

**Course Number:** Click or tap here to enter text.

**Course Title:** Click or tap here to enter text.

**Clerkship Office:** Click or tap here to enter text.

**Director:**

**E-mail:**

**Phone:**

**Coordinator:**

**E-mail:**

**Phone:**

# Clerkship Overview/What Will I Learn from this Experience?

# Student Learning Outcomes\*

* Gather appropriate and accurate patient history.
* Perform appropriate patient exam for the presenting problem/reason for visit.
* Generate an appropriate problem-based differential diagnosis and plan.
* Communicate effectively with patients of diverse backgrounds (e.g. age, gender, social, racial and economic backgrounds).
* Communicate patient information to the clinical team (e.g. written and oral form).
* Follow through on the appropriate diagnostic and therapeutic action plan.
* Collaborate with an inter-professional health care team.
* Demonstrate a commitment to lifelong learning by developing your knowledge and skills outside of the traditional learning environment.
* Demonstrate professional behavior in clinical interactions (e.g. empathy, attire, punctuality, motivation, reliability).

*\*Please note that the outcomes are aligned with the Entrustable Professional Activities (EPA’s) as defined by AAMC*. For more information, see <https://www.aamc.org/system/files/c/2/484778-epa13toolkit.pdf>

# Student Learning Outcomes Specific to this Clerkship

# How Can I Make the Most of This Experience?

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# Clerkship Resources

# Methods of Instruction

|  |  |  |
| --- | --- | --- |
| Case Based Instruction/Learning |  Clinical Experience – Ambulatory | Clinical Experience – Inpatient |
| Concept Mapping |  Conference |  Demonstration |
|  Discussion, Large Grp (>12) | Discussion, Small Grp (<12) | Games |
|  Independent Learning | Journal Club | Laboratory |
|  Lecture | Mentorship |  Patient Presentation – Faculty |
| Patient Presentation – Learner | Peer Teaching | Preceptorship |
| Problem-Based Learning (PBL) | Reflection | Research |
|  Role Play/Dramatization |  Self-Directed Learning | Service Learning Activity |
| Simulation | Team-Based Learning (TBL) | Team-Building |
| Tutorial | Ward Rounds | Workshop |

**Evaluation Methods/Exams/Assignments**

**Preceptor Evaluation**

The preceptor evaluation, used across all Core Clerkships, provides a consistent tool by which preceptors can evaluate you, the student, on your clinical performance in an inpatient and/or outpatient clinical sites based on the AAMC Entrustable Professional Activities. The feedback is summative for this clerkship rotation but should be used as formative for growth and development on subsequent clinical rotations and experiences.

**NBME Shelf Exam**

The SHELF examination, a National Board of Medical Examiners Clinical Science Exam, is administered at the end of the clerkship. The raw score is scaled based on percentile grading. This exam accounts for 25% of the total grade. Students must score above the 45th percentile for a High Pass and above the 65th percentile for an Honors based on the quarter the exam is taken. Students must score above the 5th percentile nationally (for their quarter) to pass the clerkship. If a student does not score above the 5th percentile, they will be required to remediate by retaking the NBME shelf exam. They will be awarded a ‘C’ (Conditional) grade until remediation is complete. A student who receives a C grade due to a failing performance on the Shelf exam may only make up the Shelf exam at the next scheduled retake date after learning of the failure (June or December, whichever comes first) of the published repeat Shelf exams.

 If the student successfully passes the retake shelf exam, he/she will receive a ‘P’ (Pass) for the clerkship (highest grade possible). See Advancement and Retention Policy, Medical Student Handbook.

 If the student is not successful with the repeat examination, the student will be given an ‘F’ (Fail) for the clerkship and be required to repeat the clerkship. See Grading System Policy, Medical Student Handbook.

See ***Assessment/Examination for M3, Medical Student Handbook*** policy for details on testing procedures.

**Physical/Standardized Exam**

Each clerkship has a designated physical exam that is based on the specialty of that clerkship (e.g musculoskeletal exam for Family Medicine). These are designed to be both formative and summative. While you have learned the exams in the SIM Center in the M1 and M2 years, these are more focused and involve one on one evaluation with a precepting physician. If you still have questions about your exam technique, please use practice sessions with attending and resident physicians to feel more comfortable with exam techniques you will be tested on, to correct any exam techniques, and to perfect specialty exams that you will need to understand for the rest of your career. Please do your own self-evaluation of your exam skills before you approach precepting physicians about performing the graded examination.

You will be tested on the musculoskeletal exam on the Family Medicine Clerkship. Please go to the Family Medicine Clerkship course on LEO for further details including demonstration videos.

# Assessments and Associated Percentage of Final Grade

**Assessments and Associated Percentage of Final Grade**

**Description of Assessments**

# Required/Optional Readings

# Clerkship Grading Scale

See details listed above in **Assessments and Associated Percentage of Final Grade**

# Midclerkship Feedback

The College of Medicine dictates that all required clerkships have a formative feedback plan in place to ensure that students receive the substantive and constructive feedback necessary to remediate performance issues and improve their clinical skills prior to the conclusion of the clerkship. While these may vary per clerkship, the following requirements must be met:

* A formative feedback session will be scheduled by the clerkship coordinator at a date that is near the mid- point of the clerkship
* The student is required to complete a ‘self-evaluation’ prior to that date and will bring a paper copy to the mid-clerkship feedback session, along with a current list of completed ‘encounters and procedures’
* At the scheduled session the director/faculty/preceptor providing the formative feedback will, at a minimum, use the student ‘self-evaluation’ form to provide written documentation of the feedback given
* The form will be signed and dated by both the student and director/faculty/preceptor See *Mid-Clerkship/AI Student Formative Feedback policy, Medical Student Handbook.*

# Attendance

There are no valid reasons for absence in the clinical years without prior notification. In the instance of illness, accident, hospitalization, or major catastrophic event, the student will immediately notify the clerkship director and coordinator, as well as the clinical team with whom they are working. The student will **complete an MSSF form within 24 hours of the students return**.

* Session Attendance for M3 Students
	+ Students will be scheduled an average of one day off out of every seven days over a four-week rotation per the Student Duty Hours Policy. Students who miss any days (planned or unplanned) may be required to make up the work at the discretion of the clerkship director. Students must obtain permission from the clerkship director for any planned absences.
	+ Attendance at Intersessions is mandatory.
	+ Planned absences should be requested a minimum of six weeks in advance of the absence, or as early as possible. Students should first submit their request for a planned absence to the clerkship director using the online MSSF and e-mail to the clerkship director and clinical coordinator. All planned/excused absences for any reason should be documented on the MSSF.)
	+ Religious accommodations are preapproved by the Clerkship Directors in collaboration with the Associate Dean for Student Affairs by the spring of the M2 academic year. Students will be informed as to when requests are due to Student Affairs and what details are required to evaluate the request. Students will be informed of the determinations made prior to beginning the clerkships
	+ The following items are explained in detail in the:
		- Excused/unexcused/unplanned absence, religious holidays, jury duty, and make-up work.

See *Attendance and Absences Policy, Accommodation for Religious Purposes, Medical Student Handbook*.

# Inclement Weather Policy

The College of Medicine does not follow the University policy for closure due to inclement weather.

Cancellation of UCCOM events and activities will be guided in part, but not exclusively, by the emergency declarations by the Hamilton County Sheriff’s office. The final determination of weather-related cancellations will be made by the College of Medicine. See *Inclement Weather Policy, Medical Student Handbook*.

# Required Clinical Procedures/Patient Encounters

The COM requires medical students during the M3 year to track and record documentation for 1) a defined set of clinical procedures that the student must perform or observe and 2) patient encounters as specified by the Education Program Committee (EPC).

* **Procedures required for the Family Medicine clerkship**
* **Encounters required for the Family Medicine Clerkship**

Students must complete and log, in MedOneStop (MOS), clinical procedures requirements and patient encounters. All students who are experiencing difficulty completing the required clinical procedures or documenting the required patient encounters prior to the end of the clinical rotation must contact the clerkship director and the clerkship coordinator via email at least one week prior to the end of the rotation with a detailed explanation. At that point, the director may assign an alternate means of meeting the requirements.

Students who have not completed and documented all required assigned procedures and encounters on a clerkship by 5pm on the day before the end of the clerkship and shelf exam will receive a 5% deduction on the final clerkship grade. The grade will be marked as an ‘I (Incomplete) until all patient encounters and procedures are documented.

Further explanation of the ‘Clinical Procedures/Patient Encounters Checklist Policy’ can be found in *Appendix 2 Required Clinical Procedures, and Appendix 3 Required Patient Encounters, Medical Student Handbook.*

# Student Evaluation of the Clerkship

The Office of Medical Education requires that medical students’ complete evaluations for all required courses, (M1 and M2 basic science courses, core clerkships, and acting internships), and pre-clinical and clinical faculty. Providing constructive curricular program feedback is a student’s professional responsibility and is essential for continuous quality improvement of the medical school curriculum.

Procedure:

1. Students will receive an e‐mail informing them that an evaluation is available and the date for completion. Students will have two weeks to complete the evaluation. One email reminder will be sent the day before the evaluation is due.
2. M3 and M4 students must complete the course evaluation by 5 pm of the Friday following the last day of the course.
3. An M3/M4 student who fails to complete one mandatory evaluation will be placed on the appropriate PAC agenda for discussion. The M3/M4 student may receive a negative professionalism form from the PAC for not fulfilling this requirement.

See *Required Course Evaluation Policy, Medical Student Handbook.*

# End of Clerkship Grading

## Release of Scores

Core Clerkship NBME shelf exam scores will be released to all students after 12 noon on the Thursday following the shelf exam. This is to allow time for the clerkship director to review all scores and to allow for any appropriate individual student notifications.

## Stipulations

In the event that a student does not pass the clerkship, the following scenarios will apply:

* Student has absence makeup days due to illness or a serious personal emergency

o Student will be given an ‘I’ (Incomplete) until the missing clinical time is completed, scheduled at the discretion of the course director. Once the time is completed, the ‘I’ will be changed to the appropriate letter grade.

* Student fails a portion of the clerkship other than the Shelf exam. (Ex. clinical evaluations)

o Student will be given a ‘C’ (Conditional) and a remediation plan will be decided by the course director. Once the remediation is satisfactorily completed, the student will be given a letter grade of ‘P’ (Pass). The ‘C’ will remain on the student’s transcript

* Student fails the NBME Clerkship Shelf exam

o A student may only make up the Shelf exam at the next scheduled retake date after learning of the failure (June or December, whichever comes first) of the published repeat Shelf exams. Failing the exam a second time will lead to a failure of the clerkship.

* Student fails the clerkship completely with an ‘F’ (Fail)
* Student will be required to repeat the entire clerkship, if approved by the PAC, utilizing the guidelines of the Advancement and Retention Policy. When that is approved and satisfactorily completed, the student will be given a letter grade of ‘P’ (Pass). The ‘F’ will remain on the student’s transcript.
* Note: Failure to meet a requirement (for example, not taking an exam, not submitting papers or patient write-ups, failure to attend required clinical duties) without prior notification of the clerkship director or designee will be treated as grounds for awarding a Failure (F) for the course (see the Grading System Policy).

Further explanation of the M3 ‘Grading System Policy’ can be found in the *Grading System Policy, Medical Student Handbook.*

# Grade Appeal

Should a student have cause to request a review of a final grade of ‘F’ (Failure) that appears on the transcript, the formal grade appeals procedure may be undertaken once final grades are issued. The formal request must be submitted by the student within five business days following the notification of the grade. The only exception to the 5-day rule is if a failing grade was received and the failing grade will lead to a mandatory Leave of Absence; in this case the appeal must occur within 48 hours of posting of the grade. A student cannot appeal a grade received for a remediation course. The procedures for formal and informal grade appeals can be found in the *Grade Appeal Process, Medical Student Handbook.*

# Duty Hours

The following attendance limitations must be implemented and enforced for all clinical experience:

* + For all clinical experiences, the maximum number of required hours should not exceed 80 hours per week, averaged over a 4-week period. A written explanation must be submitted to the clerkship director explaining any week with more than 80 hours.
	+ Overnight in-house call should not be assigned more than an average of every third day and not the day before administration of the end of the clerkship examination.
	+ An average of one day (24 hours) in every seven must be free of clinical responsibilities (including seminars, clinic, rounds, lectures), averaged over a four week period.
	+ In-house consecutive duty hours cannot exceed 24 hours.
		- It is essential for medical student education that effective transitions in care occur. But medical students must not be assigned new additional clinical responsibilities after 24 hours of continuous in-house duty.
		- If medical students are assigned shifts, the students must have 10 hours off between shifts.

Further information on this policy can be found in the *Duty Hours Policy, Medical Student Handbook.*

# Wellness/Self-Care

Student Affairs and the Center for Integrative Health & Wellness offers a number of programs on stress reduction. See <http://med.uc.edu/academicsupport> and <https://med.uc.edu/integrative/education/medicalstudents>.

# Dress Code

The COM will follow the policies developed by UC Health. Students are expected to follow the dress code policies set by other clinical sites when rotating at those sites.

Clerkship specific dress code policy includes:

* Formal/professional dress is not required on the Friday didactic sessions with the exception of the Standardized Patient session.
* White coats are required during your clinical sessions with your preceptors and during the Standardized Patient session.
* Scrubs are required for the Musculoskeletal Clinical Skills Assessment Exam.

The complete policy details can be found in the *Dress Code for Medical Students in M3/4, Medical Student Handbook*.

# Special Needs and Accommodations

In compliance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, the UCCOM grants reasonable and appropriate accommodations to medical students with documented disabilities. All reasonable requests will be considered. A request for academic accommodations eligibility is submitted to the Assistant Dean for Academic Support and Counseling in the Office of Student Affairs. Documentation requirements, approval and notification processes are outlined in the Disabilities policy, student handbook (*Disabilities: Student Policies and Procedures, Medical Student Handbook*).

# Professionalism

As representatives of the healthcare team, our expectation is that you respect and uphold the professional behaviors expected of a physician in terms of how you conduct yourself with patients and other members of the healthcare team. Professional commendations and lapses will be noted on the rotation evaluation as well as a professional form submitted to the Office of Student Affairs and the PAC.

For more information, consult the *Medical Student Honor Code, Medical Student Handbook.*

# HIPAA

COM holds patient confidentiality and privacy to the highest standards. If you have any questions about HIPAA, direct them to your attending and/or Clerkship Director.

Remember: You are not permitted to check your personal medical record, a family member, friend, or someone for whom you are not directly involved in their care. EPIC Security audits user access and quarterly reports are sent to Dr. Philip Diller, MD, PhD, Senior Associate Dean of Educational Affairs for follow-up.

# Electronic Communications

The University of Cincinnati issues an email account to all registered students at no cost. The UC email account is the official means of communication between students, faculty and administration and all COM activities should only be conducted using University or affiliate email accounts. The COM IT Policies can be found at [http://www.uc.edu/infosec.html.](http://www.uc.edu/infosec.html)

For a full overview of all UCCOM policies, you can access the ***Medical Student Handbook*** at <https://med.uc.edu/med-ed/student-handbook>

**APPENDIX I**

**Sample Clerkship Schedule**

## Clinical

All students will rotate in the following areas:

* Outpatient clinic
	+ Possible clinical assignments are at the following locations:
		- Resident clinic, Faculty clinic, Community clinic including urban, suburban, and rural sites

Clinical schedule varies by clinical site and rotation arrangement - see LEO and course handout for specific student assignment

## Didactic

* + Lecture time subject to change based on availability of speaker – students will be notified by e-mail
	+ Specific speaker/room assignments found in [LEO](https://medicineonline.uc.edu/lcms) and course handout
	+ Didactic schedule varies by clerkship rotation - see [LEO](https://medicineonline.uc.edu/lcms) and course handout for actual lecture schedule

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **WK 1** | AM: Orientation PM: Clinical Site | Clinical Site | Clinical Site | Clinical Site | Didactics |
| **WK 2** | Clinical Site | Grand Rounds in AM; then ClinicalSite | Clinical Site | Clinical Site | Didactics |
| **WK 3** | Clinical Site | Clinical Site | Clinical Site | Clinical Site | Didactics |
| **WK 4** | Clinical Site | Clinical Site | Clinical Site | AM: Clinical Site PM Off for Shelfstudying | Shelf Exam |