University of California, Riverside School of Medicine
3rd and 4th Year Clinical Guide 2020-2021

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3rd Year Clerkship

Clerkship Eligibility: (this becomes effective for the class entering clerkships in June, 2020)

All of the following must be completed prior to entry in the third year:

1. Passing of all required second year educational activities
2. Take the USMLE-Step 1 at least 30 days prior to first day of MS3 and receive a passing score
    a. Failure of the USMLE-Step 1 will result in removal from the clerkship rotation-A safer and more prudent solution is to take the test at least 6 weeks prior to the start of clerkships.
    *CAVEAT for 2020: Due to the COVID-19 crisis, the deadline to take Step 1 for the class of 2022 has been moved to the end of the third year.

3. Participation in Clinical Foundations III
    a. Attend presentations regarding clerkship policies, procedures, safety, and expectations
    b. Complete all on-boarding requirements for both UCR and all UCR affiliated hospital sites

Important Dates & Deadlines Prior to the Clerkships Event	Day	Date
Third Year Information Session	3rd or 4th Tuesday	January prior to the start of MS-3
Clinical Foundations III	Mon–Fri; prior 1 or 2 weeks before starting	Two weeks prior to the start of MS-3
1st day of Clerkships	Monday	June 29, 2020

Third Year Roles and Responsibilities

Third-year medical students serve as members of the health care team and share responsibility for patients' well-being. Students will provide patient care in a structured environment under the direct supervision of an attending physician or resident. Students often function as caregivers of patients presenting with undifferentiated medical complaints. Each patient that students encounter should receive a directed evaluation in a timely fashion.

Physicians must successfully combine the personal qualities of compassion and commitment (duty) with an ever-evolving knowledge base to complement sharpened academic and clinical skills (expertise). The M.D. degree confers great responsibility and implies that graduates who have earned it can function with some independence in the care of patients. Clerkships provide students with an intense opportunity to improve their current fund of knowledge, basic history-taking and diagnostic skills, and to apply these to multiple situations and settings. Although observing staff physicians and house officers at work is beneficial, experiential learning is more effective. For students, most clinical situations will be new and it is understandable to feel uncertain. During the clerkship rotations, students will find that having a willingness to challenge themselves with new experiences will be a vital aspect of their education. This is a new and more participatory learning process when compared to the first two years in the program. The more you ask to participate, the more you will learn and develop your skills as a physician in training.

Medical students must know their own team's patients in necessary detail and follow these patients as if they were totally responsible for them. Students should play a proactive role in patient care. They should not remain a bystander or simply report facts. During clerkships, students must make a transition from beyond the role of a "reporter" to demonstrating some evidence of beginning to function as a reasonable "interpreter." Demonstrate

your understanding of the medical conditions that are affecting your patients as often as you can. It is the best way to show your preceptor that you are learning and desirous of being a member of the health care team.

Working with other medical students, interns, residents, and skilled staff physicians can be challenging but is an important process for your professional growth as a physician in training. Patients and medical team members expect students to be available and actively thinking all the time. It is expected that students may feel at time that they have not gained control of the knowledge and skills that they need. Therefore, it is important to manage time effectively and to prioritize your medical education. Read during the day if you can, as well upon returning home from your rotation.

Third Year Clerkship Competencies

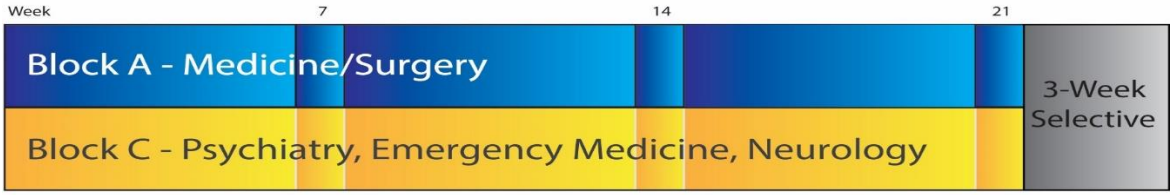
The clinical learning outcomes for this clerkship are intended as competency expectations to help medical students achieve their potential. These competencies will be met primarily through clinical experiences and associated reading while rotating through clinical sites. Students should become familiar with these competencies. Each supervising physician or resident will evaluate the achievement of these competencies on a regular basis. The cumulative clinical performance for each student will serve as the basis for the summative evaluation at the conclusion of the clerkship. These are listed in Appendix 1 at the end of this clerkship guide.

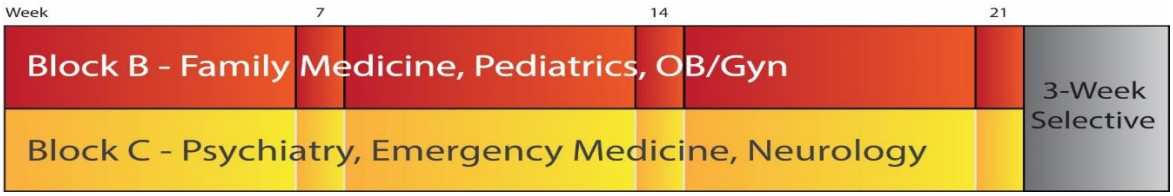
Third Year Curriculum

The third year medical school curriculum at the UCR School of Medicine includes an interdisciplinary longitudinal clinical experience emphasizing inpatient, outpatient, acute, chronic, well care and consultative medicine in the context of a single community/population. Through this experience, each student will be exposed to:

1. Internal Medicine
2. Surgery
3. Family Medicine
4. Pediatrics
5. Obstetrics and Gynecology
6. Psychiatry (longitudinal over the course of the entire third year curriculum plus during transition weeks 7 and 14 of Blocks A and B)
7. Emergency Medicine (longitudinal over the course of the entire third year curriculum)
8. Neurology (longitudinal during transition weeks 7 and 14 of Blocks A and B)
9. Longitudinal Ambulatory Care Experience (longitudinal over the first three years of the medical school curriculum)
10. Community-Based Education (CBE, longitudinal during transition weeks 7 or 14 of Blocks A and B)
11. Selectives (during weeks 22-24 of Blocks A and B) for students in good academic standing

The Third Year Schedule Preview- a Clinically Integrated Longitudinal Clerkship





The academic third year is divided into two 24-week blocks. Block A includes Internal Medicine and Surgery. Block B includes Family Medicine, Obstetrics/Gynecology and Pediatrics. Block C runs concurrently with both Block A and Block B. It consists of Emergency Medicine, Psychiatry, and Neurology.

Blocks A and B are each subdivided into three 6-week units transected by two transition weeks (weeks 7 and 14) and finished off by one 3-week "selective" unit (weeks 22, 23, 24). The Academic Schedule for the year will be handed out. (Students at Kaiser Sites will have different versions of longitudinal experiences).

LACE (Longitudinal Ambulatory Care Experience) continues in the third year as a half-day clinic continuation of the first and second year LACE curriculum. No LACE clinic will be held during transition and selective weeks.

CBE (Community-Based Education) will occur during either of weeks 7 and 14 of each semester.

Transition Weeks (weeks 7 and 14):
Week 7, 14, and 21 will each begin on the Friday prior to the actual week 7, 14, or 21.

A. Weeks 7 and 14 will consist of three activities:
1. A formative OSCE. OSCE checklists will NOT be provided beforehand. Study all of your clinical skills exams so your performance will be superb.
2. Evaluation, feedback and remediation sessions (the Friday of transition weeks 7 and 14)
3. CBE activities or Psychiatry (alternating with one of the two on week 7, and the other on week 14)

B. Week 21 will consist of:
1. Shelf Exams in the subjects completed in the prior block(s)
2. Compilation of preceptor performance evaluations with assignment of grades no later than 4 weeks after the end of week 21.
3. The OSCE has been scheduled for week 24 in 2019/2020. This may change.

Selective Weeks: Weeks 22, 23, and 24 of each block will serve as a flexible foundation for the following uses:
- incorporation of short "Selective" experiences allowing students to explore aspects of medicine for which they might usually have to wait until the fourth year
- remediation for students identified as "failing" the block (Advanced Clinical Elective)
- to obtain additional experiences in areas of identified interest
- Students are able to rotate at an affiliated site with a physician that has a current faculty

appointment.

- Student may only repeat a Selective rotation in the same subspecialty if they submit documentation that there will be a new educational outcome for the "repeated rotation".
- If a student wishes to do a rotation that at a non-affiliated site or for research they can request the extramural form from their clerkship coordinator. The form must be submitted for approval by block director.
- VSLO rotations are approved for a selective option but only for the Second Selective period.
- Selective are graded Pass/Fail/Honors

Site Preferences and the Lottery

Each student will be assigned to begin the year in either one of two blocks—Block A or Block B. The order of the clerkship rotations is set within each block and cannot be changed. Students will have the opportunity to participate in a lottery to make site requests for their clerkships. Participation in the lottery is optional. Regardless of lottery results, the students' final rotation and site selection must be based upon UCR curricular requirements and clerkship site availability, not the desired site requested by the student.
The lottery will include the opportunity to request: which block to begin/end with (Block A – Med/Surgery or Block B – Family Med., OB/GYN, & Pediatrics), preference of clinical site, and also give the opportunity to voice any special accommodations needed. Reasonable efforts will be made to accommodate requests. ***Student preferences are not guaranteed.***

In order to be guaranteed a training position in the summer/fall block, students must have taken the USMLE Part I examination at least 30 days prior to the start of the Year III summer/fall block. For those few students who skip the summer/fall block and wish to enter the winter/spring block, the USMLE Part I exam must be taken prior to the first Friday in December in order to guarantee a position in the winter/spring block.

Students must make the clerkship team aware of personal events coming up during the third year (maternity leave, national presentations, etc.) and any special needs prior to scheduling their blocks. Once site assignments and blocks are assigned, no changes will be allowed.

Clinical Sites

For each Block, students will be assigned to an inpatient service, outpatient clinic, and/or medical office of a community physician as a clerkship site. The primary clinical sites include Riverside University Medical Services Health Center, Riverside Community Hospital, Kaiser Permanente-Riverside, Kaiser Permanente-Fontana, Desert Regional Medical Center, Riverside Community Physician Practices, St. Bernadine Medical Center, San Antonio Regional Hospital, and the Riverside County Department of Mental Health clinical facilities located throughout western Riverside County, and other sites that are joining the UCR SOM team.

Students will be expected to travel to all clinically affiliated UCR SOM clerkship sites as assigned. **Students will not be permitted to contact potential preceptors or sites to set up their own clerkships.**

Clinical Structure and Duty Hours

https://somsa.ucr.edu/som-handbook#curriculum2

Attendance Policy

https://somsa.ucr.edu/som-handbook#excused_absences

Clinical Expectations

Students will participate in the care of undifferentiated patients during their clerkships. Patient care will be provided under the direct supervision of a resident or attending physician. Students are expected to be capable of obtaining an appropriately directed (focused or complete) history, performing a physical examination, formulating an appropriate differential diagnosis and assessment, discussing the case with the supervising resident or physician, and assisting in the development and implementation of case specific patient management plans, including proper follow up and patient disposition.

Throughout their rotations, students will be expected to care for patients with specific complaints/diagnoses. All students are expected to master the content outlined for the core presentations/patient types for each specialty area and to provide direct care for those patients. The expectation is that students demonstrate patient care competencies as well as medical knowledge of these diagnoses. This obligation to see core diagnostic presentations may include patients who present for the listed condition, for whom the condition is within the differential diagnosis for their presenting complaint, who present for other primary concerns but concurrently have the indicated condition, or who are being followed up for a previous diagnosis of the condition. Substantial independent reading is expected and required. Additional educational material focusing on some of the core topics will be posted online. If students do not encounter a patient with one or more of the required clinical complaints/conditions, they will still be expected to review the diagnosis and treatment from standard online textbooks. There are several diagnoses which, if not seen clinically, require completion of online educational modules. For more information about these and other learning modules, please refer ot the specialty-specific sections of this clerkship guide.

Student Oral Case Presentations and Recording of History & Physical

When medical students are asked to present patient cases, we recommend using the guidelines below as a general framework. Your attending and resident physicians can offer additional guidelines specific to their medical specialties and individual clinical settings. For history and physical examination write-ups, please see the forms found in Appendix 3. Exceptions and alterations can be granted by the on-site attending physician.

New Patient H&P or Hospital Admit or New Consult

1. Patient identification/introduction: “This is a X year-old [man/woman] with a history of X who presents with cc: X.”
2. CC + HPI: OLD CARTS. Onset, location, duration, character, aggravating, relieving, **temporal** (pertinent positive/negative), severity
3. “T” in carts is amplified for pertinent positives and negatives from the hx + medical records review + ROS
4. MASH: **M**eds, **A**llergies, **S**urgeries, **H**ospital Admissions/Major Medical Diagnoses
5. FISH; **F**amily History. **I**mmunizations and Preventative (Females ask LMP/contraception/GPAL; children ask development). **S**ocial (HEEADSSS as appropriate). **H**abits (Drugs/Tobacco/ETOH).
6. **ROS**, as pertinent. There are 14 Systems.
7. Vital Signs, followed by physical examination
8. Laboratory and imaging studies
9. Assessment (including problem list + supportive logic + differential diagnosis). Keep problem list numbered the same every day.
10. Plan: Each individual assessment item gets an individual plan.

Daily Hospital Progress Note

1. Begin with patient identification/introduction, as described above.
2. Brief summarize the interim history, focusing on the past 24 hours.
3. Mention pertinent positives and negatives of the history, with review of systems only as pertinent.
4. Vital signs, followed by physical examination
5. Updates to the laboratory and imaging studies
6. Assessment
7. Plan

Outpatient Progress Note

1. Begin with patient identification/introduction, as described above.
2. Brief summarize the interim history, focusing on what has changed since the last clinic visit.
3. Mention pertinent positives and negatives of the history, with review of systems only as pertinent.
4. Vital signs, followed by physical examination
5. Updates to the laboratory and imaging studies
6. Assessment
7. Plan

Patient/Procedure Logs

All students are required to document patient encounters/ procedures using the New Innovations system. This is a mandatory requirement to successfully complete the rotation and required for grade submission. Students are expected to complete the logs within one week of the patient encounter. Failure to complete the patient log appropriately is considered an issue of professionalism. The Clerkship Coordinator/Director will review the patient encounter/procedure logs at certain points of the block and provide feedback to the students to assure that clinical expectations are being met.

Clerkship students will see patients with numerous diagnoses. As a subset of all of the diagnoses of all of the patients that are seen by the student, selected CORE patient presentations are mandatory (see the Disclipline/Patient Type charts below). These required core clinical presentations serve as educational and situational opportunities that allow the students, with faculty oversight and evaluation, to engage actual patients with the underlying goal of attainment of the UCR SOM competencies, which are listed in Appendix 1.

It is imperative that the student will have independently read enough background material to have mastered each mandatory core presentation in order that it be logged as completed. In the event a required core patient type (diagnosis) is not seen by the student, the student should communicate with the faculty to attempt to broaden the exposure to patient pathology. Additionally, several diagnoses have case modules available that can be completed to compensate for a missed diagnostic opportunity. In either case, independent reading is a requirement to properly master each of the required patient types.

Patient Types/Procedures by Discipline

All students must be directly supervised during all procedures, and either Directly Supervised or Indirectly Supervised with Direct Supervision Immediately Available for all other patient care activities.

Discipline/ Patient Type	Setting	Level of Student Participation	Ancillary Reading
Internal Medicine	O=outpatient I=inpatient S=simulation	O=observation P=participate with supervision I=independent with supervision	**SIMPLE Modules (www.aquifer.org)** Read the following modules if a case is not logged by week 14:
Abdominal Pain, IM rotation	I	I	9, 10, 11
Anemia	O/I	I	19
Fever	O/I	I	21,24
Fluid, Electrolyte, Acid-Base disorder	I	I	25
GI Bleeding	O/I	I	10
Dysrhythmias	O/I	I	3
CAD	O/I	I	2
Acute/Chronic Renal Disease	O/I	I	23,33
COPD	O/I	I	28
Congestive Heart Failure	O/I	I	4
HIV	O/I	I	20
Liver Disease	O/I	I	11,36
Nosocomial Infection	I	I	24
Pneumonia	O/I	I	22
Rheumatologic Disorders	O/I	I	32,35
TB or +PPD	O/I	I	20, 29
Venous Thromboembolism	O/I	I	30

Discipline/ Patient Type	Setting	Level of Participation	Ancillary Reading
Surgery	O=outpatient I=inpatient S=simulation	O=observation P=participate with supervision I=independent with supervision	**WISE-MD (or SIMPLE) Modules (www.aquifer.org)** Notations are for WISE-MD unless specified otherwise. Perform the modules if the cases are not seen buy week #14.
Abdominal Masses	O/I	I	Abdominal Aortic Aneurysms, Adrenal Adenoma, Bowel Obstructions, Hernia
Abdominal Pain, Surgery rotation	O/I	I	Appendicitis
Breast Disorders	O/I	I	Breast Cancer Surgery
Perioperative fluid and electrolyte disorders	I	I	(SIMPLE) module #25
Hepatobiliary disease	O/I	I	Cholecystectomy
Wound care/non-healing wounds	O/I	I	

Perioperative care: wound, drain and ileus management	I	I	
Shock/Trauma Care	I	P/I	Trauma Resuscitation
Nutrition in Surgical Patients	O/I	I	Bariatric Surgery
Colorectal disease	O/I	I	Anorectal Disease, Appendicitis, Colon Cancer, Diverticulitis
Procedures		I	
Basic suturing	O/I	P	Skills Module 2, 3
Sterile Technique	O/I	I	Skills Module 1
Wound care management	O/I	P	

Discipline/ Patient Type	**Setting**	**Level of Participation**	**Ancillary Reading**
Family Medicine	O=outpatient I=inpatient S=simulation	O=observation P=participate with supervision I=independent with supervision	**fmCases Modules (www.aquifer.org)** Notations are for fmCases unless specified otherwise. Perform the modules if the cases are not seen buy week #14.
Adult Well Care	O	I	fmCases #1,2
Diabetes	O	I	#16
Hypertension	O	I	8
Sinusitis	O	I	13
Back Pain	O	I	10,11
Tobacco dependence	O	I	28
URI, adult	O	I	21
Thyroid Disease	O	I	CLIPP #9
Obesity, not in a child	O	I	fm#21, SIMPLE#16
Rash	O	I	Fm#16, CLIPP#32, SIMPLE #17

Discipline/ Patient Type	**Setting**	**Level of Participation**	**Ancillary Reading**
Pediatrics	O=outpatient I=inpatient S=simulation	O=observation P=participate with supervision I=independent with supervision	**CLIPP Modules (www.aquifer.org)** Notations are for **CLIPP** unless specified otherwise. Perform the modules if the cases are not seen buy week #14. *n/a = already assigned in the first 3 weeks of the rotation
Normal newborn	O/I	I	*n/a (module 1)
Newborn w/murmur	O/I	I	#18
Normal/Abnormal Growth and Development	O/I	I	*n/a (2,3,9)
Upper Respiratory Illness	O/I	I	CLIPP#12,(fmCASES#21)
Asthma	O/I	I	*n/a (13)
Nausea/Vomiting, pediatric	O/I	P/I	*n/a (15)
Diarrhea, pediatric			CLIPP #15
Obesity, childhood	O/I	I	4
Congenital disorders incl infection	O/I	P/I	29
Otitis media	O/I	I	18

Pharyngitis	O/I	I	fmCASES #23

Discipline/ Patient Type	**Setting**	**Level of Participation**	**Ancillary Reading**
OB/Gynecology	O=outpatient I=inpatient S=simulation	O=observation P=participate with supervision I=independent with supervision	**APGO Modules**: found at https://www.youtube.com/channel/UCB67eiHQzqqLUBHrDJzYdtQ Perform these if you have not seen the case by week #14.
Normal pregnancy incl peri-postpartum management	O/I	I	APGO # 9,10,11,13
Hypertension in pregnancy	O/I	P/I	APGO #18
Bleeding per vagina	O/I	P/I	23,27,45
Amenorrhea	O/I	I	43
Dysmenorrhea	O/I	I	15,38,39,46 (See pelvic pain below)
Menopause	O/I	I	APGO#47, SIMPLE#13
Pelvic Pain	O/I	I	15,38,39,46
Sexually transmitted infection	O/I	I	36
Abnormal pap smear	O/I	P/I	3,52
Contraception management	O/I	I	33
Gynecologic malignancy	O/I	P/I	53,54,55
Urinary complaint	O/I	I	37
Procedures		I	
Normal Delivery	I	P	
Pelvic examination w/ or w/o pap	O/I	P	
Caesarian section assist	I	P I	

Discipline/ Patient Type	**Setting**	**Level of Participation**	**Remediation for lacking Patient Type**
Medicine Emergency	O=outpatient* I=inpatient S=simulation *in Emergency Department	O=observation P=participate with supervision I=independent with supervision	The student will perform a module, or deliver a 1-2 page report with at least 2 recent references (including history, physical signs, DDx, and Treatment options of the disease) to the Clerkship Director for each condition not seen
Resuscitation	O	P/I	See above
Trauma	O	P/I	See above
Chest pain	O	P/I	See above
Nausea/vomiting, adult	O	I	See above
Shortness of breath	O	P/I	See above
Fracture, bone	O	I	See above
SIRS (Systemic Inflammatory Response Syndrome	O	P	See above

Discipline/ Patient Type	Setting	Level of Participation	Remediation for lacking Patient Type
Psychiatry & Neurology	O=outpatient I=inpatient S=simulation	O=observation P=participate with supervision I=independent with supervision	The student will perform a module, or deliver a 1-2 page report with at least 2 recent references (including history, physical signs, DDx, and Treatment options of the disease) to the Clerkship Director for each condition not seen
Depression	O/I	I	See above
Anxiety Disorder	O/I	I	See above
Personality disorders	O/I	I	See above
Schizophrenia or Psychotic Disorder	O/I	P/I	See above
Bipolar Disorder	O/I	P/I	See above
Substance Related Disorder	O/I	P/I	See above
Stress or Trauma Related Disorder	O/I	P/I	See above
Suicidal ideation	O/I	P/I	See above
Headache including migraine	O/I	I	See above
Stroke/TIA	O/I	P/I	See above
Dementia	O/I	P/I	See above
Seizure/Epilepsy	O/I	P/I	See above
Movement disorder or Tremor	O/I	I	See above
Neuropathy or Demyelinating Disease	O/I	I	See above

Weekly Didactics (Readings/Modules) (Themes: Clinical Knowledge & Reasoning)

Weekly Didactic Readings and Modules are themes that cover the core concepts of each 3rd year core course with enough breadth and detail of reading to satisfy the desires of students who wish to excel on the USMLE step 2 exam. The Didactic readings insure a good score on USMLE Step 2-MK (and your Shelf exams), and the associated PBL-like case study insures a good score on USMLE Step 2 CS.
Each weekly Theme starts out by downloading a file from Blackboard on Monday. This "File #1" will have a list of **required** readings and **required** modules along with a Clinical Case. Students have all week to read the assignments and perform the online modules. On Fridays at noon, students can download File #2. This second file evolves the patient case and ends with specific questions that must be answered, and uploaded. Once uploaded, File #3 can be downloaded. This third file will have the answers to the File #2 questions, along with explanations of the answers. The case is further evolved, and a new set of questions is given to the patient to answer and upload. After uploading, the student will download File #4, where the answers and explanations will be provided.

All Clinical Cases must be completed before 5:00 PM on Sunday. Students who are late without a previously obtained excuse from the clerkship coordinator or director can expect a reduction in the score that determines their eventual grade in Psychiatry, Surgery, Medicine, Family Medicine, Pediatrics, Emergency Medicine, and Obstetrics/Gynecology. The reduction will equal 1% of the total grade for each breach of the above rules and will be applied to all longitudinal clerkships for that block. Each time the Theme is not received by 5:00 PM an additional 1% will be removed. As an example: if the student's grade was 86% in Pediatrics and 84% in OB/Gyn, these grades will be reduced to 85% and 83%. These small reductions are usually enough to reduce the opportunity

to obtain a grade of Honors in courses within the block.

The Weekly Didactics & Themes are part of the UCR longitudinal learning program. Students will find that the Themes only coincide with their core subjects during the first 6 weeks. After that, the topics become random, and the subject matter may not correlate with what is being seen in the hospitals and clinics that week.

Block A Weekly Didactic Themes

Week #	**Core Didactic Themes that will appear in USMLE Step 2 and Shelf exams**	**Weekly PBL Case**
1-Internal Medicine rotation students	Chest pain, CAD, arrhythmia, CHF	Heart
1-Surgery rotation students	Pre-op, Post-op, General Surgery	Pre-op
2-Internal Medicine rotation students	Fluid & Elect disorders, acid base disorders, AKI, CKD	Fluid and Kidneys
2-Surgery rotation students	Infection, Antibiotics, Fluid & Electrolytes, Liver, Bowel	Abdominal Pain
3-Internal Medicine rotation students	Cough, COPD, Dyspnea, Asthma	SOB/Cough
3-Surgery rotation students	Burns, Tumors, Calculi, Shock, Trauma Care, General Surgery	Trauma
4-Internal Medicine rotation students	Chest pain, CAD, arrhythmia, CHF	Heart
4-Surgery rotation students	Pre-op, Post-op, General Surgery	Pre-op
5-Internal Medicine rotation students	Fluid & Elect disorders, acid base disorders, AKI, CKD	Fluid and Kidneys
5-Surgery rotation students	Infection, Antibiotics, Fluid & Electrolytes, Liver, Bowel	Abdominal Pain
6-Internal Medicine rotation students	Cough, COPD, Dyspnea, Asthma	SOB/Cough
6-Surgery rotation students	Burns, Tumors, Calculi, Shock, Trauma Care, General Surgery	Trauma
Week 7	OSCE & CBE or Inpatient Psychiatry	Transition
Weeks 8 to 20: Students of IM & Surg	Diabetes and its complications	Diabetes and Complications
9	Bleeding PUD, Shock, Hep C, SBP	Liver
10	Schizophrenia, Mood Disorders, Psychopharmacology	Psychiatry
11	Pneumonia, Meningitis, TB	Infectious Dz

12	STD, UTI, Abdominal catastrophe	Abdominal & Pelvic Infections
13	Migraine, Cluster, Spinal Impingement	Neurology I
	OSCE & CBE or Inpatient Psychiatry	Transition
15	HIV, Rheumatology	Immune System Disease
16	Dementia, OA, BPH, Hyponatremia	Geriatric Illness
17	Micro and Macrocytic Anemia, VTE disease	Blood and Clotting
18	Prerenal Azotemia, dehydration, delerium	Kidneys and More
19	Melanoma, HIV, MRSA, Syphilis	Dermatology & Systemic Dz
20	Tremor, TIA, Emergency Stroke treatment	Neurology II
21	OSCE + SHELF exams	Finals
22, 23,24	Selectives	

Block B Weekly Themes

Week #	**Core Didactic Themes that will appear in USMLE Step 2 and Shelf exams**	**Weekly PBL Case**
1-OB rotation students only	Pre-natal care, Fetal Development, Physiologic Adapt to pregnancy, Normal L&D, Post-partum	Pregnancy
1-Peds rotation students only	Congenital Syndromes, Jaundice, NB fever, Breast feeding, Prematurity, Group B Strep, Fetal Alcohol Syndrome	Newborn
2-OB only	Puberty, Infertility, 1st & 3rd Trimester Bleed, Pre-eclampsia , contraception	Complications and Conception
2-Peds only	Congenital syndromes, Immunizations, Abnormal Growth, Nutritional Deficiencies, SIDS, ADD, Autism spectrum, Abuse and Injury	Developmental Disorders
3-OB only	Amenorrhea, Dysmenorrhea, Infertility, Endometriosis, Vaginal Bleed, Pelvic Mass	Menstrual Disorders
3-Peds only	Febrile Sz, Meningitis, FUO, Febrile exanthems, Organomegaly, TB, Hematuria, Hypotonia, Acute Pain	Pediatric Infections
4-OB only	Pre-natal care, Fetal Development, Physiologic Adapt to pregnancy, Normal L&D, Post-partum	Pregnancy
4-Peds only	Congenital Syndromes, Jaundice, NB fever, Breast feeding, Prematurity, Group B Strep, Fetal Alcohol Syndrome	Newborn
5-OB only	Puberty, Infertility, 1st & 3rd Trimester Bleed, Pre-eclampsia , contraception	Complications and Conception
5-Peds only	Congenital syndromes, Rh Disease, Immunizations, Abnormal Growth, Nutritional Deficiencies, SIDS, ADD, Autism spectrum, Abuse and Injury	Developmental Disorders
6-OB only	Amenorrhea, Dysmenorrhea, Infertility, Endometriosis, Vaginal Bleed, Pelvic Mass	Menstrual Disorders

6-Peds only	Febrile Sz, Meningitis, FUO, Febrile exanthems, Organomegaly, TB, Hematuria, Hypotonia, Acute Pain	Pediatric Infections
Weeks 8-20 are for all students	Screening Exams, Cancer detection, Osteoporosis, HRT, Obesity, Hyperlipidemia, Menopause	Adult Well exam
9	DM 1, DM 2, LADA, pharmacology, Retinopathy, Nephropathy, Obesity	Diabetes
10	Fluid and Elect, Infect Dz, Biliary Dz, Hepatitis, Gastric Bypass, PUD, Nausea & Vomiting	Gastroenterology
11	BPH, CA Prostate, Stress Urinary Incontinence, UTI in children	Urology
12	STDs, HIV, Dermatology, Microscopy (wet mounts/KOH)	STDs, HIV, Rashes
13	Acute Depression, Chronic Depression, Suicide, Bipolar I & II, PMS/PMDD, Schizophrenia, Personality Disorders, Panic, Eating Disorders	Psychiatry
15	RA, SLE, Gout, Bursitis, JRA, Sickle Cell Anemia, Psoriasis, Overuse syndromes, OA	Rheumatology
16	Drug Abuse/Addiction, Tobacco cessation, Chronic Pain, Pharmacology, Seizures	Neurology and Chronic Pain
17	Pharmacology, Cardiomyopathy, Hypertension, SAH, Adrenal disease, Thyroid Disease	Endocrinology & More
18	Congenital heart Dz, Asthma, Allergy, Spirometry, Sinusitis, Bronchitis, Influenza, Pharyngitis, Otitis	Childhood Dyspnea
19	Stroke, TIA, Dysrhythmias, Menieres, Anemia, Fatigue	Neurology & More
20	Mental Status Exam, Alzheimers, Parkinsons Dz, Geriatrics, pharmacology	Neurology & Still More
21	OSCE + SHELF exams	Finals
22, 23,24	Selectives	

Commercial Board Review Programs

Commercially-available programs that promise to prepare you for USMLE examinations are ubiquitous and their advertisements are enticing. Students are advised to use their best judgment when evaluating these claims. There is no substitute for attending scheduled sessions of the medical school curriculum, thoroughly reading and completing learning assignments, and mastering all of these materials.

How can test questions help? The literature suggests that students who obtain a deep mastery of the material presented in the medical school, and then use test questions to confirm their learning, improve their USMLE scores.

Objective Structured Clinical Examinations (OSCEs)

Students will be required to perform an Objective Structured Clinical Examinations (OSCE) during weeks 7, 14, and 21 of each semester during their 3rd year. These exams are designed to test clinical skill performance and competence in skills such as communication, clinical examination, assessment, differential diagnosis, the clinical plan. Weeks 7 and 14 OSCE are formative (feedback is provided but scores do not count towards the final grade) and week 21 is summative (it counts as 30% of the final grade and feedback is not provided). The OSCE and

SOAP note will be graded using a variation of the History, Physical, Assessment, and Plan format listed above under the heading "Student Case Presentation and Recording of History & Physical." The written SOAP note will be graded on a rubric similar to the sample shown in **Appendix #11** of this Guide to Clerkships. Passing the final OSCE on the second block of the third year with 70% or more is a requirement for graduation to the 4th year.

Clinical Advisors, Mentors, and Interest Groups

Each student will be assigned a Careers in Medicine (CiM) physician advisor to help with the process of selecting and working towards entry into an area of specialty training of the student's choosing. It helps to know what you want. By joining specific Medical Student Interest Groups (Family Medicine Interest Group, Psychiatry Student Interest Group, etc.) you can explore your potential pathway more thoroughly. When an advisor is assigned, students should meet with their advisors with specific goals in mind. The following times are important:

1. Prior to beginning the 3rd year: Consider your goals and specialties that interest you. You can join an interest group beginning your first year.
2. August of the 3rd year: Think of one or more viable residencies with reference to your USMLE-1 scores. Consider a "Selectives" course that explores or advances knowledge within your distinct fields of interest.
3. January of the 3rd year: Submit a draft of your proposed year 4 block schedule to your advisor, including electives.
4. February of the 3rd year: Prepare the VSAS and non-VSAS applications for year 4 away electives. After March it may be too late to change your mind without repercussions. Stay in touch with your advisor during the entire process.

Liability Insurance

All UCR students on approved clinical clerkships occurring in the United States are covered by the medical liability insurance of the UCR SOM during their 3rd and 4th year of medical school.

Student Health Insurance

https://somsa.ucr.edu/som-handbook#gship
Students must be covered by health insurance for the duration of their clerkships in their 3rd and 4th year of medical school.

Clerkship Feedback and Grading Guidelines: see appendix #8

Medical School Grading and Promotions Procedures

During the third and fourth clinical years, students may receive an Honors grade for exceptional work or High Pass for above average work, in addition to the Pass/Fail designation. Students will be provided both written and verbal feedback at week seven and fourteen of the clerkships and additional feedback will be provided in the case of suboptimal performance. Students will be allowed to remediate any minor deficiencies at the end of each clerkship block. Students who do not meet satisfactory performance criteria will be remediated prior to advancing to the next year. No student who requires remediation for performance, time off for any reason within a core clinical course, or who enters the course late enough to require remediation time that supplants a third year selective will be eligible for Honors in that course.

Clerkship grades consist of a clinical evaluation, an end-of-block OSCE and a shelf examination (if applicable). A passing score is 70% of the total available points for individually weighted components. The minimum acceptable shelf exam score is the 6th percentile (nationally normed). If a student does not achieve a global passing score for a clerkship (70%) they will be required to remediate the component(s) failed.

Failure of the Shelf

Failure of the shelf examination will require a satisfactory repeat of the shelf examination. The repeat is expected to occur within three weeks following the completion of the 21st week of the block; however the timing may be modified with prior approval of the Block Director and Associate Dean for Education. If the remediation is unsuccessful, the student will fail the clerkship. Clerkship failures will be remediated with a 6-week clerkship remediation.

Failure of the OSCE

Failure of the OSCE will require a satisfactory repeat of the OSCE. The repeat is expected to occur within three weeks following the completion of the 21st week of the block; however the timing may be modified with prior approval of the Block Director and Associate Dean for Education. If the remediation is unsuccessful, the student will fail the clerkship. Clerkship failures will be remediated with a 6-week clerkship remediation.

Failure of Clerkship Performance

Failure of the clerkship performance will require a satisfactory repeat of the clinical rotation for 3 weeks. The repeat is expected to occur within three weeks following the completion of the 21st week of the block; however the timing may be modified with prior approval of the Block Director and Associate Dean for Education. If the remediation is unsuccessful, the student will fail the clerkship. Clerkship failures will be remediated with a 6-week clerkship remediation.

Students who fail more than one component of the clerkship (OSCE, Shelf, Evaluation) may be assessed a clerkship failure and may be required to complete a 6-week remediation of the clerkship. Students who globally fail two clerkships during third year will be required to repeat the six-month clerkships.

Remediation Notation on Academic Record

Any and all remediated educational activities will result in the most recent score (including narrative evaluations) being recorded on the transcript and reported on the Medical Student Performance Evaluation (MSPE). Successful first attempt remediation of individual clerkship components will be recorded as pass and will generally not be noted on the transcript or the MSPE. However, multiple clerkship component remediation work that necessitates additional time outside of the clerkship schedule that place a student off track will be reported. Clerkship failures will be recorded as incomplete grades on the transcript until successfully remediated. Six-week clerkship remediation for global clerkship failures will have notations in the MSPE.

The weight of the final grade in Medicine, Surgery, Pediatrics, Psychiatry, and OB/Gyn is:

50% course evaluation
30% OSCE
20% Shelf Exam.

The weight of the final grade in Family Medicine, and Emergency Medicine is:

5/8ths course evaluation

3/8ths OSCE.

Students who have less than the minimum faculty evaluations in the Year 3 longitudinal clerkships will not be eligible for a grade of High Pass or Honors. Grades are also reduced for students with issues of professionalism, and of those who are late/absent in doing their required weekly coursework. If a student fails a Shelf Exam, they become ineligible for honors in Family Medicine and Emergency Medicine.

Grades are assigned as:

Honors: students in top 20% of overall grade

-Students who delay the start of a block will not be eligible for Honors. Off-cycle students beginning a block at the expected start date will be eligible for Honors.

-Students who fail any shelf will be ineligible for Honors in Family Medicine and Emergency Medicine

High pass: students in top 30% below Honors

Fail: Less than 70% of final grade total

Percentages are approximate and are dependent upon objective student performance criteria rather than simply giving 20% and 30% of students Honors and High Pass. No student who starts the third year late will be eligible for Honors in **any** course that semester. Any Professionalism issues reduce the final grade.

Course	**Number of Weeks of Required Feedback Events (FE's)** With submission of the 6th and 8th FE's, the lowest FE's will be discarded and not count for grading. Submissions of Feedback Events for credit cannot exceed 2/week (Rules are different for EM & Psychiatry*)	Minimum # of FE's every 7 weeks, "3-week Trimesters" or 21-week blocks
Emergency Medicine	6 during the 3rd year; min. 1/shift	n/a
Family Medicine	minimum of 3 weeks of feedback events	1 per 7-week block
Internal Medicine	minimum of 3 weeks "	1 per "3 week" trimester
OB/Gyn	minimum of 3 weeks "	1 per "3 week" trimester
Pediatrics	minimum of 3 weeks "	1 per "3 week" trimester
Psychiatry*	Minimum of 2 weeks each semester during the 3rd year plus 1 during each "Psych Week" (The 6th and 8th evaluations in psych supplant the lowest FE's*)	1 per psych week + 2 for each 21-week semester for a grade >PASS
Surgery	minimum 3 weeks of Feedback events	1 per "3 week" trimester

The grading template is PAPER, and will be handed to the faculty (residents are acceptable as well) by the student. These forms will contain the UCR SOM competencies with a 5-point Likert scale for check marks and comments. These forms are to be returned to the coordinator, either in paper, or the student can take a photo of the form and email it to the coordinator. Forms will be available online and from your coordinators. A generic copy is present in appendix #8. Scoring from feedback forms (FE's) and New Innovations Faculty Evaluations will be used for final grades.

The performance of Weekly Readings/Modules/Submissions is also a factor in grading (1% of the total grade will be deducted for each late or absent Theme. A 1% penalty is usually enough to eliminate Honors). Performance of 100% of the weekly coursework on-time also leaves students eligible for Honors in "Selectives."

All students are required to submit a course evaluation and supervisor evaluation at the end of the block using the New Innovations evaluation system. This is a mandatory requirement to successfully complete the block rotation and is required for grade submission. Students' comments are anonymous.

Students should attempt to be evaluated in some manner weekly. For now, faculty will use New Innovations for formal evaluations, but can also use forms submitted directly from students. Some rotations have faculty that rotate off-service after less than one week, so students may find it useful to hand a paper form of the approved evaluation to the faculty member. In this event, the completed form from the faculty must be placed into a sealed envelope for hand delivery to the clerkship coordinator, or a photo taken and emailed to the coordinator.

Each block rotation uses a criterion based or fixed standard evaluation and grading system in addition to a "360 degree" evaluation. This system allows for comparison of a particular student's performance to a predetermined standard of proficiency and additionally values all 8 competencies, not just test scores. Regarding clinical grade distribution: Rigid cut off percentages are not used and year to year, the percentage of students receiving a particular clinical grade (Honors, High Pass, Pass, and Fail) may vary.

It is expected that, in an average year, 20% of the students within each of the 7 courses will receive a grade of honors and 30% will receive a grade of High Pass. Grades will be released no later than four weeks after the end of week 21. Students who feel their final grade was recorded in error may challenge their grade by submitting a request for review of their scores within 14 calendar days of the release date of grades. This form is found in this Guide as appendix #5. A more detailed explanation of the grading methodology and examples are found in appendices #7 and #8.

Each of the blocks have associated Weekly Themes with required online readings and modules that must be completed. Students who do not complete 100% of the modules will receive an incomplete for the course and become ineligible for a grade of honors. Completion of Weekly Themes is mandatory. Failure to complete the readings, modules, and themes on time will reduce the course grade by 1% per delinquent week and significantly reduce the probability of receiving a grade of Honors in "Selectives." This 1% grading reduction will apply to all core subjects for the affected block.

Providing Feedback

Faculty and residents involved with medical student education will be encouraged to provide real time feedback to medical students in the office regarding their clinical performance. Students should understand that, in isolation, the feedback provided either orally or in writing should not be interpreted as being representative of an expected clerkship grade. There will be more formal feedback sessions during weeks 7 and 14 when you will meet one-on-one with your clerkship director. (S)he will be using a form (attached as appendix #9) Students will be responsible for reviewing the Feedback from (found in appendix #9) with the most accurate/up to date data and bringing the form to their assigned feedback session for the Block Director's review .

Student Mistreatment

https://somsa.ucr.edu/som-handbook#maltreatment

You will be asked specifically during weeks 7 and 14 of each block regarding maltreatment and duty hour incursions.

Remediation: see Appendix #6

A remediation plan is needed in the following general circumstances: a pattern of below expected level performance, unprofessional behavior, performance that does NOT meet acceptable standards, a Shelf Exam score less than the 6th percentile of the national average, or a recommended failing grade. Remediation is individualized and will be implemented on a case by case basis. If a remediation plan is required, a written plan of remediation should be developed by the UCR Clerkship Director in conjunction with the site, discussed with the student, and implemented by the clinical site director within 10 days of failed exam. Clinical site directors should contact the Clerkship Director or the Senior Associate Dean for Education if they anticipate the need to implement an amended remediation plan for a particular student. Remediation form will be found in Appendix 6.

The NBME Shelf Exams

In addition to clinical performance, the standardized shelf exam prepared by the National Board of Medical Examiners (NBME) is another measure of medical knowledge acquisition. The shelf exam has the virtue of consistency and validity across institutions. These exams also predictive of students' ability to pass the mandatory licensing exams. Finally, the exams may identify students with learning or testing disabilities. For these reasons, the SOM will give a Mandatory Practice Shelf assessment at week 7. This exam does not count towards ANY aspect of the course grade. It is very useful for student self-reflective feedback and to give experience on USMLE-style questions.

- Clerkship Directors will use the week-21 shelf exam as a component of the final grade for their course. The exam will account for 20% of the final grade (except Fam Med & Emerg Med).
- If a student does not achieve an exam score greater than or equal to the 6th percentile on any given exam, the student will be required to retake the exam. Scheduling shelf exam re-takes after remediation will be determined following discussion with the Clerkship Director.
- Students are responsible for paying for any exams ordered and scheduled that were not administered (due to student cancellation or no show).
- A second failed Shelf Exam will require that the course be repeated prior to allowing entry into the 4th year.

The clerkships that require the shelf exams are: Medicine, Pediatrics, Obstetrics and Gynecology, Surgery, and Psychiatry.

SOM Student Blood and Needle stick Policy

All students will receive an orientation to blood-borne pathogens and infectious and environmental diseases and how to safely avoid their exposure during orientation week and during the first block of instruction. Students will also be required to complete the corresponding online UC Health training modules. In the unlikely event an exposure occurs on the UCR campus, the campus protocol will be followed.

An exposure incident is defined as a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (through the skin) contact with blood or "other potentially infectious materials."

Those air borne, blood and body fluid exposures and needle stick injuries that occur while a student is completing an off-campus clinical activity will follow a protocol consistent with the clinical affiliate's policies. In the event of an exposure, the student will, after reducing the exposure (as described in the next paragraph), immediately notify his or her supervising resident and/or attending and proceed immediately to the on-site emergency room at the facility in which the incident occurred. Students may also seek immediate treatment at the UCR Campus Health Center (during business hours). It is important to note that treatment for HIV prophylaxis needs to be initiated within two hours for optimal effectiveness. Students will not be penalized for leaving the service after notification of the supervising resident/faculty and Clerkship Coordinator. Students will also be required to notify the Office of Student Affairs within 12 (twelve) hours of all exposures. Good references are:

www.cdc.gov/niosh/topics/bbl/emergnedl.html and www.hivguidelines.org.

If an exposure incident occurs on the UCR SOM campus, the student is instructed to wash the exposed area immediately with soap and water. If there is a cut, the area should be washed with soap and water and the area should be allowed to bleed. If blood or other potentially infectious body fluids enter the eye, nose or mouth, the area should be flushed with water for at least 15 minutes. Then the student should seek immediate medical/nursing care, either from the Campus Health Center (during office hours) or at a local emergency or urgent care center. Students must follow the Environmental Health and Safety biosafety exposure control plan found at http://ehs.ucr.edu/biosafety/. Students must also notify their supervising faculty at the time of the incident who should in turn notify the Office of Student Affairs within 24 hours. See the algorithm that follows.

For all exposure incidents, the route(s) of exposure and the circumstances under which the exposure incident occurred are to be documented. The source individual is identified and documented, unless identification is not feasible or prohibited by state or local law. After consent is obtained, the source individual's blood is tested for HBV, HCV and HIV status. If the exposed student gives consent, a baseline blood sample is collected immediately following the incident with subsequent periodic samples taken at a later date.

Emergency Medicine

Welcome to your Emergency Medicine (EM) Clerkship. You will gain an appreciation of the many roles the emergency medicine physician serves in the community. You will feel the dual sensations of excitement and hard work that will draw many of your fellow students into the field of emergency medicine.
Regardless of your intended career path, the pathology of illness encountered and the principles of ambulatory and pre-hospital care encountered during your EM rotation will provide you with a great opportunity to learn.
Enjoy your rotation!

Professional Code of Conduct

Every patient that you encounter in EM should be treated as you would want a family member treated. You may see attitudes and behaviors that are foreign to your value system, but you should deal with these as a professional. You should treat all staff members (physicians, nurses, patient care assistants, etc.) with respect, and likewise, you should expect the same in return. If you are verbally or otherwise harassed, report this to the attending physician on duty and contact the EM clerkship director.

Clinical Expectations

Students will participate in the care of undifferentiated patients presenting to the Emergency Department. Patient care will be provided under the direct supervision of an attending physician. Students will be expected to obtain an appropriately directed (focused or complete) history and physical examination, formulate appropriate assessments with appropriate differential diagnoses and discuss the case with their supervising physician. They will assist in the development and implementation of case specific patient management plans including proper patient disposition. This will be done using a combination of electronic and approved paper records. In the event the E.D. does not assign a paper H & P form, a sample is appended at the end of this form. It can be copied and pasted.**

As a medical student rotating through emergency medicine you are a member of the healthcare team and the health care system for your patients. You will provide patient care in a structured environment under direct physician supervision. You will function as the primary care giver of patients presenting with undifferentiated medical complaints. Each patient that you encounter should receive a directed evaluation in a timely fashion.

Core Diagnoses and Presentations

The student will see patients with a variety of diagnoses. "Core" presentations are those diagnoses that are important to the development of the physician. The student should nevertheless record ALL diagnoses in New Innovations. Should a core presentation NOT be seen, it can be supplemented with online learning modules and through directed reading while on the longitudinal E.M. rotation.

Discipline/ Patient Type	**Evaluation Method**	**Level of Participation**
Emergency Medicine Patient types for 3rd year Students*	O=Observation S=Simulation	O=observation P=participate with supervision I=independent with supervision
▪ Resuscitation (2)	O,S	O,P
▪ Trauma (1)	O	P/I
▪ Chest pain (2)	O	P/I
▪ Systemic Inflammatory Response Syndrome (1)	O	P/I
▪ Fracture (1)	O	P/I
▪ Nausea/vomiting-adult (1)	O	I
▪ Shortness of breath (1)	O	P/I

a. Procedures: although procedures are a central component of emergency medicine, there are no required procedures for your EM clerkship. You should, however, take full advantage of opportunities to participate in any procedures that may be offered in your clinical training location. Under direct supervision, you should be capable and prepared to participate in such activities as: resuscitation team efforts, suturing of minor wounds, Incision/Drainage of wounds, Swabs of body parts for cultures, Placement of Nasogastric tubes, and others.
b. All students will document patient encounters/procedures using the New Innovations system.
c. The clerkship administration will review patient encounter / procedure logs and provide feedback to the students to assure that clinical expectations are being met.
d. If for some reason, a student does not encounter a patient with one or more of the above clinical complaints / conditions, they are still expected to review the educational material pertaining to the specific clinical presentation / condition.

Don't Forget…

***All pelvic examinations must be chaperoned by a physician.**

***All rectal, male GU examinations, and female breast examinations must be**

chaperoned. This can be performed by any health care worker (medical student, nursing assistant, nurse, physician).

***If you think your patient is sick (unstable vital signs, SOB, CP, abdominal pain with peritoneal findings, change in mental status, etc.), alert the nurse and the attending physician immediately.**

***Check out with the attending physician before you leave at the conclusion of your shift (this is to insure that all patient related matters have been addressed).**

COURSE STRUCTURE

1) **Orientation** – You must know where to go and which attending physician you are working with before you arrive on your first day. Read the sections in Tintinelli (see mandatory reading assignments below) on Airways Management, CPR, Shock, Chest Pain, Anaphylaxis, and Stroke BEFORE you step foot into the Emergency Department. Read the remaining mandatory sections as soon as you can. You want to be competent and you want to be part of the care team.
2) **Scheduling of Rotations**- You will be scheduled 6 shifts per academic year. You will be given your schedule for three shifts in advance of beginning your 6 month block. At that time the Block Coordinator will give you an allotted period of time to make any changes needed. On the date specified, all changes to your EM schedule will need to be submitted to the corresponding facilities. Moving forward from that date, changes will only be made for emergency situations. If a change needs to be made, please contact the block coordinator and block director immediately. Any change to your schedule **must** be approved by the coordinator and block director. Student will not be given credit for any previously unapproved shift and will then need an additional approved shift to meet block requirements to pass. You will be required to submit at least one evaluation that is dated and signed by the attending for each shift.
3) **Clinical schedule** – Your clinical schedule may vary from one site to another but generally entails 6-12 hour shifts. Hours will vary. Please be respectful and adapt to the schedule of your clinical site.
4) **Attendance policy** – If you must be absent, immediately notify the clinical site director and the clerkship coordinator. Please also send an email to the clerkship director to notify them of your absence. **The UCR SOM attendance policy that allows up to 2 excused absences per block does not apply. ALL Emergency Medicine shifts must be made up.** The attendance policy is strictly enforced. Unexcused absence or lateness is unprofessional, and will affect your final clerkship grade. You will be required to submit at least one evaluation that is dated and signed by the preceptor for each shift. Failure to submit an evaluation from a shift will result in the assumption that this shift was not completed and student will be required to do an additional shift and submit an evaluation from that shift. Any exceptions can be made on a case by case basis by the clerkship director.
5) **Patient / procedure logs** – All 3rd and 4th year students are required to document patient encounters / procedures using the New Innovations system in a timely manner. This is mandatory for successfully completion of the rotation. The New Innovations website can be accessed at www.new-innov.com. To access the system, you will need your username and password. Medical students should keep track of patients encounters and procedures for future needs.
6) **Evaluations** – All students must submit an end of rotation course and supervisor evaluation using the New Innovations system. Additionally, you will be required to submit at least one evaluation that is dated and signed by the preceptor for each shift. Failure to submit an evaluation from a shift will result in the assumption that this shift was not completed and student will be required to do an additional shift and submit an evaluation from that shift.
7) **Dress code** –Please be respectful of the professional attire request of your individual sites. You are a guest in their house, so to speak. Depending upon your department's rules, hospital scrubs may be acceptable for this rotation. Tee shirts, blue jeans, open-toed shoes, sweat shirts or other "street clothes" are not acceptable as they do not adhere to professional standards. You must wear your student identification.

Emergency Medicine Textbooks/Resources and Required Readings

1. The Sanford Guide to Antibiotic Therapy. Buy the book, or **Download the APP to your phone:** Cost: $29.99 yearly for the APP.

2. Tintinelli's Emergency Medicine: A Comprehensive Study Guide, 8e**.** This is available free on "Access Medicine" via the UCR SOM VPN site. Reading and comprehension of the following diagnoses are

mandatory. The earlier you read these, the more valuable you will be to your patients and your attending faculty:

Airway Management: chapters 28, 29
Cardiopulmonary Resuscitation: chapters 11, 22, 23, 24
Shock: Chapters 12, 13, 50
Acute Abdominal Pain: chapter 71
GI Bleeding: chapters 75, 76, 77, 78
Chest Pain: chapter 48, 49, 51
Syncope: chapter 52
Anaphylaxis: chapter 14
Poisoning: chapters 177, 182, 185, 186, 187, 190, 201
Diabetic Ketoacidosis: chapter 225
Acute Metabolic Acidosis and Metabolic Alkalosis: 15, 16, 17,
The red painful eye: chapter 241
Febrile Infants: chapter 116, 117
Stridor: chapters 123, 124, 125
Dehydration: chapters 128, 129
Acute Low Back Pain: chapter 279
Headache: chapter 165
Seizures: chapter 171
Stroke: chapters 166,167
Domestic Violence: chapters 293, 294, 295
Acute Dyspnea: chapter 62
Wheezing: chapter 69
Acute Pelvic Pain: chapter 98 (subsect on ectopic pregnancy)
Abdominal Trauma: chapter 263
Chest Trauma: chapters 261,262
Head and Neck Trauma: chapters 257, 258
Abdominal Trauma: chapter 263
Wound Care: chapters 39, 40, 41
Pulmonary Embolism: chapter 56

TIPS for a Successful ER Rotation

1) Read your required chapters early on. You will impress your attendings and you will get wonderful evaluations
2) Know your limitations; this cannot be over emphasized
3) Have your H & P templates printed out and ready to use on a clipboard
4) Demonstrate an eagerness to learn
5) Call for help early

Grading/Feedback

The Emergency Medicine grade will be assigned by the Block C Clerkship Director in concert with the Emergency Medicine Clerkship Content Specialist. It is based upon Professionalism, ward/unit feedback, and faculty feedback events (FE's) with written evaluations. You will be required to submit at least one evaluation that is dated and signed by the preceptor for each shift. 6 shifts with corresponding evaluations must be completed prior to the end of week 20 in order to receive a grade of pass or higher. Coordinator and Director

will then review the evaluations and drop the lowest score. If a student opts to get 8 evaluations, the lowest two scores will be dropped. No grade of Honors will be given if ANY shelf exams are failed (also true of Family Medicine Grading).

FOURTH YEAR CLERKSHIP GUIDE

The fourth year of medical school advances the clinical education that started with the first LACE course to the point of competency that merits the granting of the Medical Doctorate degree. There are nine (9) required courses over a period of eleven (11) four-week blocks. By the first portion of the fourth year, the MS-4 student should have obtained a basic understanding of which specialty programs they wish to consider, and then budget enough time to interview at those residency programs. The requirements and timing for course selection follows this philosophy. Your advisors will need to sign off on your course selections. The logic of which courses are taken first is a crucial factor in matching for residency. Our Advisor Guide, which we give to our faculty advisors is attached as appendix #15.

<u>The Fourth Year has 3 basic components</u>

1. **Required Courses** (4)
    a. Sub-Internship (Sub-I)
        i. At least one Sub-I in one of the following 6 core fields: Internal Medicine, Surgery, Pediatrics, Family Medicine, Psychiatry, OB/Gyn
        ii. Sub-I must be an inpatient rotation
        iii. Sub-I may occur outside of first 4 blocks, starting in the 2020-2021 academic year
        iv. Recommend not to schedule during interview season
            1. If scheduled during interview season: standard 2-day rule for absence applies; 6 days maximum for interview purposes only
            2. If scheduled during interview season, student needs a vacation block available later in the year to make up rotations should they exceed allowed absences
    b. Radiology
        i. UCR sponsored radiology course
        ii. May not be substituted with non UCR radiology course
        iii. Course is designed to prepare a non-radiologist to utilize
        iv. If going into radiology, recommend traditional radiology electives in addition to required UCR radiology course
    c. Critical Care
        i. ICU, CCU, PICU, NICU all considered appropriate to meet requirement
        ii. Do not recommend during interview season (Oct, Nov, Dec, Jan)
            1. If scheduled during interview season: standard 2-day rule for absence still applies; 6 days maximum for interview purposes only
            2. If scheduled during interview season, student needs a vacation block available later in the year to make up rotations should they exceed allowed absences.
    d. Back-2-Basics

i. Internship preparation course

2. **Electives** (5)
    a. Clinical rotations
        i. UCR local affiliates, University of California system
        ii. Away via VSLO; throughout US and International
        iii. Extramural elective request form if not one of the above
    b. Research and Scholarly Activity blocks
        i. No more than total of 2 blocks (8weeks) of non-clinical rotations
        ii. Must fill out the appropriate request forms (Appendix 12)
3. **Vacation Blocks** (2)
    a. These should be used strategically, such as to take time off to travel and interview for residency positions in mid-year (Oct, Nov, Dec, Jan)
    b. Starting in 2018, UCR SOM requires that at least one (1) of the two (2) vacation blocks MUST be taken during Oct, Nov, Dec, or January

Important Considerations for Fourth Year Planning:

- Maximum number of blocks allowed in one subspecialty field is 2 (8 weeks)
- Maximum number of non-clinical elective blocks is 2 (8 weeks)
- All rotation requests must be sent to 4th year coordinator (Kathleen Witty)
- Proposed rotation schedule must be approved/signed by your assigned specialty advisor prior to submission to fourth year coordinator
- Rotations must be verified 90 days in advance to start of rotations, and confirmed 30 days prior to start of rotation to ensure timely completion of all onboarding
- No add/drop requests within 30 days of rotation start date. All add/drop requests must be sent to 4th year coordinator. Failure to attend a rotation or changing a rotation without prior approval will result in "no credit" for that rotation
- All 4th year grades will be based off of your evaluations
    - Honors, high pass, pass, fail
- Rotations through certain affiliates require a specific process
    - RUHS and RCH use Clinical Nexus
    - Please consult 4th year coordinator (not site) if unsure
- Students not meeting deadlines are at risk of not fulfilling graduation requirements and delaying graduation. Students must register for all rotations within the (above) stated guidelines prior to beginning work. Post-hoc credit for work completed or in progress will not be granted under any circumstances.
- All students must turn in signed agreement of Fourth Year expectations (Appendix 13)

Example Schedules

Example 1:

Sub Internship	Elective	Elective	Elective	Critical Care	Vacation	Elective	Radiology	Back To Basics	Vacation	Elec tive

Example 2:

Elective	Elective	Critical Care	Sub Internship	Vacation	Elective	Sub Internship (Elective)	Elective	Back To Basics	Vacation	Radiology

Example 3

Elective	Vacation	Sub Internship	Elective	Vacation	Critical Care	Radiology	Sub Internship (Elective)	Back To Basics	Elective	Sub Internship (Elective)

Sub-Internships (Sub-I)

The Sub-I gives students an opportunity to assume more responsibility for their patients and improve their core competencies. Students are expected to use these sub-i opportunities to refine their physical exam, diagnostic skills, and medical knowledge. Students must complete at least one four-week sub-internship that is selected from one of the 6 core subjects (Internal Medicine, Surgery, Pediatrics, OB/Gyn, Family Medicine, and Psychiatry). Students are encouraged to take sub-i level electives in non-core disciplines, but these sub-i rotations will not count toward the core sub-i graduation requirement.

Overall Objectives

1. Take an accurate history, perform a thorough physical exam, interpret laboratory data, generate an appropriate differential diagnosis, and present your case at all ward rounds.
2. Demonstrate the ability to read and learn on your own. You must be able to apply this newly learned information to the clinical context of each problem or assessment of your patient.
3. Devise treatment plans to treat the patient's acute issues and work-up the differential diagnosis in a manner that does not include unnecessary tests.
4. Organize and communicate your findings through daily progress notes and oral presentations.
5. Behave in a professional manner at all times. Be sure to interact in a respectful manner with your colleagues, nurses, and hospital support staff.
6. Acknowledge errors, flaws in reasoning, and take the appropriate action to remedy the problems.
7. Accept constructive criticism. Understand that this is how doctors in training become better doctors.
8. Be an active and integral member of a team.
9. Keep your patient as a priority and respect his or her autonomy.

Sub-i's are CORE SUBJECTS.

At least one must be done at UCR SOM affiliate or University of California system.

1. UCR SOM Core subjects are:
    a. Family Medicine, Inpatient Service
    b. Internal Medicine Inpatient Service. Also available are the following subsets of IM:
        i. Critical Care Medicine, Internal Medicine
        ii. Inpatient Endocrinology, Diabetes, & Metabolism, Internal Medicine
        iii. Inpatient Gastroenterology Consult Service, Internal Medicine
        iv. Inpatient Geriatric Medicine, Internal Medicine
        v. Inpatient Hematology & Oncology, Internal Medicine
        vi. Inpatient Infectious Disease, Internal Medicine
        vii. Inpatient Nephrology, Internal Medicine
        viii. Inpatient Pulmonary Disease, Internal Medicine
    c. OB/GYN. Also available are the following subsets of OB/GYN:
        i. Gynecologic Surgery
        ii. Labor and Delivery
    d. Pediatrics (As above in Internal Medicine, but Pediatric)
    e. Inpatient Psychiatry
    f. Surgery. Also available are the following subsets of Surgery:
        i. Trauma Surgery
        ii. Thoracic Surgery
        iii. Vascular Surgery

Details Specific to the Sub-i

1. Follow your own patients. You should report directly to the resident or faculty. You must be capable of performing the H&P, daily rounds, and discharge on your own patients. You are expected to propose orders and call consults. Assume the role of the intern to the highest degree possible.
2. On a regular day, you are expected to be ready for morning rounds with the resident or faculty.
3. Offer to participate in procedures performed on your patients.
4. You must average one day off per week, may not work at your site more than sixteen (16) hours in a day, and must be off-duty at least ten (10) hours between shifts. Please contact your Clerkship Director if mandated to work outside these predetermined limits. Breaches of duty-hour restrictions are not tolerated.
5. You must complete the assigned history and physical examinations and discharge summaries including all key components.
6. If you have problems with non-patient care issues within your clerkship rotations, attempt to resolve those with your Resident or Attending. If that fails, contact the Clerkship Coordinator or the Clerkship Director. If that fails, contact the Associate Dean of Clinical Education. If there are issues that cannot be discussed with the Resident or Attending, feel free to contact the Clerkship Director, Associate Dean

for Clinical Education, Senior Associate Dean of Education, or the office of the Associate Dean of Student Affairs directly.

7. A completed year 4 elective application, complete with a course outline, schedule, and objectives, must be presented to the Year-4 Clerkship Coordinator at least 30 days prior to the start of the block. Most clinical sites have deadlines of their own which must be met prior to your submission of the completed request to the Year-4 Coordinator. All students without completed requests will, by default, be scheduled for vacation. If both vacations have been used, a grade of incomplete or in-progress may be issued for the block.

Grades/Evaluations

The sub-i grade will be assigned by the 4th year Clerkship Director based upon your rotation evaluation. The grade distribution will include the following: honors, high pass, pass, fail

Radiology Rotation

Goals and Objectives

Knowledge for Practice

1. Know critical and high priority imaging findings and diagnoses and understand basic interpretive techniques in each subspecialty area.
2. Know the indications for the most important imaging examinations in each of the Radiology subspecialty areas.
3. Demonstrate knowledge of human anatomy by recognizing key structures on various imaging modalities in each of the Radiology subspecialty content areas.

Patient Care (Problem Solving and Clinical Skills)

1. Regard the critical importance of useful clinical history in imaging interpretation
2. Recognize the consequences of radiation in humans of different genders and ages
3. Understand the effects of radiographic dye on patients with kidney disease

Practice-Based Learning and Improvement

1. Describe the common imaging findings of at least one pathologic entity, present an imaging differential diagnosis of these findings, and demonstrate understanding of the appropriate imaging evaluation and involved pathophysiology.

Systems-Based Practice

1. Understand the role of the radiologist in the care of patients undergoing imaging evaluation and/or image guided procedures or for whom such evaluation or procedures are being considered.
2. Know the relative costs associated with radiologic testing
3. Understand the role that false positive and false negative results from mammography have on recommendations for screening

Interpersonal and Communication Skills

1. Effectively advise patients and colleagues on the risks, benefits, limitations and indications of each of the most common imaging examinations.

2. Demonstrate understanding of the important role of communication in radiology with specific emphasis on the radiology report, urgent or unexpected findings, recommendations for follow-up imaging or procedures, and doctor patient communication.

Professionalism

1. Demonstrate understanding of the principles of mutual respect, honesty, and discretion in the use of patient clinical and imaging data, during lecture, as a part of the clinical radiology team, and when interacting with referring clinicians and non-radiology colleagues and support staff.

Interprofessional Collaboration

1. Demonstrate the ability to engage in an Interprofessional team in a manner that optimizes safe, effective patient and population-centered care.

Personal and Professional Development

1. Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients

Course Description & Schedule

Course website**:** **www.UCRradiology.com**

Clerkship Director: Jeanne Lammering
Clerkship Coordinator: Kathleen Witty

Objectives:

- Understand the role of radiology (diagnostic and interventional) in medicine
- Learn appropriate use of imaging
- Learn anatomy through imaging
- Learn technical aspects, strengths, and weaknesses of different imaging modalities: CT, US, MR, Radiography, Nuclear medicine, IR
- Understand safety issues in pregnancy, contrast use, MRI, contrast allergy
- Review basic imaging findings, differential diagnosis

Basis for Curriculum:

- Based on the data-driven book "Make It Stick"
- Active recall: MCQ
- Interleave (see MCQ section below)
- Repetition: overlap in lectures
- MCQ:
    - not all MCQ content will be covered in lectures and will be included in:
        - prior clinical exposure (i.e. indications for treating PE)
        - Self Learning Modules
        - Non image-based topics related to Radiology (i.e. appropriate use of ordering exams)
        - a combination of Google, lectures, UpToDate, etc.

References:

- Core Radiology (available at UCR Science Library)
- National Medical Student Curriculum in Radiology (AMSER)
- American College of Radiology Appropriateness Criteria

Notes

- The course is relatively fast but also self-paced
- Spread out for optimal learning

- If you do not understand some terms used during lectures, recordings are available
- You are **not expected** to be comfortable with interpreting images
- If you fall asleep in the middle of an exam and it locks you out, you will not be granted a retake

First Day

-Orientation

-AMSER (online)

-Clerkship pre-test (Blackboard, iLearn)

-ACR Radiology TEACHES pre-test (online) (see below)

-Make sure your access to ACR TEACHES, Aquiver and AMSER work

Schedule:

Topic	**iLearn pre/post MCQ**
Radiation Safety - Quiz (self-paced) - READ Core Radiology chapter- see link)	18
CXR (Ferguson) - LIVE case based session: Cases(slides) Cases(video) B**efore LIVE lecture**: - Watch Slides Video - Review online module University of Virginia CXR Module	18
Abdominal Radiology (Ferguson) - Attend PBL cases about appropriate ordering: PBL cases (LIVE session) B**efore LIVE lecture**: Video (Technique: Fluoroscopy) (18 min) Video (Technique: Cross-sectional Imaging) (21 min) Video (Abnormal Fluoroscopic Findings) (3 min) Video (Abnormal KUB Findings) (8 min) Video (Abnormal US Findings) (5 min)	GU/US 8 GI 27
Interventional Radiology Part A (Liu) - LIVE case-based session: Cases(slides) video B**efore LIVE lecture**: - Watch recorded lecture: Slides Video	28
Interventional Radiology Part B (Song) - LIVE case-based session: Cases B**efore LIVE lecture**: - Watch recorded lecture, Slides Video	20
MSK (Ferguson/Chow) - LIVE didactic lecture: Slides Video No video to watch beforehand	19

Neuroradiology (Jafari/Lammerimg) - LIVE case-based session B**efore LIVE lecture**: - University of Virginia Neuro Module Slides	29
Nuclear Medicine - Watch recorded lecture - Read Chapter **Watch:** Video: PET-CT (22 min) Video: Nuclear cardiology (20min) Video: Thyroid/parathyroid, part 1 (10 min), part 2 (20 min) Video: GI/pulmonary (28 min) Video: Bone/renal/ brain (24 min)	29
Contrast (Chang) - Watch recorded lecture: Slides Video	6
Indications for Imaging (Chang) - Watch recorded lecture: Slides Video	(no quiz)
Women Imaging (Roach-Kurzbard) - LIVE didactic lecture: Slides Video	13
Cardiac USMLE content (Lammering) - Watch recorded lecture: Video Slides	19
Renal USMLE content (Lammering) - Watch recorded lecture: Video Slides	17
Chest/Respiratory USMLE content (Lammering) - Watch recorded lecture: Video Slides	35
GI Radiology USMLE content (Lammering) - Watch recorded lecture: Video Slides	17
Prostate Radiology and Intervention (Greenwood) - Optional LIVE lecture, not used for attendance	No quiz
Clerkship exam (complete first day and last Thursday)	52

Score Breakdown:

Pre-quizzes/exams, pre-AMSER, Radiology TEACHES pre-assessment	5
Post quizzes + exams (2) (n=382 questions)	52
Post AMSER (n=109 questions)	14
Radiology TEACHES Case (n=134 cases)	14
Med U Modules/Aquifer Cases (n=19 cases)	10
Class attendance / participation	5
Total	**100**

- Grading
  - Grading is on a curve

    - Honors: Top 20% of the class
    - High pass: top 50% of the class
    - Pass: above 70% absolute score
- Quizzes:
    - Pre-quizzes complete before each lecture
    - Post quizzes after lecture; scores are used towards final quiz grade
- Absence Policy:
    - If you're scheduled to be on an interview on the date of a lecture, email Kathleen the interview invitation email for an excused absence (sign-in on the sign-in page and enter in the notes section the information about the excused absence)
- Webinars:
    - Lectures by faculty on Calender
    - Instructional videos as outlines above
    - Sign in form and complete all questions on sign in form
- Examinations:
    - Mid-term exam (no pre; only one exam). Complete by Friday of 2nd week.
    - American Medical Student Educators in Radiology (AMSER) exam: 108-question AMSER national shelf exam.
        - Pre (first day) and post-test (last Thursday) | Time: 2-hour
    - Clerkship midterm (post only) and final (pre and post), On iLearn
        - Midterm: end of 2nd week (no pre-test)
        - Final: Pre (1st day) and post (last Wednesday)
- Radiology- TEACHES Introduction Letter
    - Your account has been setup for access to Radiology-TEACHES.
    - Here is a link to the portal.
    - The user will use their email and last name to log on.
    - The last name is in lower case letters. If their last name is less than 6 letters they will need to add 9's afterwards (i.e., lee999).
    - Questions or want to talk to your peers about appropriate imaging? Join the Student Forums on the Radiology-TEACHES forums page. https://radteachessupport.acr.org/support/discussions
    - Modules, and number of multiple choice questions (MCQ)

Modules	# MCQ
Radiology-TEACHES Pre-Assessment	29
Radiology-TEACHES Post-Assessment	25
Radiology-TEACHES Choosing Wisely Educational Topics	26
Radiology-TEACHES Simulation Cases	83

- Aquifer / Med-U Core Modules (www.med-u.org)
    - obtain access information from Kathleen Witty, our clerkship coordinator
    - complete 19 online cases (self-paced)

Contact information for instructors:

Jeanne Lammering	jeanne.chung@gmail.com; cell 310-780-6688
Nick Ferguson	NFerguson@llu.edu
Andrew Song	andrewsong777@yahoo.com

Darice Liu	dariceliu@yahoo.com
Nicole Kurzbard-Roach	nicole.k.roach@gmail.com
Bernadette Greenwood	bernadette.greenwood@desertmedicalimaging.com
Kira Chow	kirachow@yahoo.com
Omid Jafari	omidja17@gmail.com

Learning Activity Objectives

At the conclusion of the rotation, the student should have seen examples of and/or understand the following:

Introduction to Chest Radiology

1. Describe the anatomy and basic interpretive principles of chest radiography.
2. Discuss the basics of ordering and interpreting cardiothoracic imaging studies in patients presenting with acute chest pain.

Infection and Aspiration

1. Localize pathology within the lungs based on the pattern and location of radiographic shadows.
2. Consider TB and aspiration in the appropriate context when evaluating patients with radiographic signs of infection.
3. Discuss the limitations of imaging for infection.

Vascular Catastrophes

1. Identify the direct and indirect signs of pulmonary embolism on radiographs and CT.
2. Identify the direct and indirect signs of pericardial effusion on radiographs and CT.
3. Identify the direct and indirect signs of an acute aortic emergency and acute traumatic aortic injury on radiographs and CT.

Air in the Wrong Place

1. List the radiographic signs of pneumothorax, pneumomediastinum, and pneumoperitoneum.
2. Describe signs of a tension pneumothorax.
3. Discuss the changes in the radiographic appearances of abnormal thoracic and abdominal gas collections caused by differences in examination technique.

Lung Cancer, Atelectasis, and Mediastinal Contours

1. Identify the direct and indirect signs of atelectasis on radiographs and CT.
2. Describe the approach to evaluating a solitary pulmonary nodule.
3. Differentiate the varied manifestations of lung cancer on chest radiographs and CT.
4. Identify the normal mediastinal contours and landmarks.

Lines and Tubes

3. Identify a malpositioned chest tube, feeding/nasogastric tube, endotracheal tube, and state the desired position for each.
4. Identify the most common complications encountered when imaging patients with indwelling lines and tube.

KUB

1. Identify the visible solid and hollow organs of the abdomen on a KUB and radiographic obstructive series.
2. Identify large and small bowel obstruction, sigmoid volvulus, and adynamic ileus on abdominal radiographs.

MSK Trauma

1. Describe the basic principles used in ordering and interpreting musculoskeletal imaging studies in acute musculoskeletal trauma.
2. List the standard views used to image the shoulder in patients who have sustained trauma.

Take a Look at the Heart

1. Identify the findings of congestive heart failure on a chest radiograph

MSK Imaging

1. Identify the appropriate imaging modality to evaluate common musculoskeletal complaints.
2. Identify the strengths and weakness of radiographs, radionuclide bone scan, CT, and MRI in musculoskeletal imaging.
3. Describe important soft tissue clues for fractures on extremity radiographs.

C-Spine and Pelvis Trauma

1. Identify the important radiographic landmarks used to evaluate the cervical spine in the setting of acute trauma.

Vascular and Interventional Principles and Practices

1. Discuss the basic principles of interventional radiology including abscess drainage and biopsies.
2. Describe the types of common procedures performed in interventional radiology.
3. Explain the benefit of interventional radiology procedures.

Nuclear Medicine: Molecular Imaging

1. Describe the basic principle of PET scanning and how it works.
2. Identify the most common indications for a PET scan.
3. List the advantages of PET/CT vs. PET.
4. Describe the mechanism that allows an evaluation of the adequacy of myocardial oxygenation by the performance of a cardiac nuclear stress test

Abdominal Imaging in Pediatric Patients

1. Compare imaging strategies and algorithms designed to avoid or reduce pediatric radiation doses during imaging evaluation.
2. Describe the differences and similarities between pediatric and adult fractures.

Abdominal Imaging Perspectives: CT and MRI

1. Describe the workup of abdominal pain, masses, and trauma with attention to gender, age, and position of the area of pain, mass, or trauma.
2. List the imaging options for the evaluation of common GI and urological diseases.

Breast Imaging and Health Literacy

1. Discuss the different modalities used to evaluate for breast cancer.
2. Discuss the signs of breast cancer on mammograms and ultrasound exams
3. Be aware of the existence of the BI-RADS atlas and how it standardizes terminology, assessment, and recommendations (http://breast-cancer.ca/bi-rads/).

Pediatric Imaging

1. Discuss the basic principles and limitations of ordering and interpreting pediatric radiology examinations and procedures.
2. Synthesize a systematic approach to evaluating pediatric patients of varying ages with imaging.

Critical Care Medicine (ICU) Rotation

You are about to enter one of the more structured institutions of modern medicine. It is an exciting world of high stakes medicine that brings together medical knowledge and individualized patient care in an arena of intense teamwork and professionalism. Many physicians like the excitement and environment of the ICU. It mixes the technology of cutting edge medicine with the understanding human touch that is needed by the families of the patient.

Patient presentations on rounds are especially important in the ICU. The patient history you take should be precise but pertinent. Your physical exam must be thorough and complete. All IV and central access lines, medications, and body functions must be reviewed at each presentation. In the ICU, assessments and plans are often done with respect to each body system, individually. Different ICU teams will have a slightly different culture of team rounds, but all will be rigid in their adherence to their own standards.

A good primer on expectations of the medical student in the ICU has been created by the Society of Critical Care Medicine. The PDF can be downloaded from the following site:

https://musom.marshall.edu/students/senior-handbook/Documents/MED833_Guide.pdf

Read the entire booklet, after which the paragraph that follows will make sense.

ICU Documentation Template

Notes in the ICU are done in a standardized fashion without room for individualization. Learn the style of documentation desired in your ICU, and make a template that follows the wishes of the ICU Director. Although the EHR is the official medical record, you will not be able to "enter" data. You should, however, "enter" your own data on paper so you will have the ability to follow the patient's course and the evolution of their problem list. When recording paper notes, take care to use only the patient's initials and to NOT add identifying medical record numbers or birth dates. HIPAA compliance will not allow you to leave the ICU with documents that allow identification of a patient's protected medical information. As a default, you can always copy/paste and use the history and physical template found in Appendix 3.

Goals and Objectives of the Critical Care Rotation (See Appendix #10)

With completion of this rotation, a student will be able to:

Knowledge for Practice

Recognize common clinical patterns and how they indicate impending cardiopulmonary arrest, circulatory shock, respiratory failure and need for resuscitation

Classify the four categories of shock in terms of pathophysiology, hemodynamic profiles files and treatment

- Hypovolemic shock
- Septic/distributive shock (SIRS, sepsis, severe sepsis, anaphylaxis, etc.)
- Cardiogenic shock
- Obstructive shock

Choose the suitable volume replacement therapy and drug support for patients exhibiting the signs and symptoms of shock

- The use of crystalloid and colloid fluid replacement
- Indications for vasopressor and inotropic drug support

Create an extensive differential diagnosis and treatment of acute hypoxemic respiratory failure (e.g., pneumonia, pulmonary edema, alveolar hemorrhage, lobar collapse)

Recite an extensive differential diagnosis and treatment of ventilatory failure (e.g., status asthmaticus, COPD exacerbation, neuromuscular weakness, drug overdose)

Interpret simple and mixed acid-base disorders and propose appropriate changes in mechanical ventilation as needed

Determine an approach to fever in the intensive care unit including:

The diagnosis and treatment of hospital acquired infections
Knowledge of noninfectious causes of fever

Patient Care

Assess illness severity and appropriate patient disposition
Propose a plan of care to manage patients on mechanical ventilator support utilizing the following when appropriate:

- extubation non-invasive ventilation
- intubation and mechanical ventilation
- basics of volume-cycled ventilation and pressure support ventilation
- means for triggering the machine breath including:
    - controlled mechanical ventilation
    - assist/control ventilation
    - synchronous intermittent mandatory ventilation
- pressure support ventilation
- essentials and utility of measuring airway resistance, static compliance of the respiratory system and auto-PEEP
- indications for (and risks of) machine set PEEP
- relationship between ventilator settings and hemodynamics
- relationship between ventilator settings and arterial blood gases
- complications of mechanical ventilation:
- ventilator-induced lung injury
- laryngeal and tracheal injury
- nosocomial infections: sinusitis and ventilator associated pneumonia
- approach to patients with obstructive lung disease and ARDS
- process of weaning from a ventilator

Administer the appropriate goal directed therapy based on hemodynamic measurements obtained from the utilization of various modalities

- venous catheters
- pulmonary central artery catheters
- non-invasive measures of cardiac output

Prepare a plan for patients with altered mental status during their ICU stay

- Use of sedatives and paralytics
- Identification and treatment of drug/alcohol withdrawal syndromes
- Use of the Glasgow Coma Scale
- Identification of metabolic and anoxic encephalopathy
- Criteria for brain death
- Criteria for persistent vegetative state and coma

Prepare a plan of care for patients with gastrointestinal bleeding (GIB) including

- The approach to diagnosing GIB
- The importance of stress ulcer prophylaxis
- Treatment modalities for GIB including surgical, interventional radiology, and medication management

Systems Based Practice

Evaluate ethical aspects of care and end of life issues; examine whether therapeutic goals should change from "cure to comfort"

Participate in a family meeting where end-of-life issues are discussed

Recognize personal limitations and request appropriate consultations

Recognize the effect of acute illness severity, age and prior health on the ability to tolerate critical illness through the utilization of the APACHE II scoring system in critically ill patients http://reference.medscape.com/calculator/apache-ii-scoring-system)

Practice Based Learning and Improvement
Organize the data set (link the information in a cohesive manner) to form a working hypothesis concerning the mechanisms responsible for critical illness so that diagnostic or therapeutic interventions target that possibility.

Evaluate a patient's response to critical care interventions to generate new hypotheses and diagnostic/treatment strategies.

Review the literature and acquire new information from appropriate sources; realize that each case provides opportunities to affirm evidenced-based practices, the potential for research and the importance of life-long learning.

Interpersonal and Communication Skills
Communicate effectively with patients, families and healthcare providers, comprehending the value of teamwork (pharmacy, nursing, respiratory therapy), compassion and clarity in the ICU setting

Professionalism
Protect patients; provide prophylaxis against nosocomial infection, venous thromboembolism and gastrointestinal bleeding; protect patients' rights, privacy, dignity and respect

Recognize the ethical and legal aspects of end-of-life care including withdrawal and withholding of life-sustaining therapy and the appropriate use of the DNR order

Interprofessional Collaboration
Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations
Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient and population centered care that is safe, timely, efficient, effective, and equitable

Personal and Professional Development
Demonstrate healthy coping mechanisms to respond to stress
Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients
Demonstrate self-confidence that puts patients, families, and members of the health care team at ease

Grading and Evaluations
The CCU/ICU grade will be assigned by the 4th year Clerkship Director based upon faculty evaluations.

BACK TO BASICS

This required 4-week course will be taught at the end of the 4th year. The objectives are to prepare the student for their first post-graduate year assignments. Some students will be going into surgical fields, while others will be entering medical fields. Curricula will vary with the needs of the specific cohort of students. A general clinical review of the skill-set needed on day-one of the residency will especially highlight pharmacology, renal,

cardiac, GI, neurologic, and musculoskeletal systems. Students will engage in simulation sessions to augment the curriculum.

REQUIRED ELECTIVES

- Students are required to take and pass 5 elective blocks.
- All 5 may be clinical electives with UCR local affiliates, University of California affiliates and/or away rotations through VSLO.
- Research and Scholarly Activity blocks
    - No more than total of 2 blocks (8weeks) of non-clinical rotations
    - Must fill out the appropriate request forms (Appendix 12)

A. Electives Outside of the University of California, UC Affiliates systems and VSLO
*Requires complete affiliation agreement **prior** to submission of extramural elective request form to 4th year coordinator
    a. The Dean of Student Affairs must attest that the student is in good academic standing; not on probation.
    b. The educational experience must be unique or equivalent to those found at UC schools and affiliates.
    c. A faculty administrator with contact information must be identified at the proposed site.
    d. Written goals and objectives must be provided.
    e. Teaching and learning activities must be identified.
    f. UCR SOM evaluation form
    g. The student must submit the extramural elective form to the 4th year coordinator, and it must be approved by the Year 4 clerkship director.
    h. Student contact information during the elective must be supplied.
    i. It is highly recommended the student utilize the AAMC affiliated Visiting Student Application System (VSLO®) when investigating and applying for Student Initiated Electives (see below).
    j. Regarding international learning opportunities, the student shall utilize the AAMC affiliated Global Health Learning Opportunities (GHLO®) (pronounced "glow") when investigating and applying for Student Initiated Electives via VSLO

B. Electives Within the UCR System:
    1. Experiences and opportunities within Affiliated Partners, both inpatient and outpatient are available.
    2. The 4th year clerkship coordinator has a listing of previously performed electives. This will give you an idea of the variety of experiences that have been completed, and is your first point of contact

RESEARCH ELECTIVES

To obtain credit for a research elective, the student must have previously completed the CITI module, obtain pre-acceptance of the student's objectives for the research project from Dr. David Lo, present a 2-week "mid-evaluation" of the project to the research mentor, and present the final project to Dr. Lo at the end of the 4-week rotation.

These projects should be continuation of experiences that allow a written summation of the learning outcomes. Non-clinical elective maximum is eight weeks (2 blocks) for academic year. Other details apply. See Appendix 12 for more information and research elective form.

SHOLARLY ACTIVITY ELECTIVES

- Non-clinical elective maximum is **eight weeks (2 blocks)** for academic year
- Student must turn in UCR Scholarly Activity **Evaluation Form** and **Project Deliverable** within 1 week of elective completion
- All scholarly activities should be with UCR faculty members. If **NOT** a UCR faculty member, student must submit for approval from Clinical Clerkship Committee by emailing 4th year coordinator
- This form is **not** required for the following non-clinical electives based with UCR faculty:
    - Radiology, Academic Medicine Leadership (Dr. Willis), Undergraduate Medical Education UME (Dr. Gavin), Research (Dr. Lo, please use research form), Reading Elective (Dr. Willis and Ms. Elisa Cortez).
- LACE Capstone projects must be mentored by member of LACE team (Dr. Burris or Dr. Bajwa)
- Academic credit will not be given for electives for which you are paid or on leave of absence.
- Each week of credit must correspond to at least 40 hours of course work
- Academic credit will not be given for any work conducted prior to the start of fourth year. No retroactive credit
- UCR mentors must have a UCR faculty appointment. Non UCR mentors must hold a faculty appointment at their institution

VISITING STUDENT APPLICATION SYSTEM

The Visiting Student Application Service (VSAS®) is an AAMC application designed to make it easier for medical students to apply for senior electives at U.S. medical schools and teaching hospitals. VSAS® is designed to streamline the application process for senior "away" electives at U.S. medical schools and independent academic medical centers. With VSAS, the applicant only needs one application for all participating institutions, reducing paperwork, miscommunication, and time. Each site has the option of inserting their own criteria and costs, however.

Please visit the VSAS® website for detailed information and resources. Your local contact is Cheri Black in the office of Student Affairs.

GLOBAL HEALTH LEARNING OPPORTUNITIES

Global Health Learning Opportunities (GHLO®) is an application service that facilitates clinical, global health, and research elective rotations globally for fourth year medical students. The GHLO® application

service fosters collaboration between U.S. and international medical schools for student mobility to create future global physicians.

GHLO® is comprised of a network of collaborating institutions in over 36 countries, with nearly 2,000 clinical, public health and research opportunities. GHLO facilitates global mobility for final year medical and public health students pursuing electives outside their home countries.

The AAMC recognizes that with ever-increasing globalization in medicine there is growing interest on the part of medical students and medical schools to incorporate international electives into their educational curriculum. Cross-border exchanges in the health professions enable students to work with different patient populations, develop cross-cultural understanding, and learn about health systems and approaches to wellness and illness in other nations.

For more information, contact Cheri Black at Student Affairs.

Appendix #1: UCR SOM Competencies

There are a set of competencies (clinical learning objectives) that have been outlined for this clerkship and can be viewed as a set of expectations. These competencies will be met primarily through clinical experiences and associated reading while rotating through the clinical site. Students should become familiar with these competencies. Each supervising physician or resident will evaluate the achievement of these competencies on a regular basis. The cumulative clinical performance for each student will serve as the basis for the summative evaluation at the conclusion of the clerkship.

	Domain/Competency Text
1.	**Patient Care:** Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
1.1	Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice
1.2	Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging, and other tests
1.3	Organize and prioritize responsibilities to provide care that is safe, effective, and efficient
1.4	Interpret laboratory data, imaging studies, and other tests required for the area of practice
1.5	Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
1.6	Develop and carry out patient management plans

1.7	Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making
1.8	Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes
1.9	Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health
1.10	Provide appropriate role modeling
1.11	Perform supervisory responsibilities commensurate with one's roles, abilities, and qualifications
1.99	Other patient care
2.	**Knowledge for Practice:** Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care
2.1	Demonstrate an investigatory and analytic approach to clinical situations
2.2	Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations
2.3	Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision-making, clinical problem-solving, and other aspects of evidence-based health care
2.4	Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations
2.5	Apply principles of social-behavioral sciences to provision of patient care, including assessment of the impact of psychosocial and cultural influences on health, disease, care-seeking, care compliance, and barriers to and attitudes toward care
2.6	Contribute to the creation, dissemination, application, and translation of new health care knowledge and practices
2.99	Other knowledge for practice
3.	**Practice-Based Learning and Improvement:** Demonstrate the ability to investigate and evaluate one’s care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning
3.1	Identify strengths, deficiencies, and limits in one's knowledge and expertise
3.2	Set learning and improvement goals
3.3	Identify and perform learning activities that address one's gaps in knowledge, skills, and/or attitudes
3.4	Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement

3.5	Incorporate feedback into daily practice
3.6	Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems
3.7	Use information technology to optimize learning
3.8	Participate in the education of patients, families, students, trainees, peers and other health professionals
3.9	Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care
3.10	Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes
3.99	Other practice-based learning and improvement
4.	**Interpersonal and Communication Skills:** Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals
4.1	Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
4.2	Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health related agencies (see also 7.3)
4.3	Work effectively with others as a member or leader of a health care team or other professional group (see also 7.4)
4.4	Act in a consultative role to other health professionals
4.5	Maintain comprehensive, timely, and legible medical records
4.6	Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics
4.7	Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions
4.99	Other interpersonal and communication skills
5.	**Professionalism:** Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles
5.1	Demonstrate compassion, integrity, and respect for others
5.2	Demonstrate responsiveness to patient needs that supersedes self-interest
5.3	Demonstrate respect for patient privacy and autonomy
5.4	Demonstrate accountability to patients, society, and the profession
5.5	Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation

5.6	Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations
5.99	Other professionalism
6.	**Systems-Based Practice:** Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care
6.1	Work effectively in various health care delivery settings and systems relevant to one's clinical specialty
6.2	Coordinate patient care within the health care system relevant to one's clinical specialty
6.3	Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care
6.4	Advocate for quality patient care and optimal patient care systems
6.5	Participate in identifying system errors and implementing potential systems solutions
6.6	Perform administrative and practice management responsibilities commensurate with one's role, abilities, and qualifications
6.99	Other systems-based practice
7.	**Interprofessional Collaboration:** Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care
7.1	Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust
7.2	Use the knowledge of one's own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served
7.3	Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations
7.4	Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable
7.99	Other interprofessional collaboration
8.	**Personal and Professional Development:** Demonstrate the qualities required to sustain lifelong personal and professional growth
8.1	Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors
8.2	Demonstrate healthy coping mechanisms to respond to stress
8.3	Manage conflict between personal and professional responsibilities

8.4	Practice flexibility and maturity in adjusting to change with the capacity to alter one's behavior
8.5	Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients
8.6	Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system
8.7	Demonstrate self-confidence that puts patients, families, and members of the health care team at ease
8.8	Recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty
8.99	Other personal and professional development

Appendix #2: Contact Information

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Appendix #3: Sample forms for Patient Care (that can be copied and pasted for use)

New Patient Workup:

Date, Pt initials and Room# only _____

1. Pt description (age, gender, race):
2. CC + HPI: OLD CARPS.

3. MASH: Meds, Allergies, Surgeries, Hospital Admissions/Major Medical Diagnoses

4. FISH; Family Hx. Immunizations and Preventative (Females= add LMP/contraception/GPAL; Pediatrics=add development). Social (HEEADSSS as approp). Habits (Drugs/Tob/ETOH).

5. ROS (some were asked in #2 above): Constitutional, Eyes, ENT, Resp, Allergy/Imm, Cardiovasc, Psych, GI, GU, MSkel, Neuro, Endocrine, Heme/lymph, Integumentary.

6. Physical Exam: Vital Signs:

Pt description:

Physical Exam:

7. Labs, Imaging Studies, Consultation opinions/procedures:

8. Assessment: this will be a list of problems (+ supportive logic + DDx for each problem, which become assessments or diagnoses with further evaluation. Keep the problem or assessment numbered the same every day. You will find that problems may be assessments or diagnoses to being with, or will join together with other problems to form an assessment or diagnosis.

    1. Problem or assessment #1: _____.
        a. Supportive logic for #1

        b. DDx for #1

    Plan for Problem or assessment #1:

    2. Problem or assessment #2: _____.

    3. Problem or assessment #3 _____.

    4. Etc.

Daily Hospital Paper Charting Notes Date:_____

1. Pt Initials/intro:

2. Brief summation of prior days, with current hx of the past 24 hours:

3. Pertinent positives and negatives of the hx (including pertinent ROS)

4. Active Medications

5. Physical Exam:
   Vital Signs:
   Description of the Pt:
   Exam:

6. New Labs, new imaging (contrast new data with old data if appropriate):

7. Assessments & Plans (=problem + supportive logic + DDx followed by Plan)

   Problem #1: _____

Supportive Logic:

DDx:

Plan:

Problem #2: _____

Supportive Logic:

DDx:

Plan:

Problem #3: _____

Supportive Logic:

DDx:

Plan:

Problem #4: _____

Supportive Logic:

DDx:

Plan:

Problem #5: _____

Supportive Logic:

DDx:

Plan:

Problem #6: _____

Supportive Logic:

DDx:

Plan:

Problem #7: _____

Supportive Logic:

DDx:

Plan:

Appendix #4:

Presentation Skills and a Pocket Cheat-Sheet

How to Present a Patient to your Attending Physician or Team Members

New Patient H&P or Hospital Admit or New Consult

b. Pt identification/intro: "Pt is a 62 y/o white male alcoholic who presents with acute abdominal pain.
c. CC + HPI: OLD CARPS. Onset, location, duration, character, aggravating, relieving, temporal (pert pos/neg), severity
d. "T" in carts is amplified for pertinent positives and negatives from the hx + medical records review + ROS
e. MASH: Medications, Allergies, Surgeries, Hospital Admissions/Major Medical Diagnoses
f. FISH; Family Hx. Immunizations and Preventative (Females ask LMP/contraception/GPAL; children ask development). Social (HEEADSSS as approp). Habits (Drugs/Tob/ETOH).
g. ROS, as pertinent (some were asked in #3 above). There are a maximum of 14 systems
h. Vital Signs, followed by Physical Exam
i. LABS. Imaging Studies. Consultation opinions/procedures
j. Assessments, by number (= problems + DDx + supportive logic). Keep them numbered the same every day.
k. Plan. Each individual assessment gets an individual plan.

Daily Hospital Rounds

1. Pt ID/intro: "Pt is a 62 y/o white male with the following problem list: (example: pancreatitis, acute alcohol withdrawal syndrome, HTN, guaiac + stool, Leukocytosis, elevated transaminases, elevated lipase.
2. Brief summation of prior days, with current hx of the past 24 hours.
3. Pertinent positives and negatives of the hx, but only if pertinent (Able to pass gas, No chills or SOB) ROS only as pertinent (generally done with pert+ and Pert-)
4. Vital Signs, followed by Physical Exam
5. New Labs, imaging, and consultation opinions/procedures, contrasting values with old data
6. Assessment (=problems list + DDx + supportive logic)
7. Plan. You will list your plan after each individual assessment.

Clinic Visit of an existing patient

5. Pt ID and chief complaint (CC)
6. OLD CARPS
7. Pertinent pos and neg (the "P" = "T" in OLD CARTS), which = pertinent ROS!
8. MASH only if it adds to the presentation
9. FISH only if it adds to the presentation
10. VS, Physical Exam, directed to the complaint and appropriate regions
11. Assessment of the CC, with DDx and supportive logic. Add other A's only if pertinent or active
12. Plan for the CC. Add other P's for other pertinent A's.

These 3 styles of presentation depend upon the situation: new patient, existing hospital patient on daily rounds, or an outpatient follow-up visit. These are summarized in chart form below. At the very bottom is a summarized summary, suitable for laminating, folding, and putting into your pocket. You will find it makes you look like an honors student on rounds.

Element of Presentation	New Patient H&P BRIEF EXAMPLE	Hosp Round, not new	Clinic, not new
Pt Ident	62 y/o cauc male	Same	Same
Chief Complaint & HPI (**OLD CARPS**), **P** =pert+ and pert-	Abd pain x 1 week, worse c…	Problem List + CC + Interval Hx	CC + HPI (OLDCARPS). Problem List if pertinent
Don't forget: Pert+, Pert- from HPI and old medical records	Hematemesis, wt loss, nausea	Only if pertinent	Only if pertinent
MASH: Meds, Allergy, Surg, Hospital admissions & major medical problems	ASA 81mg,,old appy, pancreatitis x 3	Only Meds	Only as Pertinent
F: Fam Hx **I**: +/- Gyn, GPAL, LMP, Iz, BC/Estrg, +/- peds Birth, Devel, Iz's, Mammo/Colon **S**: +/- psych (HEADSS) **H**: drugs/cigs/ETOH	Parents a/well. No job x 3 yrs, Recent MVA. 6 beers /day, no drugs, +2ppd x 30yrs.	Only as pertinent	Only as pertinent
ROS: 12 systems	+migraine, COPD, HTN, 25 lb wt loss, tingling toes. No melena	Only as pertinent	Only as pertinent
VS + PE	T=37, 120/80, 80, 14. Alert, oriented, …	Same	Same
Labs + Imaging + Consults	Hg10, was 12. Lipase = 1100. Abd u/s = +ascites, nl liver	New labs, imaging studies, and consults, compare as pertinent	New labs, imaging studies, and consults, compare as pertinent
Assess (problem list)	Pancreatits, UGI bleed, anemia, ascites, alcoholism at risk for withdrawal sx	Same	Same
Plan	Serial lipase, Ca++, Hg, CMP. Thiamine (banana bag) IV. Ativan PO q6, GI consult for EGD, I/O's, NPO, IV NS @ 150/hr x XX hours	Same	Same

Hospital H & P	Hosp Rounds	Clinic Rounds
1. Pt Intro +/- problems 2. HPI 3. Pert+ Pert- 4. MASH 5. FISH 6. ROS 7. VS, PE 8. Labs/Radiol/Consults 9. Assessments, in order 10. Plans (orders) for each Assessment **MASH = Meds, Allergies, Surgeries, Hospitalizations/other med problems**	1. Pt Intro + active problems 2. Brief Sum of new events 3. Pert+, Pert- 4. Meds 5. VS + PE 6. New Labs, Imaging, Consults 7. Assessment of each problem 8. Plan (orders) for ea prob **FISH=Fam, Iz's/prev, Soc, Habits**	1. Pt Intro + CC 2. OLD CARPS 3. MASH, if pertinent 4. FISH, if pertinent 5. VS + PE 6. Assess of the presenting complaint(s) 7. Plan for each active problem encountered

Appendix #5:

Clerkship Grade Appeals Form

To contest or review a final clerkship grade, this form must be filled out and submitted to the appropriate clerkship coordinator within 2 weeks of the posting of grades.

Student Name: _____ Clerkship: _____

Areas to be reviewed and Questions to be resolved: -

_____

_____

_____

"I accept that review of my test or OSCE performance may result in a higher or lower final grade. In the event the request is to investigate the appropriateness of the assigned ranking with the intention of obtaining clerkship honors, for fairness there may be additional investigation into the test performance of classmates with adjacent rankings who did not request review. As such, the finding that a higher score was appropriate will not necessarily result in improvement in ranking and a subsequent change of grade.

Student Signature: _____

Appendix #6:

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Clerkship Remediation Plan

The remediation meeting must be conducted within 10 days of the failed exam

Date of Student/Faculty meeting: _____

Student Name: _____

Shelf exam subject and the original date of exam in need of remediation: _____

New test date for the remediated exam: _____

Previous study method used to prepare for the exam:

_____

_____

_____

New study method, study materials and assignments:

_____

_____

_____

_____

_____

_____

Dates and method (email, phone, in-person) by which student will check-in with Block Director:

_____

Additional dates of other tests needing remediation:

_____

The following signatures acknowledge approval and acceptance of the above materials, dates of testing, assignments, and methods of study.

Student Signature: _____ Date: _____

Clerkship Director Signature: _____ Date: _____

*Any changes to the agreement above will require the designated Block Director's approval and submission of the new remediation plan to be completed.

Appendix #7:

Clerkship Completion Rules in Year 3

1. We have 7 courses, CBE, and 2 Selectives which comprise the year 3 curriculum. Neurology is silently integrated within IM.
2. Any student who has failed their first attempt at the USMLE-1 examination may not enter the 3rd year clinical rotations without first demonstrating a passing USMLE-1 score.
3. Students who have elected to take a "gap" year away from medical school may be required to take and pass a comprehensive OSCE exam and complete course-specific modules and readings for the pending rotations, as assigned by the Director of Clinical Education.
4. Three-week delayed entry into the clinical semester eliminates the possibility of receiving a grade of "Honors" in courses affected by the delay (IM, Peds, Surgery, FM, Psych, OB).
5. Students who attain a score below the 6th% nationally on their shelf exam will perform a mandatory individualized Selective, called an Advanced Clinical Elective (ACE). They will receive a grade of "IP" until the results of the second shelf exam are known.
6. Students who attain a score below the 6th% nationally on their shelf exam will not be eligible for honors, regardless of the outcome of their second shelf examination.
7. The "ACE" and hours of individualized training for students who attain a score below the 6th% nationally on the shelf exam will be assigned by the Associate Dean of Clinical Medical Education (ADCME) or Clerkship Director.
8. No student may enter the 4th year clinical electives with two failing core course grades.

Course Grading Decision:

1. Year 3 has two 3-week *selective* periods (at times 22-24 weeks) available only to students in good standing. A grade of Honors is possible during "Selectives."
2. Students NOT in good standing (course evaluations identifying deficits, OSCE < 70%, or Shelf < 6th percentile) in any course will do ACE (advanced clinical *elective*) at week 22-24 in lieu of "Selectives." No grade of Honors is available to a student performing an ACE.
3. Community-Based Education (CBE) is 2 weeks in total length, performed in either weeks 7or 14 of both 3rd-yr semesters. Passing in good standing is required. Failures will require an ACE.
4. Week 21 of the first block of the 3rd year will contain a multi-stage OSCE + Shelf Exams. The scores from these two endeavors plus the Faculty Evaluations compilation will determine the student's final grade.
5. The end-of-year week-24 OSCE will contain a multi-station OSCE worth 30% of the course grades for Internal Medicine, Surgery, Pediatrics, and OB/Gyn. For Family Medicine and Emergency Medicine it is worth 3/8ths of the final grade. The Psychiatry station will represent the 30% "OSCE-portion" of the Psychiatry grade as well as retain its fractional proportion of the grade of the other 6 core courses.
6. Emergency Medicine and Family medicine have no associated Shelf Exam. Grading will be 5/8 evaluations, and 3/8 OSCE performance.
7. No grade of Honors will be allowed for any specific core course if the specific course shelf exams is below the 6th percentile. If any single shelf exam is failed (<6th %) in any subject in either semester, the student is not eligible for a grade of Honors in either Family Medicine or Emergency Medicine.
8. Grades will be released no later than four weeks after the end of week 21.
9. A passing grade on the shelf exam is >= 6th% for each of the subjects. Passing OSCE = 70%.

10. Grades greater than Pass require a minimum number of evaluations to be received by the clerkship team. The student may elect to remove the lowest scoring evaluations after attaining a threshold number of evaluations. This varies by course. When evaluations are removed, they become "formative," rather than summative.

Appendix #8:

Grading and Evaluations for Pediatrics, OB/GYN, Psychiatry, Internal Medicine, and Surgery

1. Faculty evaluations (% of maximum points attainable) shall be multiplied by x 0.5 to allow the maximum score to reach 50% of the final grade.

2. The OSCE score (% of maximum points attainable) shall be multiplied x 0.3 to allow the maximum score to reach 30% of the final grade.

3. The shelf exam score (% of maximum points attainable) shall be multiplied by x 0.2 to allow the maximum score to reach 20% of the final grade.

The scores of the Faculty Evaluations, OSCE score, and Shelf exam score shall be summed. No site shall have a proportionate preponderance or paucity of the students who receive honors. An average of 20% of the class shall receive the grade of honors and an average of 30% who receive High Pass each block. Grades are based upon the above parameters and the application of indices of professionalism and completion of weekly Themes Topics that are outside of the scope of the above numeric process, but which can eliminate Honors (discussed elsewhere).

Grading and Evaluations for Family and Emergency Medicine

1. Faculty evaluation will be multiplied by (100/maximum points attainable) x 0.625 to allow the maximum score to reach 62.5% of the final grade.
2. The Final OSCE score shall be multiplied by (100/maximum points attainable) x 0.375 to allow the maximum score to reach 37.5% of the final grade.
    a. The scores of the faculty evaluations and the OSCE shall be summed. An average of 20% of the class shall receive the grade of honors and an average of 30% shall receive High Pass each block. Grades are based upon the above parameters and the application of indices of professionalism and timely completion of weekly Themes Topics. No student who has failed any of the shelf exams for the entirety of the 3rd year will be eligible for honors in either Family or Emergency Medicine.

Grading and Evaluations for Selectives

A grade of Honors is possible in the Selectives courses. Events that would make an individual ineligible for Honors include: not finishing the block by week 21, scoring less than the 6th percentile on any of the shelf exams, lack of completion of any weekly Themes Topics, and issues of professionalism during the entirety of the applicable block, regardless of which courses were involved.

How Feedback Events (Fe's) are used in Grading of Core Rotations

To be eligible for a course grade greater than "Pass," two events must occur. These are:

1. In Pediatrics, OB/Gyn, Surgery, IM, and Family Medicine clerkships, at least one Feedback Event must be received for each 3-week "trimester"/mini-block. A total of 3 FE's must be turned in to be eligible for a grade > PASS, although more are encouraged. After the 6th, and then 8th FE's have been submitted, the lowest, then second-lowest FE will be discarded (max 2 discards). Psychiatry will require that 5 FE's be turned in per/year, with at least 2/semester and at least 1/inpatient shift. After receipt of the 6th, and then the 8th psychiatry FE's, the lowest, and then the 2nd lowest FE will be eliminated (max 2 evals) from the grading formulas. Emergency Med will require one per shift.

For students training at sites NOT using the trimester/mini-block system of changing specialties every 3 weeks (Kaiser), students will be required to turn in at least 3 FE's per clerkship to attain a grade > PASS.

Evaluations are to be turned in prior to the end of weeks 7, 14, and 21. The coordinators will eliminate the lowest scores at the conclusion of the course.

2. No issues of professionalism must have occurred in the course in order to be eligible for a grade > pass in that course.

Students are encouraged to get additional feedback and evaluations beyond those required for grading. While the grading scores will not be altered by FE's in excess of 8, the comments made by faculty on any feedback form may still be included in the Dean's letter (MSPE). The online faculty New Innovations Evaluations will be added into the mix of FE's.

Course	**Number of Weeks of Required Feedback Events (FE's)** With submission of the 6th and 8th FE's, the lowest FE's will be discarded and not count for grading. Submissions of Feedback Events for credit cannot exceed 2/week (Rules are different for EM & Psychiatry*)	Minimum # of FE's every 7 weeks, "3-week Trimesters" or 21-week blocks
Emergency Medicine	6 during the 3rd year; min. 1/shift	n/a
Family Medicine	minimum of 3 weeks of feedback events	1 per 7-week block
Internal Medicine	minimum of 3 weeks "	1 per "3 week" trimester
OB/Gyn	minimum of 3 weeks "	1 per "3 week" trimester

Pediatrics	minimum of 3 weeks "	1 per "3 week" trimester
Psychiatry*	Minimum of 2 weeks each semester during the 3rd year plus 1 during each "Psych Week" (The 6th and 8th evaluations in psych supplant the lowest FE's*)	1 per psych week + 2 for each 21-week semester for a grade >PASS
Surgery	minimum 3 weeks of Feedback events	1 per "3 week" trimester

SAMPLE EPISODIC FEEDBACK FORM (for Psychiatry)

Page 1.

Dear UCR Psychiatry Attending,

First, let me extend a thank you for your help with our medical students. During this clerkship, our students are required to have at least 5 feedback events completed in order to pass.

Please take 5 minutes to complete these three easy steps to assist them in improving themselves as physicians. Remember that the written portion can be included in the Dean's Letter:

1. Fill out the attached feedback form
2. Take a picture on your smart phone—or have the student use their phone and cc a copy to you!
3. Email picture to sromero@medsch.ucr.edu (the UCR SOM psychiatry coordinator) and place the written feedback form in the local shred bin

If you have time, please review the form and give your student feedback. If you desire, the student can take the photo and email it to us, so long as they make a copy that goes to you for verification of authenticity.

Thank you so much for your contribution to our students' educations and to improving health care in the Inland Empire!

Page 2.

Medical Student Clinical Evaluation, 3rd year

Name of Student _____

Faculty Preceptor (print name first & last name) _____ Date _____

Site _____Rotation/Service (ie. Surgery, Pediatrics, etc.)_____

Please select student's scores based on level of training:
1. Needs improvement 2. Adequate 3. Meeting expectations 4. Above average 5. Exceptional, Top 20%, ***requires comments below***

Patient Care: Provides patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

1 2 3 4 5 N/A

Knowledge for Practice: Demonstrates knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care:

1 2 3 4 5 N/A

Practice-Based Learning and Improvement: Demonstrates the ability to investigate and evaluate one's care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning:

1 2 3 4 5 N/A

Interpersonal and Communication Skills: Demonstrates interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals:

1 2 3 4 5 N/A

Professionalism: Demonstrates a commitment to carrying out professional responsibilities and an adherence to ethical principles:

1 2 3 4 5 N/A

Systems-Based Practice:

1 2 3 4 5 N/A

Interprofessional Collaboration: Demonstrates the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care:

1 2 3 4 5 N/A

Personal and Professional Development: Demonstrates the qualities required to sustain lifelong personal and professional growth:

1 2 3 4 5 N/A

Comments: Please provide a performance-based narrative evaluation of the student's overall performance. This may be included *verbatim* in the MSPE ("Dean's Letter") as part of their residency application.

I met with the student to provide feedback and complete this UCR evaluation form. I will return the completed form to the **student or Lauren Bonser** via any of the following methods: **lauren.bonser@medsch.ucr.edu, fax: 951-374-0095 or New Innovations online.** This is required within **1 week** of course completion for the student to receive course credit.

Faculty Name _____ Signature _____ Date_____

Appendix #9:

UCR School of Medicine

Year 3 Clerkship Feedback

Student is responsible for filling out the feedback form with the most up to date information prior to meeting with your Block Director at the designated feedback session date/time.

Block: A B C	**Week: 7 14**	**Date:**

Student:_____ Assigned Sites:_____

Block Director: _____

Step 1 Score:_____

Theme Completion:_____of 18__

All on time? (Y/N) if no how many were submitted late:_____

Are cases being logged in Case Tracker (Y/N)

Number of cases logged:_____

Number Aquifer Modules completed per specialty:_____

Faculty Evaluations

How many evaluations are currently submitted?:_____

OSCE Review

OSCE Score:_____

Student Feedback

Please list any comments or concerns for your designated Block Director (i.e. duty hour restrictions, maltreatment etc.)

_____

_____

_____

Please Identify 2 improvements for the remainder of the block or Academic year

1. _____
2._____

To be completed at your assigned feedback session

The following signatures acknowledge that I have received feedback at my designated feedback session.

Student Signature: _____ Date: _____

Clerkship Director Signature: _____ Date: _____

Appendix #10:

Critical Care Rotation Course Objectives

Predominant Competencies	Clerkship Objective	Linkage to the Educational Program Objectives	Assessment Method
Patient Care Knowledge for Practice	Recognize common clinical patterns and how they indicate impending cardiopulmonary arrest, circulatory shock, respiratory failure and need for resuscitation	PC-1.1, 1.4, 1.5 KP-2.1, 2,2, 2.3	Evaluation, OSCE
Knowledge for Practice	Classify the four categories of shock in terms of pathophysiology, hemodynamic profiles files and treatment Hypovolemic shock Septic/distributive shock (SIRS, sepsis, severe sepsis, anaphylaxis, etc.) Cardiogenic shock Obstructive shock	KP-2.1, 2,2, 2.3	Evaluation
	Be able to recite an extensive differential diagnosis and treatment of acute hypoxemic respiratory failure (e.g., pneumonia, pulmonary edema, alveolar hemorrhage, lobar collapse)	KP-2.1, 2,2, 2.3	Evaluation
	Be able to recite an extensive differential diagnosis and treatment of ventilatory failure (e.g., status asthmaticus, COPD exacerbation, neuromuscular weakness, drug overdose)	KP-2.1, 2,2, 2.3	Evaluation
	Interpret simple and mixed acid-base disorders and propose appropriate changes in mechanical ventilation as needed	KP-2.1, 2,2, 2.3	Evaluation
	Determine an approach to fever in the intensive care unit including: The diagnosis and treatment of hospital acquired infections, Knowledge of noninfectious causes of fever	KP-2.1, 2,2, 2.3	Evaluation

Knowledge for Practice	Recognize the effect of acute illness severity, age and prior health on the ability to tolerate critical illness through the utilization of the APACHE II scoring system in critically ill patients	2.1, 2.2, 2.3, 2.4	Evaluation
Patient Care	Assess illness severity and appropriate patient disposition	1.1, 1.2, 1.3, 1.4, 1.5, 1.6	Evaluation
Patient Care	Propose a plan of care to manage patients on mechanical ventilatory support utilizing the following when appropriate: non-invasive ventilation intubation and mechanical ventilation basics of volume-cycled ventilation and pressure support ventilation means for triggering the machine breath including: controlled mechanical ventilation assist/control ventilation synchronous intermittent mandatory ventilation pressure support ventilation essentials and utility of measuring airway resistance, static compliance of the respiratory system and auto-PEEP indications for (and risks of) machine set PEEP relationship between ventilator settings and hemodynamics relationship between ventilator settings and arterial blood gases complications of mechanical ventilation: ventilator-induced lung injury laryngeal and tracheal injury nosocomial infections: sinusitis and ventilator associated pneumonia approach to patients with obstructive lung disease and ARDS process of weaning and extubation	1.1, 1.2, 1.3, 1.4, 1.5, 1.6	Evaluation
Patient Care	Administer the appropriate goal directed therapy based on hemodynamic measurements obtained from the utilization of various modalities:venous catheters, Pulmonary Central artery catheters, Non-invasive measures of cardiac output	1.3, 1.4, 1.5, 1.6	Evaluation, OSCE
	Prepare a plan for patients with altered mental status during their ICU stay. Demonstrate: the proper use of sedatives and paralytics,	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.9	Evaluation

	Identification and treatment of drug/alcohol withdrawal syndromes, Use of the Glasgow Coma Scale, Identification of metabolic and anoxic encephalopathy, Criteria for brain death, Criteria for persistent vegetative state and coma		
	Prepare a plan of care for patients with gastrointestinal bleeding (GIB) including: The approach to diagnosing GIB, The importance of stress ulcer prophylaxis, Treatment modalities for GIB including surgical, interventional radiology, and medication management	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7	Evaluation
Professionalism Systems-Based Practice Interprofessional-Collaboration Personal & Professional Development	Evaluate ethical aspects of care and end of life issues; examine whether therapeutic goals should change from "cure to comfort"	5.1, 5.2, 5.3, 5.5, 5.6 6.1, 6.2, 6.3, 6.4 7.2, 7.4, 8.2, 8..3, 8.7, 8.8	Evaluation
Interpersonal and Communication Skills	Participate in a family meeting where end-of-life issues are discussed	4.1, 4.2, 4.6, 4.7	Evaluation
	Communicate effectively with patients, families and healthcare providers, comprehending the value of teamwork (pharmacy, nursing, respiratory therapy), compassion and clarity in the ICU setting	4.1, 4.2, 4.3, 4.5, 4.6 5.1, 5.2, 5.3, 5.5, 5.6	Evaluation
	Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient and population centered care that is safe, timely, efficient, effective, and equitable	4.1, 4.2, 4.3, 4.5, 4.6 5.1, 5.2, 5.3, 5.5, 5.6 7.1, 7.2, 7.3, 7.4	Evaluation
Interprofessional Collaboration	Recognize personal limitations and request appropriate consultations	7.1, 7.2, 7.3, 7.4	Evaluation
	Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations	4.2 7.1, 7.2, 7.3, 7.4	Evaluation

	Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient and population centered care that is safe, timely, efficient, effective, and equitable	4.2 7.1, 7.2, 7.3, 7.4	Evaluation
Practice-Based Learning and Improvement	Organize the data set (link the information in a cohesive manner) to form a working hypothesis concerning the mechanisms responsible for critical illness so that diagnostic or therapeutic interventions target that possibility	2.1, 2.2, 2.3 3.1, 3.2, 3.3, 3.4, 3.6, 3.7, 3.10	Evaluation
	Evaluate a patient's response to critical care interventions to generate new hypotheses and diagnostic/treatment strategies	1.1, 1.2, 1.3, 1.4, 1.5, 1.6 2.1, 2.2, 2.3 3.1, 3.2, 3.3, 3.4, 3.6, 3.7, 3.10	Evaluation
	Review the literature and acquire new information from appropriate sources; realize that each case provides opportunities to affirm evidenced-based practices, the potential for research and the importance of life-long learning	3.1, 3.2, 3.3. 3.5, 3.6, 3.7, 3.10 8.1, 8.6	Evaluation
Professionalism	Protect patients; provide prophylaxis against nosocomial infection, venous thromboembolism and gastrointestinal bleeding; protect patients' rights, privacy, dignity and respect	1.1, 1.3, 1.5, 1.6, 1.7, 1.9 5.1, 5.2, 5.3, 5.5, 5.6	Evaluation
	Recognize the ethical and legal aspects of end-of-life care including withdrawal and withholding of life-sustaining therapy and the appropriate use of the DNR order	5.1, 5.2, 5.3, 5.5, 5.6 7.1, 7.2, 7.4	Evaluation
Personal & Prof Development	Demonstrate healthy coping mechanisms to respond to stress	8.1, 8.2, 8.3, 8.4, 8.7, 8.8	Evaluation
	Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients	8.1, 8.2, 8.3, 8.4, 8.5, 8.6, 8.7, 8.8	Evaluation
	Demonstrate self-confidence that puts patients, families, and members of the health care team at ease	4.1 5.1, 5.2, 5.3, 5.5 8.2, 8.7	Evaluation

Appendix #11

Grading Rubric (2018 vintage) for SOAP note, used in OSCEs only

MS3 Summative OSCE SOAP Grading Rubric			
History: __ / pt total			
Pts:	1 pt	2 pts	3 pts
OLD CARTS	Lacking most or all	Lacks important parts of OLDCARTS	Complete as indicated
Chronology	Out of logical order	Mostly appropriate order	In logical order
Developing Differential	Information DOES NOT directly relate to DD	Information does not efficiently direct DD	Information ordered to efficiently & persuasively direct DD
Meds, Allergies SurgHx, PMH, FamHx, ♀Hx, IZs, Social, Habits	INCOMPLETE lacks any critical portion (meds or allergies, or habits are always critical; LMP OF ♀ of child-bearing age possibly critical)	No critical omissions. MOSTLY complete as indicated,	Complete information as indicated
Physical Exam: __ / pt total			
Pts:	1 pt	2 pt	3 pt
Organ Systems	Inadequate data	Presented, but lacks specificity or Lacks some systems	Adequate focus on all of the pertinent clinical organ systems
Pos and neg findings relevant to DD	Not included	Included, but lacking necessary detail	Included (i.e. pertinent organ systems with pos. and neg. findings, special physical exam maneuvers)
Assessment: __ / pt total			
Pts:	1 pt	2 pt	3 pt
Diagnostic Accuracy	Inadequate : No mention of proper diagnoses or highlights incorrect or extremely unlikely diagnoses	Correctly assessed partial list, missing some assessments	Comprehensive, including most likely assessments
Assessments	Undefined and/or vague without use of medical terminology	Mostly defined and specific Some lacking necessary specificity	Able to articulate problems or assessments accurately using reproducible, standardized medical terminology
Supported by included findings	Not supported May include symptoms, treatment or facts not related to the medical diagnosis	Mostly supported	All problems or assessments well-supported. Synthesizes problems into well-defined and specific assessments when appropriate
Diagnosis order (acute to least)	Diagnoses not listed from most likely to least May not include all conditions	Some are out of order	Lists diagnosis from most likely to least
Diagnostic Studies/ Plan: __/pt total			
Pts:	1 pt	2 pt	3 pt
Plan Description	Lacks specificity; vague; general	Includes most details but lacks some specifics	Comprehensive plans including appropriate lab testing, Imaging, consultations, medical and/or therapeutic treatment
Listed order	No logical order, not listed with most diagnostic value and least invasive first	Some are out of order	Studies planned are listed in order of most valuable and least invasive to least value and most invasive
Diagnostic value	May include studies that are overly aggressive for the given assessments	Most are appropriate	Studies planned are appropriately aggressive (costly, invasive) for the assessment

Name_____ (____) x (0.XX) = ____ (XX% of total) Grader _____ Date_____

Appendix #12

RESEARCH ELECTIVE REQUEST FORM

UCR School of Medicine

Please submit completed and signed form to add a research elective for credit

- If research or a non-clinical elective is applied towards 4th year electives, these should be limited to a maximum of **eight weeks** unless warranted by educational circumstances.
- Academic credit will **not** be given for research electives for which you are paid or while on a leave of absence from the medical school curriculum.
- Academic credit will **not** be given for any research conducted prior to the start of your third year.
- Students **must** have an up to date CITI Human Research certificate. This can be complete at the following website: **https://research.ucr.edu/ori/guidance/citi-instruction.**
- UCR vs. AWAY credit: Research electives sponsored by a UCR faculty member will be given "UCR" elective credit, while those research experiences taken away from UCR will count towards the "AWAY" electives.
- The AWAY rotations MUST have an **affiliation agreement prior to submission of this request**
- UCR research mentors must have a UCR faculty appointment. Away research mentors must hold a faculty appointment at their respective site.
- The responsible conduct of research, including IRB and ARC approval and appropriate training of students, is the responsibility of the faculty mentor.
- In order to receive credit, student must be enrolled in the M.D. curriculum during proposed research dates.
- Research must be approved by the Senior Associate Dean, Research prior to the start date. **No retroactive credit will be granted.**

Students must submit this request ***no later than ONE month prior to the intended start date***. Please allow approximately 10 business days for this application to be processed. Please plan accordingly!

Student's name	Cell phone number	Today's date	Dates of elective

Will the student receive any money for this elective? ☐ Yes ☐ No

Student has taken the **CITI Human Subjects** certification program and *presented* certificate. ☐ Yes ☐ No

1. Description of the research:

2. Proposal of the work for this research elective:

3. New knowledge and skills to be gained:

4. The following will be submitted to the Senior Associate Dean, Research at the end of the elective:

☐ Research Report with Abstract, Introduction, Methods, Findings, Discussion, Conclusions

☐ Poster suitable for presentation

Signature of Senior Associate Dean, Research	Date

Contact Information of Research Mentor (final evaluation requests will be sent to this address)

Research mentor's name	Signature	Phone number	Email address

It is the mentor's responsibility to insure that appropriate IRB or IACUC approvals are obtained for research studies.

Has IRB/IACUC approval been obtained ☐ Yes ☐ No ☐ N/A

IRB/IACUC approval number and date: _____

Office Use Only – Final Approval: 4th year Clerkship Director_____ Date_____

Appendix #13

SCHOOL OF MEDICINE MS4 EXPECTATIONS

I, _____ received a copy of the SOM Clerkship Guide. It is my responsibility to read and understand the policies and procedures set forth in this manual.

I understand and acknowledge that the Clerkship Committee has the right, without prior notice, to modify or amend policies, practices, forms and other institutional guidelines within the limits of the Clerkship Committee. I also acknowledge that changes will be communicated to me via my UCR email. **It is my responsibility to be aware of and review the changes.**

This document will highlight only *select* expectations.

1. All rotations *must be confirmed **30 days** in advance* or the rotation *will default to vacation.*
   This applies to **ALL** rotations, such as *SubI, ICU, electives, radiology, VSLO and research blocks*. For example, if not accepted by VSLO site prior to 30 days before block, you must secure an alternative rotation 30 days prior to start of block.
2. All time away requests must have a completed form turned into the clerkship office for approval prior to time away. Appropriate reasons for time away ***only*** include the following: illness, personal emergency, and residency interview dates. All unanticipated absences will be considered on a case-by-case basis. Submission of a request does not constitute approval.
3. Requests for a research rotation using the following steps, in this order. Find and meet with a mentor, make an appointment with Dr. Lo through his assistant, Marisela Martinez, and then turn the **completed** form into 4th year clerkship coordinator for final approval. To receive credit, you must turn in a paper or report to Dr. Lo by the end of the block. Complete *Form 1* prior to rotation
4. For an extramural rotation request (elective at a non-affiliate site), the student must first, *confirm* we have an executed affiliation agreement prior to any approval or submission of form. This must be done 30 days prior to rotation start date.
5. No more than **2** electives are in the *same field.* If more, apply for an exception Clerkship Committee.
6. All rotations must be **4 weeks**. The required rotations: SubI, ICU, Radiology and Back to Basics must be **4 consecutive weeks** to obtain credit. If an away elective is less than 4 weeks, permission for the rotation must be granted by Clerkship Committee. Permission will only be considered if a plan for how to make up the missing week is provided. You must complete a total of **36** weeks.
7. If a student cancels a rotation, the student must communicate *to the site* and 4th year coordinator with plenty of advance notice.
8. The student must turn in a faculty evaluation within **1 weeks** of completing a rotation. The student must provide Ariel DeGuzman the email contact of an attending no later than week 1 into the block. Do not leave a site without an evaluation, either confirm that attending completed online via New Innovations or use paper evaluation as a backup. ***An evaluation is required to get credit/grade for the block, a delay in obtaining an evaluation may* result in the block defaulting to vacation or delaying graduation**
9. Students are expected to exhibit professional behavior throughout their medical school training. The physicianship form is to help us identify unprofessional behaviors that need improvement.

This contract signifies a clearly communicated and defined agreement of expectations. The UCR School of Medicine promises to assist when possible and provide prompt responses to student concerns. Failure to uphold these expectations may result in disqualification from Honors, submission of physicianship form, lack of course credit, and may delay meeting graduation requirements.

_____ _____

(Printed Name) (Signature)

Date Signed:

Appendix #14

Scholarly Activity Elective Request Form

Summary of Policies for Scholarly Activity – please see clerkship guide for full details

- Students must submit the request ***30 days*** prior to the block start date
- Non-clinical elective maximum is **eight weeks (2 blocks)** for academic year
- Student must turn in UCR Scholarly Activity **Evaluation Form** and **Project Deliverable** within 1 week of elective completion
- All scholarly activities should be with UCR faculty members. If **NOT** a UCR faculty member, student must submit for approval from Clinical Clerkship Committee by emailing 4th year coordinator
- This form is **not** required for the following non-clinical electives based with UCR faculty:
    - Radiology, Academic Medicine Leadership (Dr. Willis), Undergraduate Medical Education UME (Dr. Gavin), Research (Dr. Lo, please use research form), Reading Elective (Dr. Willis and Ms. Elisa Cortez).
- LACE Capstone projects must be mentored by member of LACE team (Dr. Burris or Dr. Bajwa)
- Academic credit will not be given for electives for which you are paid or while on a leave of absence.
- Each week of credit must correspond to at least 40 hours of course work
- Academic credit will not be given for any work conducted prior to the start of fourth year. No retroactive credit
- UCR mentors must have a UCR faculty appointment. Non UCR mentors must hold a faculty appointment at their institution

Student Name _____ Student Phone #_____ Block # _____
Today's Date ___ _____ Dates of elective _____ Weeks # _____
Faculty Mentor _____ Department _____
Scholarly Activity Project Title _____

1. Description of the Scholarly Activity

2. Proposal of the work: include proposed meetings with faculty mentor. Each week must be at least 40 hours of work to receive credit
Week 1:

Week 2:

Week 3:

Week 4:

3. Identify expected readings, community field work, or other proposed educational activities

3. New knowledge and skills to be gained

4. Identify deliverable(s) that will be turned into Faculty Mentor and Clerkship Team for credit

Will the student receive any money for this elective? ☐ Yes ☐ No
Is the Scholarly Activity Mentor a UCR faculty member? ☐ Yes ☐ No
If No: Student confirmed UCR has **affiliation agreement** with mentor's institution ☐ Yes ☐ No
*It is the faculty mentor's responsibility to ensure that appropriate IRB or IACUC approvals are obtained *if needed*.
Has IRB/IACUC approval been obtained ☐ Yes ☐ No ☐ N/A
IRB/IACUC approval number and date: _____

Signatures
Student _____ Date_____
Faculty Mentor _____ Date_____
Fourth Year Coordinator_____ Date_____
Fourth Year Director_____ Date_____

Appendix #15

MS 4 Advisor Guide

Graduation Requirements:

1. Sub Internship
   The block must be 4 consecutive weeks
   Inpatient only
   Approved fields: Internal medicine, Pediatrics, Surgery, Ob/Gyn, Psychiatry, Family Medicine

2. ICU
   Recommend against completing during Oct, Nov, Dec, Jan. The block must be 4 consecutive weeks
   If register for ICU during interview season, you must have a vacation block left later in the year.
   This vacation block must be available to remediate ICU if you miss more than 2 days for interviews or other
   RCH holds 6 spots per block on a first come first serve basis, but may also take at RUHS or VSLO sites

3. Radiology at UCR – blocks TBA
4. Back 2 Basics at UCR
5. Elective blocks: total of 5 electives for a total of 20 weeks of electives; no more than 8 weeks can be non-clinical
   No more than 2 electives in the same field. Exceptions only for educational reasons
   Please submit exception requests to Ms. Witty. Requests will be reviewed by the Clerkship Committee
6. Vacation blocks: total of 2 blocks for a total of 8 weeks
   Must use 1 vacation block during interview season Oct, Nov, Dec, Jan

Weeks & Blocks; BOTH requirements

11 Blocks
1 Block = 4 weeks
2 vacation blocks = 8 Weeks for weddings, family travel, residency interviews; may disperse if needed for planning
4 Required rotations that must be 4 consecutive weeks of 1 block: SubI, ICU, Rad, B2B
5 Electives Must TOTAL 20 Weeks = 5 Blocks X 4 Weeks = 20
**Example: if 3 week elective, will not be approved until an additional 1 week rotation secured*

Evaluations

Required for every block, within 1 week of block completion. Required to get course credit.
UCR Clinical Rotation Evaluation, UCR Research Evaluation, UCR Scholarly Activity Evaluation

Time Away

1. Unexpected Absence = sick, death in family, a med/family emergency; Up to 2 days per block, if more may default to vacation.
   Must notify site Attending and Ms.Witty
2. Expected Absence = Interview Season, planned medical procedure, doctor's visits
   Must turn in Time Away Request Form PRIOR; same 2 day limit, if more may default to vacation block
3. Vacation blocks/weeks for weddings, interviews, family events, etc

Affiliation Agreements

Every rotation requires an Affiliation Agreement, which includes clinical, research, scholarly activity. Student responsible to ensure in place prior to rotation approval. May take months to years. VSLO does not require separate affiliation agreement
Example: *Extramural rotation* = Clinical rotation that is *not* with one of our local affiliates or VSLO, requires Extramural Rotation form and secured affiliation agreement prior to form submission

Research Rotations & Scholarly Activity Rotations

Requires Submission of Form 1 prior to registration

Deadlines:

30 days in advance for **ALL** rotations; if miss deadline the block may default to vacation
No Add/Drop within 30 days
Evaluations within 1 Week; if no evaluation then no grade resulting in no credit for rotation, block will default to vacation

Thank you for taking the time to serve as a student advisor!

Appendix #16

University of California, Riverside School of Medicine
DRAFT Student Fatigue Mitigation Policy, 2020-2021 Academic Year

The University of California, Riverside School of Medicine is committed to maintaining training environment that foster wellness. This document summarizes the fatigue mitigation policy that forms an important component of a wellness-focused learning environment.

Medical education can lead to situations in which a trainee's alertness can drop bellows levels required for safe patient care. While the medical education literature has traditionally paid more attention to fatigue among resident physicians, published studies also document the risks of excessive fatigue among medical students.[i] It is therefore imperative that all faculty members, resident physicians, staff and medical students recognize when a student's level of alertness is inadequate for patient safety or for the student's own well-being. The UCR School of Medicine developed the following policy in accordance with LCME requirements to provide guidance when such a situation develops:

- The safety of patients and trainees should be paramount and supersedes concerns about productivity or other short-term training requirements.
- Any faculty member, resident physician, staff member or medical student can initiate a fatigue mitigation process by raising the concern.
- Medical students on clinical rotations must notify a supervisor if they believe they are in a state of suboptimal alertness or fatigue.
- Supervisors who have concerns that a medical student may be fatigued must discuss these concerns with the student and choose the best option(s) to mitigate the risks of fatigue:
- Medical students may end their clinical duties for the day and, if safe to do so, return home to rest.
- Medical students may retire to a call room for a strategic nap, then afterward reassess their ability to safely care for patients or to travel home.
- Faculty members, resident physicians and staff members may release a medical student from clinical duties if they believe the student is too fatigued.
- In the event that a medical student must terminate clinical duties due to fatigue, the event must be reported to the UCR School of Medicine Office of Student Affairs. A cumulative record of any such events will be presented at meetings of the Medical Education Executive Committee.
- Medical students are expected to use professional judgment to ensure adequate rest prior to clinical duties. Reports of excessive fatigue related to extracurricular activities should be reviewed with the student and a plan to reduce fatigue during clinical duty hours instituted.

Medical students who are concerned that they may be too tired to travel home safely have the following options:

- They may obtain access to a call room and nap prior to traveling home.
- They may use a taxi or shared ride service to return home within a 30-mile radius of the work site, the cost of which will be reimbursed by the UCR School of Medicine.

Appendix #17

UCR SOM is sensitive to the diverse nature of our student body and society in general. We are supportive of all cultures, religions, and belief systems, showing respect for all and deference to none. In answering a question regarding the omission of one day per week for religious observation, I offer the following principles which bifurcate requests made that would interrupt patient care, versus those that would conflict with examination dates

Your patients will have medical needs on days that will be solemn or special to both them and us. For our entire professional life, we will be there for them. Our caring and giving will preempt festivities, holidays, and religious exercises. Professionalism is a core competency which separates us as healers; devoted to the needs of others over our own needs.

While we are "on duty" during years 3 and 4 for patient care, prayer rooms for medical professionals and other persons are located in hospitals, and can be used as desired. UCR SOM is a caring community composed of caring people. Should the prayer room be inadequate on certain days, ask your attending faculty member for a secure place to reflect, pray, meditate, and find peace when desired or needed.

We make a distinction between clinical duty days, and scheduled test or examination days. Accommodations for alternative ***examination*** dates will be make on an individual basis between the student and the faculty or clerkship director involved. Students desirous of accommodations should make such requests to the course coordinator or course director during the first 2 weeks of the block, or as soon as possible after a particular examination date is announced. Should the student feel a satisfactory arrangement with the faculty or course director has not been reached, the student should contact the associate dean of clinical medical education.

[i] Chanchal Azad M et al. Sleep disturbances among medical students: a global perspective. *J Clin Sleep Med*. 2015; 11:69-74.