



SCHOOL
OF MEDICINE

**CLASS OF 2024
PHASE II
STUDENT HANDBOOK**

June 6, 2022 – May 19, 2023

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Learning Environment Office

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Report Mistreatment	https://app.smartsheet.com/b/form/8d0b8a0107c14cffa37c996ae2562697
Recognize an exemplary Teacher or Learning Experience	https://app.smartsheet.com/b/form/93cf1e2bb1384980834d62d66ce50348

Office of Program Evaluation, Education, and Research (PEAR)

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Phase II Clerkships – General Information

Phase II begins on June 6, 2022 and ends on May 19, 2023. There are seven 6-week clinical rotations and scheduled vacations: 9/3 - 9/11/22, 11/21 - 11/27/22, 12/17/21 - 1/8/23, and 4/6 – 4/9/23.

There are seven required Phase II Clerkships: Family Medicine, Internal Medicine, Neurology, Obstetrics & Gynecology, Pediatrics, Psychiatry, and Surgery. Phase II Clinical Clerkships are six weeks in length with the exceptions of Neurology and Psychiatry, which are four weeks each; you will complete the Specialty Exploration Experience during your Neurology and Psychiatry rotations.

Phase II Goals

Phase II has been designed to provide supervised clinical experiences and teaching sessions to support each medical student in meeting the University of New Mexico (UNM SOM) Program Competencies and Objectives; to be successful at passing Step 2 CK; and to acquire the knowledge, skills, and attitudes necessary for residency.

Each of the seven Clerkships and the Doctoring course will provide educational experiences to support learning in these important contexts:

1. patient care
2. teamwork
3. professional identity formation

Patient care - Requires flexibility across various settings (clinical skills performance, communication skills, professionalism)
- all Clerkships, Doctoring

Learning to work well as a part of the health care team - with physicians/residents/peers and with inter-professional team members (Clerkships)

Developing yourself as a physician - Who do you want to be as a physician? How do you want to practice? How do you maintain wellness in this environment? (Clerkships, Doctoring)

Assessment occurs in:

1. the students' clinical environment (clinical performance rubric–PRIME) and in clerkship- specific testing;
2. NBME subject exams (knowledge and clinical reasoning assessment and to prepare for Step 2CK);
3. and on OSCEs (an evaluation of clinical skills, communication skills, and clinical reasoning skills best practices in a standardized clinical setting)

Overall, the content of Phase II will help students prepare for Step 2 CK and to choose a specialty.

Call/After Hours Responsibilities

Family & Community Medicine:

- No overnight call.

Internal Medicine:

- No overnight call.
- At the VA teams are on call every 4th day. At the UNMH team are on short or long call every other day. Regardless of site or call students should always leave by 10 pm.
- Call days are when students will get the opportunity to complete history and physicals.

Neurology:

- No overnight call.
- Students will take one weekday short call at UNMH from 4pm to 8pm during the four-week rotation.

Obstetrics & Gynecology:

- No overnight call.
- Each student is assigned a week of night float on Labor & Delivery
- On L&D, students will be scheduled for a weekend day and a weekend night.
- During orientation, oral exams, shelf exams, OSCE's or mandatory SOM meetings, some variability may occur.
- For all rotations, rounding in the early a.m. is expected one weekend day per week and on holidays.

Pediatrics:

- Inpatient Day Team: 6 am - 6 pm
- Inpatient Night Team: 12 noon to midnight
- Heme/Onc Team: 6 am – 6 pm
- Pediatric Outpatient Clinic: 8 am – 5 pm shifts
- Newborn Nursery: 7 am to 6 pm
- Pediatric ED: 7am-3pm shifts and 3pm-11pm shifts
- For all sites, clinical duties may include one weekend day per week and holidays.

Psychiatry:

- No overnight call.
- Students will experience emergency psychiatry on night shifts during the 4-week block. They will do the shifts in the Psychiatric Emergency Service (PES) at the Mental Health Center.

Surgery:

- 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 seven days, while other clerkships schedule hours such that averaged over a four-week period, a student will have four 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.

Time Away from Clerkship

For information regarding other time off during the clerkship (e.g. sick leave, conferences, personal/ family emergencies, personal events, exams, etc.) – please refer to the leave policy on the OMSA website: <https://hsc.unm.edu/medicine/education/md/docs/omsa/promotion-policies/loa-policy.pdf>

Absences away from clerkships will be tracked over the course of Phase II.

Holidays

Whether or not a Phase II student will be off for a holiday (e.g. Independence Day, Labor Day, Thanksgiving, Martin Luther King Jr. Day, Memorial Day) varies with the clerkship and site. In general, students should assume that they ARE working the holiday unless they are otherwise notified by the Clerkship Director.

Inclement weather

See the “*Inclement Weather Policy*” in the policies section of the OMSA website: [Click here](#)

Student Pagers vs. Cell Phones vs. TigerConnect

All students are asked to use TigerConnect, a safe, secure way to send and receive messages. (Students should contact OMSA if they need to set up the TigerConnect system on their devices.)

1. DOWNLOAD THE TIGERCONNECT APP
Navigate to the App Store on iPhone or Play Store on Android and search for ‘TigerConnect’. Download and install it.
2. LOGIN
In the TigerConnect app on your phone, log in with your email address @salud.unm.edu and your HSCNetID Password.
(This is the password you use to login to your work computer and email)
3. SEND YOUR FIRST MESSAGE
Tap on ‘Directory’ and use the search bar to find someone.
Send them a text to say “hello!”

Additionally, Clerkship Directors may ask students to provide either a cell phone number or a pager number. If the students choose to have a cell phone only for a contact, they must:

- Give the Office of Medical Student Affairs the number so all Clerkship Coordinators have it readily available before the start of the rotation.
- Consider their own privacy issues.
- Be certain there is good reception in the hospital to ensure the reliability of the cell phone number.
- Understand that while on the Trauma Service in the Surgery Clerkship, they will likely be given a pager to use.

Social Media

The University of New Mexico School of Medicine (UNM SOM), recognizes that social media sites like Facebook, Twitter, YouTube, and Instagram have become important and influential communication channels for our community. To assist

in posting content and managing these sites, UNM SOM has developed policies and guidelines for use of social media. For details, see *Health Sciences Social Media Policy* on the HSC website: [click here](#)

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 Barbara and Bill Richardson Pavilion (BBRP), are available to students on a first-come, first-serve basis. There are no lockers available to you at the VA Hospital. Students are instructed to come to the Office of Medical Student Affairs to get a 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 needs 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 those in charge of scrub allocation directly at OR-Scrubs@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 OR-Scrubs@salud.unm.edu 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 ScrubEx 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.
 - 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. See [UNMH Policies, Procedures, and Guidelines: Dress Code Policy](#) for details. Briefly, the following guidelines apply to students:

- UNMH ID badge worn at all times and must be displayed above the waist line at all times while on duty. Extraneous pins or decals are not to be placed on the front of the badge. Neither the name nor the photo on the badge is to be obscured.
- Good personal hygiene is required, including bathing and grooming.
- Clothing must be neat, clean, wrinkle-free, and in good repair.
- Highly fragranced lotion, perfume, cologne and/or smoke odor must be avoided.
- Hair must be worn in a professional manner and in a way that prevents contamination and does not present a safety hazard.

- Mustaches and beards must be well groomed. Facial hair cannot interfere with seals on masks.
- Jewelry must be kept to a minimum.
- Piercings are permitted, but excess piercings may have to be removed if deemed unprofessional. Piercings may not have loops of any kind (only studs are permitted), except loop earrings are permitted in areas not providing direct patient care. Gauges may be worn if they are no larger than 1¼ inches (32 mm).
- 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/> OR <http://loboguardian.unm.edu/>
- Possessions – 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](#). for procedures on how to be evaluated in the event of an exposure.

Write-Ups (SOAP Notes, Operative Notes, Admission H&Ps)

Medical student documentation (clinic notes, admission H&Ps, inpatient progress notes, operative notes, post-op notes, discharge notes, etc.) will 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 clerkship orientation.

Medical students may gather preliminary information (pre-rounding) independently. However, any information gathered and documented by the student which contributes to the billable E/M service must also be verified with patient/family in the presence of a resident or attending physician. The exceptions to this are the Review of Systems (ROS) and Past, Family, and Social Histories for which independent documentation by the medical student is still allowed.

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:

- 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 enter a note, and forward it to your supervisor for review, feedback, and signature, but this procedure varies for each clerkship.
- **Phase II medical students are NOT allowed to dictate any patient clinical note.**
- **Phase II students are NOT allowed to be scribes for the intern, resident, fellow, or attending.**
- All written documentation must be credited to the original author.
 - Students need to tag information to cite a footnote included in their note.
 - Residents and Attendings may not cut/copy/paste a note written by a student without a UNM-specific attestation. The student's name and signature must be included at the end of the note.
 - A student's contribution to care needs to be documented. It is not acceptable for students to scribe under someone else's login. Student work needs to be signed by the student.
 - The note type used by the service should be used if student will be the first author of the official documentation in the electronic medical record.
- 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.
- While on the OB/GYN** or Surgery Clerkships:
 - **Students on the OB/GYN Clerkship can document on ALL admitted patients and those seen in clinic. (The HPI and PE must be repeated by the resident/attending.) Additionally, students CANNOT document any CPT billing (i.e. UPTs, NST, procedures, ultrasounds, etc.) Students cannot document on any critically ill patients.
 - All outpatient notes (NOT pre-ops or post-ops) are dictated by an attending or resident.
 - 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) students may write the notes and residents do not need to completely re-write them.
 - Selected outpatient notes are written by the students with an attached note by the resident / faculty. 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.
- CMS Statement:
 - Any contribution and participation of a student to the performance of a billable service (other than review of systems and/or past family/social history which are not separately billable but are taken as part of an E/M service) must be performed in the physical presence of a teaching physician or the physical presence of a resident in a service that meets the requirements in this section for teaching physician billing.

Students may document services in the medical record; however, the of the E/M service being billed and may verify any student documentation of them teaching physician must verify in the medical record all student documentation or findings, including history, physical exam, and/or medical decision making. The teaching physician must personally perform (or re-perform) the physical exam and medical decision-making activities in the medical record rather than re-documenting this work.

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 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, perform a focused physical exam, and accurately interpret the history and physical findings to develop a patient representation (synthetic summary). From this patient representation, you should be able to generate 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 (“Observed Structured Clinical Exam” or “OSCE”).

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 the 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 One45. 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 Direct Observation Requirement

Clerkship teaching faculty and residents recognize the importance of providing formative experiences for students to perform clinically, and then be given feedback about their history and physical exam skills. We ensure that the observation of core clinical skills occurs at a minimum of once per student per clerkship. Students must perform the pertinent parts of a history and physical for that specialty and practice, in the presence of a resident or attending physician, and then have the supervisor add narrative feedback. The student enters this information and submits the Direct Clinical Observation Form on one45. Students will be reminded by the clerkship directors and coordinators that completion of this form on one45 is required prior to release of final clerkship grades. Every student must facilitate completion and submission of the form in each clerkship.

Academic Support

Academic enrichment services are offered to all medical students throughout training. Learning Specialists can assist students with all aspects of Phase II, including OSCEs, Clerkship NBME Subject Exams and USMLE Step 2 CK.

- 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 school curriculum and scheduling
- Consultation or referral to additional resources, board review planning and/or courses, or special diagnostics as needed.

Student Support

When a student is contacted by a Clerkship Director regarding feedback or performance in the clerkship, the student's Learning Community Mentor will also be included in the communication.

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/>, or you may reach out to the North Campus ARC staff, Kelly Cano (kcano26@unm.edu).

Medical Student Scholarly Research Requirement

The Office of Undergraduate Medical Education is the administrative home for student research projects and can assist with most stages of the research requirement. For detailed information about research deadlines, see the Student Research Handbook. For information and questions about research, contact the Office of Undergraduate Medical Education (MedStudentScholarship@salud.unm.edu).

Class of 2024 - Major Deadlines

Research Requirements	Deadlines	Promotion Requirements
Submit Final Scholarly Product: paper or presentation AND final product mentor evaluation	March 1, 2024	Must have final scholarly product submitted and evaluated by research mentor before graduation.

Office of Assessment & Learning (A&L)

Location: HSLIC 116, Phone 272-8028

Important A&L contacts:

- Jacob Imber, M.D., jimber@salud.unm.edu
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- John Waid, jhwaid@salud.unm.edu
- Audrey Bobick, auortega@salud.unm.edu

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 learners progress through training, they should also progress developmentally in their 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. Students should receive feedback on clinical performance frequently, including at the mid-point of the rotation so that if improvement is needed, there is time left to demonstrate improvement in clinical performance. See [Appendix H](#) 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 H](#).

2. NBME SHELF EXAM SCORES:

Conversion to numerical grade on 4.0 scale

<u>Percentile on NBME</u>	<u>Grade Point</u>	<u>Interpretation</u>
≥ 85th	4.0	Outstanding
75th – 84th	3.5	Good Plus
50th – 74th	3.0	Good
20th – 49th	2.0	Satisfactory
6th – 19th	1.0	Marginal (not passing)
≤ 5th	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., ≤5th percentile), the student 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

- a. If a student receives a score of \leq 5th 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.
- b. The student will be contacted by the Clerkship Director notifying them of the failed subject examination score and will receive a letter from OMSA outlining the next steps, including a referral to the Applied Cognition in Medical Sciences Program. It is recommended that the student also consult with the clerkship director for direction in studying. After meeting with a learning specialist and developing a formal study plan, a date for a re-test of the shelf exam will be scheduled.
- c. To remediate a failed clerkship shelf exam (if the student passed all other components of the clerkship), the student may retake the exam at one of the following times:
 - On one specific date during any Phase II vacation.
 - On one specific date at the end of Phase II in May.
 - On one of the regularly scheduled shelf exam dates, which occur roughly every 6 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”.
 - 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.
 - If the student does NOT pass the shelf exam re-test after the 3rd attempt (the original attempt and two re-takes), the transcript will show “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 UNM SOM.

Unsatisfactory Subject Examination Grade in More Than One Clerkship

- If a student receives an “Unsatisfactory” score on the subject shelf exam for more than one clerkship, the student will be referred to the Student Success & Support Committee.
- This group 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.”
- 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.

Components of the Final Clerkship Grade

- 50% clinical PRIME evaluation score narrative
- 15% NBME shelf exam score
- 35% Performance-based Clerkship Specific

Calculation of Final Clerkship Grade

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

EXAMPLE:

$(\text{Shelf exam 4-point grade} \times 0.15) + (\text{clinical 4-point grade} \times 0.50) + (\text{“other” 4-point grade} \times 0.35) = \text{final grade on a 4-point scale.}$ No rounding whatsoever is used; the actual point grade is used for the final grade.

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

Incomplete Clerkship Grade

- Appropriate assignment of an INCOMPLETE Grade:
 - 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 Associate Dean of Medical Students before the course director records an Incomplete.**
 - 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.
 - 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 on a date mutually determined by OMSA and A&L. The exam may NOT be taken while the student is actively participating in another clerkship.
 - 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.
- Inappropriate assignment of an INCOMPLETE
 - 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.
 - After the third week of each 6-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.
 - 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.

Marginal Clinical Grade

- 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.
- Potential causes of MARGINAL clinical grade
 - Despite feedback, student’s clinical performance is that of an inconsistent or minimal Reporter
 - Repeated minor lapses in professionalism (see Phase II grading policies/ professionalism, below)
 - A single egregious lapse in Professionalism

Promotion to Phase III

- A final clerkship grade of at least a SATISFACTORY must be achieved in all seven Phase II Clerkships.
- If a student receives a failing grade (FAIL) in a single clerkship due to clinical performance, 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, may be required to repeat the entire Phase II year, or the student might face dismissal from the UNM SOM.
- See the Promotions Policy and the Due Process Policy on the Student Affairs Website for more details: [click here](#)

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 and PEAR.

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 are not 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. (See **Appendix E** for more information on maintaining anonymous clerkship evaluation data).

Grade Change Policy

Please see the [UNM SOM Office of Education website](#) for detailed information on assessment policies and the [Graduate Student Grievance Procedure](#) for detailed information on academic disputes.

Students who wish to challenge a Phase II NBME shelf exam score cannot do so individually; the NBME requires that a request for rescoring must come from Assessment & Learning. Students who wish to be rescored will need to submit a written request to the Executive Director explaining why the rescoring is necessary; receiving a lower score than anticipated will not be considered adequate justification.

Students who wish to challenge a performance exam score may do so for up to ten working days after the exam scores are released. They must first view their own recorded performances before deciding whether to make a formal appeal request and will be provided with copies of the checklist while reviewing the recording. If a student decides to appeal after viewing the performance, a written request must be submitted to Assessment & Learning's Executive Director and must address exactly which items are being challenged and an explanation for each item. The video will be rescored. The rescore may be lower or higher than the original; either way, it will be final.

Students who wish to challenge a narrative evaluation may do so for up to ten working days after the evaluation is released.

Academic Disputes

Refer to the [Graduate Student Grievance Procedure](#) for detailed information on academic disputes.

A student with a complaint related to academic matters is encouraged to consult with the Office of Medical Student Affairs to discuss concerns, seek to clarify pertinent rules and regulations governing graduate study, and explore constructive ways to resolve the problem directly with the faculty member or administrator involved. **This should occur as soon as reasonably possible after the student has become aware of the problem.**

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 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 are considered egregious and will result in a failing clinical grade and may warrant immediate referral to the Committee on Student Promotion and Evaluation (CSPE):

- A student acts in an unprofessional way that knowingly will harm a patient
- A student acts in an unprofessional way that knowingly 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. A pattern of recurrent lapses in professionalism may result in a referral to CSPE for dismissal.

Examples of Professionalism Lapses

Duty / Altruism

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

Honesty and Integrity

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

Respect for Others

- Lacks empathy and is often insensitive to patients' (or families') needs, feelings, wishes; lacks rapport with patients and families
- Displays inadequate commitment to honoring the wishes and wants of the patient
- Displays prejudice towards patients, families, other health care providers based on a recognizable social group
- Demonstrates inability to function within a health care team
- Demonstrates arrogance
- Is overly critical / verbally abusive at times of stress

Privacy and Confidentiality

- Repeatedly violates patient confidentiality

Accountability

- Demonstrates an illness or condition which impairs judgment or affects ongoing ability to practice medicine
- Demonstrates lack of ability to remediate deficits:
 - Does not recognize own limits of knowledge / skill
 - Does not recognize general practice limits placed on students
 - Is resistant or defensive in accepting criticism
 - Remains unaware of own inadequacies after interventions

- Resists making changes
- Does not accept responsibility for errors or failures

Process for Reporting Professionalism Concerns in Phase II:

- 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. The Clerkship Director will then send a summary of the incident to the Office of Medical Student Affairs and to the student's Learning Community Mentor. This **Professionalism Incident Report** form goes into a "desk file" for the student. If no further lapses occur, it will be destroyed upon the student's graduation and no mention of this incident will be included in the Medical Student Performance Evaluation (MSPE).
- 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. Another **Professionalism Incident Report** form will be completed and submitted to OMSA. The Associate Dean of Students will consider meeting with the student and / or refer the student to CSPE for review.
- A third incident may result in one of the following: CSPE review, comment written in the student's MSPE reflecting areas of concern/deficiencies, consideration of academic probation, or possible academic dismissal.
- Reports of professionalism lapses during Phase I may occur, and are included in the total number of reports received to determine when to refer to CSPE.
- 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, comments written in the MSPE 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 consideration for inclusion in the student's MSPE.

Phase II Absence Policies

Excused Absences for Personal Health Care

Medical students are encouraged to obtain health care and will be excused from course and clerkship activities to seek their own health care. As professionals, when possible, they should choose appointments that interfere the least with educational responsibilities.

Students should make every effort to schedule necessary appointments during off time. As this is not always possible and students are entitled to timely medical care, students are permitted to miss class or clinical activities to seek necessary medical care. Any request for an excusal must meet the following guidelines:

1. For annual and/or preventative appointments (e.g. your annual physical) you must provide your Block Chair or Clerkship Director two weeks-notice. Every effort should be made to be present for small-group teaching activities and exams/quizzes.
2. For more urgent matters or for emergencies, seek the care you require immediately.
3. Notify the Office of Medical Student Affairs of the situation and that office will disseminate the information to the appropriate faculty/staff.
4. If you require extended/repeated treatments (such as for mental health issues) please make an appointment with the Associate or Assistant Dean of Students to assist you in planning. In case of prolonged absence (like maternity leave), OMSA can assist you in approving a medical leave of absence. Please contact OMSA for more information.
5. In Phase I, students should notify the appropriate block chair of any absences. If the absence falls on a test date, Assessment & Learning must also be notified.

6. In Phases II and III, leaves of three days or less need be approved only by the department within whose clerkship the student is studying. Absences over three days require the additional approval of the Associate Dean of Students and CSPE; the student may be required to make up missed time.

Leave of Absence

Extended Leaves of Absence (LoA) from the curriculum may be granted for academic, personal, medical or financial reasons.

1. For absences of 1-3 days the student must work directly with the course or Clerkship Director for approval and to facilitate the possible make-up of any missed activities or assignments. Absence from scheduled assessments require additional approval from the Executive Director of Assessment & Learning.
2. For extended LoAs, the student must complete the leave of absence request form [LOA Request](#). For students in good standing, the Associate Dean of Students may approve the leave. CSPE must approve any LoAs for students not in good standing, any LoAs lasting longer than 12 months, and/or any LoAs that may result in the student not completing requirements within 6 years of matriculation. In the case of a personal or family emergency, the Associate Dean of Students may grant an emergency LoA. The maximum duration for a leave of absence is 12 consecutive months or 18 cumulative months.

Emergency Leaves of Absence

Students must contact the Block Chair or Clerkship Director and the Associate Dean of Students if a personal or family emergency arises which will require an emergency leave of absence. The Block Chair/Clerkship Director will work with the student to arrange for making up missed course work and will work with CSPE if needed once the emergency issue has resolved.

Absences for Conference Attendance

Any request for time off from a Phase II Clerkship to attend a conference must be approved by the Clerkship Director. If a student is presenting research at a conference, and prior notification is given, a student may receive up to three days leave to attend (one day to present the research and one day each for travel back and forth). A request for time off should be initiated 6 weeks prior to the start of the rotation when possible. Leave to attend a conference will usually be approved in the following circumstances:

- Student must be in good standing.
- Student will not miss more than one required small group session.
- Missed assessments can be easily rescheduled with approval of Assessment & Learning.
- Student is either presenting a project (research or quality improvement) or representing UNM as an officer or delegate (e.g. AMSA, AMA, or AAMC).
- Student will work with the Clerkship Director to facilitate making up missed activities and assignments.

Students who are attending a conference without presenting research or as an officer or delegate will not be approved to miss quizzes, exams, or small group sessions.

General Time Off During Phase II Clerkships

Clerkships begin on Monday (occasionally Tuesday) and continue until 5 PM the last Friday of the rotation. Time off during the clerkship may be accommodated at the discretion of the Clerkship Director if:

- Notice is given at least six-weeks before the start of the rotation
- The reason for the leave is clear (e.g. special occasion – weddings)
- The time away does not exceed two weekend days plus perhaps the preceding Friday or the following Monday.

Unless it is a family or personal emergency, leave on the first or last day of the rotation will NOT be approved.

Any request for time off exceeding three days must be submitted to and approved by the specific Clerkship Director. If the time off is approved, the student will likely need to make-up that time off.

Time Off During Phase III for Residency Interviews

During Phase III, students planning on matching into a residency program will need to participate in residency interviews. If a student has scheduled a course during residency interview season, time off is not guaranteed. At the discretion of the course director, students may be allowed time off for interviews, provided the missed time is made up and does not affect the learning experience of other students and/or residents. Some courses, like sub-internships, ICUs and Ambulatory Care, are considered "no time off" rotations and time off, even for interviews, will not be allowed. If applicable, this information is noted in the course description contained in the Phase III Clerkship Catalog.

Time Off for Religious Observance

Acknowledging that the religious diversity of students may result in conflicts between students' religious practices and scheduled educational activities, UNM SOM will attempt to provide adjustments that honor the UNM SOM's commitment to the integrity of its educational curriculum and patient care, and do not burden faculty or affect the general medical student population involved in that educational activity. A student who is excused from a scheduled educational activity because of religious observance will be required to make it up at another time.

School of Medicine students requesting an excused absence for religious observation during any block, clerkship, or other required educational activity shall notify the relevant block chair or clerkship director as soon as possible after an impending conflict becomes apparent, preferably before the beginning of the block/clerkship/activity. If the request requires minimal time away and causes minimal disruption of educational activities, the course/clerkship director may approve the time off. Course and clerkship directors are encouraged to seek input and approval from the Committee for Student Promotion and Evaluation (CSPE) for any requests they feel may detract from the student's educational experience or burden others. If the request for time off meets the criteria stated above, then reasonable time off may be provided in accordance with this Policy.

Exceptions and Appeals

There are certain activities for which time off cannot be granted. For Phase II those activities include shelf examinations and Performance Assessments (OSCEs).

If the requested excused absences are not approved, the student may appeal the decision by submitting a petition letter to the Associate Dean of Undergraduate Medical Education (UME) or a designated proxy. The Associate Dean of UME will then review the request to evaluate the appropriateness, reasonableness, and feasibility of the request and make a final judgment about whether the time off will be granted. The decision of the Associate Dean of UME is not appealable.

Phase II Clinical Performance Examinations:

(“Observed Structured Clinical Exam” or “OSCE”)

Toward the goal of becoming a successful entry-level physician

LCME requires all medical schools ensure that medical students have the skills needed to effectively communicate with their patients and that medical students be able to demonstrate real time clinical reasoning skills. With the discontinuation of USMLE Step II Clinical Skills in 2020, this duty to ensure effective communication skills and real-time clinical reasoning has fallen solely to the medical school. UNM has long recognized the importance of these clinical skills and has been performing these assessments since before the creation of USMLE Step II CS. The Observed Structured Clinical Exam (OSCE) is our objective tool for evaluating communication and real time clinical reasoning skills.

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
- Guide faculty teaching efforts
- Provide an additional basis for making student progress decisions

There are:

- Clear statements of the intended learning outcomes from faculty. (*Phase II Performance Objectives*)
- Equitable assessment procedures for all students. (*Standardized assessments*)
- Specific, explicit criteria for judging successful performance. (*Faculty set standards*)
- Timely feedback to students that emphasizes the strengths of their performance and focuses their attention on specific areas in need of improvement. (*SP feedback and Reports of results*)

When:

1. August 29 – August 31, 2022
2. December 12 – December 14, 2022
3. April 3 – April 5, 2023

What:

For each grouping there will be four or five standardized patient (SP) stations, 15 minutes each. Three SP encounters are followed by 10 minutes for clinical write-ups in Calibrated Peer Review™. One of the cases may be followed immediately by feedback from the Standardized Patient.

Students end the experience 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 week 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.

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 cases 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. Scores with checklists/feedback for individual OSCEs are typically available within four weeks after the OSCE ends.

Upon completion of the final 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:

Occasionally, you will be examined over a clerkship which you have not had the opportunity to participate in (e.g. pediatric case before you have had the pediatric clerkship). This is an inevitability of scheduling. Before each OSCE, a list of the clerkships which will be examined will be sent out – you are encouraged to review the patient presentations from all clerkships which will be examined with a special focus on the cross-cutting themes (presentations seen in multiple clerkships such as chest pain). If you would like assistance with planning for an OSCE case in a clerkship you have not had, you are encouraged to contact the Office of Assessment & Learning. Additionally, there are resources available on Brightspace under “OSCE Information.”

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 “supplemental policies” section of the OMSA website: [Click here](#)
- 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, smart watches, computers, or other electronic devices into the exam room. Otherwise, they must be off – except when you are eating lunch.
- Ask a proctor if you have any questions.

Teaching Sessions in Phase II

Family & Community Medicine:

Family Medicine Didactic Sessions and Workshops are held Monday afternoons. There will be an in-person interactive procedure workshop, interactive Zoom lectures, and some pre-recorded lectures to review.

Internal Medicine:

You will meet on Thursday afternoons from 1:30 pm to 4:30 pm for formal didactics. The faculty member will discuss the approach to certain common topics in Internal Medicine and some common diagnoses. There will also be lectures on reading EKGs and CXRs. Some Mondays will have sessions on quality improvement and Chief Rounds. The IM boot camp the afternoon of the first day will review fundamental principles of the rotation and expectations. Check your schedule because attendance is mandatory, even when on call.

Neurology:

Students will have access to pre-recorded presentations created by the UNM Neurology Faculty that include a breadth of neurological topics. Small group sessions that will take place weekly during the clerkship during which important concepts in diagnosis and management of neurological disorders will be reinforced using case-based discussion. Clerkship directors will lead discussion of high-yield questions with the aim of preparing students for the Neurology Shelf exam. Didactics cover commonly-tested subjects on the shelf exam. Resident conferences occur daily at noon and provide students with exposure to advanced aspects of patient care.

Obstetrics & Gynecology:

Depending on the rotation, students will start with rounding on their assigned services, then proceed to Grand Rounds from 8am-9am. Case-based and didactic lectures follow Grand Rounds each Friday and from 9:00 am – approximately 5:00 pm, with some variability depending on faculty availability.

Pediatrics:

Pediatric didactic sessions will occur at least one half-day a week at a time designated by the clerkship. During the six-week clerkship, each student will also attend three Student Case Conferences. These will be two-hour small groups sessions with 5-8 students and one faculty member. Each student will present one “unknown” patient to his/her group, and present one evidence-based review related to the case. Evaluation will be included in professionalism portion of final grade, and will be based on engagement with discussion, attendance, and creating a positive learning environment with peers.

Psychiatry:

Teaching sessions will cover the evaluation and management of people with inpatient and outpatient psychopathology utilizing psychopharmacology and psychotherapy. Essential skills required for the clerkship will also be taught including interviewing and the mental status exam, recognizing psychiatric toxidromes, ethical and legal psychiatric practice, managing the emotionally challenging patient, evaluating capacity and informed consent, and performing suicide/risk assessments. These sessions will take place during orientation and on Wednesday mornings or afternoons throughout the six-week block.

Surgery:

Teaching sessions will include suture workshops, didactics on various surgical topics, and case-based tutorials. There will also be sessions for students to present various surgical topics to other students on the clerkship.

Phase II Learning Communities (LC)

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 to Phase 1 students and to support Phase II students as they make decisions about their future careers and the next phase of training.

Students in clerkships are often working on a service by themselves or with one other student.

LC House meetings during Phase II offer students an opportunity to discuss their clinical experiences with a group of trusted peers. Students share tips and insights on clerkships, debrief clinical incidents and professionalism challenges, and offer each other support. House meetings provide a forum for students to think about their career choice and prepare for the residency application process in Phase III. Phase II students also meet with first and second year students to share their perspective and help with clinical skills development.

Topics to be covered in 2022-23 will include the following:

- “Critical Incident” (discussion of clinical experiences)
- OSCE Preparation
- Wellness
- Prepping MS1s for their first CS exam
- Specialty Selection
- Residency application process
- Prepping MS2s for clerkships

Doctoring 3: Honing your Skills & Cultivating Resilience in Clinical Practice

Key Contacts

Course Directors for Doctoring 3:

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Course Goals:

By the end of Doctoring 3, learners should be able to:

- Demonstrate competency in complex patient, family, and provider communication and collaboration skills, necessary for clinical rotations.
- Develop clinical, self-care and self-reflection skills that facilitate identification and pursuit of residency in a field that matches learners’ unique skills and interests
- Develop strategies for promoting patient-, family-, and community-centered care, with an emphasis on medically vulnerable populations

Objectives:

By the end of Doctoring 3, learners should be able to:

- Reflect on their professional identity formation
- Describe social-behavioral dynamics between providers and healthcare users effecting

- Critically reflect on clerkship experiences related to professional identity formation
- Apply motivational interviewing techniques during communication with patients
- Recognize instances of bias, micro-aggressions or mistreatment in the clinical environment and reflect on the impact of these actions on providers and patients.
- Describe issues in healthcare facing medically vulnerable populations, including people living with disabilities and indigenous communities.
- Describe indications for opioid prescribing, as well as risk factors for opioid misuse
- Perform a comprehensive pain history and demonstrate ability to negotiate a pain treatment plan during a simulated patient (SP) interaction
- Describe the SPIKES protocol for breaking bad news, including naming all the steps in SPIKES
- Recognize opportunities for application of trauma-informed care principles during communication with patients and families in clinical environments
- Identify the elements of appropriate informed consent for surgical procedures

Course Overview

Doctoring 3 is the required Phase II curriculum in the four-year Doctoring course. The goal is for you to refine clinical and communication skills, cultivate an awareness of socio-behavioral dynamics impacting the physician-healthcare user relationship, develop the habits of self-awareness, self-care, and reflection necessary to become effective in your chosen fields in medicine.

The pandemic and the increased attention to the impact of race, ethnicity, and culture in healthcare have provided the opportunity for reflection on what is taught in Doctoring 3 and how the curriculum can be changed to be more responsive to this moment in history.

The course addresses cross-cutting topics that influence patient care and professional life regardless of specialty, as well as cultural considerations pertinent to practice in our community, including:

- Pain management and opioid safety
- Advanced communication skills including:
 - Breaking bad news
 - Negotiating opioid prescribing
 - Motivational interviewing
 - Informed consent
- Socio-behavioral dynamics in medicine
 - Principles of culturally appropriate care
 - Trauma informed care
 - Social needs and medical vulnerability
 - Addressing bias and microaggressions in clinical environments
- Professional identity formation
 - Narrative medicine
 - Identifying moral distress and adaptive/maladaptive provider behaviors
 - Personal statement writing

Professional identity formation (PIF) is an organizing concept in Doctoring 3. PIF is defined as 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.

In Doctoring 3, we will use structured workshops to practice new skills outside of the clinical environment, and to reflect on what students are learning in the clerkships. Written reflections during September and December 2021 are designed to help learners collect artifacts of learning which can be revisited during a personal statement writing workshop in April 2022. Reflection is a tool for professional identity formation, and developing reflective capacity has been associated with improved professionalism, empathy, and clinical competence. It also provides students tools for lifelong learning. Reflection in this course is defined as a “metacognitive process that occurs before, during and after situations with the purpose of developing greater understanding of both the self and the situation so that future encounters with the situation are informed from previous encounters.” Sandars, J. Medical Teacher. (31): 2009.

Doctoring 3 provides learners with focused skill workshops, in-class activities, and written reflection assignments designed to:

- Support professional identity development
- Increase competence in key clinical and communication skill sets
- Improve resilience and reflective capacity during the clerkships
- Provide insight into socio-behavioral dynamics effecting physician-patient relationship

The schedule is complex. It occurs on four Tuesday afternoons throughout the clerkship year, as well as during two, two-day intersessions during the September 2022 and December 2022 OSCE weeks.

Course Components:

The course will be composed of the following required elements:

Four Tuesday afternoon workshops, each requiring 1-2 hours of pre-work:

1. July 14, 2022: Communication: Negotiation Pain Treatment Plans; Standardized Patients
2. September 27, 2022: Communication: Breaking Bad News; Standardized Patients
3. January 24th 2023: Communication: Informed Consent; Standardized Patients
4. April 18, 2023: Writing Workshop: Personal Statement Development

Two, 2-day workshops during OSCE weeks (Thursday/Friday after OSCEs), with workshops requiring some pre-work:

September 1 and 2, 2022

1. Motivational interviewing workshop (9/1 9:00am to 12:00pm)
2. Medical vulnerability and addressing social needs – case based (9/1 1:00pm - 3:00 pm)
3. Indigenous health and communication (9/1 3:15 - 4:45)
4. Racism and gender bias in clinical environments (9/2 9:00am - 12:00pm)
5. Narrative medicine reflection on professional identity formation (9/2 1:00pm - 2:30pm)

December 15 and 16, 2022

1. Trauma informed care workshop (12/15 9:00am - 12:00pm)
2. Narrative Medicine reflection on Professional identity formation session (12/15 1:00 - 2:30pm)
3. Panel discussions about specialty choice (12/15 2:30 - 4:00pm)
4. Disabilities care workshop (12/16 9:30 am - 12:00 pm)
5. Narrative medicine exercise: 6-word stories (12/16 1:00pm - 2:30pm)

Core Doctoring 3 Didactic Schedule:

Four afternoon sessions on Tuesdays from 1:00-5:00 pm

Two, 2-day intersessions in September 2022 and December 2022

(See Tables at the end of this document.)

Format:

Mixed large and small group sessions

- Large group didactics with breakout-room discussions
- Small groups with 1-2 small group facilitators and 6-8 peers.

Please note that due to uncertainty related to the pandemic, decisions about face-to-face versus virtual learning sessions will be made closer to the time of each individual workshop. Updates regarding location of each session will be made via class email and via Brightspace.

Attendance:

- Attendance at all sessions is required.
- All absences must be approved in advance of the session by Dr. George (D3 Director)
- Anticipated absences for presentations at national meetings will be reviewed in accordance with clerkship and UNM SOM policies.
- Repeated absences from class will result in failure.

You must attend all sessions unless you have an excused absence that has been approved by **both Dr. George and your clerkship director**. You will be excused from clerkship rotations to attend required D3 curriculum.

NOTE:

1. NIGHT FLOAT: Students on surgery or OB night float during a week with a required D3 session will be excused from the rotation Monday night, and are required to attend the Tuesday afternoon from 1-5 pm.
2. RURAL ROTATIONS: Students on rural family medicine or RUUP rural rotations are required to attend Doctoring 3 sessions. We have created a process by which rural students use Zoom technology to attend classes remotely. Rural rotations are not a valid excuse for absence.

Expectations and Ground Rules:

- Preparation and Participation: You are expected to complete all pre-work, and to contribute actively to the discussions/activities in D3 small groups.
 - Pre-work is necessary for optimal engagement with standardized patients
- Confidentiality: Our intention is to create a safe environment to explore issues that impact your transition from student to physician.
- Respect for peers: Please do not interrupt peers or facilitators. This helps create an environment in which everyone feels comfortable speaking.
- **Technology-free environment: Unless you are responding to a page or clinical issue, please do not use your phone/computer/tablet during Doctoring 3.**

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 by the assigned date will result in a 'concern for professionalism' statement in your record.

Students must submit written reflections after several activities, and also must submit their personal statements to their facilitators and to Brightspace after the 4/18/2022 session to receive credit for the course. Failure to submit a DRAFT personal statement for review may result in course failure.

Exams:

There are no exams associated with Doctoring 3, although content in Doctoring 3 may be tested during OSCEs.

Grading for Doctoring 3:

Students will receive a Credit/No Credit grade for this course in the Fall and Spring semesters. Components of the Doctoring 3 grade are listed below:

- Attendance, preparation, and professional behavior in small group sessions, as assessed by small group facilitators.
- Submission of all required assignments to Brightspace.

Class of 2023 Learning Communities, Doctoring 3, and OMSA Class Meetings Schedule

Block	Week	Date	Time	Activity
Phase II Block 1 6/6 – 7/15/22	2	14-Jun	1:00-5:00 PM	Doctoring 3: Communication: Negotiation Pain Treatment Plans; Standardized Patients
	4	28-Jun	3:30-5:00 PM	Combined House meeting, Class of 2023; <i>Success in Phase II</i>
Phase II Block 2 7/18 – 8/26/22	2	26-Jul	3:30-5:00 PM	Combined House meeting, Class of 2023; <i>Critical Incidents with 2023</i>
	4	9-Aug	3:30-5:00 PM	House meeting; <i>OSCE prep</i>
Doctoring 3 Intersession 1	9/1 – 9/2/22		See below for details	
Phase II Block 3 9/12 – 10/21/22	1	13-Sep	3:30-5:00 PM	House meeting; <i>Resilience / triggers / wellness/ time management</i>
	3	27-Sep	1:00-5:00 PM	Doctoring 3: Communication: Breaking Bad News; Standardized Patients
	4	4-Oct	3:30-5:00 PM	OMSA Class meeting; Residency Fair
Phase II Block 4 10/24 – 12/9/22	1	25-Oct	3:30-5:00 PM	House meeting; <i>Burn Out</i>
	5	29-Nov	3:30-5:00 PM	Combined House meeting, Class of 2026; <i>Prep Phase I-1 students for CS-2.</i>
Doctoring 3 Intersession 2	12/15 – 12/16/22		See below for details	
Phase II Block 5 1/9 – 2/17/23	1	10-Jan	3:30-5:00 PM	House meeting; <i>Group Choice</i>
	3	24-Jan	1:00-5:00 PM	Doctoring 3: Communication: Informed Consent; Standardized Patients
	4	31-Jan	3:30-5:00 PM	House meeting; <i>Choosing a specialty</i>
Phase II Block 6 2/20 – 3/31/23	1	21-Feb	3:30-5:00 PM	OMSA Class meeting; Phase III Scheduling
	3	7-Mar	3:30-5:00 PM	OMSA Class meeting; Phase III Course Fair
	4	14-Mar	3:30-5:00 PM	House meeting; <i>Personal Statements</i>
Phase II Block 7 4/10 – 5/19/23	1	11-Apr	3:30-5:00 PM	House meeting, 3:30 - 5:00; <i>Group Choice</i>
	2	18-Apr	1:00-5:00 PM	Doctoring 3: Writing Workshop: Personal Statement Development
	4	2-May	3:00-5:00 PM	OMSA Class meeting: Residency applications

Doctoring 3 Intersessions

SEPTEMBER:

Thursday September 1st:

AM: Motivational interviewing workshop (9:00am - 12:00pm)

PM: Medical vulnerability and addressing social needs – case based (1:00pm - 3:00 pm)

PM: Indigenous Health Curriculum (3:15pm - 4:45pm)

Friday September 2nd:

AM: Racism and gender related micro-aggressions in medicine (9:00am - 12:00pm)

PM: Narrative medicine reflection on professional identity formation (1:00pm - 2:30pm)

DECEMBER:

Thursday December 15th:

AM: Trauma Informed Care workshop (9:00am - 12:00pm)

PM: Narrative Medicine Session (1:00 - 2:30pm)

PM: IPE activity (2:30 - 4:00pm)

Friday December 16th:

AM: Disabilities care workshop (9:30 am - 12:00 pm)

PM: Narrative medicine exercise: 6-word stories (1:00pm - 2:30pm)

Specialty Exploration Experience (SEE)

Preceptorship Director: Erin Bouquin, MD

EBouquin@salud.unm.edu

Preceptorship Programs Operations Manager: Emily Grunberger

Overview:

Specialty Exploration Experience (SEE) is designed for you to become more familiar with your anticipated specialty or subspecialty or to help you make a choice about residency by working in clinical settings in that field.

You will have 2 dedicated weeks for SEE during your Psychiatry block and another 2 weeks during your Neurology block. You will be assigned these two weeks when you receive your Phase II schedule. Psychiatry and Neurology are each 4-week rotations. The two SEE weeks are added into each 4-week rotation to create a 6-week block, consistent with the length of all of the other Phase II blocks. One third of students will have SEE during the first 2 weeks of these blocks. One third will have SEE the 3rd and 4th weeks. The final third will have SEE the 5th and 6th weeks of the block. Neuro and Psych didactics will be scheduled throughout the 6 weeks and attendance will be expected, even if you are on your SEE weeks. These are the 3 possible schedules:

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
SEE	SEE	Psych/Neuro	Psych/Neuro	Psych/Neuro	Psych/Neuro

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Psych/Neuro	Psych/Neuro	SEE	SEE	Psych/Neuro	Psych/Neuro

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Psych/Neuro	Psych/Neuro	Psych/Neuro	Psych/Neuro	SEE	SEE

Goals for SEE:

1. Provide clinical experience that will support the specialty decision process
2. Improving clinical skills specific to your SEE specialty
3. Awareness of the professional and personal demands on physicians in a chosen field of practice
4. 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. Identify social determinants of health inherent in the chosen specialty
7. Identify examples of health inequities represented during your specialty experience

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/drawbacks to the preceptor's specialty and compare this to the student's anticipated specialty
2. Define professional identity formation within the chosen specialty experience

Requirements:

1. 20 hours of clinic work during each week of SEE
2. Attestation of completion of clinic hours on Brightspace for each week of SEE
3. Attendance at required didactics for Psych and Neuro as scheduled by clerkship director
4. Final evaluation from the preceptor indicating 'Credit' at end of Psych and end of Neuro
5. Online evaluation of the preceptor(s) and program at the end of the Psychiatry block and at the end of the Neurology block. You will receive notification when evaluations are available for completion on One45.

Selecting a Preceptor:

- **Students will recruit their own preceptors.** Once you receive your schedules from OMSA, you may begin reaching out to faculty about SEE.
- The Preceptorship Office has a list of preceptors that you will receive by Brightspace during Transitions. You may recruit from this list of Preceptors or you may recruit other UNM faculty.
- If you have difficulty finding a preceptor, please contact the Preceptorship Director, Dr. Erin Bouquin (ebouquin@salud.unm.edu).
- If you are interested in working with a Radiologist or an Anesthesiologist, please email [Emily \(egruber@salud.unm.edu\)](mailto:egruber@salud.unm.edu) in Preceptorship Office for additional instructions.
- It is your responsibility to communicate who your preceptor is for each 2-week block of SEE to the Preceptorship Office. Preceptorship Office will initiate this communication. Please respond in a timely fashion. The Preceptorship Office will ensure that the preceptor receive an evaluation.
- It will be your responsibility to communicate with your preceptor that you need 20 clinical hours with them each week for the 2-week experience. This clinical work can be clinic-based, hospital-based, or in the OR. You are allowed to work with other providers, as per arrangement by your preceptor.
- You may work with the same preceptor during SEE during Psychiatry and SEE during Neurology, or you may recruit another preceptor for your second two weeks.

Non-UNM preceptors are not usually approved for this experience. If you are interested in recruiting outside of UNM, please notify the Preceptorship Office as soon as possible to find out if there is sufficient amount of time to ensure your placement. The Preceptorship Office will need to complete additional compliance requirements for the particular sites which requires several weeks. This includes SRMC.

Please stay in touch with the Preceptorship office with any questions or difficulties! The goal is to get you the clinical experience you need to confidently make a residency choice. We will support you along the way and all of us will need to be flexible.

Family & Community Medicine Phase II Clerkship

Clerkship Director	Elena Bissell, MD	505-264-3047	EBissell@salud.unm.edu
Assistant Clerkship Director	Linda Smoker		LSmoker@salud.unm.edu
Clerkship Coordinator	Nicole Baca	505-272-1622	NkBaca@salud.unm.edu
			HSC-FMClerkship@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

Structure

- 6 weeks of clinical exposure and completion of a health policy project
- 5 half-days (or equivalent) at your ambulatory clinic site (30 half-days per clerkship)
- 1 half-day in Health Policy
- 1 half-day for shelf study
- 1 half-day in the Specialty Exploration Experience

Clinical Sites

Local (each student at only one site):

- UNM Family Practice Center; UNM Family Health 1209, SEH, NEH, NVC, SRMC, Atrisco
- First Choice Community Health: Central NM area
- Presbyterian Medical Group Clinics, Albuquerque area
- 377th Med Group, KAFB
- La Familia, Santa Fe

Rural:

- 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.

Mid-point check-in with Clerkship leadership

Session with Dr. Clithero-Eridon to discuss Health Policy Project

Grades and Evaluation

- Clinical Ambulatory: 50% (based on PRIME)
- Health Policy project 15%
- Aquifer cases/interactive sessions 10%
- Clerkship Specifics 10%
- Subject Exam: 15%

Required Texts (provided on loan from clerkship)

- Case Files: Family Medicine
- Pre-Test Family Medicine

Internal Medicine Phase II Clerkship

Internal Medicine

Clerkship Director	Mary Seiler, MD	505-264-3217	MSeiler@salud.unm.edu
Associate Clerkship Director	Rebecca Richardson, MD	575-921-2406	ReBrich@salud.unm.edu
Assistant Clerkship Director	Blavir Rukov, MD	916-799-2892	BRukov@salud.unm.edu
Assistant Clerkship Director	Patrick Rendon, MD	505-264-3217	PRendon@salud.unm.edu
Clerkship coordinator			HSC-IMClerkshipStaff@salud.unm.edu

Overview

6 weeks: 6 weeks UNMH or 6 weeks VAMC

Clerkship Objectives

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 four patients and receive timely feedback on both written and oral work from the attending physician. Students will have the opportunity to rotate through subspecialty services or another elective of their choosing (e.g., Presbyterian Hospital) for 3 of the 6 weeks.

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, resident, and attending physician, and you should take advantage of their teaching whenever possible.

Call schedule

No overnight call at the time of this writing but may be an option for the 2021-2022 year. Students will be informed of this option if this becomes the case. At the VA and University, teams are on call every 4th day. Students may complete History & Physicals on patients being admitted from the ED, transferring from outside hospitals, or transferring from the ICU.

Assessment Structure for the Internal Medicine Clerkship

- 50% clinical grade (see Appendix H for details)
- 10% completing requirements (general professionalism):
 - Attending required sessions (e.g., EKG, other didactics)
 - 2% removed from total 10% for any unexcused absence of a required session
 - Unexcused absence – absences that do not have prior approval from the Clerkship Director (see below for attendance policy)
 - Completing asynchronous work - watch video on transgender health, video on coding and billing, video on writing a note
 - 2% removed from total 10% for more than two reminders from the clerkship to complete these tasks
 - Completion of 5 H&Ps reviewed by attending physician; student attestation in Brightspace
 - Initial consult notes in H&P format count and fellow or subspecialty attending may review H&Ps for subspecialty rotations
 - Students must have approval from the Clerkship Director to complete an alternative assignment
 - 2% removed from total 10% for any one H&P not approved by the Clerkship Director submitted >1 week after the clinical clerkship ends. In this instance, a professionalism form will be filled out and sent to OMSA.
 - Completing Clerkship requirements (i.e., items from one45 above, required asynchronous videos)
 - 2% removed from total 10% for more than two reminders from the Clerkship to send one45 evaluations to faculty, fellows, or residents
 - 2% removed from total 10% for completing patient types or duty hours >3 days after the clinical clerkship ends
 - 5% removed from total 10% for completing patient types or duty hours >1 week after the clinical clerkship ends
 - General professionalism outside of clinical care (e.g., responding to Tiger messages and emails, completing pre-work for TBLs and participation)

- 2% removed from total 10% for more than two reminders from the Clerkship to respond to a Tiger message or email, or failure to participate in TBL sessions
- 15% NBME Subject exam
- 10% 2 Graded H&Ps (worth 5% each)
- 7.5% Quality Improvement/Patient Safety Project Completion
 - Details will be sent to students and posted on Brightspace when available
- 7.5% Completion of 700 UWorld questions
 - 2.5% removed for completion of 300-599 UWorld questions
 - 3.75% removed for completion of 1-299 UWorld questions
 - No credit if 0 questions are completed

DIDACTICS – ATTENDANCE MANDATORY

- Internal Medicine topics; Afternoon Report (only when at the hospital as students do not attend AR on their days off); Chief Rounds; EKG and CXR Review
- Typically, you will meet on Thursday afternoons from 1:30 to 4:30 pm for didactics. The faculty member leading the session will discuss the approach to common topics in Internal Medicine.

Other Activities

- Direct Observation
- Palliative Care: The Palliative Care experience is not being offered at the time of this writing but may be added later in the academic year. Students will be informed if and when this becomes an option.

Resources

- First Aid for the Wards
- Pocket Medicine
- 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 for Internal Medicine
 - Step Up to Medicine
 - Harrisons

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

- The Clerkship Directors: Drs. Seiler, Richardson, Rukov or Rendon
- Learning Environment Office:
<https://hsc.unm.edu/school-of-medicine/education/learning-environment-office.html>
- OMSA / Dr. Sheila Hickey, Dr. Alfonso Belmonte, or Dr. Jody Stonehocker
- UME / Dr. Edward Fancovic or Dr. Jan Veasart
- Your Learning Communities Mentor

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

- The Clerkship Directors: Drs. Seiler, Richardson, Rukov or Rendon
- Your attending
- Your resident or the chief resident(s)
- OMSA / Dr. Sheila Hickey, Dr. Alfonso Belmonte, or Dr. Jody Stonehocker
- UME / Dr. Edward Fancovic or Dr. Jan Veasart
- Your Learning Communities Mentor
- Dr. Liz Lawrence - Chief Wellness Officer & Assistant Dean for Professional Wellbeing

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 IM careers
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 QxMD (free versions give good intro for students)
 - For heart murmurs: Littmann (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: MDCalc, Calculate by QxMD, and MedCalc (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

Clerkship Director	Tarun Girotra, MD	313-701-4795	TaGirotra@salud.unm.edu
Associate Clerkship Director	Clotilde Hainline, MD	505-277-7888	CHainline@salud.unm.edu
Clerkship Coordinator	Linda Tran	505-272-3314	LTran@salud.unm.edu

Overview:

Duration: 4 weeks

Site: UNM Hospital

Primary aim of the Neurology Clerkship is to teach students the skills required to diagnose and manage neurological conditions that a general medical practitioner is likely to encounter. Students will get an opportunity to spend one week each on various services such as cerebrovascular (stroke) service, general neurology inpatient (“wards”) service, adult neurology consult service, neurohospitalist service, neurocritical care unit, and pediatric neurology consult service. This will provide students with an exposure to variety of pathologies.

Subject to availability, students may also get outpatient neurology experience with various Neurology subspecialties, including but not limited to, neuromuscular clinic, movement disorder clinic, epilepsy clinic, multiple sclerosis clinic, and Botox clinic.

Objectives:

- Perform a thorough neurologic history
- Perform a thorough neurologic examination
- Identify common and significant neurologic disorders
- Formulate an appropriate differential diagnosis based on history, exam, and localization
- Refine a differential diagnosis based on appropriate use of neurologic tests
- Manage common and significant neurologic diagnoses
- Present patient information concisely via oral presentations and written notes
- 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

Curriculum:

- Didactics: Students will have access to pre-recorded presentations created by the UNM Neurology Faculty with a breadth of neurological topics.
- Case-based learning: Small group sessions that will take place weekly during the clerkship during which important concepts in diagnosis and management of neurological disorders will be reinforced using case-based discussion.
- Shelf Review: Clerkship directors will lead discussion of high-yield questions with the aim of preparing students for the Neurology Shelf exam.
- Daily noon resident conferences.
- Weekly Neurology Grand Rounds

Call:

Students will take one short call at UNMH from 4pm to 7pm during the four-week rotation.

Grades:

50% clinical; 15% NBME shelf, 35% Other (to be discussed at Orientation)

Neurology grades are determined by evaluations from residents and attendings, the NBME subject examination, and Localization Quiz.

Obstetrics & Gynecology Phase II Clerkship

Clerkship Director	Maria Montoya, MD	TIGER	MCMontoya@salud.unm.edu
Assistant Clerkship Director	Brenna McGuire		BLMcGuire@salud.unm.edu
Clerkship Coordinator	Emily Gibbons	505-272-4051	EBGibbons@salud.unm.edu

Overview

6 weeks total, which may include:

- 1 or 2 weeks of Maternal-Fetal Medicine (high-risk OB inpatient or outpatient)
- 2 weeks of Labor & Delivery day or night shifts
- 1 or 2 weeks of Benign Gynecology
- 2 weeks of subspecialty (Urogynecology, Oncology, Reproductive Health)
- 2 – 4 weeks of Private practice off site or RUUP
- Full scope outside rotation: Gallup, Shiprock, Taos, Espanola, Ruidoso

Objectives

In this 6-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, and 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

- You are required to review orientation materials PRIOR to attending our in-person orientation review session.
- We will briefly review expectations, grading, etc.
- Either simulated normal breast and normal pelvic exam and/or exams on a standardized patient
- Simulation stations: Vaginal delivery, Pelvic exam, Foley placement

- Suture workshop

Simulations:

2 half-day sessions will be scheduled during your rotation (dates will be provided on orientation)

One half-day of Gynecology

One half-day of Obstetrics

Dress Code

- Students must wear badges at all times.
- Attire is professional with closed-toe shoes. White coats may be required depending on specialty.
- Students must wear scrubs on L&D and in the OR. YOU CANNOT TAKE THESE OUTSIDE THE HOSPITAL.
- Students attending Reproductive Health clinics should dress professionally but NOT wear a white coat or badge until inside of the clinic.

General Schedule

- Inpatient service: ~ 06:00 to 18:00. Expect rounding to take place at 0700, you will be expected to pre-round and be prepared to present with notes completed.
- Outpatient service: ~08:00 to 17:00.
- Each student is assigned a single week of night float: 18:00 – 07:00 on Labor & Delivery, which may include a weekend night.
- On L&D day shift ~06:00 (depending on pre-rounding/# of patients assigned), to 18:00 students can expect to be scheduled for a weekend day.
- During exam and Orientation weeks, some variability may occur for all rotations; rounding in the early morning may be expected one weekend day per week and on holidays.
- No other "call" is scheduled in the rotation.
- 2 half days per week on average for NBME study time and/or wellness.

Assessment

- 50% Clinical PRIME evaluations
- 15% NBME
- 15% Midpoint Oral Quiz
- 10% EPAs
- 5% Notes (H&P, SOAP, Post-operative)
- 5% L&D passport completion

Other Activities

- Conferences: Grand Rounds, clinical conferences, pre-op conference, Tumor Board
- Skills/Simulation: Orientation, OB Sim, GYN Sim.

Resources

- Clerkship Passport – a handbook intended to help with all aspects of the rotation
- Brightspace: APGO videos and recorded lectures – to prepare for your shelf exam.
- U world questions
- ACOG access to Practice Bulletins and other materials:
http://www.acog.org/About/ACOG/ACOG_Departments/MedicalStudents
- Obstetrics & Gynecology - Beckmann, et al.
- Blueprints, Obstetrics & Gynecology - Callahan, et al.
- First Aid for the Obstetrics & Gynecology Clerkship - Stead, et al.

Pediatrics Phase II Clerkship

Clerkship Director	Chandler Todd, MD	505-250-5869	ChTodd@salud.unm.edu
Assistant Clerkship Director	Alison Campbell, MD	575-418-8445	AECampbell@salud.unm.edu
Assistant Clerkship Director	Soha Shah, MD	505-380-2302	SSoha@salud.unm.edu
Clerkship Coordinator	Elizabeth Sauve	505-272-1088	PediatricClerkship@salud.unm.edu

Orientation

- Held the first Monday of the rotation; starts at 8:00 AM

Dress Code

- Students MUST wear badges at all times.
- Attire is professional, but comfortable.
- Most pediatricians do not wear white coats. Students may wear white coats if preferred.
- Students may wear scrubs.

Clinical Components – six-week clerkship

- All students will have at least 3 weeks of Inpatient teams: This may include Inpatient Day Team, Inpatient Night Team, Heme-Onc, Carrie Tingley Inpatient Rehabilitation,
- All students will have one week of nursery: Mother Baby Unit or Intermediate Care Nursery
- Outpatient: 4 half day primary care clinics with an outpatient attending, and one week of either Pediatric Urgent Care or Pediatric ED; OR two full weeks at YCHC
- Elective: Some pediatric specialty and surgical electives may be available
- Off-Site Rotations: 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, RUUP program sites such as Albuquerque IHS and Gallup IHS may be available

Call Requirements

- Students will work 2-3 weekend days per clerkship
- Students may be assigned to up to 5 Night Team shifts
- Students will have at least 1 day off per 7 days

Didactic Sessions

- Minimum of one half-day of didactic teaching per week
- Phase II case-based seminars (Student Case Conference) may be scheduled in person or by zoom
- Unique teaching sessions for each clinical area may be scheduled in person or by zoom

Phase II Performance Assessments (OSCE / Clinical Skills Stations)

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

Resources

- The Pediatric Clerkship on BrightSpace has links to articles, videos, templates, and guidelines. Read the BrightSpace file for each clinical area as you progress through the clerkship.
- 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.
- HSC Library
- Bates Physical Exam: <https://hslc-unm-on-worldcat-org.libproxy.unm.edu/oclc/1200821438>
- BRS Pediatrics Link: <https://hslc-unm-on-worldcat-org.libproxy.unm.edu/oclc/1083217779>
- Blueprints Pediatrics: <https://hslc-unm-on-worldcat-org.libproxy.unm.edu/oclc/1097670756>

Assessment

50%	Clinical grade
15%	NBME Pediatric Subject Exam
7.5%	Pediatric Skills exam – Fluids, Prescriptions, Blood Pressure, Immunizations
7.5%	Student Case Conferences and associated assignment
7.5%	Aquifer cases, case analysis tool (10 aquifer cases and 3 case analysis forms – CAT)
7.5%	NBME Exam Preparation Assignments
5%	Professionalism: Primary Care Clinics, Communication, Clerkship requirements, & Families as Faculty

Psychiatry Phase II Clerkship

Clerkship Director	Deborah Dellmore, MD	505-239-9470	DDellmore@salud.unm.edu
Associate Clerkship Director	Emiliano Valles, MD	505-720-9245	EValles@salud.unm.edu
Assistant Clerkship Director	Caitlin Armijo, MD	505-310-4761	CArmino5@salud.unm.edu
Clerkship Coordinator	Danielle Jordan	505-481-6421	DanJordan@salud.unm.edu

Overview

The Psychiatry Clerkship is your opportunity to become an important member of an adult inpatient multidisciplinary psychiatric treatment team and actively engaged in the care of acutely and severely mentally ill adult patients in a University setting. You will work with an attending and resident physician while on your inpatient two weeks sub-rotation. You will master the supportive psychiatric interview, performing the mental status exam, and psychiatric differential diagnosis. You will be expected to consider the evidence base in your management of patients and are required to present an EBM critical appraisal to your team once during the rotation. During adult inpatient you will observe psychiatric emergency care at PES during two evening or weekend shifts. You also have the opportunity to select from an elective two-week rotation to learn about consultation-rural psychiatry at SRMC, community psychiatry, child and adolescent psychiatry at CPH, or VA adult and geriatric psychiatry. During the clerkship you will also complete the clinical shadowing portion of your buprenorphine waiver training program at a SUD specialty clinic.

Each student's six weeks will be broken down into the following two-week sub-blocks:

1. Two weeks "required" assigned to an adult or geriatric unit at University Psychiatric Center (will also complete two PES weeknight or weekend shifts during this time),
2. Two weeks doing SEE clinic,
3. Two weeks doing an "elective" psych rotation at SRMC, Child/Adolescent Psych inpatient, community rotation, or the VA inpatient,
4. A buprenorphine half day clinical experience.
5. Teaching sessions will occur on the first day of the rotation as orientation, and throughout the six-week rotation on Wednesday mornings remotely via Zoom.
6. The final Friday of the clerkship the NBME exam will be administered.

Orientation:

The first morning is spent orienting to expectations and specialty skills. Orientation videos should be viewed prior to the orientation day. Students will meet their teams and patients on the first day.

Dress Code:

Professional dress recommended; no white coats, no ties for men. Scrubs may be worn to ECT, PES, and inpatient services.

Call:

- No overnight call.
- Two required shifts in Psychiatric Emergency Service (PES) at the University Psychiatric Center.

Assessment

- 50% PRIME Clinical Evaluation composite from both sub-rotations
- 35%: 5 Quizzes 3% each, IPE debrief worksheet 5%, Clinical Challenge narrative reflection 5%, MSE write up 5%, and Professionalism 5%
- 15% NBME Psychiatry Subject Examination

Surgery Phase II Clerkship

Clerkship Director	Bradley Pickett, MD	505-934-5900	BPickett@salud.unm.edu
Assistant Clerkship Director	Rachel Danczyk, MD	505-453-8411 (c) 505-265-1711 (ext. 3136)	Rachel.Danczyk@va.gov
Assistant Clerkship Director	Brandon Behrens, MD	319-830-7620	BBehrens@salud.unm.edu
Assistant Clerkship Director	Renée Pepin, MD	505-272-6488	RPepin@salud.unm.edu
Clerkship Coordinator	Leann Misquez	505-272-5850	LMisquez@salud.unm.edu
Clerkship Website	https://hsc.unm.edu/medicine/departments/surgery/education/		

Overview

6 weeks: Two Teams

- All students will rotate on a general surgery service and a selective service
 - General surgery services – general surgery at UNM, general surgery at SRMC, general/vascular surgery at the VA, emergency general surgery, surgical oncology, general surgery at a rural hospital for RUUP students.
 - Selective services – anesthesia, ENT, neurosurgery, ophthalmology, orthopedic surgery, pediatric surgery, Plastic/burn surgery, trauma, urology and vascular surgery

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:

- 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:

- No night call

Assessment:

- 50% Clinical evaluations derived from residents and attendings
- 15% Shelf exam
- 15% Questions and Teaching
- 10% two H&P's – 5% per H&P
- 5% IPE project
- 5% Online MedEd

- Teaching sessions will include suture workshop, didactics on various surgical topics and case-based tutorials. There will also be sessions for students to make presentations on various surgical topics to the other students on the block.

Resources (available for checkout during your surgical rotation):

- Essentials of General Surgery and surgical specialties. P. F. Lawrence, 4th edition
- Surgical Recall, Blackbourne
- Dr. Pestana's Surgery Notes

Survival Tips for Phase II Clerkships

- Always act 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, be 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 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 the role of students on the service, expectations for presentations, workups, etc.
 - seek 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 when 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.

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.

UNM MEDICAL GROUP
Medical Student Documentation / Documentation Guidance No. CG1002, Revision A.

APPENDIX B: UNM SOM Clerkship Performance Objectives

For the following presenting issues students should be able to: Sent to Imber on 3/16

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

Pediatrics

- Abdominal pain (acute)*
- Altered mental status*
- Breast feeding*

Internal 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)

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*

- 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*

- 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)

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

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
- Funduscopic 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
- Otoloscopic examination – Peds
- Pelvic examination – OB
- Rectal examination – Surgery
- Skin lesion identification – FM – Peds – Surgery
- Sports physical – FM
- Trauma examination – Surgery
- Vascular/Pulse examination – Surgery

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

Procedures

- Injections / joint aspiration - FM
- Liquid nitrogen use - FM
- Pap smear – OB
- Prescription writing – Peds
- Skin biopsy – FM
- Urinary catheter insertion – OB – 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 & 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

APPENDIX C: 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 their 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.

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. Administrators (Deans, Clerkship Directors, and Department Chairs) and staff review evaluation reports to understand students' perspectives on the curriculum, preceptors (e.g., faculty, fellow, resident), and clinical sites. As students are key stakeholders, administrators, staff, and others value student feedback.
2. Types of end-of-clerkship evaluations:
 - a. At the end of each clerkship, students will receive a number of evaluations, which the PEAR staff manages, as well as evaluations, which the Clerkship Coordinator and/or one45 Administrator Rob Langmead manage.
 - b. To help you distinguish these evaluations, we:
 - i. Labeled evaluations forms, which PEAR manages, with "PEAR" at the beginning of the evaluation form's title.
 - ii. Excluded the term "PEAR" from the title of evaluations forms, which the Clerkship Coordinator and/or one45 Administrator Rob Langmead manage.
 - c. Typically, at the end of clerkship, you would receive the following evaluations:

Evaluation Title	Description	Support Staff
PEAR Standard Clerkship Evaluation	Evaluation form used to measure student attitudes across the seven clerkships	PEAR staff: Roger Jerabek
PEAR Clerkship-specific Evaluation	Evaluation form with questions pertinent to a given clerkship	PEAR staff: Roger Jerabek
PEAR Student Evaluation of Preceptor	Evaluation form for feedback to faculty, fellow, resident, or another teacher with whom the student worked. Students select from preceptors listed in one45.	PEAR staff: Roger Jerabek
PEAR Student Evaluation of Clinical Site	Evaluation form for feedback on a clinical site as determined by the Clerkship Coordinator.	PEAR staff: Roger Jerabek
Preceptor Feedback on Observed Student History and Physical Exam	Form on which a student enters feedback from a preceptor, who observed the student.	Clerkship Coordinator and/or one45 Administrator Rob Langmead
Preceptor Evaluation of Medical Student Clinical Performance	Form on which a preceptor provides feedback using the PRIME rubric.	Clerkship Coordinator and/or one45 Administrator Rob Langmead

3. Sequence of events to complete the end-of-clerkship evaluations:
 - a. Roger Jerabek 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 11:55 PM the following Monday (i.e., three days after the clerkship ended).
 - c. PEAR staff will send a reminder to those students, who have not completed their on-line evaluations, and ask that they complete them as soon as possible.
 - d. Reports of aggregate data are distributed to clerkships after ALL grades have been posted in one45 for that particular clerkship.

APPENDIX D: 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 are not 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 and sites are distributed to the Clerkship Director and other administrators at the end of each clerkship.
3. PEAR staff distribute feedback from PEAR Student Evaluation of Preceptor Reports directly to preceptors at the end of blocks 1-3 or 4 and 3 or 4-7; additionally, PEAR staff release a report of data from blocks 1-7. PEAR staff release these reports directly to each faculty member's and resident's one45 To Dos list. These reports include the mean rating, number of respondents, and any comments. The dates on these reports do NOT indicate when each evaluation was submitted during the course of three or six blocks. While PEAR staff hope that faculty and residents carefully review this feedback as part of their reflective practice, there is no mechanism in place to require that they review these reports.

If you have any other questions or concerns about student anonymity, 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 E: 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.

Inter-Professional Education:

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 F: Clerkship Objectives

Family & 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 health policy by completing a health policy project.
8. List learning issues, identify/remedy knowledge deficits, list resources used to answer these knowledge gaps.
9. Describe with preventative medicine and the Grade A and B recommendations; Grade by USPTF including immunizations and screening.

Internal Medicine Clerkship Learning Objectives

The primary objective of the IM Clerkship is to master the ability to collect pertinent information 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. After this clerkship, students should be able to:

1. Interact with patients with complaints of abdominal pain, fever, chest pain, arthralgias (or other skeletal complaints), dyspnea, syncope/dizziness, generalized weakness.
2. Elicit history of patient complaint and explain the pathophysiology, clinical presentation, and management strategy for various causes of anemia, DM, GI bleeds, HTN, AKI.
3. Describe the management of end-of-life issues (including pain management, code status, and palliative care), exacerbations of chronic issues, acute conditions.
4. Be able to interpret: heart and lung sounds, CBC, EKG, LFT, chest radiographs, ABGs, electrolytes
5. Be able to describe and demonstrate the physical examination for a patient with congestive heart failure, COPD, asthma, cirrhosis.
6. Be able to reflect on interactions with patients who are from a different culture, may not speak English, with limited access to care, or with complex psychosocial issues (depression, anxiety, or substance use).

Neurology Clerkship Learning Objectives

1. Perform a thorough neurologic history
2. Perform a thorough neurologic examination
3. Identify common and significant neurologic disorders
4. Formulate an appropriate differential diagnosis based on history, exam, and localization
5. Refine a differential diagnosis based on appropriate use of neurologic tests
6. Manage common and significant neurologic diagnoses
7. Present patient information concisely via oral presentations and written notes
8. Apply principles of evidence-based medicine to patient care
9. Perform a simulated lumbar puncture
10. Demonstrate effective communication with patients and their families from diverse backgrounds
11. Demonstrate reliability, punctuality, dependability, compassion and integrity in all professional activities

Obstetrics & Gynecology Clerkship Learning Objectives

1. Demonstrate understanding of normal and pathophysiology of menstrual cycle from puberty to menopause and of 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 inpatient 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.

APPENDIX G: Information for Parents

The Deans and Faculty at UNM SOM know you have interests and commitments outside of medical school, including, of course, family. We understand that during the years of medical training, many of you will be partnering, starting families, or growing families. Inevitably, there will be times when family demands take priority over school demands. We understand. We support you having outside interests and family commitments. We believe your being well-rounded individuals is part of becoming the best doctors you can be. We will work with you as best we can to accommodate your needs within the limitations of our curriculum and school requirements.

Clear, prompt communication from you about your needs will give us the best opportunity for flexibility. If you know that you have upcoming conflicts or will need to miss classes, days on clerkships, exams, etc., please let the appropriate block chair or clerkship director **AND** the Associate Dean of Students (Dr. Hickey) know as soon as you know. Again, we are not sure we will be able to meet all your needs, but we promise to work with you to help you juggle the varying demands on your time and attention. UNM has campus-wide policies about nursing moms and minors on campus. We have been and will continue to follow these guidelines. We are sharing these guidelines with you to make sure we are all on the same page.

The UNM SOM parental leave policy is covered by the [UNM SOM student leave policy](#).

We are a part of campus wide conversations and work group to improve access to and childcare services for all here, especially residents and fellows.

As part of our goal of building a better shared community of parents and caregivers in medicine, we invite you to join our Families in Medicine listserv by [filling out a request](#) to join or by emailing OPW@salud.unm.edu.

If you are in need of childcare assistance, please check out the [Health Sciences Student Emergency Relief Fund](#), which can be used when *"the cost of additional childcare creates a financial hardship. Solutions around childcare in these unprecedented times will be unique to every family... Our hope is to help prevent students from having to make the difficult choice between studying or not proceeding to stay home because the cost of childcare is too expensive."* Medical students may contact Janell R. Valdez at JaValdez@salud.unm.edu for more information.

UAP 2205, the institution's "Minors on Campus Policy," states that students may occasionally bring minors into the classroom, if they first obtain permission from their instructor. (<https://policy.unm.edu/university-policies/2000/2205.html>) **UAP 2205** states that the goal in these situations is, "to foster respect for the needs of all parties impacted by the presence of the minor child."

The University policy on breastfeeding and lactation: <https://policy.unm.edu/university-policies/2000/2750.html>: "The University of New Mexico recognizes the health, family, and societal benefits of breastfeeding children. It supports all students and employees who choose to continue breastfeeding their children after they return to school or work, whether they be birth mothers, non-birth mothers, or transgender parents. The decision to continue to breastfeed when returning to school or work often depends upon the availability of a suitable place to pump or nurse and the time to do it. For these reasons, and in order to comply with federal and state law, the University provides lactation rooms and reasonable break periods for breastfeeding... Students and employees are responsible for clearly informing their instructors or supervisors that they need breaks for breastfeeding and for using breastfeeding breaks in an appropriate manner... Students planning to breastfeed should do so around their scheduled class times to the extent possible. Instructors are not required to excuse tardiness or absences due to students' lactation needs, except in cases where a class time or class activity exceeds two hours. For students whose classes are distant from one of the lactation stations, academic units should try to locate a suitable lactation room within the academic unit... It can be a violation of a person's civil rights to deny the right to breastfeed. Any concerns about compliance with or appropriate use of this policy should be referred to the Office of Equal Opportunity."

Lactation support:

<https://women.unm.edu/services/chest-breastfeeding-support-program.html>

In addition to the lactation stations mentioned, there is one in Domenici West (near the Healthy Heart Bistro) – in a separate room off of the ladies' room on that floor. It has a door that can lock, a sign-in sheet, a comfortable chair, a place to post baby photos, a refrigerator, and two outlets.

Childcare resources:

There is currently an active workgroup to expand the childcare services and resources available to learners, faculty and staff at HSC. We will continue to keep you posted!

UNM Children's Campus – provides the children of UNM's student, staff and faculty parents with high quality early childhood experience. It is a nationally recognized program, five start licensed child care facility. There is generally a waitlist; further information may be found here <https://childcare.unm.edu/>.

Back-up childcare options: Many families may hire separate childcare, including through sites like care.com. Pattycake Nannies is a local nanny-finding agency, that also offers a back-up childcare option. <https://www.pattycakenannies.com/>.

Finally, we want to be sure you are aware of a few other family resources:

- Parents in Medicine Interest Group: a group that has been meeting informally to discuss issues related to parenting in medicine (including career choices and childcare), exchange maternity and baby clothes, and offer support. For more information, please contact Liz Lawrence at ELawrence@salud.unm.edu.
- UNMHC Alliance - a group to support spouses and partners of residents, fellows, and med students at UNM HSC: <https://unmhalliance.wordpress.com/author/unmhalliance/>
- [What it's like to be a medical school parent.](#)
- [Ten tips for medical school parents.](#)
- Parent Resources in Medical Education ([PRIME](#)) - just hosted their first conference. Look for additional links and references here.

We hope you find this information helpful. We are here to support your success, and we are available to discuss any questions or concerns you have.

APPENDIX H: Preceptor Evaluation of Medical Student Clinical Performance

Date	Medical Student Performance on Clerkship Evaluation Form			BY: Attending/Resident	Phase II
Student name:	Evaluator: Dr.	Rotation:	Amount of Contact: Minimal Moderate Extensive		
Grade level	Below Novice	Novice	Expected Clerkship Student	Advanced Student	N/A
Reporting					
History	Incomplete history <ul style="list-style-type: none"> Does not gather pertinent data Does not ask questions pertinent to patient 	Templated history <ul style="list-style-type: none"> Data collected in a rote fashion, missing pertinent details 	Focused history with info from patient chart included <ul style="list-style-type: none"> Gathers information from pt. & chart Focuses history around chief complaint and major patient problems 	Complete and relevant history that gives clear understanding of clinical presentation <ul style="list-style-type: none"> Additionally, gathers information from outside sources when indicated Collected history reflects consideration of differential diagnosis and patient's active problems 	
Physical Exam	Incomplete exam <ul style="list-style-type: none"> Exam not performed, often incomplete and/or unreliable 	Basic physical, inattention to patient comfort <ul style="list-style-type: none"> Performs basic physical examination Exam findings not always reproducible Does not ensure proper draping and/or patient comfort during exam 	Physical exam complete with reproducible findings <ul style="list-style-type: none"> Physical exam performed using best practices Exam findings usually reproducible Regularly ensures patient comfort during exam (i.e. proper draping) 	Physical exam tailored to chief complaint <ul style="list-style-type: none"> Appropriately tailors examination to chief complaint and medical specialty Able to identify subtle findings OR changes in the exam 	
Oral Presentations	Inaccurate presentations <ul style="list-style-type: none"> Consistently erroneous reporting 	Disorganized presentations After feedback, continues to: <ul style="list-style-type: none"> Mix subjective and objective data Miss essential information Give unnecessary detail Miss pertinent positives/negatives 	Organized presentations <ul style="list-style-type: none"> Organized using appropriate terminology Identifies some pertinent positives/negatives 	Organized and efficient presentation with appropriate level of detail <ul style="list-style-type: none"> Level of detail appropriate for medical specialty Identifies key diagnostic/treatment issues Identifies pertinent positives/negatives & applies to defense of differential diagnosis 	
Documentation	Incomplete notes <ul style="list-style-type: none"> Notes late or not completed Notes lacking critical data or pt. care issues 	Disorganized notes/missing info After feedback, notes continue to: <ul style="list-style-type: none"> demonstrate disorganization missing information include unnecessary detail copy/paste utilized without changing info from prior day or encounter use templates without sufficient editing appropriate for patient 	Organized and accurate notes <ul style="list-style-type: none"> Consistent SOAP organization Notes may be overly full of detail Includes basic justification for diagnostic and treatment plan 	Organized notes that reflect complexity of clinical picture <ul style="list-style-type: none"> Level of detail appropriate for medical specialty and encounter type Documentation clearly reflects ongoing clinical picture Includes clear summary of clinical reasoning and patient counseling 	

Interpreting					
Assessment Statement	No assessment statement <ul style="list-style-type: none"> Does not make assessment statement despite prompting 	Assessment statement missing key features <ul style="list-style-type: none"> Not well-synthesized Reiterates known data or misses key features Requires repeated prompting 	Assessment statement with key features <ul style="list-style-type: none"> Contains key features, semantic qualifiers, & important problems May be overly full with detail or overly brief 	Assessment statement with key features that demonstrates clinical reasoning <ul style="list-style-type: none"> Assessment statement is well-synthesized & concise Changes reflecting ongoing clinical picture 	
Formulates Basic Problem List	No problem list <ul style="list-style-type: none"> Does not formulate a basic problem list despite prompting 	Basic problem list but does not prioritize <ul style="list-style-type: none"> Critical problems may not be ranked appropriately May miss 1-2 problems 	Correct problem list <ul style="list-style-type: none"> Problem list generally complete and top problems usually correctly prioritized 	Problem list reflects pt.'s current condition & complexity <ul style="list-style-type: none"> Problem list changes to reflect changes in pt. condition, is consistently complete with top problems correctly prioritized 	
Differential Diagnosis (DDx) & Clinical Reasoning	No DDx <ul style="list-style-type: none"> DDx absent or represents only one diagnosis despite prompting 	Underdeveloped DDx <ul style="list-style-type: none"> Suggests more than one possible cause of patient condition Cannot defend or rank DDx 	Pertinent DDx and able to defend <ul style="list-style-type: none"> Generates at least 3 plausible differentials for pt.'s chief complaint Consistently defends DDx using relevant data May not include common diagnoses relevant to medical specialty, epidemiology, or pathognomonic findings 	Well-developed DDx and relevant to specialty <ul style="list-style-type: none"> DDx demonstrates consideration of difficult or uncommon diagnoses when appropriate Includes common diagnoses relevant to medical specialty, epidemiology, or pathognomonic findings 	
Management & Pt Care					
Management	No management plan <ul style="list-style-type: none"> Does not suggest management plan Does not articulate initial diagnostic steps 	Generic and underdeveloped management plan <ul style="list-style-type: none"> Proposes early diagnostic steps. Plan is not patient specific Continues previous plan without justification for remaining the same. 	Organized and basic management plan <ul style="list-style-type: none"> Consistently presents an organized diagnostic plan for assigned patients Suggests basic therapeutic interventions If uncertain of plan, describes how/where to look up management & follows up with information in a timely manner 	Well-developed management plan <ul style="list-style-type: none"> Plans incorporate risk/benefit; other active medical issues Plans take into consideration patient specific circumstances. Proposes therapeutic interventions which are grounded in evidence-based practice 	
Patient Care:	Not entrustable for patient care <ul style="list-style-type: none"> Misrepresents patient information After guidance, unable to complete assigned patient tasks Requires unusually close supervision in pt. care settings 	Some challenges with patient care After feedback, continues to: <ul style="list-style-type: none"> Incorrectly report data Require reminders to finish patient tasks Require reminders to re-check on patient clinical status 	Organized patient care <ul style="list-style-type: none"> Accurately reports results of testing and procedures to the team With assistance, can create a task list for the day and complete assigned work Reassess patients during the work day, updates team 	Enhances team's ability to care for patient <ul style="list-style-type: none"> Recognizes abnormal results, complex or critical patient situation, and communicates it efficiently to the team Prioritizes tasks and trusted to carry out appropriate tasks independently Assists team in discharge planning, follow up, and transitions of care, and tasks for other patients on the team 	

Educating					
Educating:	Not entrustable for self-education <ul style="list-style-type: none"> •Solely relies on team to answer questions about patient instead of self-directed learning •Does not complete required team education expectations 	Some challenges with self-education <ul style="list-style-type: none"> •Requires prompting to read about patients and answer team questions •Requires prompting to complete required team education expectations or misses deadlines •Utilizes inappropriate or outdated resources 	Organized self-education <ul style="list-style-type: none"> •Independently acquires new knowledge related to patient cases and shares with the team •Completes required team education expectations (mini-talks, follow-up questions) •Uses resources appropriate for the clinical setting 	Self-educating and enhances team educational experience <ul style="list-style-type: none"> •Uses patients to generate relevant questions to research in order to expand knowledge • Performs team and self-education at an advanced level (i.e., uses EBM, primary literature, cites current specialty guidelines, identifies controversies in the literature) •Shares new knowledge in team discussions, written documentation, and/or plans for patient care 	
Date	Medical Student Performance on Clerkship Evaluation Form			BY: Attending/Resident	Phase II
Student name:		Evaluator: Dr.	Rotation:	Amount of Contact:	
				Minimal Moderate Extensive	
Grade level	Below Novice	Novice	Expected Clerkship Student	Advanced Student	N/A
Reporting					
History	Incomplete history <ul style="list-style-type: none"> • Does not gather pertinent data • Does not ask questions pertinent to patient 	Templated history <ul style="list-style-type: none"> • Data collected in a rote fashion, missing pertinent details 	Focused history with info from patient chart included <ul style="list-style-type: none"> • Gathers information from pt. & chart • Focuses history around chief complaint and major patient problems 	Complete and relevant history that gives clear understanding of clinical presentation <ul style="list-style-type: none"> • Additionally, gathers information from outside sources when indicated • Collected history reflects consideration of differential diagnosis and patient's active problems 	
Physical Exam	Incomplete exam <ul style="list-style-type: none"> • Exam not performed, often incomplete and/or unreliable 	Basic physical, inattention to patient comfort <ul style="list-style-type: none"> • Performs basic physical examination • Exam findings not always reproducible • Does not ensure proper draping and/or patient comfort during exam 	Physical exam complete with reproducible findings <ul style="list-style-type: none"> • Physical exam performed using best practices • Exam findings usually reproducible • Regularly ensures patient comfort during exam (i.e. proper draping) 	Physical exam tailored to chief complaint <ul style="list-style-type: none"> • Appropriately tailors examination to chief complaint and medical specialty • Able to identify subtle findings OR changes in the exam 	
Oral Presentations	Inaccurate presentations <ul style="list-style-type: none"> • Consistently erroneous reporting 	Disorganized presentations After feedback, continues to: <ul style="list-style-type: none"> • Mix subjective and objective data • Miss essential information • Give unnecessary detail • Miss pertinent positives/negatives 	Organized presentations <ul style="list-style-type: none"> • Organized using appropriate terminology • Identifies some pertinent positives/negatives 	Organized and efficient presentation with appropriate level of detail <ul style="list-style-type: none"> • Level of detail appropriate for medical specialty • Identifies key diagnostic/treatment issues • Identifies pertinent positives/negatives & applies to defense of differential diagnosis 	
Documentation	Incomplete notes <ul style="list-style-type: none"> • Notes late or not completed 	Disorganized notes/missing info After feedback, notes continue to:	Organized and accurate notes <ul style="list-style-type: none"> • Consistent SOAP organization 	Organized notes that reflect complexity of clinical picture	

	<ul style="list-style-type: none"> Notes lacking critical data or pt. care issues 	<ul style="list-style-type: none"> demonstrate disorganization missing information include unnecessary detail copy/paste utilized without changing info from prior day or encounter use templates without sufficient editing appropriate for patient 	<ul style="list-style-type: none"> Notes may be overly full of detail Includes basic justification for diagnostic and treatment plan 	<ul style="list-style-type: none"> Level of detail appropriate for medical specialty and encounter type Documentation clearly reflects ongoing clinical picture Includes clear summary of clinical reasoning and patient counseling 	
Interpreting					
Assessment Statement	No assessment statement <ul style="list-style-type: none"> Does not make assessment statement despite prompting 	Assessment statement missing key features <ul style="list-style-type: none"> Not well-synthesized Reiterates known data or misses key features Requires repeated prompting 	Assessment statement with key features <ul style="list-style-type: none"> Contains key features, semantic qualifiers, & important problems May be overly full with detail or overly brief 	Assessment statement with key features that demonstrates clinical reasoning <ul style="list-style-type: none"> Assessment statement is well-synthesized & concise Changes reflecting ongoing clinical picture 	
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Differential Diagnosis (DDx) & Clinical Reasoning	No DDx <ul style="list-style-type: none"> DDx absent or represents only one diagnosis despite prompting 	Underdeveloped DDx <ul style="list-style-type: none"> Suggests more than one possible cause of patient condition Cannot defend or rank DDx 	Pertinent DDx and able to defend <ul style="list-style-type: none"> Generates at least 3 plausible differentials for pt.'s chief complaint Consistently defends DDx using relevant data May not include common diagnoses relevant to medical specialty, epidemiology, or pathognomonic findings 	Well-developed DDx and relevant to specialty <ul style="list-style-type: none"> DDx demonstrates consideration of difficult or uncommon diagnoses when appropriate Includes common diagnoses relevant to medical specialty, epidemiology, or pathognomonic findings 	
Management & Pt Care					
Management	No management plan <ul style="list-style-type: none"> Does not suggest management plan Does not articulate initial diagnostic steps 	Generic and underdeveloped management plan <ul style="list-style-type: none"> Proposes early diagnostic steps. Plan is not patient specific Continues previous plan without justification for remaining the same. 	Organized and basic management plan <ul style="list-style-type: none"> Consistently presents an organized diagnostic plan for assigned patients Suggests basic therapeutic interventions If uncertain of plan, describes how/where to look up management & follows up with information in a timely manner 	Well-developed management plan <ul style="list-style-type: none"> Plans incorporate risk/benefit; other active medical issues Plans take into consideration patient specific circumstances. Proposes therapeutic interventions which are grounded in evidence-based practice 	

Patient Care:	Not entrustable for patient care <ul style="list-style-type: none"> • Misrepresents patient information • After guidance, unable to complete assigned patient tasks • Requires unusually close supervision in pt. care settings 	Some challenges with patient care After feedback, continues to: <ul style="list-style-type: none"> • Incorrectly report data • Require reminders to finish patient tasks • Require reminders to re-check on patient clinical status 	Organized patient care <ul style="list-style-type: none"> • Accurately reports results of testing and procedures to the team • With assistance, can create a task list for the day and complete assigned work • Reassess patients during the work day, updates team 	Enhances team's ability to care for patient <ul style="list-style-type: none"> • Recognizes abnormal results, complex or critical patient situation, and communicates it efficiently to the team • Prioritizes tasks and trusted to carry out appropriate tasks independently • Assists team in discharge planning, follow up, and transitions of care, and tasks for other patients on the team 	
Educating					
Educating:	Not entrustable for self-education <ul style="list-style-type: none"> • Solely relies on team to answer questions about patient instead of self-directed learning • Does not complete required team education expectations 	Some challenges with self-education <ul style="list-style-type: none"> • Requires prompting to read about patients and answer team questions • Requires prompting to complete required team education expectations or misses deadlines • Utilizes inappropriate or outdated resources 	Organized self-education <ul style="list-style-type: none"> • Independently acquires new knowledge related to patient cases and shares with the team • Completes required team education expectations (mini-talks, follow-up questions) • Uses resources appropriate for the clinical setting 	Self-educating and enhances team educational experience <ul style="list-style-type: none"> • Uses patients to generate relevant questions to research in order to expand knowledge • Performs team and self-education at an advanced level (i.e., uses EBM, primary literature, cites current specialty guidelines, identifies controversies in the literature) • Shares new knowledge in team discussions, written documentation, and/or plans for patient care 	

Professionalism

Grade level	Below Novice	Novice	Expected Clerkship Student	Advanced	N/A
Communication and interactions with pts and families	Problems with patient/family communication <ul style="list-style-type: none"> • Ignores patients concerns • Uses mostly close-ended questions in patient interview • Only uses medical jargon • Dismissive of family's concerns • Interrupts the patient 	Some challenges with patient/family communication <ul style="list-style-type: none"> • Misunderstands or does not elicit patient's concerns • Uses a few open-ended questions • Uses medical jargon without confirming patient understanding • Needs prompting or assistance to communicate plan of care with family 	Consistent and clear communication style with patient/family <ul style="list-style-type: none"> • Consistently identifies and addresses patient's concerns • Uses both open and close-ended questions • When uses medical jargon, explains to patient • Communicates plan of care with family • Displays appropriate body language • Utilizes appropriate language services when necessary • Communicates respectfully with patients and families 	Enhances patient's relationship with team via communication <ul style="list-style-type: none"> • Demonstrates empathy by responding to emotional cues and patient's concerns • Effectively uses open and close ended questions • Confirms that patient understands plan of care (i.e. teach-back) • Seeks opportunities to educate patient and family about diagnosis, plan and prevention • Models respectful and empathetic communication with patients and families 	
Communication and interactions within the medical and interprofessional team	Disruptive/difficult team dynamics <ul style="list-style-type: none"> • Interrupts team members and staff • Shows dismissive attitudes toward interdisciplinary healthcare • Inappropriately demands tasks of others 	Some challenges with team interactions/communication <ul style="list-style-type: none"> • Requires guidance to anticipate whom to involve on the team • Willing to share tasks when prompted 	Consistently performs as an integral member of the team <ul style="list-style-type: none"> • Communicates with the care team • Communicates to confirm student role for the day • Communicates medically necessary info to other members of the interprofessional team • Timely and respectful with all team members and staff • Communicates with a respectful approach 	Notably enhances team function through good communication <ul style="list-style-type: none"> • Initiates patient care discussions in a productive manner with team • Elicits and relays concerns from interprofessional staff • Actively involves all members of the interprofessional team to enhance patient care 	
Integrity and Work Ethic	Not trustworthy <p>Despite feedback does not:</p> <ul style="list-style-type: none"> • Help team with additional work once his/her/their work is done • Maintain confidentiality/ HIPAA • Communicate whereabouts • Acknowledge personal limits in ability to perform patient care • Inform team about Location/absences • Admit mistakes 	Some challenges with work ethic or integrity <p>Needs reminders, but responds to feedback to:</p> <ul style="list-style-type: none"> • Help team with additional work once his/her/their work is done • Maintain confidentiality/ HIPAA • Communicate whereabouts • Acknowledge personal limits in ability to perform patient care • Inform team about Location/absences • Recognize/admit mistakes 	Appropriate work ethic and integrity <p>Consistently able to:</p> <ul style="list-style-type: none"> • Help team with other patient work once his/her/their work is done • Maintain confidentiality/ HIPAA • Communicate whereabouts • Acknowledge personal limits in ability to perform patient care • Inform team about Location/absences • Recognize/admit mistakes 	Notably enhances team function through work ethic and integrity <ul style="list-style-type: none"> • Identifies new ways to help team with other patient work once his/her/their work is done; volunteers and coordinates with team • Entrusted to follow through and excel with assigned tasks and communication • Recognizes/ admits mistakes, knows limitations, AND self-directed self- improvement • Assesses own performance, identifies own weaknesses, solicits feedback and discusses plan for improvement with team 	
Comments (clinical work, professionalism/teamwork, and role/function as a learner)			Recommendations:		