuous process fosters personal and professional growth through mentorships, self-reflection, and experiences that affirm the best practices, traditions, and ethics of the medical profession. – Holden et al. Academic Medicine. 90 (6): June 2015</i>

The schematic below describes the socialization process in medical education that leads to PIF (Cruess et al. Academic Medicine. 90(6): June 2015). Medical students arrive in medical school with a varied set of experiences that inform who they are. Formal and informal (hidden) curricula during medical school influence how students transition from roles on the periphery of medicine to become full participants in the medical community.



Doctoring VI provides you with focused skill workshops and in-class activities designed to:

- Support professional identity development
- Increase competence in key communication skillsets (ex. Breaking bad news, negotiating treatment plans)
- Improve resilience and reflective capacity during the clerkships

KEY CONTACTS

Overall Course Director for Doctoring VI and Section Director for OSCE Review:

Esmé Finlay, MD

efinlay@salud.unm.edu

Department of Internal Medicine, Division of Palliative Medicine

p 380-1978, c 505-382-4690

Specialty Exploration Experience (SEE) (Formerly known as Continuity Clinic 3)

Section Director: Daniel Stulberg, MD

Clinical Director for Preceptorship Programs

505-272-2165

Dstulberg@salud.unm.edu

Rebecca McCain

Program Coordinator for SEE

505-925-0848

RBMcCain@salud.unm.edu

Doctoring IV Wellness Elective

Section Director: Elizabeth (Liz) Lawrence, MD

elawrence@salud.unm.edu

➤ Core Doctoring VI Thursday Afternoon Curriculum:

Section Director: Esme Finlay, MD

Email: efinlay@salud.unm.edu

Objectives: By the end of Doctoring VI, you should be able to:

- Demonstrate communication and clinical skills that enable you to participate fully in sub-internship rotations
- Develop clinical, self-care and self-reflection skills that will enable you to identify and pursue an internship/residency in a field that matches your unique skills and interests

The Doctoring VI Thursday afternoon sessions are designed as a forum for the following:

- 1) Refining essential clinical and communication skills
- 2) Exploring cross cutting topics, such as diversity, palliative care, geriatrics, pain management, wellness, and patient-physician communication
- 3) Cultivating self-awareness and identifying tools for self-care
- 4) Developing capacity for reflection on critical events in medical training that shape who you are and who you become as a physician
- 5) Exploring challenges to professionalism and professional identity formation that occur in the clerkships

Core Doctoring VI Schedule: Six Thursday afternoon sessions from 1-4 pm, including one per each 8-week clerkship block

Format: You will be assigned a small group with 1-2 small group facilitators and 6-7 peers.

Attendance: You must attend all six sessions unless you have an excused absence that has been approved by Dr. Finlay and your clerkship director. You will be excused from clerkship rotations to attend. ***Rural Family Medicine rotation counts for an excused absence***, and you will be required to complete a make-up assignment.

Expectations and Ground Rules:

- 1) *Preparation and Participation:* You are expected to complete all pre-work, and to contribute actively to the discussions/activities in D-VI small groups.
- 2) *Confidentiality:* Our intention is to create a safe environment to explore issues that impact your transition from student to physician.
- 3) *Respect for peers:* Please do not interrupt peers or facilitators. This helps create an environment in which everyone feels comfortable speaking.
- 4) *Technology-free environment:* Unless you are responding to a page or clinical issue, please do not use your phone/computer/tablet during Doctoring VI.

Pre-Work/Homework: You will receive an email the week prior to the session describing the next week's activities and any pre-work assignments. The same information will be posted in Brightspace. If written assignments are required, the assignment must be uploaded into Brightspace by the specified due date AND sent to your small group preceptor by email. **Failure to complete pre-work or homework assignments will result in a 'concern for professionalism' statement in your record.**

Exams: There are no exams associated with Doctoring VI, although content in D-VI may be tested during OSCEs.

Grading for D-VI: Students will receive a Credit/Non-credit grade for this course. A list of the components of students' grades is provided below:

- Attendance, preparation, and professional behavior in small group sessions, as assessed by small group facilitators.
- Students must review their OSCE video with their small group facilitator within the assigned timeframe.
- Students must revise and submit one reflection (using Brightspace) related to values or professional identity formation from the D-VI course by the last session (April 2019). You will receive feedback on this submission.
- Students must complete all 14 required SEE sessions to receive credit for the course.
- There is no grade for the wellness elective.

➤ OSCE Video Review:

Section Director: Esme Finlay, MD
email: efinlay@salud.unm.edu

Doctoring VI includes three skills workshops designed to give students practice and feedback on patient-physician communication. Without direct feedback, communication skill practice is less likely to result in behavior changes. While D-VI provides opportunity for communication skill practice in a safe environment outside of an exam setting, Phase II students will complete OSCEs three times a year. These OSCEs are a part of formal student assessment by the School of Medicine (SOM).

To ensure that you receive timely, direct feedback on your communication during an OSCE, you are required to meet with your small group facilitator for OSCE video review. You will review one video (provided by the Assessment and Learning Office to your facilitator) and discuss your performance with your facilitator. This activity should take no more than an hour.

The review will include:

- Watching the video
- Self-assessment of performance
- Facilitator feedback based on the skills checklist associated with the OSCE case
- Overall feedback on communication tasks associated with the case
- Developing a learning plan:
 - What did I do well?
 - What do I need to improve?
 - How can I improve my performance in the future? What action steps can I take in the next 4 weeks to address this issue?

You will be randomly assigned a timeframe in which to complete this review (within one month of OSCEs after block 2, 4, or 6). You are responsible for contacting your small group facilitator to set up a time for OSCE video review.

NOTE: Your facilitators *volunteer to teach* and have active clinical and research responsibilities. Plan ahead regarding the timing of your OSCE review. Do not expect your facilitator to be available on the last day of the specified timeframe.

➤ Specialty Exploration Experience (SEE) – Formerly called Continuity Clinic 3

Section Director: Daniel Stulberg, MD
Dstulberg@salud.unm.edu

Section Coordinator for SEE: Rebecca McCain
RBMcCain@salud.unm.edu

Overview:

Specialty Exploration Experience (SEE) is designed for you to acquaint yourself with your anticipated specialty or sub-specialty in a clinical setting. You will see first-hand how medicine is practiced in your preceptor's field. You are required to attend a minimum of 14 sessions, approximately 2-3 per 8-week clerkship and 1-2 per 4-week clerkship. A session may be in a clinic, the emergency room, the operating room, a pathology department or radiology department as appropriate for your preceptor's specialty/practice and is typically in the range of 4 hours. If you are unable to attend a session, you must contact the physician's office and notify the appropriate people of this absence. If you complete your FM Clerkship in a location in which you are excused from Tuesday afternoon lectures, you are excused from the three SEE sessions for that 8-week block. A minimum of 11 sessions would thus be required.

Goals for Doctoring-VI SEE:

- 1) Integration of basic sciences with clinical sciences, building on knowledge gained in the first two years of medical education
- 2) Improvement & practice of clinical skills with increasing independence under the mentorship of your preceptor
- 3) Getting feedback from your preceptor to improve clinical skills and understanding of your field of interest
- 4) Beginning to develop a professional identity within a chosen field of practice

- 5) Awareness of the professional and personal demands on physicians in a chosen field of practice
- 6) Have the information and experience to decide whether to apply for residency in a specific field of practice
- 7) Development of a relationship with your preceptor who may advise you in the match process and may write you a letter of recommendation

Objectives:

Given a clinical encounter, you should be able to:

- 1) Perform an appropriate history and physical exam or interpretation of diagnostic studies based on area of practice
- 2) Report this orally and in a written format
- 3) Generate a problem list
- 4) Generate a differential diagnosis of at least three reasonable items
- 5) Synthesize a basic treatment plan or interpretation of studies based on area of practice
- 6) Develop a well-defined set of learning issues if assigned by their preceptor
- 7) Research these learning issues using high quality resources
- 8) Present these learning issues to the preceptor if requested

Given a particular disease, you should be able to:

- 1) Discuss the risk factors, prevalence/incidence, and possible prevention
- 2) Determine costs, sensitivities, and specificities of tests ordered.

At the end of SEE, you should be able to:

- 1) Discuss the benefits/draw backs to the preceptor's specialty and compare this to the student's anticipated specialty
- 2) Determine whether to apply to residency in this specialty.

Requirements:

- 1) Documentation of attendance (14 half day sessions, 11 for rural FM clerkship students) on One45 (<https://unmmmed.one45.com>) as Duty Hours. Please note that full day sessions need to be logged in two parts if you wish to receive credit for two.
- 2) Mid-point and a final evaluation from the preceptor indicating 'Credit'
- 3) Online evaluation of the preceptor(s) and program at the end of the final block. You will receive notification when evaluations are available for completion on One45.

Selecting a Preceptor:

The selection process is done by a preference match through Acadaware, or you may recruit your own preceptor if they are not already on our list of preceptors for the match. You will receive an email on the first day of Transitions by the SEE coordinator with additional details and the link to complete your preceptor preferences. Your preceptor for SEE must be a practicing physician, not a resident. If you choose to select your own preceptor, please notify the SEE coordinator by March 5, 2018. You will not be included in the preceptor match if you are delaying the start of Phase II. You will be matched with a preceptor upon your return to the curriculum. Contact the SEE coordinator when you are getting close to returning.

Please note that if you are interested in being matched within the Department of Radiology or the Department of Orthopedics, you should not complete the preference match or recruit your own preceptor, as these departments will be assigning preceptors themselves. If you are interested in being matched with either a preceptor from the Department of Radiology or the Department of Orthopedics please complete the following Google form by March 5, 2018:

<https://goo.gl/forms/NrsGMo3JXX2WjpTc2>

Students matched with preceptors who are located at sites that require further compliance than what is organized through OMSA will need to complete compliance requirements for the particular site. Failure to complete these requirements in a timely manner may result in remediation.

If you need to change preceptors for any reason, please contact the SEE coordinator. Some students may wish to change preceptors at the approximate midpoint (completion of seven sessions) if they find they will be headed into a different specialty.

SEE Logistics:

Most half-day sessions are scheduled for any afternoon other than Tuesday. SEE should not be scheduled for morning sessions when it interferes with Phase II inpatient rounds. Occasionally a session will meet at unusual times (e.g., Emergency Medicine - evening, night or weekend shifts).

Prior to the start of each block, you must notify the clerkship coordinator / director with your tentative SEE Session times and adjust your clerkship duties to attend your session. When the clerkship demands are such that you cannot attend a particular day of the week, try to coordinate with your preceptor to change to a different time. You are responsible for notifying residents, faculty, and fellow students about leaving for your sessions. These people should be aware of your required responsibilities to SEE.

➤ Doctoring VI Wellness Elective

Director: Liz Lawrence, MD and Pam Arenella, MD

E-mail: Elawrence@salud.unm.edu

Maintaining your personal and professional wellness in Phase II can be challenging. While you may be pleased to finally be on the wards and will be inspired by your patients, the days can be long and the hours unpredictable. You will be working with changing groups of colleagues and will be exposed to many new experiences.

Doctoring VI will provide you with the opportunity to learn about tools to help you stay well in Phase II – and beyond. Some of these tools may work for you, some may not – but we plan to offer you to a broad range of strategies to explore. One new focus this year is on the importance of creativity to wellness, and the last three elective sessions will look at the role of the visual arts, music and movement, and improvisation in wellness. We hope you will take advantage of these elective sessions.

These one-hour, interactive, experiential sessions will **help you to fulfill the second objective of the Doctoring VI course:**

- Develop clinical, self-care and self-reflection skills that will enable you to identify and pursue an internship/residency in a field that matches your unique skills and interests

Logistics:

- An e-mail will be sent to you one month in advance inviting you to sign-up for the elective session using sign-up genius; a second invitation and reminder will be sent a few days in advance
- Sessions are limited to approximately 20 students; registration is on a first-come first-serve basis. If demand for sessions exceeds 20 students, we will see about adding additional sections.
- Please check Brightspace to stay current on room location, equipment needed (exercise clothes, yoga mats, etc), and facilitator.

Tentative schedule:

- May 31, 2018: Creative Writing and Reflection with Dr. Doug Binder
- July 19, 2018: Hypnotherapy with Dr. Robert Sapien
- October 4, 2018: Meals under 20 minutes with Dr. Amy Robinson
- November 8, 2018: TBA
- January 31, 2019: TBA
- April 4, 2019: TBA

NOTICE: For Students Who have Altered Clerkship Schedules or Who Require a Leave of Absence during Phase II:

You will begin your Doctoring VI small group and SEE sessions at the same time you start your Phase II Clerkships. If you delay the start of your clerkship, this will delay all D-VI activities (including SEE) until the first day of the Block in which you rejoin the clerkship rotations. You will have 12 months from the date you started D-VI to complete your requirements for this course. However, participation in D-VI activities while on a LOA is prohibited, unless explicitly approved by OMSA and Dr. Finlay. Thus, **the 12-month deadline will pause for students while on LOA.**

Regardless of individual circumstances, all students who have not completed their D-VI requirements by the end of the course (April 26, 2019) will be given an Incomplete. If you have not completed your course requirements by the end of D6, you will be referred to the Dean of Students and may be ineligible for some Phase III experiences until D-VI activities are complete. This includes students who are off-cycle and those who take a leave of absence. Once you have completed your D-VI requirements, a Credit/Non-credit grade will be assigned.

Phase II Learning Communities

The goal of the Phase II LC Curriculum is “to explore the evolving professional identity of Phase II medical students during their Core Clerkships, to empower them to serve as mentors (of Phase I-2 students in preparation for the Step I examination and during the Transitions Block as those students approach their Phase II Core Clerkships) and to assist Phase II students as they approach the ERAS residency application process and plan their Phase III clerkship schedules.”

Topics to be covered in 2018-2019 will include the following:

- OSCE Preparation
- Emotional Intelligence / Addressing the Informal and Hidden Curricula in Medical Education
- Step I Preparation Strategies – Combined Meeting with Phase I-2 LC students
- Recognizing Burn-Out and Depression
- Selecting a Medical Specialty
- ERAS Personal Statement (and the “Elevator Speech”)
- Overview of Student Mistreatment and Support – Combined Meeting with Phase I-2 LC students

In addition, there will be periodic Group Choice House Meetings and social events such as the Zia Bowl, to build community within each House.

Family Medicine Phase II Clerkship

Contacts:

Clerkship Director	Brian Solan, MD	Pager 951-0176	BSolan@salud.unm.edu
Assistant Director	Elena Bissell MD	Pager 951-1443	EBissell@salud.unm.edu
Clerkship Coordinator	Jennifer Montoya	Phone 272-1622	JeMontoya@salud.unm.edu
Senior Lecturer	Amy Clithero	Phone 272-6140	AClithero@salud.unm.edu

Basic Principles

- Clinical skills for the primary care of patients of all ages
- Community and Population Health
- Preventive Care
- Health Policy, and Health Care Advocacy
- Patient-provider communication
- Evidence Based Clinical Practice

The Structure

- 5 Half Days (or equivalent) at your ambulatory clinic site
- 1 Half Day in Health Policy
- 1 Half Day didactic sessions / Learning Communities
- 1 Half Day in Service Learning Project
- 1 Half Day in Continuity Clinic / Wellness
- 1 Half Day independent study

Ambulatory Sites (each student at only one site)

- UNM Family Practice Center; UNM Family Health 1209, SEH, NEH, NVC, SRMC
- First Choice Community Health: central NM area
- DaVita Medical Group, Albuquerque area
- Presbyterian Medical Group Clinics, Albuquerque area.
- 377th Med Group, KAFB

Rural Rotation: Students may be assigned or choose to do their clinical experience in a rural site, living in a remote community away from Albuquerque. This must be with a Family Medicine preceptor and be arranged through the clerkship office in advance, based on availability. Housing paid (rate varies by location) and transportation paid (1 roundtrip). If clerkship needs dictate, a student may be asked, in consultation with faculty and staff, to do a rotation that requires living in a community outside of Albuquerque for the duration of the clerkship.

Inpatient

Students may spend 2 weeks on the FP inpatient service or 1 week on the MCH (Maternal Child Health) service, but this is dependent on availability.

Didactic Sessions/Public Health Sessions (whole group meets together)

First week of clerkship: Monday through Friday, 8:00 AM-5:00 PM.

Then: Tuesdays 1:00-5:00 PM (exception: Doctoring 3:30 to 5:00)

Grades and evaluation

- Clinical Ambulatory: 50% (based on PRIME)
- Community Project: 15%
- Health Policy, Advocacy and Healthcare Systems: 10%
- Shelf board: 25%

Required Texts (provided on loan from clerkship)

Essentials of Family Medicine, editors Sloane, Slatt, Ebell and Jacques

Case Files: Family Medicine

Pre-Test Family Medicine

Other

Evidence Based Clinical Practice is a longitudinal class. Runs concurrently with the clerkship (clerkship portion pass/fail)



Internal Medicine Phase II Clerkship

Contacts:

Clerkship Director	Deepti Rao, MD	Pager 380-0987	Drao@salud.unm.edu
Associate Clerkship Director	Mary Lacy, MD	Pager 380-2647	MElacy@salud.unm.edu
VA Assistant Director	Diedre Hofinger, MD	Pager 229-1218	DHofinger@salud.unm.edu
Clerkship Coordinator	Paula Popp	Phone 272-6617	PPopp@salud.unm.edu

Overview

- 8 weeks:
 - 4 weeks UNMH
 - 4 weeks VAMC
 - 1 week Palliative Care during the 8 Weeks

Clerkship Objective

The primary objective of the Inpatient Rotation is to master the ability to collect a pertinent database on a patient and to organize and synthesize this database into a coherent assessment and plan. Related to this objective is the ability to present patients to other physicians in a clear, organized and concise fashion and to write progress notes, which communicate information about the patient in a complete but concise fashion. The student should perform complete histories and physicals on at least eight (8) patients and get timely feedback on both written and oral work from the attending.

In order to learn the day-to-day skills of caring for your patients it is important that you become a member of the ward "team". Much can be learned from your interns and resident and you should take advantage of their teaching whenever possible.

Call schedule

No overnight call. At the VA, teams are on call every 4th night. At University Hospital, there is a 6-day cycle. The day call and MICU transfer are days for student admits.

Assessment

50% Clinical (25% UH, 25% VA); 15% Quizzes, 10% professionalism (credit/no credit), 25% shelf board

Other Activities

- **Didactic sessions**
(Afternoon report, Chief Rounds, EKG and CXR teaching, and Ethics Sessions Lecture Series with basic topics in medicine)
- **Direct Observation**
- **Palliative Care.** For 3 days, students will be assigned to palliative care and hospice rotations at UNMH, the VA, or with local hospice/palliative providers. Students learn about communication skills, pain and symptom management, hospice referral criteria, indications for palliative consultation, and observe an interdisciplinary team meeting. This is credit/ no credit based on participation and completion of required activities. A case-based session on opioid conversions is included in the rotation.

Didactics

You will meet on Tuesday afternoons from 1:00 to 3:00 for 2 lectures or a lecture and quiz. The faculty member will discuss the approach to certain common topics in Internal Medicine, some common diagnoses. There are 3 quizzes based on suggested topics. This may occur at either UNMH or VA so be sure to check the schedule. As well, there will be other lectures on EKG, CXR, ethics, etc. at times other than Tuesday afternoon so again make sure to check your schedule. Attendance is mandatory.

Resources

- First Aid for the Wards
- Pocket books

- Ferri – Care of the Medical Patient
- Washington Manual
- Medium size texts: Cecil (paperback), NMS
- Large size texts: Harrison's, Cecil
- Library (*The Department of Internal Medicine Office of Education has a lending library for students with many helpful texts.*)
 - *Symptoms to Diagnosis- An Evidence Based Guide*
 - *MKSAP for Students 5*
 - *Case Files*
 - *Step up to medicine*
 - *Harrisons*

Who do I contact if I have mistreatment/professionalism concerns?

- The Clerkship Directors (Rao, Lacy, or Hoffinger)
- OMSA / The Associate Dean of Students (Dr. Sheila Hickey or Dr. Teresa Vigil)
- Director, Office of Professional (Dr. Jonathan Bolton)
- Any member of the Committee for Advancement of Professionalism and Ethics (CAPE)
- Your Learning Communities mentor
- Dr. McGuire

Who do I contact if I have difficult feelings regarding the evaluation and management of IM patients?

- The Clerkship Directors (Rao, Lacy, or Hoffinger)
- Your attending
- Your resident or the chief resident
- OMSA / The Associate Dean of Students (Dr. Sheila Hickey or Dr. Teresa Vigil)
- Director, Office of Professional (Dr. Jonathan Bolton)
- Your Learning Communities mentor
- Associate Dean for UME, Dr. McGuire
- Director Medical Student Wellness, Dr. Liz Lawrence

Websites:

- ECG reading and learning:
<http://www.ecglibrary.com/ecghome.html>
- National Guideline Clearinghouse
<http://www.guideline.gov/index.aspx>
- CXR
<http://www.med-ed.virginia.edu/courses/rad/cxr/index.html>
- Information about careers in general
http://www.acponline.org/medical_students/career_paths/
- Information about Internal Medicine Residencies
http://www.acponline.org/medical_students/residency/
- Information about Internal Medicine Clerkships
<http://www.im.org/p/cm/ld/fid=385>
- Patient related health topics
<https://www.clinicalkey.com/#!/>

- Online Resources (i.e., Up-To-Date, Natural Medicines Database, PubMed) under databases
<http://hsc.unm.edu/library/>
- IM Essentials for Clerkship Students
http://www.acponline.org/acp_press/essentials/
 - Apps for ECG: ECG cases and ECG guide from Qx md. (free versions give good intro for students)
 - For heart murmurs: littman (you may need your box and info from your stethoscope) and Heart murmur pro (free version likely pretty helpful for students)
 - For pricing on outpatient meds: Good rx.
 - For antibiotics: Sanford guide
 - For calculators: MD calc Qx Calculate and Med Calc. all have nominal or no cost.
 - For hematology: hematology outlines app, ASH (American society for hematology) pocket guides.
 - For medications: Epocrates, Micromedex.
 - EBM definitions: CASP

Neurology Phase II Clerkship

Contacts:

Clerkship Director Seema Bansal, M.D. Phone 272-6355
Assistant Clerkship Director James Reese, MD Phone 272-
Coordinator Debra Roybal Phone 272-3186

SBansal@salud.unm.edu
jreese2@salud.unm.edu
DARoybal@salud.unm.edu

Objectives:

Neurology is a 4-week clerkship with the following goals:

- Perform a complete history, obtaining all pertinent details
- Perform a thorough neurologic examination
- Identify common and significant neurologic deficits, symptom complexes and disorders
- Formulate an appropriate differential diagnosis based on localization, time course, history and exam
- Propose appropriate diagnostic tests to evaluate neurologic abnormalities and interpret the results
- Create an initial management strategy for common and significant neurologic diagnoses
- Organize clinical information into a concise oral presentation and/or written note
- Apply principles of evidence-based medicine to patient care
- Perform a simulated lumbar puncture
- Demonstrate effective communication with patients and their families from diverse backgrounds
- Demonstrate reliability, punctuality, dependability, compassion and integrity in all professional activities

Overview:

The Phase II Neurology clerkship consists of four rotations. Students will spend one week each on Pediatric Neurology, Adult Wards, Adult Consults, and the Cerebrovascular Service. This provides students with exposure to many patients with a variety of pathology.

Orientation:

Debra Roybal will email you two weeks before you begin your neurology clerkship asking for your pager number and what afternoon your continuity clinic is scheduled. Orientation will be at 9:00 am on the first day of the rotation and will include distribution of schedules.

Obstetrics-Gynecology Phase II Clerkship

Contacts

Clerkship Director:	Kathleen Kennedy, M.D.	272-6309	kakennedy@salud.unm.edu
Assistant Director:	Maria Montoya, M.D.	272-9961	mcmontoya@salud.unm.edu
Coordinator:	Susan Quintana	272-6883	squintana@salud.unm.edu

Overview

8 weeks total: 4 weeks Obstetrics and 4 weeks Gynecology

- Obstetrics: 2 weeks of Maternal-Fetal (high risk OB) Medicine
(inpatient service of high risk pregnant patients and outpatient clinics for high risk pregnancies)
1 week of Labor & Delivery day shifts
1 week of Labor & Delivery night shifts
- Gynecology: 2 weeks on Benign Gynecology
2 weeks on Urogynecology
2 weeks of Gyn Oncology
2 weeks with a private practice OB-GYN @ Lovelace or Presbyterian
2 weeks of Reproductive Health
2 weeks of SRMC

Objectives

In this 8-week rotation, students will receive clinical experience with both obstetrics and gynecology patients as well as didactic instruction in normal and abnormal Ob-Gyn topics encountered in daily practice. By the end of the block, students should be able to:

1. Demonstrate understanding of:
 - a. Normal and pathophysiology of menstrual cycle puberty to menopause and of pregnancy, presentation and treatments of common primary care Ob-Gyn problems, including menstrual disorders, abnormal Pap smears, bleeding, and masses, STDs, normal prenatal and postpartum care
 - b. Contraception, sterilization and abortion as well as the etiology of infertility
 - c. Age-appropriate prevention screening and health maintenance for women
 - d. Breast conditions and methods for evaluating breast complaints
 - e. Gyn malignancies and risk factors, signs and symptoms, and evaluation processes
 - f. Legal and ethical issues in Ob/Gyn including informed consent, confidentiality, advance directives, reporting suspected abuse / violence, and care of minors
2. Demonstrate competence in medical interviewing, physical examination of women, and interpretation of diagnostic studies, specifically:
 - a. Learn how to present a case orally and in written format.
 - b. Conduct a preliminary assessment of patients with sexual concerns
 - c. Identify / assess risk factors for pregnancy complications and Gynecology problems
 - d. Show competence in physical exam skills, including pelvic and breast exams
 - e. Demonstrate ability to deliver a baby, assess a laboring patient, and suturing skills
 - f. Obtain a pap smear and specimens for STD testing
 - g. Determine gestational age
 - h. Interpret intrapartum electronic fetal monitoring
 - i. Interpret a wet mount microscopic exam

3. Accurately generate a problems list, formulate a differential diagnosis and propose a management plan, including labs and diagnostic studies, treatment options, patient education and continuous care plan.
4. Demonstrate ability to counsel patients about exam findings, contraception methods, management of abnormal bleeding, preventive care, screening procedures and options risk factors including substance abuse, nutrition and exercise, medications, and environmental hazards.
5. Participate in and/or observe operative techniques / procedures (C-section, hysterectomy, laparoscopy) to help solidify required knowledge of Gynecologic operative procedures and perioperative care. Know how to communicate operative findings and complications to the patient and their family members.
6. Develop interpersonal communication skills that build trust and demonstrate culturally competent care.

Orientation

Full first day of the rotation:

- Will review expectations, grading, etc.
- Short in-service on how to scrub, how to put on gowns and gloves in a sterile manner
- Breast and pelvic exam on a standardized patient
- Suture workshop

Dress Code

Students must wear badges at all times. Attire is professional and white coats are required in clinics. Students must wear scrubs on L&D and in the OR. Students attending Reproductive Health clinics should dress professionally but NOT wear a white coat or badge until inside of the clinic.

Call schedule

Each student is assigned a single week (a combination of up to 4 nights from 8 pm to 8 am and evening hours) of night float on Labor & Delivery. On L&D, students can expect to be scheduled for a weekend day and a weekend night. During exam and Orientation weeks, some variability may occur, for all rotations, rounding in the early a.m. may be expected one weekend day per week and on holidays. No other "call" is scheduled in the rotation.

Assessment

- 50% clinical evaluations from residents and attendings (RIME)
- 25% shelf boards
- 25% oral examination

Other activities

- Didactic sessions: Case-based lectures: one day per week
- Conferences: Grand Rounds, clinical conferences

Resources

- Clerkship Passport – a handbook intended to help with all aspects of the rotation
- Beckmann, et al. Obstetrics & Gynecology, 7th edition, 2013
- Callahan, et al. Blueprints, Obstetrics & Gynecology, 6th edition, 2013
- Lange, et al. Q&A: Obstetrics & Gynecology, 9th edition, 2011
- Stead, et al. First Aid for the Obstetrics & Gynecology Clerkship, 3rd edition, 2010
- Toy, et al. Case Files in Obstetrics & Gynecology, 4th edition, 2013
- Suture and Knot Tying kits and manual
- A small library offering texts pertinent to the various OB-GYN services
- APGO online test bank

Pediatrics Phase II Clerkship

Contacts

Clerkship Director	Chandler Todd, M.D.	Phone 272-1088 / 380-1654	chtodd@salud.unm.edu
Assistant Director	Kristel Tafoya, M.D.	Phone 380-1636 / 350-4948	krtafoya@salud.unm.edu
Clerkship Coordinator	to be determined		

Orientation

Held the first Monday of the rotation from 8:00 AM until 5 pm, includes a tour of the pediatrics areas.

Dress Code

Students MUST wear badges at all times. Attire is professional, but comfortable. White coats are optional
Artificial nails are not allowed because of infection risk to infants

Clinical Components

- 4 consecutive weeks of inpatient pediatrics
 - 1 week of Pediatric Oncology,
 - 2 weeks of General Inpatient Day Team,
 - 1 week of General Inpatient Night Team
- 4 consecutive weeks of outpatient pediatrics
 - 1 week in the newborn nursery
 - 1 week in a pediatric subspecialty
 - 2 weeks of ambulatory pediatrics

Off-Site Rotations: One or two weeks of ambulatory pediatrics may be assigned off-site: our patients are seen at South West Mesa Clinic, UNM-Westside, Young Children's Health Care Clinic, UNM 3-ACC, and Carrie Tingley Outpatient Center on University

Call Requirements

GPU / PSCU:	One week of Night Call 12PM - 12AM weekdays; 4 PM – 12AM weekends
Newborn Nursery	One Saturday or Sunday day – NO evenings

Didactic Sessions*

1. Pediatrics Phase II Student didactics every Monday from 12-3 pm and occasional Wednesday from 3-5 pm
2. Phase II *Case-based Seminars* on Mondays from 3:15-5 pm
3. Unique teaching sessions for each clinical area
4. *Physical Diagnosis Rounds* for the students in ambulatory pediatrics

* Students are required to attend all scheduled didactic sessions and team based teaching sessions. Off-site students or those involved in unique patient care opportunities may be excused, if discussed in advance with Clerkship Director.

Phase II Performance Assessments (OSCE / Clinical Skills Stations)

Simulated patients might include teenagers or younger children. For the younger child patient, the simulated patient is actually the adult care-giver; a doll is used as the patient.

Resources

- *Harriet Lane* (current edition)
- We have a selection of study guides from which to choose
- *Rudolph's Fundamentals of Pediatrics*, Rudolph and Kamei, current edition. Appleton and Lange.
- *Nelson Essentials of Pediatrics*, Behrman and Kliegman, current edition, WB Saunders
- Pediatric Review Articles and Websites available on Pediatric Clerkship Sharepoint

Important computer-linked case-based system:

- www.clippcases.org : Twenty cases will be required as part of this clerkship. Thirty-two are available
- <http://www.comsep.org/Curriculum/CurriculumCompetencies/index.htm>: This links to the COMSEP website. There are study guides, cases, and curriculum guidelines available. All course material is on Pediatric Clerkship Sharepoint site.

Psychiatry Phase II Clerkship



Overview

Welcome to Psychiatry

The psychiatry clerkship is primarily an inpatient experience supplemented by subspecialty/ outpatient clinics and shifts in the emergency psychiatric setting. You will be assigned to one of three sites for the four week rotation: The Mental Health Center at UNM (MHC), Children's Psychiatric Hospital at UNM (CPH) or Ward 7 at the VA Medical Center. You will become an important member of the treatment team and actively engaged in the care of acutely and severely mentally ill patients. You will work with an attending and resident/fellow physician throughout your rotation. We aim for you to master the psychiatric interview, the mental status exam, and psychiatric differential diagnosis. You will be expected to consider the evidence base in your management of patients and required to present an EBM critical appraisal to your team once during the rotation.

Orientation:

The entire first day is spent orienting to expectations and specialty skills. The orientation day begins with lectures and will conclude with a tour of the various facilities.

Dress Code:

Conservative professional dress recommended, no white coats, no ties for men. You may wear scrubs to ECT or PES if you like.

Other components:

- Teaching sessions every Wednesday morning
- Two clinic or subspecialty half day experiences of your selection.
- Students will write a narrative reflection based upon a challenging medical student-patient encounter to discuss over case conference.

Call:

No overnight call. Two required shifts at the Psychiatric Emergency Service (PES) at the MHC.

Assessment

Grades will be determined using the following percentages:

- 50% PRIME Clinical Evaluation from inpatient attending.
- 25% Written Psychiatry Clinical Reasoning Examination
- 25% NBME Psychiatry Subject Examination

Contacts

Debbie Dellmore, M.D.

Clerkship Director

ddellmore@salud.unm.edu

Mary Haley

Clerkship Coordinator

mhaley@salud.unm.edu

Dept Phone Number

272-4874

Dept Location

Family Practice Center, 4th Floor – Room 470

Surgery Phase II Clerkship

Contacts

Clerkship Director	Ming-Li Wang, M.D.	MLWang@salud.unm.edu
UNM Assistant Clerkship Director	David Pitcher, M.D.	DPitcher@salud.unm.edu
VA Assistant Clerkship Director	Anthony Vigil, M.D.	Anthony.Vigil@med.va.gov
Clerkship Coordinator	Danita Gomez	Phone 272-0434 DamGomez@salud.unm.edu
Clerkship Web address: http://surgery.unm.edu/education/clerkship/index.html		

Overview

8 weeks: Two surgery teams

- VA team: 3 weeks on general surgery and vascular surgery. 1 week of anesthesia and 4 weeks on a selective.
- UNM team: 3 weeks on two of the following; general surgery, surgical oncology, emergency general surgery, or trauma. 1 week of anesthesia and 4 weeks on a selective.

All students will do a 3-week selective and can choose from ENT, trauma, pediatric surgery, ophthalmology, urology, plastic surgery, orthopedic, vascular or cardiothoracic surgery at UNM or at the VA.

Orientation: Full first day of the rotation:

- 9:00-9:15 Welcome by Dr. Russell, Surgery Chairman
- 9:15-9:30 Introduction by Dr. Wang, Dr. Pitcher, and Dr. Vigil
- 9:30-10:30 Expectations, grading, etc.
- 10:30-11:00 H&P format
- 11:00-11:30 Resident expectations
- 11:30-12:00 Tour of the department and the OR
- 1:00-3:00 VA orientation (for VA team members only)

Dress Code

Students MUST wear badges at all times. Attire is professional, but comfortable. White coats are required when on rounds and scrubs are worn only in the ER, not outside of the hospital.

Call schedule

- Night call will be taken once during the clerkship rotation. You will have a secured day off after completing the night call.

Assessment

- 50% Clinical evaluations derived from residents and attendings
- 25% Shelf boards
- 25% Tutorial along with two H&P's
 - 15% Tutorial presentation
 - 10% 2 H&P's – 5% per H&P

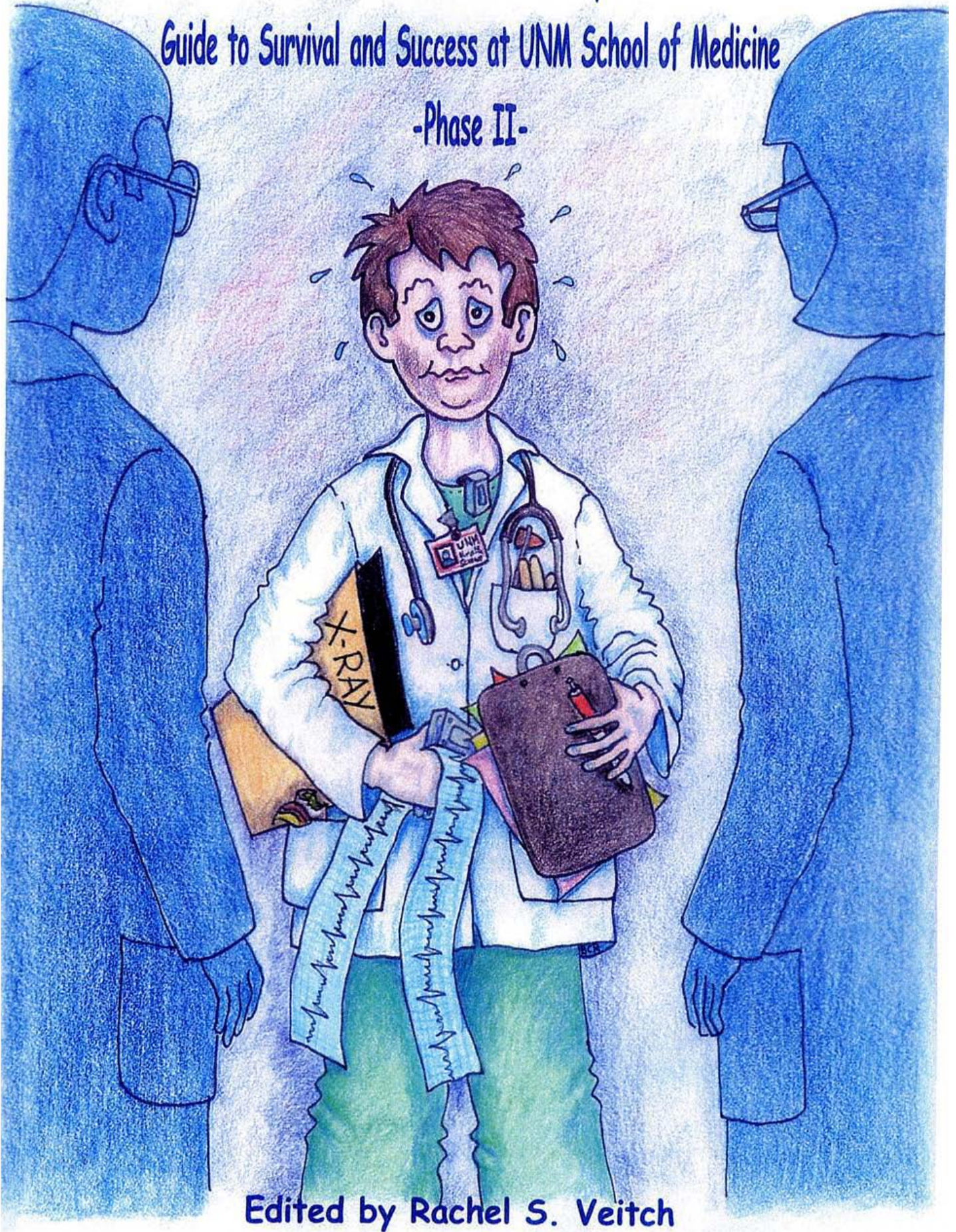
Other activities

- Didactic sessions: Lectures: 2 hours/week
- Conferences: Grand rounds, Tumor board, Morbidity& Mortality, and service related conferences.
- Tutorials: 2 times / 4-week rotation for 3 hours each session.
- Suture workshop 1 time, 2-hour session
- OSCE

The following textbooks are available for checkout during your surgical rotation:

- *Essentials of General Surgery* and surgical specialties. P. F. Lawrence, 4th edition
- *Surgical Recall*, Blackbourne
- *Case Files Surgery*
- *Pretest Surgery*
- *NMS Surgery Casebook*
- *First Aid for the Surgery Clerkship*
- *De. Pestana's Surgery Notes*

AOA Honor Medical Society's
Guide to Survival and Success at UNM School of Medicine
-Phase II-



Edited by Rachel S. Veitch

Survival Tips for Phase II Clerkships **(written by the clerkship directors)**

- Always behave professionally with patients, other health care workers, other staff, etc.
 - Introduce yourself / your role
 - Treat everyone with respect
 - Be honest
 - Look for ways to help / serve the needs of others
- Be on time (or better yet, early)
- Be an enthusiastic, active participant
 - Appear interested – even in an area / topic that you may not think appeals to you
 - Be visible and available throughout the day
- Know your patients well
 - Be prepared for rounds, OR, etc
 - Be active – get results first, not last
 - Develop the ability to give organized, concise presentations; seek opportunities to practice; observe others
 - Work and rework assessment (differential diagnosis) based on new information (clinical, lab, etc)
- Communicate closely with your team and others
 - Patient related issues
 - save your note in the EMR, and then have it reviewed and edited prior to signing it and forwarding it to your supervisor.
 - use SOAP format for presentations, notes
 - Your performance
 - expectations, goals / objectives
 - ask about and identify these up front e.g. role of students on the service, expectations for presentations, workups, etc
 - specific feedback on what you're doing well, areas for improvement
 - Your schedule and whereabouts (e.g. leaving for clinic, tutorial, etc)
 - Requesting consults of other services
 - Make request early in the day
 - State problem / question clearly and concisely
- Read whenever and wherever you can (be a "5-minute reader")
 - Your patients – especially when the issue is on your mind
 - Other learning issues
- Learn something from every experience and patient encounter, even the "difficult" ones
- Ask questions when you are unsure or things are unclear
- Take care of yourself
 - Eat regular meals
 - Maintain activities you enjoy outside of medicine
- Manage your time well
 - Make a schedule (not just for work and reading)
- Nurture your ability to be comfortable with asking questions as much as from getting answers

- Before you get the blues (everyone does occasionally) - identify your “support” system (which includes not only other students, family and friends but also clerkship directors, clerkship coordinators, residents, etc.) Help is readily available. Remember the Wellness Director, Dr. Lawrence.

**AOA
Honor Medical Society
Phase II Survival Guide
UNM School of Medicine**

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INTRODUCTION

This is the Alpha Omega Alpha's Phase II Survival Guide. It is a collection of tips and suggestions, hard-earned wisdom from those who have gone before you. We hope that you find this information helpful as you progress through your clerkships. This guide does not contain everything you need to know about your clerkships. You will have an extensive "transition" to Phase II, in addition to brief orientations at the beginning of each rotation. At these orientations you will receive packets of information with specific daily or weekly schedules, contact information for the residents on your teams, and usually some examples of the types of notes you will be expected to write. This short guide book is intended to provide you with information, pearls, secrets that you may not find anywhere else but which we have found essential to success throughout Phase II.

GENERAL ADVICE FOR PHASE II

If Phase I was learning by reading, Phase II is learning by seeing, and if you are lucky, learning by doing. You have received valuable preparation in the form of Clinical Skills, Continuity Clinic, and your PIE. Phase II is the beginning of your formal clinical education and it will likely challenge you with the hardest and longest hours you have ever worked; it will also reward you with a taste of the responsibility you will have as a physician, and the pride you will feel by providing excellent care to patients.

Your first couple rotations will probably be very challenging, maybe even frustrating. Be sure that your team understands that you are on your first rotation, not your last. The previous group of third year students had probably attained some impressive skills throughout the year and left the residents with high expectations. Do not worry. You will learn quickly and will soon become a very helpful member of the healthcare team.

Never forget that you are a valuable member of the team. During your third year, you will keenly come to understand your position at the very bottom of the totem pole. Sometimes you may be blamed unfairly when the team overlooks something critical; you may feel like a nuisance by asking questions when the residents are trying to get 'real work' done; occasionally a disgruntled nurse will treat you like a miserable grub. This too shall pass. A positive attitude and continual forgiveness will be your most valuable weapons to defend your self-esteem throughout the coming year.

A TYPICAL DAY IN THE LIFE OF A THIRD YEAR

Your alarm clock will go off sometime between 3:30am and 5:00am, depending on what rotation you are on and how many patients have been assigned to you the night before. Just to be safe during your first couple weeks, you should give yourself at least one full hour to pre-round on your patient, discuss your plan with the resident, and prepare your written note. It is at these early hours of the morning that you will do your most important work of the whole day, so getting off to a good start, having breakfast, and learning to function at your best before 6:00am is a must!

You will develop a pattern that is most efficient for you during pre-rounding but here is the sequence that worked for me: log in to Power Chart, check for abnormal vitals or lab values over the previous day, READ ALL notes left by other teams over the past day (including nutrition, respiratory therapy, social work, etc.), find the nurse that took care of your patient overnight (learn his/her name!) and ask about any significant events or concerns, with all new and old concerns in mind examine the patient, come up with a preliminary plan and then find your resident to go through your plan. Quickly but

carefully type your note and print a copy for yourself to use for your oral presentation during rounds. With any remaining time, always ask your resident if you can do anything else to help the team.

Try to be ready to present your patient at least 5-10 minutes before the specified time to begin rounds. Occasionally an attending will show up a bit early and expect to start immediately and you will be very happy that you were so prepared. Stuff your own patient note into a pocket where you will not lose it, grab a pen and get ready to start writing. Make sure that you have a list of patients during rounds. One of your many jobs is to help take notes on things that must be accomplished for all the patients that your team is taking care of. You absolutely must know everything about your own patient, but it is generally a good idea to know who all your patients are and something about the current state of their conditions. Learn to write small and neatly, and do your best to make a checklist of “Things to Do” for every patient as your team rounds. Rounds will be wildly different on different rotations. Medicine rounds may literally take all day, and you could finish around 4-5:00 pm. Surgery rounds sometimes involve running between patient rooms and finishing as early as 8-9:00 am.

When rounds are done the team will usually congregate and “run the list” or go over all the things that must be done for each patient that day. You will be responsible for making sure that everything that needs to get done for your patient is accomplished that day. You may also be asked to help out with other tasks such as calling for consults, following up on radiology or labs, or going down to the ER to help admit a new patient. The entire remainder of the day is filled with doing this type of work. Always have some reading material on you for down time so that you can make your day as productive as possible and decrease your reading load for later in the evening. Come each day assuming that you will be staying until 6-7 pm; that way, if your chief resident allows you to leave early, you will feel very lucky! Before you leave, always know which patients you will be following the next morning and print the H&P so that you can read up on your patient the night before.

A NOTE ON NOTE WRITING

Almost all services are using computerized notes, with very few exceptions. How you will be responsible for turning in your written notes will vary by service and is in a constant state of turmoil. For the majority of services, you will be able to type your daily progress notes directly into Power Chart and forward them to be signed by either your resident or the attending.

General Rules to Follow:

1. Always use the appropriate format for your particular service. How do you know what format to use? I could attempt to provide an example of a note from each of the major services (surgery, OB-Gyn, Medicine, Family, Peds, Neurology, and Psych) but you will likely receive these during your orientation to the service. The easiest way is to go in to Power Chart and look at the recent notes written by the residents for the patients on your service. Print out the previous note on your patient and ask your senior resident if that is the preferred format. This will give you a good opportunity to learn what your senior resident’s expectations are for your notes. If you are ever unsure, just ask for feedback on how to improve your notes.
2. Early in your rotation, perhaps the first day, you should create a template for yourself to use in the mornings when writing your daily progress notes. A template that you create in Word can easily be uploaded into Power Chart and this is a very efficient way to complete your notes in the morning. You will also discover that copying your note from the previous day and pasting it into a “New Note” is also efficient; however, BE VERY CAREFUL to erase aspects of this note that are no longer true or relevant, like yesterday’s vitals, or medications that are no longer current, or heaven forbid THE EXACT SAME PLAN AS YESTERDAY. You can see the potential to get yourself into trouble and make yourself look very stupid if you copy and paste irresponsibly. It is usually just as fast to use a template and import the current labs, vitals and meds each morning.
3. When you are writing a full history and physical, be very thorough. Take your time and go back to ask any questions that you have forgotten. You will be surprised how many people rely on your reporting skills during this extremely important step in the patient care process. Other services will be reading your H&P to learn about this

patient and many treatment plans will be based upon this initial assessment. Be as thorough as possible and be sure to discuss everything with your resident before you submit your final H&P.

4. Everything you write must be cosigned. It is your responsibility to know to whom you must forward your daily notes for signing. Always check to make sure that your notes have been signed before you leave each day.
5. Using abbreviations can be a great time saver when writing notes, but make sure that the abbreviations you use are the ones commonly used on your rotation; more importantly, make sure you fully understand what an abbreviation stands for if you are going to use it because you may be asked to elaborate.... When in doubt, spell it out.
6. Remember that your note is a legal document. Do not misrepresent anything in your note. This often becomes a problem for the physical exam. You may be in a hurry and skip on the physical. Later you will realize that you forgot to listen for bowel sounds, or look in the mouth, or check a wound. Do not lie, fib, or fudge in any way. If you have time, run back and check. If you do not have time, admit your mistake and do better tomorrow.
7. Present information that is in your written note. I like to print a copy of my note and give my oral presentation based on this information rather than my hand written notes from the morning. This is a good way to make sure that you have included all important information in the official record. Bring a highlighter and mark the most important aspects of your note (usually changes from the previous day, assessment and plan). If you are pressed for time during rounds, you can make sure that your attending hears at least these points. Another helpful tactic that some prefer is using the highlight function within Power Chart to bring attention to abnormal lab values etc.

*You should listen carefully to all the other oral presentations from your team and read other notes when you have time. You will not receive excessive feedback on your technique or style of presenting, but you can learn a lot from the way others present information.

THE DAILY ORAL PATIENT PRESENTATION

You have one main goal to accomplish while presenting your patient: make sure that your attending hears all of the important information and the plan. This sounds so simple, but it is a fine art that you will perfect over the course of your first few rotations. You are not just reading your written note but rather you are paring it down to the most essential elements in order to make a few key points. Be sure to look up from your paper to see how your audience is responding to you. If you are getting blank stares, yawning, and foot tapping, you are going to need to pick up the pace. The key to picking up the pace is not necessarily talking faster but rather eliminating extraneous detail and cutting to the chase.

The first thing to remember is the iceberg principle: what you say in your presentation is only a sliver of what you know about the patient. The daily presentation is an update, it is the latest chapter in your patient's story and should focus on things that have happened over the last day and serve as a reminder of ongoing conditions. The part of the iceberg that is below the surface of your presentation includes all the information in the history and physical such as allergies, previous surgeries, unrelated past medical history, family history.... These things do not need to be mentioned on a daily basis but you need to know them at all times, or at least have this information quickly accessible in one of your pockets.

Some students are more anxious than necessary about oral presentations. Be sure to give yourself enough time in the morning to see your patient, talk to the nurses, read all notes, review all labs, and discuss your plan with your resident. Having a few minutes to review your notes and highlight the most important points will help you feel a lot more comfortable with what you need to say and will help you to be concise. Remember, the best way to improve your oral presentations is to listen to other presentations and observe what is most effective. You are not expected to give a perfect presentation on your first try. What is important is that you constantly try to make improvements and keep a positive attitude when you are given suggestions (even when these suggestions come in the form of harsh criticism).

IMAGING STUDIES

The most important thing you can do is get your iSite access as soon as possible so that you can help your team by bringing up patient images and reports. Although the final written reports can also be found in Power Chart for most routine imaging, it is very educational to look at the image and attempt an interpretation first.

Occasionally you may need to call the radiology reading room to get a read on a study that has not been posted. What you should know before calling the reading room is the patient's name and MRN, relevant clinical history and condition, and a good reason why you need a read right now as opposed to a few hours from now (ie. How will the results change patient care). The radiologist who answers the phone probably does not have any prior knowledge about this patient so you should be prepared to provide a one sentence description of the patient's main problem and why the study was ordered. You should also be aware if the patient has had prior imaging studies and what the results of these were.

Many times, the radiologist will interpret the study for you over the phone, so you should have a pen ready to take notes very quickly. At other times, he or she will ask for a pager or cell number to call you back after the image has been officially interpreted. You should have a number available to give at that time.

DEALING WITH CONSULTANTS

You will be given multiple opportunities to call other services to consult on your patients. This is a task that can be somewhat intimidating. However, with a little preparation, you will find this to be a very educational experience.

Your Medicine and Pediatrics rotations will probably give you the greatest number of opportunities to sharpen your skills in calling for consults. The reason for this is very simply that these two services typically provide global care for a hospitalized patient while distributing out consult requests to specialty services to deal with specific problems that are beyond the scope of general care. As part of your duties as a medical student, you will be required to make the initial call to these services and discuss your reasons for making the consult request.

Here are a few steps to review before you call a consult to help you prepare for the experience.

1. Be sure that you are paging the correct person. Am-I-On will list the residents and attending on call for a particular service. Always page the number available for the intern or resident; do not page the attending unless absolutely necessary (and it never should be). Be sure to get the name of the person who calls you back for later reference.
2. Have all the information at your fingertips. Do not page the consulting service until you are fully ready to answer any questions about the patient's history, tests that have been done and the results, the specific reason for needing this consult, and any other relevant issues. Always state your name, the service you are on and the fact that you are a medical student. Some people will disagree about stating that you are a medical student: I stick with honesty as the best policy and this has always worked well for me. Experiment for yourself. Remember to start at the beginning of the story, providing information including the patient's name, location within the hospital, MRN, and a very brief HPI. This is the first time the consulting service is hearing about this patient, so you need to speak slowly, clearly and be as concise as possible. Your job is to make a good enough argument to convince the consultant that it is appropriate for him or her to come evaluate the patient. It is highly recommended to be in front of a computer with the patient's Power Chart open for easy access. Consultants are experts in the field (that is why we call them) and they often ask you questions that you have not anticipated. Admit quickly if you do not have the information they are requesting, such as results of a test that was never ordered, etc.
3. Know the reason for the consult. After providing the necessary background information about the patient, clearly state why you are seeking this consultation at this time. Clearly communicate to the consultant the specific question that you would like answered. This will require you to build an argument using your best evidence (lab values, changing physical exam, reported symptoms, etc.) to support why you need an expert evaluation. Often the consultant will challenge you with alternatives on your differential diagnosis. Be prepared to give your reasons for thinking that these alternative diagnoses are less likely than the one you are considering and ultimately why it is in

fact necessary for this consultant to evaluate the patient. You should not meet with too much resistance because most services will be very helpful and accommodating.

4. Take good notes. Be prepared to take detailed notes on everything the consultant requests and recommends. Commonly, the consultant will need certain labs to be done in order to complete an evaluation and it is polite to offer to help by ordering such labs or doing anything else necessary to aid in the consultant's evaluation. Make sure you understand ALL of the consultant's requests and recommendations, even if you have to ask him/her to repeat things multiple times. This is your most important job, accurately relaying information from the consultant to your team, and you cannot do this if you do not understand what is being asked of you. Occasionally the consultant will consider the information you have presented and will agree to see the patient without asking for further details. Be sure to ask if the consultant will leave a note in Power Chart. Be sure to follow up the recommendations from the note, and if necessary, page the consultant again for recommendations if he/she fails to leave a note. It is your responsibility to follow up with the consultant until you have the answers you need.
5. Always be polite. While you are technically asking the consultant to do his/her job, the burden of proof lies on you to convince the consultant this is in the patient's best interest. Always thank the consultant on the phone and in person if you have the chance. With the nature of your third year in medical school, it is highly likely that you will work with this consultant in some capacity on a future rotation. Courtesy is always in YOUR best interest.

Here is a very brief example of how a conversation might start:

Student: "Hello, I am John Doe, a 3rd year medical student with Red Medicine. We need to request a GI consult for a patient. May I tell you about the patient?"

Consult: "Yes, go ahead."

Student: "The patient's name is _____ and his MRN is _____. He is in room _____. He is a 56 year old male with a past medical history significant for heavy alcohol abuse. He was admitted on 4/22/13 with a 1-day history of hematemesis. He is currently stable, lavaged to clear x 12 hours with serial hematocrits stable for 24 hours. We are requesting a GI consult to evaluate the patient for suspected esophageal varices and to rule out peptic ulcer disease vs. Mallory-Weiss tear.

*Now the consultant starts firing questions at you and you answer them like a pro since you were smart enough to have Power Chart open for easy reference and since you have memorized all the patient's recent lab values.

Good Luck!

TOP SURVIVAL TIPS FOR YOUR CLERKSHIPS

Compiled from suggestions made by many successful students who have gone before you, here are some things to keep in mind as you begin this new phase of medical school.

INTERNAL MEDICINE

1. There is an endless amount of work to be done on every medicine team. There should not be any idle time. If there is, you should be asking your resident, "What can I do to help?" Try to establish on the first day how your team likes to communicate (pagers, text messages, etc.) so you never get left behind and are not "missing" when there is work to do. You will win the hearts of your team members if you are always willing to help with any task and are always visible.
2. Own your patients. Your ideas are valued and you will be expected to state and defend them regularly. Come up with your own treatment plans and confidently suggest these on rounds. You are not expected to be right all the time, but you will gain the respect and confidence of your team if you can show that you are actively taking care of your patient.

3. Be thorough and thoughtful. This is the rotation for you to give meticulous attention to detail. Come up with an impressively exhaustive differential diagnosis. Do perfect insulin and electrolyte replacement calculations. Medicine patients are very sick and are likely to have zebras and multifactorial problems that require complex management decisions. Your team will appreciate your efforts to consider all the possibilities, especially when you do your research and bring in short presentations to help others remember too-easily-forgotten details about the disease processes that affect your patients.
4. Read, read, read. Knowing everything about your patient does not stop with the H&P. You should strive to understand in greater depth their diseases and treatment options. You should be looking for current literature on the topic and bringing articles to present to the team. You will sometimes have a chance to sit down the attending after rounds for some teaching time. It is a good idea to show that you have read and thought about your patient by having some good questions to ask when your attending says, “We have a few minutes, what would you like to go over today?” A blank stare is not acceptable. Have something you have *been wondering about*.
5. Attitude is everything. This rotation is brutal and may run you into the ground at times. Keep in mind that you are there to learn. Feel very lucky any time someone makes the effort to teach you something. Be enthusiastic even when you feel like falling over with exhaustion. A good way to show that you are interested even when you feel like a zombie is to have a small notebook to record little lessons and pearls. It will help you focus and ask thoughtful questions, and it communicates to your teacher that you value what is being said and want to remember it so much that it is going into your “special notebook.”
6. Your call nights are a great time to shine by sharpening your skills at taking a thorough history and physical. Ask to be observed in your physical exam skills during these times. This is an opportunity to get valuable feedback. It is also one of the few chances you will get to be observed doing a physical exam before you will be performing these on your OSCEs.
7. Ask for feedback. Phase one was filled with endless self and peer evaluations, you were constantly told how you were doing and how to improve. On medicine, you may not receive suggestions unless you specifically ask for them. This will give you time to fix any problems before they are reflected on your final evaluation.
8. Budget your time. While reading on your patients is very important, so is studying for the monster of a Shelf Board at the end of this rotation. **DO NOT NEGLECT THIS!** Make time every week for specific shelf board study time. Do many questions and use more than one study guide. No, Blueprints is not enough, it is the tip of the iceberg.
9. Look sharp but be comfortable. While you may be permitted to wear scrubs on your call days, most days you should dress business casual. Get the most comfortable pair of shoes you can find. You will do miles of walking but mostly you will stand, stand, stand....
10. Do not complain. This is common sense, but there’s plenty of opportunity to feel frustrated with the long days on this rotation. Remember, nearly everyone on your team is working longer and harder hours than you, so feel lucky.

SURGERY

1. Easy come, easy go. There are a lot of strong personalities in this specialty and rounding can be an emotional adventure. Unfortunately, some attendings are stuck in the dark ages of medicine and believe that only through humiliation can we truly learn. Everything will be forgotten in about five minutes.
2. Answer quickly but thoughtfully when pimpled. Long silences are not particularly welcome and make it appear that perhaps you were daydreaming instead of listening to the question. Offering any mildly logical answer will pacify

most surgeons' need for efficiency and give them a chance to teach. In some versions of the pimping game it is predetermined that any answer you give is incorrect. Just play along and learn from the teaching that follows.

3. When you make a mistake, own up and act responsibly. People will forget your errors but remember how you handled them.
4. Time is of the essence. For whatever reason, surgeons like operating in the OR, not rounding all day. Avoid all forms of fluff in your oral presentations and present only the best slices of meat. Of course, you must still have all the extraneous details at your fingertips, but err on the side of saying too little rather than too much while presenting. Think deeply, speak sparsely.
5. Get to bed early. It may be difficult to adjust to the surgery schedule at first since you will be getting up around 4:00am and going back home late in the evening. It is better to get enough sleep and sacrifice a little reading than to fall asleep in the OR the next day.
6. Keep a snack in your pocket. There are hungry times on this rotation. A well-known secret is the free PB&J in the surgery break room (bread is in the drawer; the rest is up in the cabinet). Some cases last for many hours so snack when you get a chance.
7. Hard work is always rewarded, eventually. Always be on-time or early and offer to help out when you have all your work done. Your residents *will* remember how much you have helped them when there is an opportunity to do bedside procedures or emergency cases and you will probably be given first dibs on these.
8. Bend your fund of knowledge toward the surgical side. Study your anatomy before cases and be prepared for serious pimping in the OR. Keep a list of resuscitation equations and nutrition formulas in your pocket. Know what surgical complications you will need to watch out for in your patients as you follow them post op.
9. Even if you are 100% sure that you are not going to be a surgeon, you are going to have patients who will need surgery at some point, so this is your opportunity to learn all you can about taking care of surgical patients. Be as positive and enthusiastic as you can. Remember, you can do anything for 8 weeks!
10. Good or bad, do not take anything personally. Surgeons can be oblivious about the effect their comments have on the people around them. Surgeons have a very difficult job, not only because of the insane hours they work but because of the horrifying carnage they must see on a daily basis. Sometimes their offensive and crass remarks are a defense mechanism that helps them keep a safe distance away from dealing with the incredibly sobering reality of their work. This is no excuse for their behavior, but we as students should realize this and forgive them for some of their verbal brutality.

FAMILY MEDICINE

1. This rotation is a refreshing contrast to the fast pace of the Medicine rotation; however, do not neglect the many projects you need to complete outside of your duties in the clinic. Discuss ideas for your community project with your preceptor early and make a schedule to have this completed as soon as possible. Do not leave this until the last minute!
2. The shelf exam is a true nightmare: study often and early. Your experiences in clinic, while very valuable and practical, do little to prepare you for the shelf board.

*Advice for this rotation is difficult because clinic sites and preceptors vary widely. As long as you do not neglect your projects and study hard for the shelf exam, you should have a very fun rotation. Enjoy it while it lasts!

NEUROLOGY

1. In order to have a good time and learn a lot from the residents and attendings you must show initiative by asking to evaluate new patients independently, bringing up CT or MRI images and attempting a reading, always offering to look up things that you do not know and report back to the team. More than ever you cannot expect to passively learn on this rotation and receive a decent evaluation.
2. Get a Maxwell's for your pocket. While this reference is somewhat simplistic, it is the best and smallest reference for the nerve distributions I have found. It is also very useful on most other rotations. Always be sure to have your reflex hammer and tuning fork with you every day.
3. Study up on your neuroanatomy, know your pathways and where they cross. This rotation is one long, difficult game of "find the lesion" and you will have more fun if you have studied and come prepared. Also study your peripheral nerve distributions.
4. This rotation is only four weeks but the shelf board at the end is just as difficult as any other. Start studying from day one because the weeks will fly by and you will be in a panic if you have neglected this until the last week.

PSYCHIATRY

1. Notes should be very thorough and descriptive, the opposite of a surgery note. This is your opportunity to be observant and carefully record everything that you perceive. The physical exam is of minimal importance unless you suspect an organic illness.
2. Because of the nature of mental illness, some of your patients are not going to like you. They may even resent and insult you. Deal with it, and try to understand it more fully.
3. The mental status exam is not the same as the mini mental status exam. You will go over this at length during orientation. Know the difference and try not to confuse the two.
4. Working with psychiatry patients is exhausting. You may be working shorter hours on this rotation than on any other, but make sure to schedule some time for yourself to mentally decompress.
5. Psychiatrists are fun people. Their perspective on life and their work is unique and incredibly helpful. Enjoy your short time working with them.
6. On other rotations it is acceptable to write, "Patient declines to be interviewed," but this is not true in psychiatry. Be sure to document in detail your entire interaction, even if it does not seem meaningful, because the patient's words and behavior are part of your mental status exam.
7. Be persistent. Patients are often very closed about psychiatric issues and you will never get the entire story if you do not press against resistance and show your concern.
8. Be careful and smart. Some patients can be dangerous to themselves and to you. Never sit between the patient and the door. Be aware of your body language and how the patient is responding to you. Try to avoid any postures or gestures that would make the patient feel threatened.
9. Psychiatry has a whole new vocabulary to learn. Know the psychiatric definition of terms you use and try not to use common slang inappropriately during this rotation.
10. You will not need your white coat on this rotation so leave it at home. You may need your stethoscope on rare occasions, but almost everything else you will need fits on a clipboard.

OB/GYN

1. You will not have time to call the interpreter for all your patients every morning so it would be very helpful to know a few basic questions that you will be asking every patient. You may consult the Ob-Gyn Passport which contains a reference section with some helpful Spanish phrases.

2. Labor and delivery will be very exciting. You will be working long hours and it may get messy from time to time. Cover your feet appropriately.
3. You may get to participate more directly in surgeries on this rotation than on any other. Practice knot tying and suturing in your down time. The nurses or the clerkship coordinator are usually happy to give you some extra supplies.
4. There are many different types of notes to write on this rotation. Most of them are short and very straight forward. Examples are provided in the Ob-Gyn Passport.
5. Be kind and polite to all nurses and staff-
6. Try to keep new staple removal kits in your pocket so that when your resident asks if you would like to remove the staples, you will be fully prepared. Extra steri-stips, gauze and tape are also handy to carry along.

PEDIATRICS

1. Talking with parents of patients is almost more difficult than talking with the patients themselves. You will have to piece the story together from everything you observe and are told by all the people involved.
2. Normal values are always relative to the size of the kid. Have an easy reference guide available; Harriet Lane has an excellent set of tables worth copying for your pocket. Also, bring a calculator every day and expect to use it often. Intake and output will need to be presented in units of cc/kg/hr for daily rounds.
3. The Harriet Lane Handbook is a must and can be borrowed from the department. It is thick but definitely worth carrying in your pocket.
4. Kids are fun patients to have and generally get well quickly. Try to play with some of your patients in the recreation room, or bring a game or puzzle to the kid's room. This is a very rewarding aspect of this rotation that most students do not take advantage of often enough.
5. Tantrums are not uncommon in peds clinic. Be prepared for crying, hitting, perhaps biting, and the occasional projectile vomit. Remember to get a good physical exam as soon as you can before the crying starts, because you may never have another chance to listen to quiet lungs.
6. Get your flu shot this year! Get your flu shot every year from now on.
7. White coats are scary. Many pediatricians avoid wearing their white coats because children tend to react negatively. If you leave your white coat at home, you may really miss the pockets. A small handbag can be helpful for carrying all your tools and you may even have room to squeeze in a small washable toy or two for entertaining your patients.

A FEW LAST TIPS

As the student on a team, you may often feel overlooked or completely superfluous, but you have many great qualities to offer. You are the most observant member on your team and can anticipate when needs will arise. Take an extra couple of minutes to put bandage supplies in a patient's room for a planned dressing change that day. Offer your stethoscope when the attending needs to listen for bowel sounds (because you may be the only person on the team carrying one most days). Carry a few extra black pens since residents constantly misplace their own. You will be amazed at how willing residents are to teach students who are helpful and thoughtful. Do everything you can to make your team more efficient and you will be rewarded. Get excited. You are going to have a great third year!

STUDENT ADVOCACY

Crossroads

Crossroads is a student advocacy organization promoting the health and well-being of medical students. Membership consists of elected representatives from each class. Crossroads members recognize the unique stresses that health professionals confront, as well as the increased risk of the development of emotional difficulties and/or dependencies in response to those stresses. Its goal is to provide a forum in which to identify and diffuse stress issues, and to offer confidential support to all students, especially those in danger of impairment, and to educate peers on recognition of these issues and avenues of self-help. Crossroads maintains a resource base of community professionals willing to counsel students. It also organizes and supports healthy outdoor and stress-relieving events for medical students from all classes.

Student Mistreatment

The University of New Mexico School of Medicine is strongly committed to a respectful learning environment and to providing its learners with a secure learning environment that reflects courtesy, civility and respect. A respectful learning environment exhibits and promotes:

- professionalism;
- respect for individual rights, diversity, and differences;
- confidentiality and trust;
- protection of civil discourse without fear of retaliation;
- freedom from bullying or intimidation;

Other specific professionalism attributes have been defined by the UNMHSC Medical Staff through an inclusive and iterative process. Interactions between teachers and evaluators (on the one hand) and learners (on the other) in the education programs offered by the SOM or taught by SOM fellows, residents and faculty members are guided by principles of mutual trust, respect, ethics, and professionalism. All learners have the right to study, learn, and work in an environment free from harassment, threats, intimidation, or bullying. Please see the Student Mistreatment Policy, aka the Teacher Conduct and Learner Complaints policy on the Student Affairs website for details

<http://som.unm.edu/education/md/omsa/student-promotion-and-policies.html>

<https://app.box.com/s/whyslmt07mjmdl9yj5nlj3iddjo82k2p>

<https://app.box.com/s/vc7268vrewjnejlmf72unmb80wk5ged1>

PREPARING FOR PHASE III

Phase III will be an opportunity to finalize career choice, optimize one's residency application, and broaden one's educational opportunities. It is also the time when a student completes USMLE Step 2 CK and CS, applies for and matches in a residency. Phase III has a great deal of flexibility to allow students the opportunity to individualize their schedule for their needs while meeting the graduation requirements. The requirements take up 8 rotations out of 14 possible rotational time slots.

This flexibility comes with a great deal of student responsibility in making choices regarding career choice and rotations. To facilitate this process, the Associate and the Assistant Deans of Students, will meet with the class in January of 2019 to explain the Phase III requirements, provide guidance on scheduling around other activities such as USMLE Step 2 and the residency application process, and describe the scheduling process. A combined class meeting with the Phase III students will be held in late January to discuss Phase III courses. Each student will then be required to meet with Dr. Hickey or Dr. Vigil for an individual meeting to discuss the student's planning and provide one-on-one guidance for developing the initial Phase III schedule, which can be modified as the year progresses.

USMLE Step 2 CK, 2 CS

Beginning with the Class of 2006, students must take AND pass both parts of USMLE Step 2: Clinical skills (CS) and Clinical Knowledge (CK). It is strongly encouraged that students take both parts of Step 2 immediately after finishing Phase II. The turn-around time for grading the clinical skills test can be as long as 12 – 16 weeks. Because having a passing score is a requirement for graduation, you **MUST take Step 2 Clinical Knowledge NO LATER THAN December 31st and Step 2 Clinical Skills NO LATER THAN November 1** of your Phase III year to allow for the exam to be graded and the scores posted. For more information about registering for these examinations, please log on to their official web site. www.usmle.org See the "Policy for Walking at Graduation" in the policy section of the OMSA website for details. <http://som.unm.edu/education/md/omsa/student-promotion-and-policies.html>

APPENDIX A: Student Notes in the Patient's Medical Record

Medical Student Documentation and Billable Services

EXCERPT – please see “clinical documentation guidelines” on Cerner website for entire document

1.0 Purpose

The Centers for Medicare and Medicaid Services (CMS) has specific requirements regarding what Medical Student documentation can be used for billing purposes. While Medicare does not pay for Medical Student services it does allow limited use of the Medical Student's documentation to support a Billable Service. The purpose of this guidance of the UNM Medical Group, Inc. (UNMMG) is to provide UNM Health System physician and non-physician provider (NPP) with guidelines that ensure compliance with applicable laws and regulations when Medical Students, clinical clerks and sub-interns are involved in the care of a patient.

3.0 Documentation

- 3.1 UNM Health System physicians and NPPs will comply with applicable laws and regulations.
- 3.2 Any contribution and participation of a Medical Student to the performance of a Billable Service must be performed in the physical presence of a Teaching Physician (TP) or resident in a service that meets TP billing requirements (other than the Review of Systems (ROS) and/or Past History, Family History, and/or Social History (collectively PFSH), which are taken as part of an Evaluation and Management (E/M) service and are not separately billable).
- 3.3 The student may document services in the electronic health record (EHR); however, the TP or Resident Physician may only reference Medical Student documentation of an E/M service that is related to the ROS and/or PFSH. The TP or Resident Physician may not reference the Medical Student's documentation of physical examination findings or medical decision making in his or her personal note.
- 3.4 The TP or Resident Physician must verify and re-document the history of present illness and perform and document the physical examination and medical decision making activities of the service.
- 3.5 Examples of acceptable documentation from a TP or resident:
 - 3.5.1 “I have reviewed and confirmed the review of systems and past/family and medical history as documented by the Medical Student.” (Attending Physician or Resident Physician must also personally perform and document the history of present illness, exam and medical decision making.)
 - 3.5.2 “I confirm the findings as documented by the Medical Student for the patient's past medical history. ROS by Medical Student is confirmed however it is also noted that the patient reports blurred vision.” (Attending Physician or Resident Physician then must also personally perform and document the history of present illness, exam and medical decision making.)
- 3.5.3 Examples of unacceptable documentation from a TP:
 - 3.5.3.1 “Medical Student note reviewed.”;
 - 3.5.3.2 “Agree with Medical Student note”; and
 - 3.5.3.3 “Seen and agree.”
- 3.6.1 Medical Students should not act as Scribes for residents or TP in documenting other portions of E/M services.

Appendix B: UNM SOM Clerkship Performance Objectives

For the following presenting issues students should be able to:

1. Obtain an accurate medical history
2. Perform an appropriately focused physical examination
3. Accurately interpret and synthesize the history and physical findings
4. Develop a rank ordered list of differential diagnoses
5. Develop a plan for further investigations to confirm the diagnoses. Consider:
 - availability, reliability and validity of the studies or tests;
 - possible risks and complications, discomfort and inconvenience to the patient;
 - cost and its impact on the patient;
 - wishes and values of the patient.
6. Discuss initial diagnostic impression and proposed workup plan with the patient

Patient Presentations

(* = listed in multiple clerkships)

Family Medicine

- ☐ Anxiety*
- ☐ Back pain
- ☐ Chest pain*
- ☐ Chronic pain
- ☐ Cough*
- ☐ Headache*
- ☐ Health promotion (trauma prevention, illness screening, nutrition, exercise)*
- ☐ High/low blood pressure*
- ☐ Hypo/hyperglycemia*
- ☐ Joint/extremity/skeletal complaints*
- ☐ Lipids
- ☐ Obesity*
- ☐ Rash*
- ☐ Shortness of breath/respiratory distress*
- ☐ Sore throat*
- ☐ Substance use disorders*
- ☐ Trauma (minor)
- ☐ Upper respiratory signs/symptoms*
- ☐ Weakness (generalized)*
- ☐ Well adult examination
- ☐ Well child examination and immunizations*
- ☐ Well woman examination

Psychiatry

- ☐ Anxiety*
- ☐ Behavior/personality disorders
- ☐ Cognitive deficits*
- ☐ Mood disorder*
- ☐ Psychosis, hallucinations
- ☐ Substance use disorders*
- ☐ Suicidal thoughts

Medicine

- ☐ Abdominal pain (acute)*
- ☐ Altered mental status *
- ☐ Abnormal fluids/electrolytes, anuria
- ☐ Chest pain*
- ☐ Cognitive deficits*
- ☐ Edema
- ☐ Fever*
- ☐ GI bleeding*
- ☐ High/low blood pressure*
- ☐ Hypo/hyperglycemia*
- ☐ Jaundice*
- ☐ Joint/extremity/skeletal complaints*
- ☐ Mood disorder*
- ☐ Nausea/vomiting, diarrhea*
- ☐ Shortness of breath/respiratory distress*
- ☐ Substance use disorders*
- ☐ Syncope, dizziness, vertigo*
- ☐ Weakness (generalized)*
- ☐ Weight loss (unexplained)

OB/GYN

- ☐ Breast feeding*
- ☐ Breast mass*
- ☐ Contraception
- ☐ Dysuria, incontinence*
- ☐ Irregular menses, amenorrhea
- ☐ Menopausal symptoms
- ☐ Pelvic pain
- ☐ Postoperative visit*
- ☐ Pregnancy
- ☐ Prenatal visit
- ☐ Vaginal bleeding
- ☐ Vaginal discharge

Neurology

- ☐ Altered mental status*
- ☐ Cognitive deficits*
- ☐ Gait abnormalities*
- ☐ Headache*
- ☐ Motor tone abnormalities (increased, decreased)
- ☐ Movement disorders
- ☐ Seizure
- ☐ Stroke/TIA
- ☐ Vision abnormalities
- ☐ Weakness (focal)

Surgery

- ☐ Abdominal pain (acute)*
- ☐ Abscess
- ☐ Breast mass*
- ☐ Burn
- ☐ Claudication/rest pain
- ☐ Fever*
- ☐ GI bleeding*
- ☐ Groin mass/pain
- ☐ Jaundice*
- ☐ Lymph node enlargement*
- ☐ Nausea/vomiting, diarrhea*
- ☐ Neck mass
- ☐ Obesity*
- ☐ Postoperative visit*
- ☐ Shock*
- ☐ Shortness of breath/respiratory distress*
- ☐ Syncope, dizziness, vertigo*
- ☐ Trauma (major)

Pediatrics

- ☐ Abdominal pain (acute)*
- ☐ Altered mental status*
- ☐ Breast feeding*
- ☐ Cough*
- ☐ Development in children (normal/abnormal)
- ☐ Dysuria, incontinence*
- ☐ Ear pain
- ☐ Fever*
- ☐ Gait abnormalities*
- ☐ Growth abnormalities, failure to thrive
- ☐ Headache*
- ☐ Health promotion (trauma prevention, illness screening, nutrition, exercise)*
- ☐ Jaundice*
- ☐ Lymph node enlargement*
- ☐ Nausea/vomiting, diarrhea*
- ☐ Obesity*
- ☐ Rash*
- ☐ Shock*
- ☐ Shortness of breath/respiratory distress*
- ☐ Sore throat*
- ☐ Upper respiratory signs and symptoms*
- ☐ Well child examination and immunizations*

Specific Skills

For the following specific skills students should be able to:

Describe indications and steps

Show how to perform by directing, simulating, or during direct patient care with supervision

Specific examinations

- Abdominal examination – Medicine – Surgery
- Breast examination – OB – Surgery
- Fundoscopic examination – Neuro
- Heart & lung sound recognition – Medicine – Surgery
- Mental status examination – Neuro – Psych
- Movement abnormality identification – Neuro
- Musculoskeletal exams: knee, hand, shoulder, back, ankle – FM
- Neurologic examination – Neuro
- Newborn exam with Ballard – Peds
- Ooscopic examination – Peds
- Pelvic examination – OB
- Rectal examination – Surgery
- Skin lesion identification – FM – Peds – Surgery
- Sports physical – FM
- Trauma examination – Surgery
- Vascular/Pulse examination – Surgery

Procedures

- Injections / joint aspiration - FM
- Intubation, endotracheal – Surgery
- Liquid nitrogen use - FM
- Mechanical ventilation, ambu bag & mask – Surgery
- Pap smear – OB
- Prescription writing – Peds
- Skin biopsy – FM
- Urinary catheter insertion – OB – Surgery
- Venipuncture/IV catheter insertion – Surgery

Manual techniques

- I & D of simple abscess – Surgery
- Incisional / excisional biopsies – Surgery
- Sterile technique, gown, glove, scrub, instruments – OB – Surgery
- Vaginal delivery – OB
- Wound evaluation & care – OB – Surgery
- Wound closure, suturing, stapling – OB – Surgery

Interaction techniques and skills

- Abortion counseling – OB
- Abuse recognition and reporting – Peds – Psych
- Coping with pain / illness – Medicine
- Decisional capacity determination – Doctoring – Psych
- Developmental milestones assessment – Peds
- Difficult patient – Psych
- End of life issues – Medicine – Surgery
- Giving bad news – Doctoring
- Harm (self, others) risk assessment – Psych
- Healthcare financing inquiry/planning – FM
- Informed consent – Doctoring
- Intimate partner violence – OB
- Motivational interviewing (adherence) – Doctoring – FM
- Opioid prescribing/safety – Doctoring
- Patient advocacy – FM
- Prevention counseling – FM
- Safer sex counseling – OB
- Sexual history – Doctoring - OB
- Substance screening – Psych

Studies & interpretations

- Acid base, electrolyte, ABG interpretation – Medicine – Surgery
- CBC interpretation – Medicine – Surgery
- CSF results interpretation – Neuro
- CT/MRI basic interpretation, brain, spinal cord – Neuro; indications for, body – Surgery
- EEG, indications for – Neuro
- EKG interpretation – Medicine – Surgery
- Evidence based medicine (EBM) application – FM – Peds – Psych
- Fetal monitoring – OB
- Fluid & electrolyte calculations – Peds – Surgery
- Growth chart interpretation – Peds
- Health policy interpretation/understanding – FM
- LFT interpretation – Medicine – Surgery
- Pleural fluid results interpretation – Medicine
- Wet mount – OB
- X-ray interpretation, chest – Medicine, abdomen – Surgery

Updated 11/18/16

Appendix C-1:

Student Name:			Evaluator:		Rotation(s):		Amount of Contact: <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive
Grade Level	Below Novice 1.0 – 2.0	Novice 2.0		Avg Clerkship Student 3.0		Advanced 4.0	
<u>Reporting History & Physical Exam</u>	<input type="checkbox"/> Does not gather pertinent data	<input type="checkbox"/> Gathers data in a rote fashion using or only using a template <input type="checkbox"/> H&P overly broad / generic <input type="checkbox"/> No pattern recognition <input type="checkbox"/> Does not offer pertinent Positives / negatives		<input type="checkbox"/> Adequately gathers information from patient and chart <input type="checkbox"/> Beginning to focus H&P toward relevant info <input type="checkbox"/> Emerging recognition of constellation of symptoms as patterns <input type="checkbox"/> Identifies some pertinent positives/negatives		<input type="checkbox"/> Gathers detailed info using all relevant sources <input type="checkbox"/> H&P focus and diagnosis driven <input type="checkbox"/> Uses illness scripts and pattern recognition with knowledge of epidemiology <input type="checkbox"/> Identifies pertinent positives/negative and applies to defense of differential diagnosis	
<u>Oral Presentations</u>	<input type="checkbox"/> Consistently erroneous reporting	<input type="checkbox"/> Occasionally disorganized. Misses essential information; sometimes needs prompting.		<input type="checkbox"/> Organized with appropriate terminology		<input type="checkbox"/> Organized and informative, identifies key Diagnostic / treatment issues	
<u>Documentation</u>	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Occasionally disorganized. Misses essential information; sometimes needs prompting.		<input type="checkbox"/> Organized written notes may be overly full or missing important information		<input type="checkbox"/> Organized, informative; demonstrates clinical reasoning and justification for treatment plan	
<u>Interpreting Assessment Statement</u>	<input type="checkbox"/> Cannot make assessment statement	<input type="checkbox"/> Prompting required <input type="checkbox"/> Generic; repeats data. Not well synthesized.		<input type="checkbox"/> Usually correct assessment without prompting <input type="checkbox"/> Key features/important problems included		<input type="checkbox"/> Assessments offered spontaneously on all pts <input type="checkbox"/> Concise, key features, important problems <input type="checkbox"/> Changes reflecting ongoing clinical picture	
<u>Formulates basic problem list</u>	<input type="checkbox"/> Cannot formulate a basic problem list	<input type="checkbox"/> Can begin to make a problem list; rudimentary		<input type="checkbox"/> Emerging skills forming/sorting problem list <input type="checkbox"/> Top problems correctly prioritized (problem list may be overly full or missing important info)		<input type="checkbox"/> Without prompting, top problems correctly prioritized AND has important problems listed	
<u>Differential Diagnosis (DDx) and Clinical Reasoning</u>	<input type="checkbox"/> Cannot make a DDx	<input type="checkbox"/> DDx difficult to associate to chief complaint/history <input type="checkbox"/> DDx, it is based on pre-clinical analytic and basic science forms of thinking		<input type="checkbox"/> Makes broad DDx associated with patients' chief complaint/history. Emerging skills: forming and defending DDx <input type="checkbox"/> DDx demonstrates early evidence of pattern recognition (may miss difficult/rare diagnoses)		<input type="checkbox"/> Consistently offers DDx list without prompting appropriate to complaint/problem, ranked <input type="checkbox"/> Able to justify differential and unique dx from patient H&P, labs/studies, knowledge of Complaint / problem, epidemiology	
<u>Managing and Patient Care</u>	<input type="checkbox"/> Only observes patient care. Bystander <input type="checkbox"/> Requires Unusually close supervision in pt care settings	<input type="checkbox"/> Can participate in patient care by following <u>detailed</u> instruction by team <input type="checkbox"/> Emerging bedside skills with patient (requires supervision and assistance to be able to present plan to patient, etc) <input type="checkbox"/> With prompting, suggests very basic first step for management but not subsequent steps		<input type="checkbox"/> Reliably carries out patient care responsibilities after <u>brief</u> instruction by team <input type="checkbox"/> Demonstrates bedside skills with patient (able to present plan to patient, listens well, updates patient, form therapeutic relationship with patient /family) <input type="checkbox"/> Proposes appropriate <u>initial</u> steps for		<input type="checkbox"/> Reliably carries out patient care responsibilities after brief discussion with team AND without prompting identifies new patient care needs <input type="checkbox"/> Transitioned to demonstrating ownership of pt care <input type="checkbox"/> Proposes appropriate steps for management without prompting, identifies some complexity in medical decision making	

			management of patient without prompting. <input type="checkbox"/> If uncertain of plan, describes how/where to look up management and follows up with information in timely manner	<input type="checkbox"/> Recognizes complex patient situations and takes appropriate action <input type="checkbox"/> Assists team in discharge planning, communication and systems-based issues <input type="checkbox"/> Plans address urgent patient problems
<u>Educating</u>	<input type="checkbox"/> Minimal evidence of studying	<input type="checkbox"/> Reads only at a pre-clinical basic science level	<input type="checkbox"/> Looks up needed info in basic sources (textbooks, Up-to-Date) <input type="checkbox"/> Increasing comfort level with educating team <input type="checkbox"/> Completes required team education expectations (mini-talks, follow-up questions)	<input type="checkbox"/> Exceptionally strong foundational knowledge <input type="checkbox"/> Reading on patients' diseases prior to encounters <input type="checkbox"/> Spontaneously educates team, researches info <input type="checkbox"/> Performs required education expectations at higher level than expected, primary literature used

Appendix C-2:

PROFESSIONALISM						
Below Expected	Expected	Advanced Level				
<p>Duty/Altruism</p> <ul style="list-style-type: none"> <input type="checkbox"/> Needs continual reminders about responsibilities <input type="checkbox"/> Doesn't complete tasks, misses deadlines <input type="checkbox"/> Doesn't return e-mails/pages, unavailable to team <input type="checkbox"/> Leaves work without checking in with team <input type="checkbox"/> Doesn't show up to clinical or required educational duties <p>Honesty & Integrity</p> <ul style="list-style-type: none"> <input type="checkbox"/> Falsifies or misrepresents information, own actions or behaviors <p>Respect for Others</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lacks empathy, is insensitive or lacks rapport with others <input type="checkbox"/> Displays prejudice toward others on the basis of a recognizable social group <input type="checkbox"/> Demonstrated inability to function within a team <input type="checkbox"/> Demonstrates arrogance <input type="checkbox"/> Is overly critical/verbally abusive at times <p>Privacy</p> <ul style="list-style-type: none"> <input type="checkbox"/> Violates patient confidentiality <p>Accountability</p> <ul style="list-style-type: none"> <input type="checkbox"/> Demonstrates lack of ability to remediate deficits <input type="checkbox"/> Resists or is defensive in accepting criticism <input type="checkbox"/> Remains unaware of own inadequacies after interventions <input type="checkbox"/> Resists making changes <input type="checkbox"/> Does not accept responsibility for errors or failures 	<p>Duty/Altruism</p> <ul style="list-style-type: none"> <input type="checkbox"/> Meets expectations for participation and timeliness <input type="checkbox"/> Follows instructions <p>Honesty & Integrity</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is accountable for actions and follows the rules <p>Respect for Others</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mindful of demeanor, language, and appearance <input type="checkbox"/> Considerate of others' time, rights, values, religious, ethnic and socioeconomic backgrounds <input type="checkbox"/> Treats patients, teachers, peers, residents and faculty with compassion, dignity and respect <input type="checkbox"/> Recognizes and functions in a manner consistent with role as a student on a team <input type="checkbox"/> Is mindful to avoid intentionally embarrassing or deriding others <input type="checkbox"/> Maintains appropriate relationships with patients, peers, residents and faculty <p>Privacy</p> <ul style="list-style-type: none"> <input type="checkbox"/> Follows HIPAA rules <p>Accountability</p> <ul style="list-style-type: none"> <input type="checkbox"/> Admits to/accepts responsibility for mistakes in honest manner 	<p>Duty/Altruism</p> <ul style="list-style-type: none"> <input type="checkbox"/> Shows up early, stays late when needed <input type="checkbox"/> Completes assigned tasks early or with little instruction <input type="checkbox"/> Seeks and accepts feedback and constructive instruction <input type="checkbox"/> Takes an active role in caring for patients <input type="checkbox"/> Recognizes limitations and seeks help when expertise, knowledge and level of experience is inadequate to handle a situation <input type="checkbox"/> Demonstrates awareness of the work flow and contributes in an appropriate role without prompting <input type="checkbox"/> Takes initiative to contribute to medical knowledge through active scholarship and discovery <input type="checkbox"/> Places patient's interests and well-being at the center of educational and professional behavior and goals <p>Honesty & Integrity</p> <ul style="list-style-type: none"> <input type="checkbox"/> Learns about and avoids conflicts of interest <input type="checkbox"/> Commits to the highest standards of competence 				
		FOR FACULTY AND RESIDENT USE ONLY				
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d9e1f2;">STUDENT LETTER GRADE (enter below)</th> <th style="background-color: #d9e1f2;">STUDENT SCORE (enter below)</th> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Outstanding <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory </td> <td style="vertical-align: top; height: 40px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> </td> </tr> </table>	STUDENT LETTER GRADE (enter below)	STUDENT SCORE (enter below)	<input type="checkbox"/> Outstanding <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<div style="border-bottom: 1px solid black; width: 100%;"></div>
STUDENT LETTER GRADE (enter below)	STUDENT SCORE (enter below)					
<input type="checkbox"/> Outstanding <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	<div style="border-bottom: 1px solid black; width: 100%;"></div>					
<p>COMMENTS: Use additional sheet as needed</p> <div style="height: 150px; border: 1px solid black;"></div>		<p>RECOMMENDATIONS:</p> <div style="height: 150px; border: 1px solid black;"></div>				

FACULTY SIGNATURE/DATE _____	STUDENT SIGNATURE/DATE _____
--	--

APPENDIX D: Completion of Online Phase II Clerkship Evaluations

Timely completion of the on-line evaluation of Phase II clerkships by students is essential for the continued flow of the clerkships. This anonymous feedback allows the clerkship director to make appropriate improvements in his / her clerkship, give constructive feedback to faculty and house staff, and give kudos to those faculty and residents who have excelled at teaching.

In order for any clerkship changes to be made and for your feedback to be meaningful, it must be received in a timely manner (within the limits we have set to maintain anonymity).

The policy for student completion of on-line Phase II clerkship evaluations is as follows:

1. Completion of the online evaluation of the Phase II clerkship by each student is mandatory.
2. Sequence of events (and consequences) to complete the end of clerkship evaluation:
 - a. Renee Quintana from the PEAR office will send out an e-mail to the current class of Phase II students on the Monday of the last week of EACH Phase II rotation, notifying them that the site is ready for data entry.
 - b. The deadline for completing your on-line evaluation of the clerkship will be 11:59 PM the following Monday (i.e., three days after the clerkship ended, or – in the case of the two holidays, 2 weeks and 3 days after the clerkship ended).
 - c. On the following Monday after the end of the clerkship, (the first day of the next Phase II rotation or the first day of Phase III) the PEAR office will determine which students have not finished their evaluation.
 - d. Those students who have not completed their on-line evaluation will be reminded to complete them within a week.
 - e. Reports of aggregate data are distributed to clerkships after ALL grades have been posted in one45 for that particular clerkship.

APPENDIX E: Anonymity of Students' Online Evaluations of Phase II Clerkships

Confidentiality is critical to the evaluation process.

In order to help ensure confidentiality, the Office of Program Evaluation, Education and Research (PEAR) is the single office that handles all end of clerkship evaluations by students. The online evaluation system used by PEAR, called one45, allows responses to be completely anonymous where individual responses cannot be linked or tracked to a specific student. Therefore, all end of clerkship evaluations are completely anonymous.

There are other procedures in place to help protect student anonymity.

1. Only aggregate data is reported.
2. Reports of preceptors, tutors, and sites are distributed to clerkships every six months (after Blocks 1-3 and after Blocks 1-6).
3. Reports of preceptors, tutors, and sites are not distributed to clerkships until there have been at least five (5) responses for an individual or site, or when we have reached the conclusion of the Phase II (after Block 6, at the end of the academic year).

If you have any other questions or concerns about student confidentiality, please contact the PEAR Office at 505-272-8069.

Office of Program Evaluation, Education and Research (PEAR)
University of New Mexico School of Medicine
MSC08 4550
1 University of New Mexico
Albuquerque, New Mexico 87131-0001
Phone: 505-272-8069

APPENDIX F: Universal Clerkship Objectives

Communication:

Demonstrate best practices in communication with patients and their families, establishing rapport, gathering information and educating them about their condition and treatment plan.

IPE

Demonstrate the ability to work as an effective member of the healthcare team incorporating inter-professional communication and collaboration skills.

Professionalism

Demonstrate professional values of respectfulness, altruism, integrity and accountability in your role as a medical student on a clinical service.

APPENDIX G: Clerkship Objectives

Family and Community Medicine Clerkship Learning Objectives

1. Conduct complete and focused history and physical exam and apply the results to determining likely cause of presenting problems covered in a Family Medicine clinic.
2. Give organized verbal patient presentations and demonstrate the ability to succinctly write-up focused and complete history and physical exams.
3. Demonstrate ability to develop a patient's problem list and prioritize the problems.
4. Gain knowledge and experience in health issues commonly encountered in Family Medicine clinic.
5. Be able to list differential diagnosis of common presenting complaints in a Family Medicine clinic.
6. Identify routine evaluation, assessment, treatment, and risk factors for diagnoses commonly seen in Family Medicine clinic.
7. Gain knowledge and experience in community health by participating in a community project.
8. List learning issues; identify/remedy knowledge deficits, list resources used to answer these knowledge gaps.

Internal Medicine Clerkship Learning Objectives

1. Master the ability to collect a pertinent database on a patient, and organize and synthesize this database into a coherent assessment and plan.
2. Demonstrate the ability to present patients to other physicians in a clear, organized and concise fashion and to write progress notes, which communicate information about the patient in a complete but concise fashion.
3. Perform complete histories and physicals and get timely feedback on both written and oral work from the attending.
4. Demonstrate the ability to function as a member of the ward team and health care system.
5. Communicate effectively with patients and the health care team.
6. Demonstrate a commitment to lifelong learning.

Neurology Clerkship Learning Objectives

1. Demonstrate the ability to obtain a complete and reliable history.
2. Demonstrate the ability to do a complete neurological examination, understanding the underlying neuroanatomical and physiological principles.
3. Be able to deduce common neurological diagnoses, including synthesizing the historical and examination findings and localizing where in the nervous system the problem might be and then formulating a reasonable differential diagnostic list.
4. Be able to describe the basic history and findings of common neurological conditions.
5. Be able to list the limitations, and basic procedures of the major neurological tests.
6. Demonstrate an understanding of the importance of utilizing evidence-based information for patient care. This could include the criteria for the diagnoses and treatment recommended, prognosis, and when appropriate, the possible ethical issues that might arise in caring for the patient.

Ob-Gyn Clerkship Learning Objectives

1. Demonstrate understanding of normal and pathophysiology of menstrual cycle from puberty to menopause and or pregnancy
2. Understand pathophysiology, presentation and treatments of common primary care OB-Gyn problems, including menstrual disorders, abnormal Pap smears, contraception, STDs, normal prenatal and postpartum care.
3. Demonstrate understanding of contraception, sterilization and abortion as well as the etiology of infertility
4. Demonstrate understanding of age-appropriate prevention screening and health maintenance for women
5. Demonstrate understanding of breast conditions and methods for evaluating breast complaints
6. Demonstrate understanding of gynecological malignancies and risk factors, signs and symptoms, and evaluation processes
7. Demonstrate understanding of legal and ethical issues in Ob/Gyn including informed consent, confidentiality, advance directives, reporting suspected abuse / violence, and care of minors
8. Demonstrate competence in medical interviewing and physical examination of women, and interpretation of diagnostic studies.
9. Demonstrate competence in how to present a case orally and in written format.
10. Demonstrate competence in conducting a preliminary assessment of patients with sexual concerns
11. Identify / assess risk factors for pregnancy complications and Gyn problems
12. Be able to perform a pelvic exam, abdominal exam, breast exam, and physical exam on obstetric patients
13. Be able to deliver a baby, assess a laboring patient, and to suture
14. Be able to obtain a pap smear and specimens for STD testing
15. Be able to determine gestational age
16. Be able to interpret intrapartum electronic fetal monitoring
17. Be able to interpret a wet mount microscopic exam
18. Accurately generate a problems list, formulate a differential diagnosis and propose a management plan, including labs and diagnostic studies, treatment options, patient education and continuous care plan.
19. Demonstrate an ability to counsel patients about exam findings, contraception methods, management of abnormal bleeding, preventive care, screening procedures and options risk factors including substance abuse, nutrition and exercise, medications, and environmental hazards.
20. Participate in and/or observe operative techniques / procedures (C-section, hysterectomy, laparoscopy) to help solidify required knowledge of Gyn operative procedures and perioperative care.
21. Be able to communicate operative findings and complications to the patient and their family members.
22. Develop interpersonal communication skills that build trust and demonstrate culturally competent care.

Pediatrics Clerkship Learning Objectives

1. Obtain an accurate medical history on an infant, child and an adolescent and perform an appropriately focused physical exam

2. Accurately interpret and synthesize the history and physical findings, develop a rank ordered list of different diagnoses and develop a plan for further investigations to confirm the diagnosis.
3. Write complete and well-organized notes for admission, inpatient progress notes, outpatient clinic notes and admission orders.
4. Present patient to peers and supervisors in a focused and logical manner on patient rounds, as a new patient on wards, and in the outpatient clinic
5. Describe health supervision visits and the recommended immunizations from birth to adolescence. For each age group list the major milestones and anticipatory guidance and demonstrate the use of the Ages and Stages Questionnaire (ASQ)
6. Identify the sexual maturity of adolescent males and females using the Tanner method. Identify growth that deviates from the expected patterns and outline the differential diagnosis and initial evaluation in a child with failure to thrive
7. List aspects of the maternal and prenatal history and labor and delivery course that have implications for the health of the newborn
8. List and perform unique key components of the physical exam of the newborn and be able to provide anticipatory guidance including feeding, elimination, sleep, safety, newborn screening and immunizations
9. Describe the presentation, evaluation and initial management of common problems in the newborn period including jaundice, feeding problems, LGA, SGA and risk for sepsis
10. Describe unique features of the physician-patient relationship during adolescence, including confidentiality and consent
11. Recognize an acutely ill child who requires immediate medical attention. Describe the ABC's and outline the steps in the assessment and stabilization of patients with respiratory failure, shock, status epilepticus, and head injury.
12. For each of the following patient presentations, outline the differential diagnosis and initial steps in diagnosis and management: Cough, wheeze, respiratory distress, sore throat, upper respiratory signs/symptoms (eyes, nose, ears), rash, nausea, vomiting, diarrhea, swollen lymph node, headache, ear pain, acute abdominal pain and altered mental status.
13. List the clinical signs, symptoms and complications of each of the following chronic illnesses and describe common management strategies for each: Dysuria- incontinence, gait abnormalities, headache and hearing loss.
14. Discuss how chronic illness can influence a family and a child's growth, development, educational achievement, and psychosocial functioning
15. Describe the features of the history and exam that should trigger concerns for possible abuse, the laws and procedures for mandatory reporting of suspected abuse and the approaches to discussing suspected abuse with the family
16. Write three prescriptions and calculate appropriate fluids and electrolytes for rehydration and maintenance fluids for patients
17. Demonstrate the qualities required to sustain lifelong personal and professional growth.

Psychiatry Clerkship Learning Objectives

1. Conduct a complete and supportive interview with a psychiatric patient
2. Present a thorough and accurate Mental Status Exam from memory
3. Generate a reasonable differential diagnosis for psychiatric presentations
4. Recognize the clinical symptoms and identify diagnostic criteria for common psychiatric presentations
5. Generate an appropriate work up including pertinent laboratories and studies needed to consider complete differential diagnosis
6. Generate treatment options for psychiatric presentations and be able to explain the risks and benefits to patients and families
7. Perform a complete suicide assessment on a patient
8. Establish rapport with difficult patients
9. Outline criteria necessary for informed consent
10. Identify biological, psychological, and social factors that contribute to the development of psychiatric presentations
11. Present an evidence based medicine critical appraisal of an article to the treatment team aimed at answering a clinical question

Surgery Clerkship Learning Objectives

1. Demonstrate knowledge regarding ethical decision-making.
2. Demonstrate compassionate patient care and respect for the privacy and dignity of patients.
3. Demonstrate knowledge of molecular, biochemical, and cellular mechanisms underlying the pathology of disease.
4. Demonstrate knowledge of pathologic changes in the structure and function of organ systems as a result of disease.
5. Be able to perform both a comprehensive and organ system specific examination.
6. Perform routine technical procedures (e.g., nasogastric tube insertion, venipuncture, intravenous catheterization, arterial puncture, urinary catheterization, suturing, skin stapling)
7. Interpret the results of commonly used diagnostic tests with recognition of their limitations
8. Retrieve, manage and utilize biomedical information for solving problems and making decisions relevant to the care of individuals