



SCHOOL
OF MEDICINE

**CLASS OF 2021
PHASE II
STUDENT HANDBOOK**

April 29, 2019 – April 24, 2020

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Phase II Clerkships – General Information

Phase II begins on April 29, 2019 and ends on April 24, 2020. There are six 8-week blocks with two scheduled vacations lasting two weeks each: 8/17-9/2/19 and 12/21/19-1/5/2020.

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

Phase II Goals

Phase II has been designed to provide supervised clinical experiences and teaching sessions to support each medical student in meeting the School of Medicine Program Competencies and Objectives; to be successful at passing Step 2; and in acquiring 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) and in clerkship specific testing;
2. shelf exams (knowledge and clinical reasoning assessment and to prepare for Step 2);
3. and on OSCEs (an evaluation of clinical skills, communication skills, and clinical reasoning skills best practices in a standardized clinical setting; and to prepare for Step 2 CS)

Overall, the content of the year will help students prepare for Step 2 and to prepare 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 night and students leave at before 10 PM.
- At UNMH, there is a 6-day cycle. The day call and MICU transfer are days for student to complete histories and physicals.

Neurology:

- Students will take one weekday short call at UNMH from 4pm to 8pm during the four-week rotation.

Obstetrics & Gynecology:

- Each student is assigned a week of night float on Labor & Delivery (a total of 3 nights from 8pm-8am).
- 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.
- No other "call" is scheduled.

Pediatrics:

- Inpatient Day Team: 9 to 14 days from 6 am - 6 pm
- Inpatient Night Team: 4 to 6 days from 12 noon to midnight
- Heme/Onc Team: five days from 6 am - 6 pm
- Pediatric Outpatient Clinic: fourteen 8 am - 5 pm shifts (may have an evening shift)
- Newborn Nursery: 6 days from 7 am to 6 pm

Psychiatry:

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

Surgery:

- Night Float 5:30 pm - 12:00 am four times during the rotation (back-to-back). You will have a secured day off following night float and an additional weekday off if your night float on includes Saturday AND Sunday. You may be expected to work one weekend day per week.

Work Hours

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

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

Time Away from Clerkship

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

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

Absences away from clerkships will be tracked over the course of Phase II. If a student's scholarly project has been accepted for presentation at the annual conference in Carmel, CA in January, please communicate with your Clerkship Director in advance.

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., Memorial Day) varies with the clerkship and site. In general, students should assume that they ARE working the holiday if on an inpatient rotation unless they are otherwise notified by the Clerkship Director.

Inclement weather

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

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

Student Pagers vs. Cell Phones

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

- Give 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 policies on the OMSA website:

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

Background Check and Medical Student Drug Testing

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

Miscellaneous Information

Lockers, located in the 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. During the Transitions block, 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 Joseph Salazar, Linen Supervisor, directly at jrsalazar@salud.unm.edu. (If a student has already been entered in the system and needs OR scrub access at a later time, they can return the form via email to Joseph Salazar in lieu of visiting the Linen Department in person). Medical Students are issued 2 scrub credits (can be a combination of purple and green scrubs). Medical students can change into surgical scrubs in the main OR locker room. Scrubs can be returned to any ScrubEx machine; however, you can only get purple scrubs from the Main OR 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
 - All scrubs are not to leave the hospital as they are hospital property
- Badges should always be worn in patient care areas

Dress Code

Professional appearance: Students are encouraged to place a high value on grooming and personal hygiene. 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 – generally keep valuables on your person or locked in your locker.
- Blood and body fluid exposures, needle stick injuries.
 - Please see the “Blood and Body Fluid Exposure” section on UNM’s Student Health and Counseling Center site <http://shac.unm.edu/bbp.htm> for procedures on how to be evaluated in the event of an exposure.

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

Medical student documentation (clinic notes, admission H&Ps, inpatient progress notes, operative notes, post-op notes, discharge notes, etc.) will generally be placed in the patient's electronic medical record. Student documentation will vary from one clerkship to another and from one institution to another. Each clerkship director will explain individual block expectations during each block orientation.

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 Hx 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.
 - A "Student Note Type" is for teaching purposes only and may not be used for a billable or official note.
 - 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.
- 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, to perform a focused physical exam, and to accurately interpret the history and physical findings to develop a patient representation (synthetic summary) and a list of differential diagnoses and justify each diagnosis with relevant history and physical exam findings. Additionally, you should be able to develop a plan for further investigations to confirm the diagnosis as well as discuss the diagnostic impression and proposed work-up with your patient. These objectives are particularly helpful in preparation for the Phase II Clinical Performance Examinations (“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 his / her clerkship, and that if a student does NOT evaluate the minimum number of patients in a certain category, alternate methods for learning about that patient problem are used (e.g. computer simulations or paper cases). All seven of the required Phase II clerkships have specified each type of patient to be seen on the clerkship. This information on specific patient types will be distributed to you at orientation for each clerkship.

The student will track patient encounters on-line on 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 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.

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 and sign the 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 assist students with all aspects of Phase II, including Clerkship NBME (shelf) Exams, and USMLE Step 2 CK & USMLE Step 2 CS.

- 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.

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/>.

Medical Student Scholarly Research Requirement

The Office of Undergraduate Medical Education (Fitz Hall 106) can assist with most stages of the research requirement. UME is also the administrative home for student research projects. Please send all your inquiries, information, or questions about research to Paul McGuire (pmcguire@salud.unm.edu). Also see the Student Research Handbook for detailed information about research deadlines.

Class of 2021 - Major Deadlines

Research Requirements	Deadlines	Promotion Requirements
Interest Form	Dec. 20, 2017	
Mentor Agreement Form	March 10, 2018	
Project Plan	May 14, 2019	Prior to beginning Phase II
Submit Final Scholarly Product: paper or presentation, AND mentor final product evaluation	March 1, 2021	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:

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

Phase II Clerkships / Assessment

All seven clerkships use “PRIME” for clinical assessment. PRIME is a developmental model for providing specific behavior-based feedback on clinical performance (P=Professionalism, R=Reporter, I=Interpreter, M=Manager, E=Educator).

As a learner progresses through his or her training, he / she should also progress developmentally in his / her ability to gather the patient’s relevant history and laboratory information, interpret that data, and suggest appropriate management plans. Feedback from faculty and house staff on a student’s clinical performance should incorporate the PRIME scheme. The student should receive feedback on his / her clinical performance frequently, including at the mid-point of the rotation so that if improvement is needed, there would be time left to demonstrate improvement in clinical performance. See [Appendix C](#) for grading scheme for assessing clinical performance in Phase II and conversion to numerical score. Each clerkship will use this scheme for evaluation of students.

Assignment of FINAL Clerkship Grades:

Standards for Phase II Clerkship Grades:

1. CLINICAL GRADES:
Assessment and evaluation of students, as described in [Appendix C](#).

2. 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 NBME 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), he / she will fail the clerkship and will be required to take a subject examination re-test.

- If a student receives a subject examination score of Marginal or higher AND the overall final grade for that clerkship is a passing one, the student may NOT repeat a shelf exam to attempt to achieve a higher subject examination score.

Unsatisfactory Subject Examination Grade

- If a student receives a score of \leq 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.
- The student will be contacted by the Clerkship Director notifying them of the failing subject examination score; he / she will receive a letter from Office of Medical Student Affairs outlining the next steps. It is recommended that the student also consult with the Clerkship Director for direction in studying. After developing a formal study plan with OARS and the Clerkship Director, a date for a re-test of the shelf exam will be scheduled.
- To remediate a failed shelf exam (if the student passed all other components of the clerkship), he / she may retake the exam at one of the following times:
 - On one specific date during the two-week Phase II vacation in August.
 - On one specific date within two weeks of the end of Phase II in April/May.
 - On one of the regularly scheduled shelf exam dates, which occur roughly every 4 weeks. (This option is only available after completion of all Phase II Clerkships.)
- Students may incur fees for rescheduled exams.
- If the student passes the 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” or “2.60”.
- If a failed clerkship NBME 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 third attempt (the original attempt and two re-tests), the transcript will show “F” / “F” for that clerkship. The student will be referred 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 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
- 25% NBME shelf exam score
- 25% “performance based” - see table below

Family Medicine	15% Service-Learning Project, 10% Health Policy, Advocacy and Healthcare Systems
Internal Medicine	15% Quizzes, 10% Professionalism
Neurology	5% TINS, 20% Clinical Reasoning Exam
Obstetrics & Gynecology	25% Oral Exam
Pediatrics	15% Fluids Quizzes, 5% Completion of Aquifer Pediatric Cases, 5% Prescriptions
Psychiatry	25% Clinical Reasoning Exam
Surgery	25% Tutorial

Calculation of the Final Clerkship Grade

- EXAMPLE: (Shelf exam 4-point grade x 0.25) + (clinical 4-point grade x 0.50) + (“other” 4-point grade x 0.25) = final grade on a 4-point scale. No rounding whatsoever is used - the actual point grade is used for the final grade.
- 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 ONLY while a student is not on another clerkship - which generally means after the end of Phase II. The delay is required to avoid distraction from the current clerkship while the student is studying for the missed shelf exam.
 - 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 8-week clerkship rotation, if a student decides to drop a clerkship in which they believe they will get a failing grade, the transcript will reflect: “WF” – withdrawal / failure.
- 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.
- For example, a student with a “Marginal” clinical grade, an “Outstanding” on tutorial, and a “Good” on the shelf exam would have a grade point of $(1.0 \times 0.5) + (4.0 \times 0.25) + (3.0 \times 0.25) = 2.25$ on a 4.0 scale which would be a “Satisfactory.” However, because the student received a “Marginal” for the clinical component, the final clerkship grade will be a “Fail” which is NOT a passing grade.
- 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, 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:
<https://som.unm.edu/education/md/omsa/student-promotion-and-policies.html#tab-3>

Other Information on Grading

Completion of Final Clerkship Grades

The goal for each Clerkship Director is to have the grades completed within 4 – 6 weeks after the last day of the clerkship. This grade turn-around time is monitored by the Clerkship Directors 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 cannot be linked back to a specific individual. Additionally, the clerkship director does NOT receive the report until after all student grades from that clerkship have been finalized in one45. (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.

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 10 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.

Academic Disputes

Refer to the [UNM Pathfinder's Student Grievance Procedure](#) and [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 his/her 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 will result in a failing clinical grade:

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

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

Examples of Professionalism Lapses

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 pages 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, 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.
- A second incident in the same or in another Phase II Clerkship will result in another discussion with the Clerkship Director and another interview of the student. The Associate Dean of Students will consider meeting with the student.
- In the case of a third incident, may result in one of the following: CSPE review, comment written in the student's Dean's letter reflecting areas of concern/deficiencies, consideration of academic probation, or possible academic dismissal.
- In the case of an egregious violation of professionalism, even if it is the first incident, the matter will be referred to the Associate Dean of Students and may result in one of the following: CSPE review, comment written in the Medical Student Performance Evaluation reflecting areas of concern/deficiencies, consideration of academic probation, or possible academic dismissal.

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

Phase II 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 tutorial and/or other group 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 making arrangements. 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, especially if the absence falls on a test date.
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 possibly CPSE as well and the possibility of making 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 and submit to the OMSA. 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 (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 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, UNMSOM will attempt to provide adjustments that honor the 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). 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

The Phase II Clinical Performance Assessments:

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

There are:

- 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. (*Reports of results*)

When:

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

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

What:

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

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

How:

Scoring domains and parameters:

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

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

Grading:

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

Upon completion of the third OSCE, grades (Cr/NC) will be posted in One45.

Required Competency Remediation:

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

Special Circumstances:

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

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

OB/Peds Example:

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

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

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

Remember:

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

Teaching Sessions in Phase II

Family & Community Medicine:

Family Medicine Didactic Sessions and Workshops are held Monday through Friday of the first week of the block from 8:00 am – 5:00 pm. These sessions will also occur on Tuesdays from 1:00 pm – 5:00 pm throughout the block. Presentations are scheduled on Monday of week eight of the clerkship.

Internal Medicine:

You will meet on Tuesday afternoons from 1:00 pm to 3:00 pm for two sessions. The faculty member will discuss the approach to certain common topics in Internal Medicine and some common diagnoses. Quizzes are also scheduled at this time. These may occur at either UNMH or VA so be sure to check the schedule. There will also be lectures on reading EKGs and CXRs, ethics, improving efficiency, etc. scheduled throughout the rotation. Check your schedule because **attendance is mandatory**.

Lectures and resident conferences occur weekly throughout the rotation. Lectures occur in the afternoon and review commonly-tested subjects on the shelf exam. Combined resident/student conferences typically occur between 2-3 pm and provide students with exposure to advanced aspects of patient care. Students will also have Chief Rounds with the Chief Residents on nearly all weeks (except for switch weeks).

Neurology:

Topics in Neurology (TINS) are small group sessions that occur during weeks 2-4 of the clerkship. During these sessions, faculty will facilitate case discussions on 2-3 neurologic diseases. Topics are designed to help students prepare for the shelf exam. In addition, student didactics and resident conference occur weekly throughout the rotation. Didactics cover commonly-tested subjects on the shelf exam. Resident conferences typically occur from 8-9 am 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:

Tutorial in the Phase II Pediatrics Clerkship is a modification of Phase I Clinical Reasoning. The tutorial groups are comprised of 5 – 10 students and two faculty facilitators. Tutorial groups meet for two hours in the late afternoon once weekly for the duration of the 8-week rotation. All cases will be based on real (not book) cases. Each student will present at least one “unknown” patient to his /her tutorial group, and present one evidence-based review related to the case.

Pediatrics tutorial is “Pass / Fail” – based on attendance, participation and quality interactions with peers and faculty. Students with a failing tutorial grade will be referred to CSPE.

Psychiatry:

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

Surgery:

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

Doctoring 6 and the Specialty Exploration Experience

Doctoring 6: Honing your Skills & Cultivating Resilience in Clinical Practice

Course Overview

Doctoring 6 is the required Phase II curriculum in the four-year Doctoring course. The course goal is for you to refine clinical and communication skills and develop the habits of self-awareness, self-care, and reflection necessary to become effective in your chosen fields in medicine. The course addresses cross-cutting issues that influence patient care and professional life regardless of specialty, including bias, critical incident evaluation, pain management, ethics and informed consent, professionalism, professional identity formation and physician wellness

Professional identity formation (PIF) is an organizing concept in Doctoring 6. 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.

Doctoring 6 provides learners with focused skill workshops and in-class activities designed to:

- Support professional identity development
- Increase competence in key communication skillsets
- Improve resilience and reflective capacity during the clerkships

Course Components:

1. Core Doctoring 6 Didactic Sessions:
Six Thursday afternoon sessions from 1:15pm – 4:30 pm; one per 8-week clerkship block
(Director: Esmé Finlay, MD)
2. OSCE Video Review:
Learners must complete one OSCE video review with their small group facilitator. The focus of the OSCE review is self-assessment and feedback regarding patient-physician communication.
(Director: Esmé Finlay, MD)
3. Specialty Exploration Experience (SEE):
SEE is the Doctoring 6 laboratory for PIF, with a goal of exposing learners to experience areas of clinical interest. Learners must complete ten required sessions during Phase II.
(Director: Anthony Fleg, MD; Coordinator, Antoinette Guliford)

Key Contacts

Course Director for Doctoring 6, including Didactics and OSCE Review:

Esmé Finlay, MD

Department of Internal Medicine, Division of Palliative Medicine

Office: 505-272-4868/ Cell: 505-382-4690

EFinlay@salud.unm.edu

Specialty Exploration Experience (SEE)

Section Director: Anthony Fleg, MD

Clinical Director for Preceptorship Programs

505-272-2165

AFleg@salud.unm.edu

Antoinette Guliford

Education Support Coordinator; Preceptorship Program (SEE)

505-272-4823

AGuliford@salud.unm.edu

Course Goals:

By the end of Doctoring 6, learners should be able to:

- Demonstrate communication and clinical skills that enable active participation in sub-internship 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

Objectives:

By the end of Doctoring 6, learners should be able to:

- Define professional identity formation
- Recognize instances of bias, micro-aggressions or mistreatment in the clinical environment and reflect on the impact of these actions on providers and patients.
- Reflect on the impact of unexpected medical events on physicians
- Describe indications for opioid prescribing, as well as risk factors for opioid misuse
- Compare and contrast acute cancer pain and chronic pain with regard to definition, presentation, pharmacologic and non-pharmacologic management
- 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
- Apply SPIKES and NURSE during in-class skills practice and simulated patient interactions
- Identify the elements of appropriate informed consent for a procedure
- Reflect on the impact of relationship-centered communication on patients' experiences in the context of aging, debility, and the dying process

Core Doctoring 6 Didactic Schedule:

Six afternoon sessions on Thursdays from 1:15-4:30 pm, including one per 8-week clerkship

Dates for 2019-2020:

- June 6, 2019
- July 25, 2019
- October 3, 2019
- November 7, 2019
- February 6, 2020
- April 2, 2020

Format:

Small groups with 1-2 small group facilitators and 6-8 peers.

Attendance:

You must attend all six sessions unless you have an excused absence that has been approved by Dr. Finlay and your clerkship director. You will be excused from clerkship rotations to attend.

NOTE:

1. NIGHT FLOAT: Students on surgery or OB night float during a week with a required D6 session will be excused from the rotation Wednesday night, and are required to attend the Thursday afternoon from 1:15-4:15 pm.
2. RURAL ROTATIONS: Students on rural family medicine or RUUP rural rotations are required to attend Doctoring 6 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 D-VI small groups.
- 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 6.

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.

Exams:

There are no exams associated with Doctoring 6, although content in Doctoring 6 may be tested during OSCEs.

Grading for Doctoring 6:

Students will receive a Credit/No Credit grade for this course in the Fall and Spring semesters. Components of the Doctoring 6 grade are listed below:

- Attendance, preparation, and professional behavior in small group sessions, as assessed by small group facilitators.
- Completion of the OSCE video review activity with small group facilitator within the assigned timeframe.
- Submission of all required assignments to Brightspace.
- Students must complete all 10 required SEE sessions to receive credit for Doctoring 6.

OSCE Video Review:

Section Director: Esmé Finlay, MD

EFinlay@salud.unm.edu

Doctoring 6 includes three skills workshops designed to give students practice and feedback on relationship centered patient-physician communication. Without direct feedback, communication skill practice is less likely to result in behavior changes. While D6 provides opportunity for communication skill practice in a safe environment outside of an exam setting, Phase II students also complete OSCEs three times a year. These OSCEs are a part of formal student assessment by the UNM SOM.

To ensure that learners receive timely, direct feedback on communication during an OSCE, all Doctoring 6 students are required to meet once during Doctoring 6 with their small group facilitator. During this activity, learners and facilitators watch an OSCE video and complete a communication-related individual learning plan. This activity should take no more than an hour.

Components of the OSCE review:

- Watch the OSCE video
- Self-assessment of performance
- Facilitator feedback based on the skills checklist associated with the OSCE case
- Overall feedback on communication tasks associated with the case
- Develop a learning plan

Learners are assigned a timeframe in which to complete this review (within one month of OSCEs after Block 2, 4, or 6). Learners should contact their small group facilitator to set up a time for the OSCE video review.

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

Specialty Exploration Experience (SEE)

Section Director: Anthony Fleg, MD

Clinical Director for Preceptorship Programs

505-272-2165

AFleg@salud.unm.edu

Section Coordinator: Antoinette Guliford

Education Support Coordinator, Preceptorship Programs

505-272-4823

AGuliford@salud.unm.edu

Overview:

Specialty Exploration Experience (SEE) is designed for you to become more familiar with your anticipated specialty or sub-specialty by shadowing in a clinical setting. You are required to attend a minimum of 10 sessions of 4 hours each, approximately 1 per month.

New to the course for the class of 2020, you will have the option of using up to 2 of these sessions to explore community health perspectives of your specialty through Community Health Experiences (CHE). For instance, if you are placed with a nephrologist and wanted to explore a dialysis center, a NM Dept. of Health program working to prevent kidney disease, or something that would give you a perspective on that field of medicine from beyond the clinic walls, SEE will allow you to do just that.

Goals for Doctoring 6 SEE:

1. Integration of basic sciences with clinical sciences, building on knowledge gained in the first two years of medical education
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. Provide clinical experience that will support the specialty decision process
5. Development of a relationship with your preceptor who may advise you in the match process and may write you a letter of recommendation
6. Opportunities to explore community health angles of your SEE specialty through Community Health Experiences (CHE)

Objectives:

Given a clinical encounter, you should be able to:

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

Given a particular disease, you should be able to:

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

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

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

Requirements:

1. Mid-point and a final evaluation from the preceptor indicating 'Credit'
2. Online evaluation of the preceptor(s) and program at the end of the final block. You will receive notification when evaluations are available for completion on One45.
3. If you choose to spend 1-2 of your SEE sessions in community settings, you will register these sessions using our online form

Selecting a Preceptor:

Two ways to get matched with a SEE Preceptor:

- preference match through Acadaware
- recruit your own preceptor if they are not already on our list of preceptors for the match.

You will receive an email on the first day of Transitions by the SEE coordinator with additional details and the link to complete your preceptor preferences. Your preceptor for SEE must be a practicing physician, not a resident. If you choose to select your own preceptor, please notify the SEE coordinator by March 5, 2019. You will not be included in the preceptor match if you are delaying the start of Phase II. You will be matched with a preceptor upon your return to the curriculum. Contact the SEE coordinator when you are getting close to returning.

Please note that if you are interested in matching within the Department of Radiology or the Department of Orthopedics, you should not complete the preference match or recruit your own preceptor, as these departments will be assigning preceptors themselves. If you are interested in being matched with either a preceptor from the Department of Radiology or the Department of Orthopaedics please email Antoinette Guliford (aguliford@salud.unm.edu).

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

SEE Logistics:

- Most half-day sessions are scheduled for any afternoon other than Tuesday.
- SEE should not be scheduled for morning sessions when it interferes with Phase II inpatient rounds. Occasionally a session will be an evening, night or weekend shift (e.g., Emergency Medicine).
- Prior to the start of each block, you must notify the clerkship coordinator / director with your tentative SEE Session times and adjust your clerkship duties to attend your session.
- When the clerkship demands are such that you cannot attend a particular day of the week, try to coordinate with your preceptor to change to a different time.
- You are responsible for notifying residents, faculty, and fellow students about leaving for your sessions. These people should be aware of your required responsibilities to SEE.
- There is one time of the year, at your midpoint of Phase II, where we allow students to switch SEE Preceptors. You are not allowed to make any switches before or after your scheduled midpoint. If you choose to do this, you will be responsible for finding your new Preceptor and will need to alert the Course Coordinator of this change. We will not allow SEE Preceptor changes at other times during Phase II.

Arranging Community Health Experiences (CHE)

- This is a unique chance during Phase II to go beyond the walls of clinics and hospitals, and we encourage you to take advantage of this.
- You are allowed to spend up to 2 of your 10 SEE sessions as CHE and are allowed to spend both in one setting. You can also choose to visit two different CHE sites for one SEE session each.
- We do not need to approve your choice of a SEE Community Health Experience. If you have an interest in a particular angle of your SEE specialty, we are giving you freedom to explore that.
Ex: A student was placed in internal medicine for SEE and was interested in care for the homeless. They could spend a SEE session at Healthcare for the Homeless or at a local homeless shelter to see what services are offered. While these sites are not specific to internal medicine, they would be appropriate, since internal medicine (and all fields of medicine) involve taking care of individuals experiencing homelessness.
- If you choose to set up community health experiences, you can start by asking your SEE preceptor for ideas on programs to visit. They may have existing relationships with programs and can facilitate the initial conversation.
- You will fill in an online form for each CHE, even if you are at the same CHE site for 2 SEE sessions.

For Doctoring 6 students who have altered clerkship schedules or require a leave:

Learners should begin Doctoring 6 small groups and SEE when they enter the Phase II Clerkships. If learners delay the start of Phase II, this will delay all Doctoring 6 activities (including SEE). Learners will have 12 months from the date they start Doctoring 6 to complete course requirements. Participation in Doctoring 6 activities while on a LoA must be approved by Dr. Finlay and OMSA faculty. The 12-month deadline will pause for students while on LoA.

Regardless of individual circumstances, all students who have not completed their Doctoring 6 requirements by the end of the course (April 26, 2020) will be given an Incomplete. Students who have not completed course requirements by the end of Doctoring 6 will be referred to the Associate Dean of Medical Students and may be ineligible for some Phase III experiences until Doctoring 6 activities are complete. This includes students who are off-cycle and those who take a leave of absence. Once Doctoring 6 requirements are complete, a Credit/No Credit grade will be assigned.

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 (of Phase I-2 students in preparation for the USMLE Step I Exam and during the Transitions Block as those students approach their Phase II Core Clerkships) and to assist Phase II students as they approach the ERAS residency application process and plan their Phase III clerkship schedules.”

Topics to be covered in 2019-20 will include the following:

- OSCE Preparation
- Emotional Intelligence / Addressing the Informal and Hidden Curricula in Medical Education
- Step I Preparation Strategies - Combined Meeting with Phase I-2 LC students
- Recognizing Burn-Out and Depression
- Selecting a Medical Specialty
- ERAS Personal Statement (and the “Elevator Speech”)
- Expectations and Strategies for Achieving Professional Excellence - Combined Meeting with Phase I-2 LC students

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

Family & Community Medicine Phase II Clerkship

Clerkship Director	Elena Bissell, MD	505-380-1443 (p)	EBissell@salud.unm.edu
Assistant Clerkship Director	Brian Solan, MD	505-380-0176 (p)	BSolan@salud.unm.edu
Clerkship Coordinator	Jennifer Montoya	505-272-1622	JeMontoya@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

- 5 Half Days (or equivalent) at your ambulatory clinic site (35 half-days per clerkship)
- 1 Half Day in Health Policy
- 1 Half Day didactic sessions / Learning Communities
- 1 Half Day in Service-Learning Project
- 1 Half Day in the Specialty Exploration Experience
- 1 Half Day independent study

Ambulatory Sites (each student at only one site)

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

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

Inpatient: Students may spend 2 weeks on the FM inpatient service or 1 week on the Maternal Child Health service, but this is dependent on availability.

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

- First week of clerkship: Monday through Friday, 8:00 AM-5:00 PM
- Then: Tuesdays 1:00-5:00 PM (exception: Doctoring 3:30 to 5:00)
- Monday of week 8 is reserved for student presentations.

Grades and Evaluation

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

Required Texts (provided on loan from clerkship)

- Essentials of Family Medicine, editors Sloane, Slatt, Ebell, and Jacques
- Users Guides to the Medical Literature
- Case Files: Family Medicine
- Pre-Test Family Medicine
- NMS Family Medicine

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

Internal Medicine Phase II Clerkship

Clerkship Director	Patrick Rendon, MD	505-264-3217	PRendon@salud.unm.edu
Associate Clerkship Director	Mary Lacy, MD	859-583-6273	MElacy@salud.unm.edu
Assistant Clerkship Director	Blavir Rukov, MD	916-799-2892	BRukov@salud.unm.edu
Clerkship Coordinator	Paula Popp	505-272-6617	PPopp@salud.unm.edu

Overview

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

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 eight patients and get timely feedback on both written and oral work from the attending.

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

Call schedule

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

Assessment

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

Didactics - Attendance Mandatory

- Internal Medicine topics; Afternoon Report; Chief Rounds; EKG and CXR Review; Ethics Sessions
- You will meet on Tuesday afternoons from 1:00 to 3:00 for 2 sessions or a session and quiz. The faculty member leading the session will discuss the approach to common topics in Internal Medicine. There are three quizzes based on suggested topics. These may occur at either UNMH or the VA; check your schedule for details. Additionally, there will be sessions on EKG and CXR review, ethics, etc.; please check your schedule for more information because these may not be scheduled on Tuesday afternoons.

Other Activities

- Direct Observation
- Palliative Care: For three days, students will be assigned to palliative care and hospice rotations at UNMH, the VA, or with local hospice/palliative care providers. Students learn about communication skills, pain and symptom management, hospice referral criteria, indications for palliative consultation, and observe an interdisciplinary team meeting. This is credit/ no credit based on participation and completion of required activities. A case-based session on opioid conversions is included in the rotation.

Resources

- First Aid for the Wards
- Pocket books
- Ferri - Care of the Medical Patient
- Washington Manual
- Medium size texts: Cecil (paperback), NMS
- Large size texts: Harrison's, Cecil

- Library (The Department of Internal Medicine Office of Education has a lending library for students with many helpful texts.)
 - Symptoms to Diagnosis - An Evidence Based Guide
 - MKSAP for Students 5
 - Case Files
 - Step Up to Medicine
 - Harrisons

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

- The Clerkship Directors: Drs. Rendon, Lacy, or Rukov
- OMSA / Dr. Sheila Hickey or Dr. Teresa Vigil
- Director, Office of Professional/Dr. Jonathan Bolton
- Any member of the Committee for Advancement of Professionalism and Ethics (CAPE)
- Your Learning Communities mentor
- UME/ Dr. Paul McGuire

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

- The Clerkship Directors: Drs. Rendon, Lacy, or Rukov
- OMSA / Dr. Sheila Hickey or Dr. Teresa Vigil
- Director, Office of Professional/Dr. Jonathan Bolton
- Any member of the Committee for Advancement of Professionalism and Ethics (CAPE)
- Your Learning Communities mentor
- UME/ Dr. Paul McGuire
- Your attending
- Your resident or the chief resident
- Director of Medical Student Wellness/ Dr. Liz Lawrence

Websites:

- ECG reading and learning:
<http://www.ecglibrary.com/ecghome.html>
- National Guideline Clearinghouse
<http://www.guideline.gov/index.aspx>
- CXR
<http://www.med-ed.virginia.edu/courses/rad/cxr/index.html>
- Information about careers in general
http://www.acponline.org/medical_students/career_paths/
- Information about Internal Medicine Residencies
http://www.acponline.org/medical_students/residency/
- Information about Internal Medicine Clerkships
<http://www.im.org/p/cm/ld/fid=385>
- Patient-related health topics
<https://www.clinicalkey.com/#/>
- Online Resources (i.e., Up-To-Date, Natural Medicines Database, PubMed) under databases
<http://hsc.unm.edu/library/>
- IM Essentials for Clerkship Students
http://www.acponline.org/acp_press/essentials/
 - Apps for ECG: ECG cases and ECG guide from 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	Seema Bansal, MD	505-272-6355	SBansal@salud.unm.edu
Assistant Clerkship Director	Tarun Girotra, MD	505-380-0970	TaGirotra@salud.unm.edu
Clerkship Coordinator	Bernice Ruetten	505-272-4015	BRuetten@salud.unm.edu

Overview:

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

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:

Didactic Sessions and Conferences: Lectures and resident conferences occur weekly throughout the rotation. Lectures review commonly-tested subjects on the shelf exam. Resident conferences typically occur between 8-9 am and provide students with exposure to advanced aspects of patient care.

Topics in Neurology: Small group sessions that occur for 2 hours during weeks 2-4 of the clerkship. During the session, faculty will facilitate case discussions on 2-3 neurologic diseases. Topics are designed to help students prepare for the shelf exam.

Call:

Students will take one weekday short call at UNMH from 4pm to 8pm during the four-week rotation.

Grades:

Neurology grades are determined by evaluations from residents and attendings, the NBME subject examination, TINS participation, and a clinical reasoning exam. You must pass the NBME subject examination in order to pass the rotation.

Obstetrics & Gynecology Phase II Clerkship

Clerkship Director	Maria Montoya, MD	505-720-4826	MCMontoya@salud.unm.edu
Assistant Clerkship Director	Salam Chalouhi, MD	505-380-0123	SChalouhi@salud.unm.edu
Clerkship Coordinator	Susan Quintana	505-272-6883	SQuintana@salud.unm.edu

Overview

8 weeks total: 4 weeks Obstetrics and 4 weeks Gynecology

Obstetrics:

- 2 weeks of Maternal-Fetal Medicine (high risk OB)
(1 week inpatient service, 1 week outpatient clinics for high risk pregnancies)
- 1 week of Labor & Delivery day shifts
- 1 week of Labor & Delivery night shifts

Gynecology:

- 2 weeks on Benign Gynecology
- 2 weeks on Urogynecology
- 2 weeks of Gyn Oncology
- 2 weeks with a private practice OB/GYN at Lovelace or Presbyterian
- 2 weeks of Reproductive Health
- 2 weeks of SRMC

Objectives

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

1. Demonstrate understanding of:
 - a. Normal and pathophysiology of menstrual cycle puberty to menopause and of pregnancy, presentation and treatments of common primary care Ob-Gyn problems, including menstrual disorders, abnormal Pap smears, bleeding, and masses, STDs, normal prenatal and postpartum care
 - b. Contraception, sterilization and abortion as well as the etiology of infertility
 - c. Age-appropriate prevention screening and health maintenance for women
 - d. Breast conditions and methods for evaluating breast complaints
 - e. Gyn malignancies and risk factors, signs and symptoms, and evaluation processes
 - f. Legal and ethical issues in Ob/Gyn including informed consent, confidentiality, advance directives, reporting suspected abuse / violence, and care of minors
2. Demonstrate competence in medical interviewing, physical examination of women, and interpretation of diagnostic studies, specifically:
 - a. Learn how to present a case orally and in written format.
 - b. Conduct a preliminary assessment of patients with sexual concerns
 - c. Identify / assess risk factors for pregnancy complications and Gynecology problems
 - d. Show competence in physical exam skills, including pelvic and breast exams
 - e. Demonstrate ability to deliver a baby, assess a laboring patient, and suturing skills
 - f. Obtain a pap smear and specimens for STD testing
 - g. Determine gestational age
 - h. Interpret intrapartum electronic fetal monitoring
 - i. Interpret a wet mount microscopic exam
3. Accurately generate a problems list, formulate a differential diagnosis and propose a management plan, including labs and diagnostic studies, treatment options, patient education and continuous care plan.
4. Demonstrate ability to counsel patients about exam findings, contraception methods, management of abnormal bleeding, preventive care, screening procedures and options risk factors including substance abuse, nutrition and exercise, medications, and environmental hazards.
5. Participate in and/or observe operative techniques / procedures (C-section, hysterectomy, laparoscopy) to help solidify required knowledge of Gynecologic operative procedures and

perioperative care. Know how to communicate operative findings and complications to the patient and their family members.

6. Develop interpersonal communication skills that build trust and demonstrate culturally competent care.

Orientation

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

Dress Code

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

Call Schedule

- Each student is assigned a single week (a combination of up to 3 nights from 8 pm to 8 am and evening hours) of night float on Labor & Delivery. On L&D, students can expect to be scheduled for a weekend day and a weekend night.
- During exam and Orientation weeks, some variability may occur for all rotations; rounding in the early morning may be expected one weekend day per week and on holidays.
- No other "call" is scheduled in the rotation.

Assessment

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

Other Activities

- Didactic sessions: Case-based lectures: one day per week
- Conferences: Grand Rounds, clinical conferences, pre-op conference, Tumor Board

Resources

- Clerkship Passport – a handbook intended to help with all aspects of the rotation
- Beckmann, et al. Obstetrics & Gynecology
- Callahan, et al. Blueprints, Obstetrics & Gynecology
- Lange, et al. Q&A: Obstetrics & Gynecology
- Stead, et al. First Aid for the Obstetrics & Gynecology Clerkship
- Toy, et al. Case Files in Obstetrics & Gynecology, 4th edition, 2013
- Suture and Knot Tying kits
- APGO online test bank

Pediatrics Phase II Clerkship

Clerkship Director	Chandler Todd, MD	505-250-5869	ChTodd@salud.unm.edu
Assistant Clerkship Director	Kristel Montaña, MD	505-350-4948	KrMontano@salud.unm.edu
Assistant Clerkship Director	Alison Campbell, MD	575-418-8445	AECampbell@salud.unm.edu
Clerkship Coordinator	Alicia Lara	505-272-1088	ADLara@salud.unm.edu
Medical Ed Program Manager	Stephanie Barnett	505-272-3909	SBarnett@salud.unm.edu
			PediatricClerkship@salud.unm.edu

Orientation

- Held the first Monday of the rotation from 8:00 AM until 5:00 PM; includes a tour of the pediatrics areas.

Dress Code

- Students MUST wear badges at all times.
- Attire is professional, but comfortable.
- White coats are optional.
- No scrubs are to be worn in clinic or on inpatient day team rounds.
- You may wear clean scrubs in the nursery, ED, nights
- Artificial nails are not allowed due to high infection risk to patients

Clinical Components

- 4 consecutive weeks of inpatient pediatrics
 - 1 week of Pediatric Oncology,
 - 2 weeks of General Inpatient Day Team,
 - 1 week of General Inpatient Night Team
- 4 consecutive weeks of outpatient pediatrics
 - 1 week in the newborn nursery
 - 1 week in a pediatric subspecialty
 - 2 weeks of ambulatory pediatrics
- Off-Site Rotations: One or two weeks of ambulatory pediatrics may be assigned off-site: our patients are seen at South West Mesa Clinic, UNM-Westside, Young Children's Health Care Clinic, UNM 3-ACC, and Carrie Tingley Outpatient Center on University

Call Requirements

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

Didactic Sessions*

- Pediatrics Phase II Student didactics every Monday from 12-3 pm and occasionally on Wednesdays from 3-5 pm
- Phase II case-based seminars (tutorial) on Mondays from 3:15-5 pm
- Unique teaching sessions for each clinical area
- Physical Diagnosis Rounds for students in ambulatory pediatrics

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

Phase II Performance Assessments (OSCE / Clinical Skills Stations)

- Simulated patients might include teenagers or younger children. For 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

Psychiatry Phase II Clerkship

Clerkship Director	Deborah Dellmore, MD	505-239-9470	DDellmore@salud.unm.edu
Assistant Clerkship Director	Emiliano Valles, MD	505-380-0816	EValles@salud.unm.edu
Clerkship Coordinator	Mary Haley	505-272-4874	MHaley@salud.unm.edu
Family Practice Center, 4th Floor - Room 470			

Overview

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

Orientation:

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

Dress Code:

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

Other components:

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

Call:

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

Assessment

- Grades will be determined using the following percentages:
- 50% PRIME Clinical Evaluation from inpatient attending.
- 25% Short Answer/Essay/Written Psychiatry Clinical Reasoning Examination
- 25% NBME Psychiatry Subject Examination

Surgery Phase II Clerkship

Clerkship Director	Ming-Li Wang, MD	631-796-9296	ML.Wang@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	Renee Pepin, MD	505-925-7671	RPepin@salud.unm.edu
Clerkship Coordinator	Danita Gomez	505-272-0434	DaMGomez@salud.unm.edu
Clerkship Website	http://surgery.unm.edu/education/clerkship/index.html		

Overview

8 weeks: Two Teams

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

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

Orientation:

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

Dress Code:

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

Call Schedule:

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

Assessment:

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

Other Activities:

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

Resources (available for checkout during your surgical rotation):

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

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

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)

Pediatrics

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

Surgery

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

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**
- Fundoscopic examination - **Neuro**
- Heart & lung sound recognition - **Medicine** - **Surgery**
- Mental status examination - **Neuro** - **Psych**
- Movement abnormality identification - **Neuro**
- Musculoskeletal exams: knee, hand, shoulder, back, ankle - **FM**
- Neurologic examination - **Neuro**
- Newborn exam with Ballard - **Peds**
- Otoscope 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**
- Intubation, endotracheal - **Surgery**
- Liquid nitrogen use - **FM**
- Mechanical ventilation, ambu bag & mask - **Surgery**
- Pap smear - **OB**
- Prescription writing - **Peds**
- Skin biopsy - **FM**
- Urinary catheter insertion - **OB** - **Surgery**
- Venipuncture/IV catheter insertion - **Surgery**

Manual Techniques

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

Interaction Techniques & 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: PRIME Grading Rubric

Grade Level	Below Novice	Novice	Expected Clerkship Student	Advanced	NA
Reporting History	<ul style="list-style-type: none"> Does not gather pertinent data 	<ul style="list-style-type: none"> Data collected in a templated fashion 	<ul style="list-style-type: none"> Gathers information from pt & chart Focuses history around chief complaint(s) 	<ul style="list-style-type: none"> Gathers detailed info from pt, chart, and ancillary sources Questions tailored to pt's health literacy level, with reliance on open-ended questions Collected history reflects consideration of illness scripts 	○
Physical Exam	<ul style="list-style-type: none"> Exam incomplete and/or unreliable 	<ul style="list-style-type: none"> Some crucial exam maneuvers not performed or not performed using best practices 	<ul style="list-style-type: none"> Almost all crucial exam maneuvers performed using best practices 	<ul style="list-style-type: none"> Exam is thorough but tailored to complaint and captures nuanced findings helpful in informing diagnostic thinking 	○
Oral Presentations	<ul style="list-style-type: none"> Consistently erroneous reporting 	<ul style="list-style-type: none"> Consistently mixes subjective and objective data Sometimes misses essential information Does not recognize pertinent positives/negatives 	<ul style="list-style-type: none"> Organized using appropriate terminology Identifies some pertinent positives/negatives 	<ul style="list-style-type: none"> Organized & concise, identifies key diagnostic/treatment issues Identifies pertinent positives/negatives & applies to defense of differential diagnosis 	○
Documentation	<ul style="list-style-type: none"> Note lacking critical data or pt care issues 	<ul style="list-style-type: none"> Organized written notes may be overly full or missing important information 	<ul style="list-style-type: none"> Organized, informative, including basic justification for treatment plan 	<ul style="list-style-type: none"> Educates the reader about the rationale behind clinical reasoning and justification for treatment plan 	○
Interpreting Assessment Statement	<ul style="list-style-type: none"> Cannot make assessment statement 	<ul style="list-style-type: none"> Prompting required. Generic; repeats data. Not well synthesized 	<ul style="list-style-type: none"> Usually correct assessment without prompting Key features/important problems included 	<ul style="list-style-type: none"> Assessment statement is concise, containing key features, semantic qualifiers, & important problems Changes reflecting ongoing clinical picture 	○
Formulates basic problem list	<ul style="list-style-type: none"> Cannot formulate a basic problem list 	<ul style="list-style-type: none"> Critical problems may not be ranked appropriately May miss 1-2 problems 	<ul style="list-style-type: none"> Problem list generally complete and top problems usually correctly prioritized 	<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	<ul style="list-style-type: none"> DDx absent or represents only one diagnosis 	<ul style="list-style-type: none"> DDx demonstrates early evidence of pattern recognition or is based on pre-clinical analytic & basic science forms of thinking 	<ul style="list-style-type: none"> Generates at least 3 plausible differentials for pt's chief complaint Consistently defends DDx using relevant data 	<ul style="list-style-type: none"> DDx is focused around primary diagnostic problems DDx prioritizes diagnoses according to individualized factors like pathognomonic findings or epidemiology DDx demonstrates evidence of pattern recognition reflecting difficult or uncommon diagnoses when appropriate 	○
Managing & Pt Care	<ul style="list-style-type: none"> Only observes pt care Bystander Requires unusually close supervision in pt care settings 	<ul style="list-style-type: none"> Can participate in pt care by following <u>detailed</u> instruction by team Emerging bedside skills with pt (requires supervision and assistance to be able to present plan to pt, etc) With prompting, suggests very basic first step for management but not subsequent steps 	<ul style="list-style-type: none"> Reliably carries out pt care responsibilities after <u>brief</u> instruction by team Demonstrates bedside skills with pt (able to present plan to pt, listens well, updates pt, form therapeutic relationship with pt/family) Proposes appropriate <u>initial</u> steps for management of pt without prompting. If uncertain of plan, describes how/where to look up management & follows up with information in timely manner 	<ul style="list-style-type: none"> Reliably carries out pt care responsibilities after brief discussion with team AND without prompting identifies new pt care needs Transitioned to demonstrating ownership of pt care Proposes appropriate steps for management without prompting, identifies some complexity in medical decision making Recognizes complex or critical pt situations and takes appropriate action when appropriate Assists team in discharge planning & systems-based issues 	○
Educating	<ul style="list-style-type: none"> Minimal evidence of studying Reads only at a pre-clinical basic science level 	<ul style="list-style-type: none"> Looks up needed info in basic sources (textbooks, Up-to-Date) 	<ul style="list-style-type: none"> Consistently reads about pts' conditions Completes required team education expectations (mini-talks, follow-up questions) 	<ul style="list-style-type: none"> Spontaneously educates team, researches info Education of team leads to changes in management plan, when appropriate Performs required education expectations at higher level than expected, primary literature used 	○

PROFESSIONALISM					
Grade Level	Below Novice	Novice	Expected Clerkship Student	Advanced	NA
Communication and interactions with pts and families	Misses pt's concerns <ul style="list-style-type: none"> • Fails to recognize emotional cues • Frequently uses medical jargon • Not attuned to pt needs <p style="text-align: center;">○</p>	Able to identify most of pt's concerns <ul style="list-style-type: none"> • Occasionally misses emotional cues • Occasionally uses medical jargon • Occasionally fails to elicit pts' needs <p style="text-align: center;">○</p>	Consistently identifies and address pt's concerns <ul style="list-style-type: none"> • Addresses pt's perspectives and feelings • Communicates with little medical jargon • Elicits and addresses pt's needs • Utilizes both open and closed-ended questions <p style="text-align: center;">○</p>	Skillfully identifies and address pt's concerns <ul style="list-style-type: none"> • Discerns nonverbal cues • Demonstrates empathy and is sensitive to pt's needs • Effortlessly negotiates to reconcile pt and provider agendas • Confirms understanding of pt's medical conditions <p style="text-align: center;">○</p>	○
Communication and interactions within the medical and interprofessional team	Often disruptive or difficult to work with <ul style="list-style-type: none"> • Interrupts pts, team members, and staff • Insufficient awareness of team roles • Shows dismissive attitudes toward interdisciplinary healthcare • Inappropriately demands tasks of others <p style="text-align: center;">○</p>	Able to function as an integral member of the team <ul style="list-style-type: none"> • Requires guidance to anticipate whom to involve or consult on the team • Willing to share tasks with prompting • Communication consistently timely <p style="text-align: center;">○</p>	Consistently performs as an integral member of the team <ul style="list-style-type: none"> • Has positive and effective communications with ancillary staff • Actively communicates to clarify roles • Communicates all medically necessary info to other members of the team <p style="text-align: center;">○</p>	Notably enhances team function <ul style="list-style-type: none"> • Initiates or leads pt care discussions in a positive and effective manner • Timely and respectful with all team members • Actively involves all members of the team to enhance pt care • Enhances team functioning and spirit <p style="text-align: center;">○</p>	○
Humanism (Respect, Compassion, Altruism)	Often disrespectful or intolerant of others <ul style="list-style-type: none"> • Consistently puts self above others • Callous or dismissive of pts' situations • Labels pts derisively <p style="text-align: center;">○</p>	polite and respectful <ul style="list-style-type: none"> • Never makes assumptions or an uncaring remark • Never expresses preconceived judgments • Never labels pts derisively <p style="text-align: center;">○</p>	Consistently respectful, empathetic and compassionate <ul style="list-style-type: none"> • Respectful of pts, family members and providers • Consistently considers pt's perspective • Communicates with a non-judgmental approach <p style="text-align: center;">○</p>	Demonstrates exemplary empathy, compassion and respect <ul style="list-style-type: none"> • Exemplifies caring interactions with pts and team members • Models respect for pts, family members and providers Communication style is non-judgmental and is regularly pt-centered and empathetic <p style="text-align: center;">○</p>	○
Integrity and Work Ethic	Often absent or not trustworthy <ul style="list-style-type: none"> • Breaches confidentiality • Misrepresents data or activities • Often leaves tasks incomplete • Often unavailable to the team and poorly communicates absences • Does not admit mistakes <p style="text-align: center;">○</p>	Reliably provides pt care <ul style="list-style-type: none"> • Maintains confidentiality • Available to team and communicates whereabouts • Admits mistakes but only when confronted • Does what is asked of them and completes tasks <p style="text-align: center;">○</p>	Consistently volunteers to improve pt care <ul style="list-style-type: none"> • Follows through beyond merely what is expected • Knows own limits and asks for help • Readily admits mistakes and attempts to correct them • Easily guided to do more for the pts & team <p style="text-align: center;">○</p>	Demonstrates honesty and exhibits exemplary work ethic <ul style="list-style-type: none"> • Contributions result in enhanced pt care and team functioning • Assesses their own performance, solicits feedback and makes plans for improvement. Can be entrusted to follow through and excel with assigned tasks <p style="text-align: center;">○</p>	○
USE ADDITIONAL SHEET AS NEEDED Comments (clinical work, professionalism/teamwork, and role/function as a learner):			Recommendations:		

APPENDIX D: Completion of Online Phase II Clerkship Evaluations

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

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

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

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

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

Confidentiality is critical to the evaluation process.

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

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

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

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

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

APPENDIX F: Universal Clerkship Objectives

Communication:

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

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 G: 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 community health by participating in a community project.
8. List learning issues; identify/remedy knowledge deficits, list resources used to answer these knowledge gaps.

Internal Medicine Clerkship Learning Objectives

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

Neurology Clerkship Learning Objectives

1. 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 H: 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** Dr. Hickey or Dr. Vigil 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.

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/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.

Finally, we want to be sure you are aware of two 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/>

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.