Quinnipiac
Frank H. Netter MD
School of Medicine

The Netter SOM Clerkship Handbook:
A Guide for Faculty, Residents and Students
2020–2021
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1. Welcome to the Longitudinal Multi-Specialty Clerkship

Dear Netter M3 Students,

On behalf of the faculty at the Frank H. Netter MD School of Medicine, we welcome you to the new Longitudinal Multi-Specialty Clerkship (LMC) for third-year students.

We encourage and welcome feedback and dialogue throughout the year so that we can continue to develop this clerkship into the best student experience possible. We are all available if you have any questions, concerns, difficulties, uncertainties, or positive comments you would like to share.

Please note that the Clerkship Director is your central contact person for a given specialty, and the individual who is responsible for your educational experience in that specialty. The Clerkship Director organizes your clinical rotations and didactic sessions and is responsible for promoting a safe and stimulating learning environment by working closely with site directors and faculty. The Clerkship Director is also responsible for ensuring that you receive mid-clerkship feedback and for completing your end-of-clerkship summative evaluation form. Finally, the Clerkship Director uses your feedback on the clerkship experience as part of a continuous educational quality improvement process.

The Integrated Block (IB) in each cluster is comprised of clinical sessions from each specialty in the given cluster. Please reach out to the relevant Clerkship leadership (clerkship director or clerkship administrator) for any questions related to specific sessions during the IB.

This clerkship guide contains essential information about the clerkship for students as well as faculty and residents. Please read it carefully and feel free to contact any of us with any questions or concerns.

Best wishes for great success in this clerkship. We look forward to working with you.

Robert Brown, MD, Internal Medicine Clerkship Director
Jay Draoua, MD, Psychiatry Clerkship Director
Khuram R Ghumman, MD, Primary Care Clerkship Director
Eitan Kilchevsky, MD, MBA, FAAP, Pediatrics Clerkship Director
Stacy Spiro, MD, Obstetrics & Gynecology Clerkship Director
Christine Van Cott, MD, Surgery Clerkship Director
Lyuba Konopasek, MD, Senior Associate Dean for Education
Dear Faculty and Residents,

Thank you for teaching and training our next generation of physicians. The time you dedicate to teaching, mentoring, assessing, and coaching our students is giving them their foundation for development as outstanding physicians and inspiring many to choose this specialty.

This clerkship handbook contains essential information about the clerkship for students as well as faculty and residents. This guide explains your roles and responsibilities, and those of your medical students. Please read it carefully and feel free to contact any of us with any questions or concerns.

With Thanks,

Robert Brown, MD, Internal Medicine Clerkship Director
Jay Draoua, MD, Psychiatry Clerkship Director
Khuram R Ghumman, MD, Primary Care Clerkship Director
Eitan Kilchevsky, MD, MBA, FAAP, Pediatrics Clerkship Director
Stacy Spiro, MD, Obstetrics & Gynecology Clerkship Director
Christine Van Cott, MD, Surgery Clerkship Director
Lyuba Konopasek, MD, Senior Associate Dean for Education
Lisa Coplit, MD Associate Dean for Faculty Development
2. Important Contacts

### Internal Medicine

<table>
<thead>
<tr>
<th>Clerkship Director:</th>
<th>Tel: 475-210-5711</th>
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<tbody>
<tr>
<td>Robert Brown, MD</td>
<td>Cell: 914-924-7363</td>
</tr>
<tr>
<td>Office Location:</td>
<td></td>
</tr>
<tr>
<td>QU Netter Student Space/Hospitalist Suite at SVMC</td>
<td>Email: <a href="mailto:robert.brown@hhchealth.org">robert.brown@hhchealth.org</a></td>
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<table>
<thead>
<tr>
<th>Clerkship Administrator:</th>
<th>Tel: 203-582-7633</th>
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<tbody>
<tr>
<td>Susan A. Rand</td>
<td></td>
</tr>
<tr>
<td>Office location:</td>
<td></td>
</tr>
<tr>
<td>QU Netter Dean’s Suite</td>
<td>Email: <a href="mailto:Susan.Rand@qu.edu">Susan.Rand@qu.edu</a></td>
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### St Vincent’s Medical Center

<table>
<thead>
<tr>
<th>Site Director:</th>
<th>Tel: 475-210-5711</th>
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<tbody>
<tr>
<td>Robert Brown, MD</td>
<td>Cell: 914-924-7363</td>
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<table>
<thead>
<tr>
<th>Student Coordinator:</th>
<th>Tel: 475-210-5442</th>
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<tr>
<td>Christina Teixeira</td>
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### Griffin Hospital

<table>
<thead>
<tr>
<th>Site Director:</th>
<th>Tel: 203-732-7144</th>
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<tbody>
<tr>
<td>Marya Chaisson, MD</td>
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<table>
<thead>
<tr>
<th>Student Coordinator:</th>
<th>Tel: 203-732-7144</th>
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<tr>
<td>Linda Payne</td>
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### Waterbury Hospital

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<thead>
<tr>
<th>Site Director:</th>
<th>Tel: 203-573-7597</th>
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<tr>
<td>Danise Schiliro, MD</td>
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<table>
<thead>
<tr>
<th>Student Coordinator:</th>
<th>Tel: 203-573-7194</th>
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<tr>
<td>Roseanne Elliott</td>
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### St. Mary's Hospital

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<thead>
<tr>
<th>Site Director:</th>
<th>Tel: 203-709-6424</th>
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<tbody>
<tr>
<td>Carolina Borz-Baba, MD</td>
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<tr>
<th>Student Coordinator:</th>
<th>Tel: 203-709-6424</th>
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<tr>
<td>Leigh Aronin</td>
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### St. Francis Hospital

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<thead>
<tr>
<th>M3 Site Director:</th>
<th>Tel: 860-714-7124</th>
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<tr>
<td>John Osowski, MD</td>
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<tr>
<th>M4 Site Director:</th>
<th>Tel: 860-714-7124</th>
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<tr>
<td>Edgar Naut, MD</td>
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<tr>
<th>Student Coordinator:</th>
<th>Tel: 860-714-7124</th>
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<tr>
<td>Justa Alicea</td>
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<th>Email:</th>
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<td><a href="mailto:robert.brown@hhchealth.org">robert.brown@hhchealth.org</a></td>
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<tr>
<td><a href="mailto:Susan.Rand@qu.edu">Susan.Rand@qu.edu</a></td>
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<tr>
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<td></td>
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<td></td>
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<td><a href="mailto:john.osowski@trinityhealthofne.org">john.osowski@trinityhealthofne.org</a></td>
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## Obstetrics & Gynecology

<table>
<thead>
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<th>Clerkship Director: Stacy Spiro, MD</th>
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<th>Email: <a href="mailto:Stacy.Spiro@qu.edu">Stacy.Spiro@qu.edu</a></th>
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<tr>
<td>Office location: QU Netter Dean’s Suite (Wednesdays)</td>
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<td></td>
</tr>
<tr>
<td>Clerkship Administrator: Angela Scarduzio</td>
<td>Tel: 203-582-6533</td>
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<td>Office location: QU Netter Dean’s Suite</td>
<td>Cell: 203-577-9118</td>
<td></td>
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<tr>
<td>St. Francis Hospital and Medical Center</td>
<td></td>
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</tr>
<tr>
<td>Site Director: Karyn Hansen</td>
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<tr>
<td>St. Vincent’s Medical Center</td>
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<tr>
<td>Site Director: Dr. Stevan Marjanovic</td>
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<tr>
<td>Mercy Medical Center</td>
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<tr>
<td>Bristol Hospital</td>
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<td>Griffin Hospital</td>
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<td>Specialists in Women’s Healthcare</td>
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# Pediatrics

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<tr>
<td>QU Netter Dean’s Suite (Wednesdays)</td>
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<thead>
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<td>Office location:</td>
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<td>QU Netter Dean’s Suite</td>
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<tr>
<th>Connecticut Children’s Medical Center</th>
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<th>Email: <a href="mailto:MRudnick@connecticutchildrens.org">MRudnick@connecticutchildrens.org</a></th>
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<tr>
<td>Site Director:</td>
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<tr>
<td>Melanie Rudnick, MD</td>
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<tr>
<td>Administrative Coordinator:</td>
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<tr>
<td>Brian Lesme</td>
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| Administrative Coordinator:         |                   |                                          |
| Andrea Richardson                    |                   |                                          |

| Administrative Coordinator:         |                   |                                          |
| Katherine Lopez                      |                   |                                          |

| Administrative Coordinator:         |                   |                                          |
| Andrea Richardson                    |                   |                                          |

| Lead Preceptor:                     |                   |                                          |
| Christine Rader, MD                  |                   |                                          |

<table>
<thead>
<tr>
<th>St. Mary’s - Connecticut Children’s Medical Center</th>
<th>Tel: 860-837-5506</th>
<th>Email: <a href="mailto:Mmieczkowska@connecticutchildrens.org">Mmieczkowska@connecticutchildrens.org</a></th>
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<tbody>
<tr>
<td>Site Director:</td>
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<tr>
<td>Marta Neubauer, MD</td>
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<tr>
<td>Administrative Coordinator:</td>
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<td>Brian Lesme</td>
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| Administrative Coordinator:                     |                   |                                            |
| Andrea Richardson                                |                   |                                            |

| Administrative Coordinator:                      |                   |                                            |
| Andrea Richardson                                |                   |                                            |

| Lead Preceptor:                                   |                   |                                            |
| Rotating Schedule                                 |                   |                                            |

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<thead>
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<th>Children’s Hospital at Sacred Heart</th>
<th>Tel: 850-416-1181</th>
<th>Email: <a href="mailto:Adam.Peake@ascension.org">Adam.Peake@ascension.org</a></th>
</tr>
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<tbody>
<tr>
<td>Medical Director - University of Florida Pediatric Hospitalist Service:</td>
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<tr>
<td>Erica Whittingham, MD, FAAP</td>
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<tr>
<th>Student Coordinator:</th>
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<th>Email: <a href="mailto:zerothirteen@gmail.com">zerothirteen@gmail.com</a></th>
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<tbody>
<tr>
<td>Adam Peake</td>
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<tr>
<th>St. Vincent’s Medical Center Newborn Nursery/NICU</th>
<th>Tel: 475-210-5442</th>
<th>Email: <a href="mailto:christina.teixeira@hhchealth.org">christina.teixeira@hhchealth.org</a></th>
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<tr>
<td>Director, NICU/Nursery:</td>
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<td>Joseph Vitterito, MD</td>
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<td>Christina Teixeira</td>
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<tr>
<th>St. Francis Medical Center Newborn Nursery/NICU</th>
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<th>Email: <a href="mailto:jarias@trinityhealthofne.org">jarias@trinityhealthofne.org</a></th>
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<tbody>
<tr>
<td>Director, NICU &amp; Interim Chairman, Department of Pediatrics:</td>
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<tr>
<td>Jose M. Arias-Camison, MD</td>
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</tbody>
</table>
## Primary Care

**Clerkship Director:**
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**Clerkship Director:**
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**Clerkship Director**  
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Site Director:
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**Waterbury Hospital**

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**Site Administrator:**
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<td><strong>Griffin Hospital</strong></td>
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<tr>
<td><strong>Site Director</strong></td>
<td>Richard Salzano, MD</td>
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<td><strong>Midstate Medical Center</strong></td>
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<tr>
<td><strong>Medical Education</strong></td>
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<tr>
<td><strong>Associate Dean for Student Affairs</strong></td>
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<td><strong>Faculty Development</strong></td>
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<td><strong>Associate Dean for Faculty Development</strong></td>
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<td><strong>Program Coordinator</strong></td>
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3. Longitudinal Multi-Specialty Clerkship (LMC) Overview

Background
The COVID-19 pandemic has resulted in significant changes in the clinical learning environment that have affected medical students’ clinical education. Beginning July 20, 2020, the third-year students of the Netter School will begin their re-entry into a changed clinical learning environment (CLE). There is a potential for some clinical capacity shortfalls due to fewer COVID-19 negative patient seeking care, social distancing expectations and a surge of learners returning to the clinical setting. There also is a potential for additional surges of COVID-19.

To avoid a negative impact on the required clerkship rotations for third year students, facilitate the timely student re-entry into clinical settings and optimize medical student education in a CLE with some uncertainty, Quinnipiac University’s Frank H. Netter MD School of Medicine developed a novel Longitudinal Multi-Specialty Clerkship (LMC) for third-year students.

The design of the LMC is compliant with Liaison Committee on Medical Education accreditation requirements and with Quinnipiac University/Netter School policies and procedures for safe student re-entry into the clinical setting. Components include adherence to a clinical re-entry protocols being developed by the three QU health science schools, an opt-in/opt-out policy, COVID-19 screening (Appendix 6), testing protocols and the post-exposure protocol (Appendix 7). Additionally, all students must complete the COVID-19 Essentials course on Blackboard prior to clinical entry. Students will also utilize a clinical re-entry dashboard and AMiON for scheduling.

LMC Goals
The LMC is designed to ensure a robust, flexible learning experience that ensures coverage of core content. It is organized in a flexible format that includes:

1. The option to adapt clinical learning in response to fluctuations in volume in clinical settings and the potential for future surges or a significant continuing volume of COVID-19 in the community;

2. Alternative learning experiences to reduce any detrimental impact of the pandemic and post-pandemic volume on student learning, integration and application of core content and acquisition of competencies;

3. A student- and relationship-centered learning format, with learning support for all students;
4. Completion of all third-year Netter and LCME learning requirements and an on-time start for the 4th year;

5. Added flexibility, at the individual level, to student illness and self-isolation, and students needing to opt out of clinical learning due to threats to their own health (eg, pregnant, immunocompromised).

**LMC Learning Objectives**

LMC learning objectives are comprised of the individual the specialty-specific learning objectives which link to the Netter Educational Program Objectives (EPOs). See Appendix 1

### a. LMC Format

The LMC experience is intended to offer an excellent clinical education experience over a 36-week period. It was designed collaboratively with student, faculty and leadership input. It consists of two 18-week LMC Clusters (16 weeks of clinical experiences or alternative learning and 2 weeks for preparation and taking the 3 clerkship examinations). Cluster A consists of Internal Medicine, Primary Care, and Surgery specialties. Cluster B consists of Obstetrics & Gynecology, Pediatrics, and Psychiatry.

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<tr>
<th>Track</th>
<th>Week 1-4</th>
<th>Week 5 -8</th>
<th>Week 9-12</th>
<th>Week 13-16</th>
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<tr>
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<td>Ob/Gyn</td>
<td>Pediatrics</td>
<td>Psychiatry</td>
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Weeks 17 and 18 are for focused study and administration of NBME shelf exams.
NBME Shelf exams will be offered at the end of Week 12 as well as three times during Week 17 and 18. Students may choose three out of four dates offered and specialty for each date.

**Integrated Block**

The 4-week Integrated Block is designed to provide additional clinical experiences for all three of each cluster’s specialties. This block is also designed to be more flexible in structure so that it can be redesigned to accommodate changes in the clinical landscape related to COVID-19. Each week of the block includes one Academic Half Day, two Flex Days, and clinical learning experiences. The LMC’s Longitudinal Curriculum is scheduled for one session during the IB in each Cluster. There are no Teaching Attending sessions during this block. Students clinical work during this block feeds into the grading schema for each clerkship.

**b. Clinical Learning Modalities**

Clinical learning experiences will be supplemented with synchronous and asynchronous remote learning opportunities.
Clinical Learning Experience

4-week Specialty Blocks – primarily single-specialty inpatient and outpatient experiences
4-week Integrated Blocks – primarily outpatient experiences and hospital-based experiences in radiology and anesthesiology

Teaching Rounds
1.5 hours, 1-2 small group Zoom sessions/week for 4 weeks in each specialty
Clinical reasoning sessions based upon patient presentations

Academic Half Days
Once/week
Lectures & Case Discussions via Zoom

Longitudinal Curriculum
Health Systems Science, IPE, Racial Justice and Health Care Equity, Advanced Communication Skills
Primarily via Zoom

Flex Time
Service Learning, Self-Study, Self Care, Coaching, Simulated Tele-Health, Make-Up Clinical Time
Two half-days per week during Integrated Blocks

Academic Coaching
Career Advisor coaching with development of Individualized Learning Plan

Asynchronous Online Learning
Core Emphasis Areas, Aquifer cases, other asynchronous modules

Assessments
Assessment of students will include clinical evaluations, direct observation with feedback, teaching attending evaluation, NBME shelf exams, self-assessment, Objective Structured Clinical Exams, and additional specialty-specific assessments (see the assessment section). Students will receive regular feedback throughout each 18-week Clinical Cluster and take practice NBME exams. The summative NBME exams will be offered four times at the end of each cluster. Students will be able to choose the date and specialty for each NBME exam. See the assessment, feedback, and grading section for details.
4. COVID-19

The School of Medicine is looking forward to the M3 student clinical re-entry on July 20th, 2020, and several policies and safeguards are in place including the QU Clinical Re-entry Policy. All students, residents, and faculty must carefully review this policy in Appendix 6 which includes all COVID related School of Medicine policies. Please note that our criteria for re-entry include:

1. **Adequate PPE supply and criteria for student use** Adequate PPE will be defined by the CDC recommendations ([Using PPE](#)). Students should receive the same level of PPE as other health care providers at the clinical site. Each Clinical Site should ensure provision of adequate Personal Protective Equipment. For clinical sites that are unable to provide adequate PPE, the School/Program will provide PPE for the students’ use.

2. **Appropriate patient volume and case-mix** Each School/Program should establish criteria aligned with accreditation standards.

3. **Adequate staffing to provide supervision and teaching** Each School/Program should follow existing criteria for supervision and teaching.

4. **Defined rules for clinical engagement** Students will not be assigned to provide direct care (with direct patient contact) for patients who are suspected or known to have tested positive for COVID-19

All of our learners have Opted In for clinical rotations and are eager to begin. Please see the [Opt In/Opt Out form](#) which they filled out.

**COVID Essentials**

Students must have all completed our [COVID Essentials modules](#) which included protocols for screening, procedure to follow for symptoms, PPE use, testing and post-exposure, as well as rules of clinical engagement.

We have asked all of our learners to screen themselves for symptoms following guidelines below:

**QU COVID Protocol for students entering clinical rotations**

All requirements must be completed before students can attend clinical rotations and experiences at QU SOM, SON and SHS affiliated sites.

a) Monitor yourself for symptoms using this checklist for 14 days prior to starting your clinical rotation, and daily during your rotation:
• Do you have a temperature of greater than 100.0°F? Monitor temperature twice a day.
• Do you have new muscle aches not related to another medical condition or another specific activity (e.g. due to physical exercise)? If so, take temperature.
• Do you have sore throat not related to another medical condition (e.g. allergies)?
• Do you have a new or worsening cough that is not related to another medical condition?
• Do you have shortness of breath that is not attributable to another medical condition?
• Do you have recent (<5 days) loss of smell and taste?
• Do you have new onset of vomiting or diarrhea not related to another medical condition?

If you answer yes to any of these questions, notify Student Health, your School/Program, and your clinical supervisor. Contacts for each school are listed below:

School of Medicine: Associate Dean for Student Affairs

NOTE: Self-monitoring for symptoms and exercising an abundance of caution when in any doubt or new symptoms are developing is an essential element of professionalism during this time. It is critical for you, your patients and your colleagues that you do not arrive at clinical or educational settings with any potential symptoms listed above.

COVID-19 Exposure

The Netter Exposure Policy includes details of what constitutes an exposure and measures to take if exposed.
5. Student Preparation and Orientation

In order to participate in face-to-face clinical learning, you must sign the Opt In/Opt Out Form and complete the COVID Essentials course on Blackboard. Additionally, please be sure to review the Post-Exposure Policy and Procedure.

In preparation for the LMC, each student must do the following:

☐ Review the detailed site description and clerkship requirements that the Clerkship Administrator will email to you prior to the start of your experience.

☐ Contact the Clerkship Administrator and Administrator to ask about any additional site-specific paperwork you may need to fill out prior to your clerkship. Completion of this paperwork is vital to ensure you have access to all administrative programs on the first day of your clerkship.

☐ Review the clerkship syllabus and handbook carefully, as all requirements and expectations are included. Pay close attention to specific curricular areas, your required tasks, the readings links and the evaluation policies. We will also review this information at orientation.

☐ Review the SOM absence policy and duty hours policy.

☐ Prepare for travel to your clinical site.

☐ Review and bookmark the Longitudinal Multi-Specialty Clerkship in Blackboard.

The LMC follows all School of Medicine Policies regarding COVID-19 Essentials, Infection Prevention, Sharps Management, Immunization, Blood borne pathogens etc. The policy documents can be found in Blackboard for review.

Key dates for the LMC are shown on the next page. Also refer to AMiON, Blackboard, the ZOOM Calendar for up-to-date information, schedules, handouts, and session objectives and content. Emails will be sent out regularly during the academic year with changes or updates.
## 6. LMC Dates

<table>
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<th>Year 3 LMC Blocks</th>
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<td>Y3 Block 1</td>
<td>7/20/20 - 8/14/20</td>
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<td>9/14/20 – 10/9/20</td>
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<td>11/9/20 – 11/20/20</td>
<td>Weeks 17 and 18</td>
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<td>Focused Study and Exams</td>
<td>3/29/21 – 4/9/21</td>
<td>Weeks 17 and 18</td>
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7. Student Responsibilities

Patient Care and Advocacy

1. Students are expected to introduce themselves to all members of their team and the patients. They should identify themselves as third-year medical students from the Frank H. Netter School of Medicine at Quinnipiac University and state their role. Students should demonstrate gratitude to patients for allowing student involvement in their care.

2. Students should have the most in depth knowledge about their patients, which should include the patient’s medical history, hospital course, daily updates and physical exam findings, vital signs, medications, and management plan. Students should study their patient’s problems and diseases. The attending physician will closely supervise the student in this process. Students must take care to adhere to all HIPAA rules.

3. Early on, students may have fewer patients and as the student's abilities progress, students will be able to carry more patients on their inpatient census and see more patients in outpatient settings. Clerkship directors will provide specific guidance about expected numbers of patients per student.

4. On inpatient rotations, students should pre-round on their own patients (gather all pertinent data, patient concerns, overnight changes, perform a physical exam) each day.

5. Students should arrange for all required care for their patients under supervision of the intern, resident and attending physician. Students should ask how they can be helpful to their teams and contribute to the care of other patients in an equitable manner when the team is busy. However, the role of the student is not to complete the less desirable work for the team, e.g., booking follow up appointments, calling consults and updating sign outs for the teaching team.

Communication with Patients, Families, and Other Health Care Providers

6. Medical students serve a critical role in communication between the team and patients and their families, and the student should serve as the patient's primary point of contact. The student should take care to align communications about diagnosis and therapy with the team’s plan of care. For patients, whose primary language is not English, students should always use interpreter services as per each clinical site’s protocol. Overestimation of physicians’ and medical students’ language skills can be a major cause of miscommunication and a risk to patient safety.
7. Students should be present at all morning and afternoon sign outs with the inpatient teams on the inpatient service.

8. Students should round with the team and be prepared to present their patients to the attending and/or resident, including all pertinent data, patient concerns, overnight changes, and physical exam.

9. Students are responsible for reviewing the EMR and writing daily progress notes at least daily and at appropriate intervals (per the discipline/specialty). All notes must be cosigned.

10. Students should connect with the care team (nurse, nursing assistant, etc.) throughout the day and report to the team on updates from any consulting medical or surgical services or allied health professionals (physical therapy, respiratory therapy, etc.)

11. The student should connect with the assigned nurse for updates and monitor and report on updates from any consulting services or allied health professionals.

Learning

12. All students are required to attend Academic Half Days, Teaching Attending sessions, and clinical assignments. Preparation for didactic sessions and Teaching Attending sessions is expected. Students should engage in self-directed learning on a daily basis with a focus on their patients’ clinical issues. Any site-specific conferences (Grand Rounds, M&M, Tumor Board, etc.) should also be considered required, unless informed otherwise.

13. Each student will develop an Individualized Learning Plan with the help of their career advisors and will implement their learning goals throughout the LMC.

14. All patient encounters and procedures must be logged in one45® to ensure that each student has cared for patients with all required clinical conditions. For each entry in one45®, students must include the level of responsibility (see below) and whether the patient was seen in a clinical setting or virtually. Incomplete documentation may be grounds for a grade of Incomplete. At a minimum, students are required to log patients and cases on a weekly basis. The clerkship coordinator will check students’ logs weekly, and the logs will be reviewed at the formal feedback meetings to make sure that all students are progressing as expected. Students must log all patients/procedures, and not just those which fulfill the requirements. Students should keep their logs up to date daily or as frequently as possible. Any missing requirements will result in a make-up assignment (to be determined by the Clerkship Director). Refer to the Required Cases/Patient Experiences section for each specialty block in this document.
15. **Duty hours must be logged at least weekly in one45®.** The logged duty hours will be checked weekly by the clerkship administrator. Duty hours consist of any required clinical or academic activities. Students should log time spent on duty at clinical sites, orientations to the clerkship, didactic sessions, OSCEs, and NBME exams. Students do not log time spent driving to or from clinical sites or time spent studying when not on duty. Refer to the Netter School of Medicine Policies section of this guide for details.

- Duty hours are limited to 80 hours per week.
- Students must be provided with one day in seven free from all clinical and academic activities, *averaged over a 4-week period*.
- At a minimum, students must have a 10-hour period of rest between daily duty periods.
- Continuous on-site duty must not exceed 24 consecutive hours.

16. Students may be required to complete online modules (Aquifer and/or others). See the specialty-specific requirements for each specialty block or consult the specialty’s *Blackboard* site.

17. Students are expected to attend their local grand rounds, noon conferences, and other site-specific and departmental didactic activities, unless these conflict with LMC Academic Half Days or LMC Teaching Attending sessions. Please refer to your site’s specific daily schedule of activities. Students are expected to attend all scheduled activities, unless told otherwise.

**Self-assessment, feedback-seeking and integration of feedback on performance.**

18. Students must complete at least 2 directly observed patient encounters during each specialty block and the observing physician (attending or resident) must complete and submit a Structured Clinical Observation form (SCO) for each of these encounters. These are meant to be brief observations (a portion of the history, the physical exam, or counseling of a patient) rather than observation of a complete history and physical. In this way, students are able to get feedback on clinical skills at multiple points during the year. All SCO forms can be found in Course materials on *Blackboard*. Log entries and SCO’s are required to be completed before your final evaluation for the clerkship. You will find the SCO form for each clerkship block on *Blackboard*.

19. Students will receive feedback on their performance at the mid-point of each specialty block (i.e. at the end of week 2 or the beginning of week 3 in each specialty block). Students should receive feedback from all of their supervising physicians. In addition, students will have a formal mid-clerkship feedback meeting with their site director. **Students must**
schedule this feedback session with their site director at the beginning of the block. The purpose of these feedback meetings is to provide students with formative feedback on their performance to assist them with continual improvement and work towards their professional goals. During these feedback meetings, students are encouraged to ask questions and/or any additional guidance needed for improving their performance. In the middle of the 16-week cluster, students will meet with their career advisors to review their overall performance and progress towards their goals as defined in their Individualized Learning Plan (ILP). Students should prepare for all of these meetings by completing the Self-Assessment Form and emailing it to the person with whom they are meeting.

20. Students should actively engage in self-assessment, seek feedback, and set goals throughout the LMC. Students should value and embrace feedback from supervising physicians. Ideally, discussions about performance and improvement should occur informally from supervising physicians on a daily basis. It is within a student’s role to request feedback if it is not regularly provided. Formal feedback will be provided as detailed above.

21. Students are expected to provide feedback on the LMC experience, individual learning experiences, their clinical sites, supervising attending physicians, and residents. This primarily involves completing a formal evaluation at the end of each cluster. Any significant problems should be addressed in real-time so that immediate action can be taken to improve the remainder of the clerkship. Because the LMC is a new approach to the third-year clinical experience, students’ feedback on their experiences will be of utmost importance to help continually improve the LMC experience.

a. Clinical Level of Responsibility

Student responsibilities in patient care are categorized into the following levels, based on the clinical situation and complexity of the activity. All clinical activities will be supervised, with some performed independently. Please see list of required competencies.

I. **Observe**: Students are expected to be active observers of supervising clinicians, engaging in questions and answers with preceptors as appropriate to the clinical setting.

II. **Participate**: Students are expected to engage in these patient-care activities in a team fashion with supervising health professionals. This extends beyond observation, as students are expected to interact with patients under the direction of supervising clinicians.

III. **Perform under Observation**: Students are expected to take the lead role in performing these activities while being directly observed by supervising
clinicians. Under the preceptor’s observation, the student will take the history and complete the entire physical exam, or the most relevant portions of the exam based upon the patient’s condition.

IV. **Independently Perform**: Students will be expected to perform these activities without observation, as directed by their supervising clinician, and then accurately verbally describe their findings and record them in the medical record. Independently, the student takes a complete history, physically examines the patient, interprets labs, develops a management plan, and provides follow up monitoring, care, and treatment.

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**b. 10 Ways to Excel in Your Clerkships**

*(adapted from the 3rd year Surgery Clerkship syllabus)*

1. Find out what your attendings expect of you. Meet and try to exceed their expectations. Follow through on every assigned task.

2. Be actively involved in the care of your patients to the greatest extent possible. Go the extra mile for your patients. You will benefit as much as your patient will.

3. Go the extra mile for your team. Additional learning will follow. The more you put in, the more you will gain.

4. Read consistently and deeply about the problems your patients face. Raise what you learn in your discussions with your team and in your notes. Educate your team members about what you learn whenever possible. When possible, read about the issues of other patients that you encounter.

5. Learn to do excellent presentations as early as possible (this means practice, practice, practice). This will make you more effective in-patient care and gain the confidence of faculty to allow you more involvement in patient care.

6. Ask good questions.

7. Be professional at all times, with patients, and with all members of the health care team. Be on time, be responsible, and be accountable.

8. Actively seek feedback and reflect on your experiences.

9. Keep your goals focused on the right priorities: patient care, learning, and personal satisfaction. You should always strive to meet all three goals.

10. Always be enthusiastic. Be caring and conscientious and strive to deliver outstanding quality to your patients and learn as much as you can from every experience.
8. Faculty Responsibilities

Faculty’s role in student learning is critically important. The following guidelines pertain to all faculty teaching in clerkships at Netter. Faculty should review this section carefully and feel free to ask questions of the site director or clerkship director for the specialty in which they teach.

Responsibilities of Clerkship Faculty include the following:

1. Faculty should establish goals for the students and entire team at the beginning of the rotation and ask students for their learning goals.

   Example goals: In addition to the clerkship goals, we have goals for our team. Everyone on the team will learn from and teach each other, practice evidence-based medicine and be inquisitive (there are no stupid questions). You should try to care for 2-4 patients at all times, transitions of care will be a priority and each provider (student or resident) should be in communication with the PCP on admission and discharge. We will give feedback to each other regularly and more formally at least mid-clerkship and end of clerkship.

2. Faculty need to complete 1-2 (see below) Structured Clinical Observation (SCO) forms during the rotation. Students must complete at least 2 directly observed patient encounters during each specialty block and the observing physician (residents may complete one of the two) must complete and submit a Structured Clinical Observation form (SCO) for each of these encounters. These are meant to be brief observations (a portion of the history, the physical exam, or counseling of a patient) so that students get feedback on clinical skills at multiple points during the year. Students will be responsible for providing the faculty/residents with the forms. SCO forms can be found on each specialty clerkship’s on Blackboard site.

3. All faculty and residents who supervise/teach students should establish goals with the student on day 1, provide informal (daily) feedback to students and provide more comprehensive, formal feedback to students at the mid-point and end of their time together (whether that is 2 weeks or more). Students will complete a self-assessment form in preparation for required mid-clerkship feedback. Faculty should feel free to ask students to bring their self-assessment forms to their feedback sessions which will be helpful in guiding the student and faculty’s development of goals for the student.

4. The Clerkship Director or Site Director must meet with the student to provide comprehensive, formal feedback at least 2 times during their time together – midpoint and end of the student’s rotation with the faculty member. They will reach out to other faculty, residents, health care providers to solicit assessments of the student’s performance.
i. The Clerkship Director or Site Director must complete a **mid-clerkship feedback form** for each student by the end of the 2nd week or beginning of the 3rd week of the 4-week clerkship block. This form is adapted from the end of clerkship assessment form so that students receive feedback consistent with the clerkship goals.

ii. The site/clerkship director will be emailed the mid-clerkship feedback form through Netter’s online assessment system (one45®). Review a copy of the Mid-Clerkship Faculty Assessment of Student form in Appendix 2.

iii. The feedback session should begin with a review the student’s self-assessment form, followed by a review of site/clerkship director’s mid-clerkship feedback form. The site director/clerkship director and the student together should identify strategies for improvement, and these should be listed on the **mid-clerkship feedback form** which is then submitted electronically.

5. All Faculty must complete a Y3 Clinical Performance Assessment form for students no later than one week after completion of their time with that student. Faculty who supervised and taught Netter students will receive an email with a link to the School of Medicine’s online evaluation system (one45®). Faculty should complete this form as soon as possible after the end of their contact with the student and use the performance criteria detailed on the form. Students’ grades are determined using multiple data points. Faculty assessments are valuable, but faculty members are not responsible for grading students. A faculty member’s role is to provide an accurate assessment reflecting the students’ performance based upon the criteria provided. In addition, narrative comments are invaluable for the student’s learning and professional growth. Please take the time to write meaningful, specific comments which are illustrative of the student’s work with you including their professionalism, communications skills, ability to engage with all members of the health care team, as well as patient care and medical knowledge. Review the Y3 Clinical Performance Assessment form in Appendix 2.

6. Faculty are expected to provide a safe and respectful learning environment for students to learn and practice clinical medicine. See the learning environment section and student mistreatment policy. Faculty should work with their students to help them meet the clerkship’s learning objectives and required learning activities (see the Specialty-Specific Learning Objectives for the clerkship block). Faculty are expected to:

   i. Discuss with students their assigned patients on a daily basis. Confirm that students are obtaining accurate histories or daily event reports and eliciting correct physical examination findings.

   ii. Read student notes daily, provide feedback on them, and ensure they are cosigned.
iii. Ensure that students are documenting with a variety of notes (admission, consult, trauma, progress etc.).

iv. Encourage students to write complete notes with reference to physiology and evidenced-based care. Students may not cut and paste other’s notes.

v. Help students meet their requirements to care for patients with core clinical conditions (see the Specialty-Specific Required Cases/Patient Experiences for the clerkship block) and complete their Required Procedures.

vi. Ensure that students are not just doing non-educational work for the other team members, e.g. updating sign outs, booking appointments. Students should do their appropriate share of work as a part of team, especially when the team is busy.

vii. Ask students to present their patients on work rounds and/or attending rounds. Learning to present patients is an essential skill that requires practice and acknowledges the student’s role in the care of the patient.

viii. Ensure that students are present at all team meetings and activities e.g. sign outs, work rounds, teaching rounds, morning reports, intern reports, noon conferences and grand rounds etc. If a student is not participating in such activities, discuss this with the student and report it to the site director.

ix. Ensure that students provide sign out to and seek sign out from the night team or any other team providing cross-coverage.

7. Faculty should assist students in identifying patients with a variety of diagnoses, including those specified as Core Cases/Patient Experiences for the clerkship (see the Specialty-Specific Required Cases/Patient Experiences).

8. If appropriate, faculty may choose to facilitate student involvement with other medical and office support staff to gain an understanding of their important roles and duties.

9. Teaching effectively is a complex skill that requires an understanding of key principles, encompasses a multitude of topics, such as assessment, and requires continued learning and practice. All Netter faculty with appointments at the School of Medicine (SOM) are expected to engage in ongoing personal and professional development. (Appendix 4)

i. In order to promote our goal of educational excellence, faculty are expected to complete a minimum of 2 hours per year of faculty development in teaching/education. Compliance with this expectation will be taken into consideration for reappointment and promotion. To assist faculty in this effort the SOM offers a variety of faculty development opportunities.
ii. See Appendix 4 for more information about faculty development workshops and online courses
   
   i. Log into Blackboard ("My Organizations" click on Netter Faculty Development)
   
   ii. Go to "Netter Faculty Development" under My Organizations

   iii. The Netter Clinical Partners webpage has additional helpful information: https://netterfacultypartners.qu.edu/faculty-development.html

10. Faculty must maintain an active Connecticut State Medical License in good standing.

11. All faculty must comply with the Netter School of Medicine policies (See School of Medicine Policies section) including the SOM Code of Conduct, Compact Between Faculty and Learners, Mistreatment Policy, Duty Hours Policies, and the requirement that direct patient care and clinical services provided by students shall be at all times be under faculty supervision. The only procedure that can be done with indirect supervision are blood draws and IV placement, after a student has demonstrated competence with these procedures.
Residents have always been the primary source of teaching for medical students. To ensure that residents feel prepared and supported in this critically important role, Netter provides several resources (see below), including an orientation to teaching. The following guidelines pertain to all residents teaching in clerkships at Netter. Residents should review this section carefully and feel free to ask questions of the site director or clerkship director for the specialty in which they teach.

Responsibilities of residents who teach Netter students include the following:

1. Residents should establish goals for the students and entire team at the beginning of the rotation and ask students for their learning goals. Your goals should be consistent with the clerkship goals and your supervising attending’s goals.

   Example goals: In addition to the clerkship goals, we have goals for our team. Everyone on the team will learn from and teach each other, practice evidence-based medicine and be inquisitive (there are no stupid questions). You should try to care for 2-4 patients at all times, transitions of care will be a priority and each provider (student or resident) should be in communication with the PCP on admission and discharge. We will give feedback to each other regularly and more formally at least mid-clerkship and end of clerkship.

2. Residents may be asked to complete a Structured Clinical Observation (SCO) form during the rotation. Students must complete at least 2 directly observed patient encounters during each specialty block and the observing physician (residents may complete one of the two) must complete and submit a Structured Clinical Observation form (SCO) for each of these encounters. These are meant to be brief observations (a portion of the history, the physical exam, or counseling of a patient) so that students get feedback on clinical skills at multiple points during the year. Students will be responsible for providing the faculty/residents with the forms. SCO forms can be found on the Blackboard site for each specialty clerkship.

3. All residents who supervise/teach students should establish goals with the student on day 1, provide informal (daily) feedback to students and provide more comprehensive, formal feedback to students at the mid-point and end of their time together (whether that is 2 weeks or more).

4. Residents may be asked to complete a Y3 Clinical Performance Assessment form of their students which will be due no later than one week after completion of their time working with the student. Residents who must complete an assessment form will receive an email with a link to
the School of Medicine’s online evaluation system (one45®). They should complete this form as soon as possible after the end of their contact with the student and use the performance criteria detailed on the form. Students’ grades are determined using multiple data points. These assessments are valuable, but faculty and residents are not responsible grading their students. The resident’s role is to provide an accurate assessment reflecting the students’ performance based upon the criteria provided. In addition, narrative comments are invaluable for the students learning and professional growth. Please take the time to write meaningful, specific comments which are illustrative of the student’s work with you including their professionalism, communications skills, ability to engage with all members of the health care team, as well as patient care and medical knowledge.

All residents, regardless of their responsibility to complete a formal assessment form, are required to understand the assessment criteria and must review the Clinical Performance Assessment in Appendix 2. Residents are also strongly encouraged to submit feedback about their students to the site director.

5. Residents are expected to provide a safe and respectful learning environment for students to learn and practice clinical medicine. See learning environment section and student mistreatment policy.

6. Residents should work with their students to help them meet the clerkship’s learning objectives and required learning activities (see the Specialty-Specific Learning Objectives in each specialty block). Residents are expected to:

   i. Discuss with students their assigned patients on a daily basis. Confirm that students are obtaining accurate histories or daily event reports and eliciting correct physical examination findings.

   ii. Read student notes daily and ensure they are cosigned.

   iii. Ensure that students are documenting with a variety of notes (admission, consult, trauma, progress etc.).

   iv. Encourage students to write complete notes with reference to physiology and evidenced-based care.

   v. Help students meet their requirements to care for patients with core clinical conditions (see the Specialty-Specific Required Cases/Patient Experiences in each specialty block’s section) and complete the Required Procedures as indicated for each specialty block.

   vi. Ensure that students are not just doing non-educational work for the other team members, e.g. updating sign outs, booking appointments. However, students should do their appropriate share of work as a part of team.
vii. Ask students to present their patients on work rounds and/or attending rounds. Learning to present patients is an essential skill that requires practice and acknowledges the student’s role in the care of the patient.

viii. Ensure that students are present at all team meetings and activities e.g. sign outs, work rounds, teaching rounds, morning reports, intern reports, noon conferences and grand rounds etc. If a student is not participating in such activities, discuss this with the student and report it to the site director.

ix. Ensure that students provide sign out to and seek sign out from the night team or any other team providing cross-coverage.

7. Residents should assist students in identifying patients with a variety of diagnoses, including those specified for the clerkship (see the Specialty-Specific Required Cases/Patient Experiences in each specialty block’s section).

8. Teaching effectively is a complex skill that requires an understanding of key principles, encompasses a multitude of topics, such as assessment, and requires continued learning and practice. Residents must participate in an orientation to teaching. If you have not participated in a teaching orientation session (in-person or online), please contact Katie Lyons at katie.lyons@qu.edu immediately. The Netter School of Medicine also provides residents with a Blackboard site dedicated to teaching that includes online courses, teaching references, and other resources. Residents who fulfill specific requirements will obtain a Netter Resident Teaching Certificate. To access Blackboard: (“My Organizations” click on Netter Resident Development)
   a. Log into Blackboard
   b. Go to “Netter Resident Development” under My Organizations

9. All residents must comply with the Netter School of Medicine policies (See School of Medicine Policies section) including the SOM Code of Conduct, Compact Between Faculty and Learners, Mistreatment Policy, Duty Hours Policies. The only procedure that can be done with indirect supervision are blood draws and IV placement, after a student has demonstrated competence with these procedures.
10. Specialty-Specific LMC Components

a. INTERNAL MEDICINE BLOCK INFORMATION (Cluster A)

i. Sample Daily Schedule

The following list is a typical student schedule that describes a “day in the life” of a third-year medical student during the Internal Medicine clerkship. **Specific timing and activities will vary with the site.** The schedule may also vary by day of the week. For example, departmental grand rounds are usually scheduled on one day during the week.

<table>
<thead>
<tr>
<th>Time</th>
<th>Student Activity – Inpatient Rotation Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00am</td>
<td>Get sign out from overnight team</td>
</tr>
<tr>
<td>8:00am</td>
<td>Pre-round on patients</td>
</tr>
<tr>
<td>9:00am</td>
<td>See your patient</td>
</tr>
<tr>
<td>10:00am</td>
<td>Write note</td>
</tr>
<tr>
<td>11:00am</td>
<td>Patient presentation with attending</td>
</tr>
<tr>
<td>12:00pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00pm</td>
<td>Practice sign out with surgery student</td>
</tr>
<tr>
<td>2:00pm</td>
<td>Follow up on patient</td>
</tr>
<tr>
<td>3:00pm</td>
<td>See patient</td>
</tr>
<tr>
<td>4:00pm</td>
<td>See patient</td>
</tr>
<tr>
<td>5:00pm</td>
<td>Sign out to overnight team</td>
</tr>
<tr>
<td>6:00pm</td>
<td>Leave for home</td>
</tr>
<tr>
<td>7:00pm – 8:30pm</td>
<td>Tuesdays - Teaching attending rounds (virtual)</td>
</tr>
</tbody>
</table>
ii. Goals and Learning Objectives

I. Patient Care

*By the end of the rotation, the student will be able to:*

1. Display caring and respectful behaviors when interacting with patients and their families.
2. Consistently practice culturally sensitive patient-centered care, by identifying patient-specific contexts and preferences.
3. Consistently gather essential and accurate information/history from patients, their families and medical professionals through dialogue, active listening and observation.
4. Consistently perform accurate and relevant, focused and comprehensive, physical examinations, distinguishing normal from abnormal findings, in patients with common presenting signs and symptoms seen in internal medicine.
5. Identify individualized risk factors operative in any patient.
6. Assess patient information accurately in formulating a prioritized differential diagnosis.
7. Order and interpret appropriate laboratory and diagnostic studies, utilizing cost-effective evidence-based medical practice.
8. Access and use written and electronic medical records to obtain a thorough patient data set.
9. Demonstrate the ability to draft prioritized, comprehensive, and focused problem lists, assessing each problem in cogent, organized, and comprehensive prose, including differential diagnosis.
10. Develop and carry out comprehensive and focused patient management plans (including diagnostic tests, and therapeutic interventions) in partnership with patients and supervising physicians.
11. Identify when additional input is needed and effectively communicate with consultants.
12. Be able to describe indications, contraindications and major risks of frequently performed procedures in internal medicine.

II. Medical Knowledge

*By the end of the rotation the student will be able to:*

1. Utilize essential concepts learned in the first two years of medical school to understand disease processes and management.
2. Recognize biostatistical and critical analytical skills needed to interpret basic science and clinical literature.
3. Be able to describe the clinical manifestations, etiology, pathophysiology, diagnostic studies, and principles of treatment of specified medical conditions.

4. For common signs and symptoms, perform an appropriate focused exam, develop an accurate differential diagnosis, and be able to order appropriate diagnostic studies and institute stabilizing treatment.

5. Demonstrate knowledge of terminal conditions, factors leading to end of life, full understanding of patient's underlying problems - both curable and incurable. Develop ability to make the differential diagnosis, making sure that reversible causes are ruled out, e.g. opioid overdose.

6. Be able to identify terminal conditions and factors leading to the end of life, distinguish curable from incurable conditions and recognize the need to rule out reversible problems, e.g. opioid overdose.

### III. Professionalism

*At all times, the student will:*

1. Demonstrate respect, compassion, honesty, integrity, empathy and altruism to patients, their families and colleagues; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.

2. Demonstrate highly ethical and professional behaviors.

*By the end of the rotation, the student will be able to:*

3. Recognize ethical and professional dilemmas encountered in educational and clinical settings, and take appropriate action (for example, by reporting to authorities, or seeking counsel).

### IV. Communication Skills

*By the end of the rotation, the student will be able to:*

1. Develop and sustain effective therapeutic and ethically sound relationships with patients.

2. Be able to deliver medical information to patients, including, but not limited to, diagnosis, prognosis, diagnostic and therapeutic plans.

3. Demonstrate the ability to accurately communicate patient information to other health professionals through oral presentations and written and electronic medical records.

4. Engage in shared decision making with patients and health care colleagues, as evidenced by listening, understanding, and negotiating with flexibility and empathy.
5. Be able, as the situation warrants, to use basic techniques for breaking bad news and participate in discussing basic end-of-life issues with patients and their families. In addition, the student should recognize the role of patient’s families and their needs when communicating “bad” news and recognize the impact of “nonverbal” communication with patients/families.

V. Practice Based Learning and Improvement

*By the end of the rotation, the student will be able to:*

1. Identify areas, within the student’s practice of medicine, in need of improvement, demonstrate the ability to locate sources of information relevant to the student’s need, demonstrate the ability to assess the quality of the information you utilize and apply your new knowledge or skills to improve patient care.

2. Use information technology effectively to maximize education, by acquiring, storing, retrieving, and analyzing new medical data.

VI. Systems Based Practice

*By the end of the rotation, the student will be able to:*

1. Identify factors that contribute to health care disparities.
2. Recognize the impact of time management, case management, referral management, and patient satisfaction surveys on health care delivery.
3. Work collaboratively to coordinate patient care in the health care system.
4. Incorporate cost awareness and risk-benefit analysis in patient care.
5. Advocate for quality, equal access, and optimal patient care systems.
6. Help identify system errors and consider potential systems solutions.

VII. Interprofessional Collaboration

*At all times, the student will:*

1. Work and learn respectfully and in a positive manner with health professionals from all disciplines and when appropriate, share your knowledge and skills with other members of the health care team.

iii. **Specialty-Specific Student Responsibilities**

Early in the year, students should maintain a census of 2 patients. Later in the year, students may care for up to 4 patients at a time.
Student must complete required Aquifer cases, as indicated in the Blackboard site.

Added optional learning resources (suggested Textbooks and other study materials) and optional cases are available from the Internal Medicine Block’s Blackboard site.

iv. **Required Cases/Patient Experiences/Procedures**

Students will see patients with the following conditions at the level of responsibility indicated. (See page 23 of the LMC handbook for the key to levels of responsibility)

<table>
<thead>
<tr>
<th>Clinical Condition</th>
<th>Required Number</th>
<th>Acceptable Level of Responsibility</th>
<th>Related Aquifer Case(s) (#)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Chest Pain/ACS</td>
<td>1</td>
<td>III. or IV.</td>
<td>1</td>
</tr>
<tr>
<td>2. Dyspnea/Heart Failure</td>
<td>1</td>
<td>III. or IV.</td>
<td>4</td>
</tr>
<tr>
<td>3. Hypertension</td>
<td>1</td>
<td>III. or IV.</td>
<td>6</td>
</tr>
<tr>
<td>4. Diabetes Mellitus</td>
<td>1</td>
<td>III. or IV.</td>
<td>7</td>
</tr>
<tr>
<td>5. Acute Kidney Injury or Chronic Kidney Disease/End Stage Renal</td>
<td>1</td>
<td>III. or IV.</td>
<td>23 33</td>
</tr>
<tr>
<td>6. COPD or Asthma Exacerbiation</td>
<td>1</td>
<td>III. or IV.</td>
<td>28</td>
</tr>
<tr>
<td>7. Electrolyte Disorder</td>
<td>1</td>
<td>III. or IV.</td>
<td>25 27</td>
</tr>
<tr>
<td>8. Sepsis</td>
<td>1</td>
<td>III. or IV.</td>
<td>22 24</td>
</tr>
</tbody>
</table>

Other Activities

9. History & Physical Exam

<table>
<thead>
<tr>
<th>Required Number</th>
<th>Acceptable Level of Responsibility</th>
<th>Related Aquifer Case(s) (#)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>III. or IV.</td>
<td>All cases applicable</td>
</tr>
<tr>
<td>1</td>
<td>III. (Performed under supervision with meaningful feedback.)</td>
<td></td>
</tr>
</tbody>
</table>

All required cases and conditions MUST be logged on one45®.
i. Sample Daily Schedule

The following list is a typical student schedule that describes a “day in the life” of a third-year medical student during the Surgery clerkship. **Specific timing and activities will vary with the site.** The schedule may also vary by day of the week. For example, departmental grand rounds are usually scheduled on one day during the week.

<table>
<thead>
<tr>
<th>Time</th>
<th>Student Activity – Surgery Clerkship</th>
</tr>
</thead>
<tbody>
<tr>
<td>5:00 AM – 6:00 AM</td>
<td>Pre-Rounds</td>
</tr>
<tr>
<td>6:00 AM – 7:00 AM</td>
<td>Rounds</td>
</tr>
<tr>
<td>7:00 AM – 4:00 PM</td>
<td>Floor Work and/or Operating Room and/or Trauma and/or Consults</td>
</tr>
<tr>
<td>4:00 PM – 5:00 PM</td>
<td>Chart/Patient Rounds</td>
</tr>
<tr>
<td>5:00 PM – 6:00 PM</td>
<td>Sign Out to Night Team</td>
</tr>
<tr>
<td>6:00 PM – 6:00 AM</td>
<td>Over Night Shift</td>
</tr>
</tbody>
</table>

ii. Goals and Learning Objectives

By the end of the surgical clerkship each third-year student will strive to:

1. Employ respectful and compassionate care that values and acknowledges patient specific context and preferences
2. Obtain accurate and organized histories from patients, families, medical professionals and medical charts
3. Perform a patient appropriate history and physical on a patient with an abdominal complaint
4. Apply patient history, examination, and data to formulate a differential diagnosis
5. Interpret clinical, laboratory and radiologic data of a surgical patient
6. Begin to develop an understanding of accurate and necessary orders for the surgical patient
7. Apply previously learned normal anatomy and physiology to distinguish normal from surgical disease
8. Utilize knowledge of human development and how it may play a role in
diagnosing and treating both pediatric and adult surgical disease

9. Begin to formulate comprehensive assessments, diagnostic and therapeutic plans for common acute and chronic surgical conditions/disease in ambulatory and hospitalized patients

10. Write both focused and comprehensive notes in the medical record (both written and electronic) on the patient with surgical disease

11. Recognize individual patient risk factors (clinical, social, environmental) that impact treatment and decision making of the surgical patient

12. Demonstrate the ability to perform common and necessary skills (see attached required procedure list)

13. Observe common procedure/tests that are often ordered on the patient with surgical disease (see attached required procedure list)

14. Work to develop a knowledge of common medications; indications, dosing, common side effects

15. Participate in interdisciplinary care when managing a patient with surgical disease

16. Recognize ethical dilemmas encountered in the surgical settings

17. Maintain professional deportment and demeanor

18. Comply with the principles of HIPAA

19. Display self-awareness and willingness to accept constructive criticism and to engage in self-improvement

20. Recognize personal limitations of knowledge, skills and behaviors; seek appropriate educational support to address self-identified deficiencies

21. Maintain and monitor physical, psychological, and emotional health; seek appropriate health and counseling services when ill or impaired and not engage in patient care if personal health might endanger others

22. Clinically analyze surgical literature

23. Appraise and assimilate best evidence into surgical patient care

24. Effectively engage in real and simulated patient care skills/scenarios with health professionals from other disciplines

25. Work collaboratively with the surgical team members to coordinate surgical patient care in a variety of health care delivery settings

26. Identify the resources and barriers to the health of the local community, recognizing vulnerable and marginalized populations within those communities served.
iii. Specialty-Specific Student Responsibilities

Early in the year, students should maintain a census of 2-3 patients. Later in the year, students may care for up to 4-5 patients at a time.

Student must complete required Aquifer cases, as indicated in the Blackboard site.

Added optional learning resources (suggested Textbooks and other study materials) and optional cases are available from the Surgery Block’s Blackboard site.

iv. Required Cases/Patient Experiences/Procedures

Students will see patients with the following conditions at the level of responsibility indicated. (See page 23 of the LMC handbook for the key to levels of responsibility)

<table>
<thead>
<tr>
<th>Clinical Encounter Type</th>
<th># Required</th>
<th>Level of Responsibility</th>
<th>Related WiseMD Case(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Pain</td>
<td>2</td>
<td>III or IV</td>
<td>Abdominal aortic aneurysm</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Appendicitis</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Bowel Obstruction</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cholecystitis</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Diverticulitis</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pancreatitis</td>
</tr>
<tr>
<td>GI Malignancy</td>
<td>2</td>
<td>III or IV</td>
<td>Colon Cancer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Skin Cancer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Thyroid Nodule</td>
</tr>
<tr>
<td>Anorectal Disease</td>
<td>2</td>
<td>III or IV</td>
<td>Anorectal Disease</td>
</tr>
<tr>
<td>Hernia (All types)</td>
<td>2</td>
<td>III or IV</td>
<td>Inguinal Hernia</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pediatric Hernia</td>
</tr>
<tr>
<td>Breast (Benign or Malignant)</td>
<td>2</td>
<td>III or IV</td>
<td>Breast Cancer</td>
</tr>
<tr>
<td>Biliary Disease (Liver, GB or Pancreas)</td>
<td>3</td>
<td>III or IV</td>
<td>Cholecystitis</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pancreatitis</td>
</tr>
<tr>
<td>Wound</td>
<td>2</td>
<td>III or IV</td>
<td>No Module</td>
</tr>
<tr>
<td>Trauma</td>
<td>2</td>
<td>III or IV</td>
<td>Burn Management</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Trauma</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Resuscitation</td>
</tr>
<tr>
<td>Bowel Obstruction</td>
<td>2</td>
<td>III or IV</td>
<td>Bowel Obstruction</td>
</tr>
</tbody>
</table>

All required conditions and cases MUST be logged on one45®.
## Required Skills/Procedures*

<table>
<thead>
<tr>
<th>Skill/Procedure</th>
<th>Required Site to Perform:</th>
<th>Observation can occur at all sites</th>
<th>Perform with Direct Supervision (Level III)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structured clinical observation</td>
<td>All Locations</td>
<td></td>
<td>2 (To be done <strong>with attending only</strong> and card completed)</td>
</tr>
<tr>
<td>Inguinal Hernia Exam</td>
<td>Inpatient</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Breast Exam</td>
<td>Inpatient</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Vascular Exam with Doppler and/or ABI</td>
<td>Either ID Block</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Closure of Surgical Incision</td>
<td>Either ID Block</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Aseptic dressing change</td>
<td>Inpatient ID Block</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>IV Catheter Placement</td>
<td>Inpatient</td>
<td>1</td>
<td>1 (only in pre-op or with anesthesia)</td>
</tr>
<tr>
<td>Nasogastric Tube Placement</td>
<td>Inpatient Anesthesia</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

### Foley Placements

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Inpatient</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Female</td>
<td>Inpatient</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

*All required procedures MUST be logged on one45®.
i. Sample Schedules

Daily Schedule

The following list is a typical student schedule that describes a “day in the life” of a third-year medical student during the Primary Care clerkship. **Specific timing and activities will vary with the site.** The schedule may also vary by day of the week. For example, departmental grand rounds are usually scheduled on one day during the week.

<table>
<thead>
<tr>
<th>Time</th>
<th>Student Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 – 9:00</td>
<td>Outpatient site activities</td>
</tr>
<tr>
<td>9:00 – 10:00</td>
<td>Teaching Attending sessions</td>
</tr>
<tr>
<td>10:00 – 12:00</td>
<td>Outpatient site activities</td>
</tr>
<tr>
<td>12:00 – 1:00 pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00 -5:00</td>
<td>Outpatient site activities</td>
</tr>
</tbody>
</table>

ii. Goals and Learning Objectives

I. Patient Care

*By the end of the rotation, the student will be able to:*

1. Conduct an Integrated Clinical Encounter
   - Recognize normal, and abnormal physical exam findings
   Illustrate data gathering using an electronic medical record
   Display data interpretation skill

2. Conduct an Integrated Clinical Encounter Via Telemedicine, utilizing audio/video portal

3. Generate evidence based, patient centered, and cost-effective treatment

4. Use a bio-psycho-social approach in developing management plans

II. Medical Knowledge

*By the end of the rotation the student will be able to:*

1. Describe pathophysiology of common diseases (please refer to required case list)
2. Use knowledge & understanding of psycho-socio-cultural influences in patient care
3. Apply knowledge of health promotion, and disease prevention in clinical care

III. Professionalism

At all times, the student will:

1. Demonstrate altruism, accountability, and responsiveness to the needs of patients, society, and the medical profession that supersede personal self-interest
2. Apply ethical principles, respect for patient autonomy, confidentiality, and informed consent in patient care
3. Demonstrate respect, compassion, and integrity toward patients, families, colleagues, staff, and fellow health professionals

IV. Communication and Interpersonal Skills

By the end of the rotation, the student will be able to:

1. Demonstrate competency in Communication and Interpersonal Skills
2. Characterize the patient as a person in order to gain information and provide help and support
3. Use effective listening, empathic, and rapport-building skills to obtain and provide information
4. Involve patient’s family when appropriate during the clinical encounter

V. Practice Based Learning and Improvement

By the end of the rotation, the student will be able to:

1. Identify resources in your local practice community that supports positive health outcomes for diverse patients and families

VI. Systems Based Practice

By the end of the rotation, the student will be able to:

1. Collaborate with other health care professionals to provide patient-centered health promotion and disease prevention services
2. Advocate for, and assist patients in dealing with challenges to receiving quality health care
### iii. Specialty-Specific Student Responsibilities

Added optional learning resources (suggested Textbooks and other study materials) and optional cases are available from the Primary Care Block’s on Blackboard site.

### iv. Required Cases/Patient Experiences/Procedures

Students will see patients with the following conditions at the level of responsibility indicated. (See page 23 of the LMC handbook for the key to levels of responsibility)

<table>
<thead>
<tr>
<th>Clinical Conditions</th>
<th>Required Number</th>
<th>Acceptable Level of Responsibility</th>
<th>Related Aquifer Case(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acute Clinical Cases</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Abdominal Pain</td>
<td>1</td>
<td>II, III</td>
<td>Family Medicine #20</td>
</tr>
<tr>
<td>2. Chest Pain</td>
<td>1</td>
<td>II, III</td>
<td>Family Medicine #2</td>
</tr>
<tr>
<td>3. Common skin lesions</td>
<td>1</td>
<td>II, III</td>
<td>Family Medicine #16</td>
</tr>
<tr>
<td>4. Cough</td>
<td>1</td>
<td>II, III</td>
<td>Family Medicine #13</td>
</tr>
<tr>
<td>5. Depression</td>
<td>1</td>
<td>II, III</td>
<td>Family Medicine #29</td>
</tr>
<tr>
<td>6. Dizziness</td>
<td>1</td>
<td>II, III</td>
<td>Family Medicine #33</td>
</tr>
<tr>
<td>7. Dysuria</td>
<td>1</td>
<td>II, III</td>
<td>Refer to PCC Blackboard</td>
</tr>
<tr>
<td>8. Fever</td>
<td>1</td>
<td>II, III</td>
<td>Family Medicine #21</td>
</tr>
<tr>
<td>9. Headache</td>
<td>1</td>
<td>II, III</td>
<td>Family Medicine #18</td>
</tr>
<tr>
<td>10. Low back pain</td>
<td>1</td>
<td>II, III</td>
<td>Family Medicine #10</td>
</tr>
<tr>
<td>11. MSK Injury</td>
<td>1</td>
<td>II, III</td>
<td>Family Medicine #4</td>
</tr>
<tr>
<td>12. Shortness of breath/Wheezing</td>
<td>1</td>
<td>II, III</td>
<td>Family Medicine #28</td>
</tr>
<tr>
<td>13. Upper Respiratory tract symptoms</td>
<td>1</td>
<td>II, III</td>
<td>Family Medicine #23</td>
</tr>
<tr>
<td>14. Vaginal Bleeding: Pre-menopausal</td>
<td>1</td>
<td>I, II, III</td>
<td>Family Medicine #12</td>
</tr>
<tr>
<td>15. Vaginal Bleeding: Post-menopausal</td>
<td>1</td>
<td>I, II, III</td>
<td>Family Medicine #17</td>
</tr>
<tr>
<td>16. Telemedicine: Clinical Encounter via audio/video portal</td>
<td>1</td>
<td>II, III</td>
<td>Refer to PCC Blackboard</td>
</tr>
<tr>
<td><strong>Chronic Clinical Cases</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Asthma/COPD</td>
<td>1</td>
<td>II, III</td>
<td>Family Medicine #13</td>
</tr>
<tr>
<td>18. Coronary Artery Disease</td>
<td>1</td>
<td>II, III</td>
<td>Internal Medicine #02</td>
</tr>
<tr>
<td>19. Diabetes Mellitus</td>
<td>1</td>
<td>II, III</td>
<td>Family Medicine #06</td>
</tr>
<tr>
<td>20. Hyperlipidemia</td>
<td>1</td>
<td>II, III</td>
<td>Refer to PCC Blackboard</td>
</tr>
<tr>
<td>21. Hypertension</td>
<td>1</td>
<td>II, III</td>
<td>Family Medicine #8</td>
</tr>
</tbody>
</table>
v. Specialty-Specific Graded Learning Components

**Case Write Ups:** This written assignment is intended to assess the student’s ability to integrate information and highlight convey your understanding of biopsychosocial aspects of care. You will complete these write-ups and respond to any requests for corrections from the Clerkship Director.

**OSCE:** See formative assessments on page 61 for the aims of an OSCE. If you fail the OSCE in a clerkship block that uses it as a summative assessment, a remediation plan will be put in place and you will need to retake the OSCE. A grade of Incomplete (I) will be given until remediation and retake are complete.
d. OBSTETRICS & GYNECOLOGY BLOCK INFORMATION
(Cluster B)

i. Sample Daily Schedule

The following list is a typical student schedule that describes a “day in the life” of a third-year medical student during the Obstetrics-Gynecology clerkship. **Specific timing and activities will vary with the site.** The schedule may also vary by day of the week. For example, departmental grand rounds are usually scheduled on one day during the week. Daily sample schedule for L&D-Days.

Exact times and locations are based of St. Francis Hospital schedule, and times and details may differ from hospital to hospital.

<table>
<thead>
<tr>
<th>Time</th>
<th>Student Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-6:15a</td>
<td>Pre-round on your patients (as required). <em>Students should arrange with their team who they should round on in the morning. It will usually be a post-partum patient on 4-1 who you participate in their care or delivery (c-section or SVD, etc.). Check with your team regarding your responsibilities and opportunities-all teams will run a bit differently depending on the senior resident preferences. Be flexible and available!</em></td>
</tr>
</tbody>
</table>
| 6:15a – 7:00a | Morning sign out – Classroom 4-9  
  *Is it your first day? Is there a new resident team or attending? Introduce yourself! • Ask for a patient list if not given one  • Use time to think of which patients you may want to follow or may have opportunities for you to participate in care  • Use time to write down questions about obstetrics you may want to look up when you have free time (i.e., they are signing out a patient with pre-eclampsia, do you know the definition and diagnostic criteria for hypertensive disorders of pregnancy?)* |
| 7:00a-8:00a | Grand Rounds (3rd Weds of month) (Chawla Auditorium) |
| 7:00a – 4:30p | Various opportunities/activities with team throughout day, including but not limited to:  
  • Magnesium checks  • Recognize when the ultrasound is needed: get it, roll it to the room, plug it in, and ask if you can learn to scan for fetal presentation.  • Set up inductions—complete H&P  • Assist in requesting records from private practices which are not in Epic  • Triage- see patient with resident approval  • Scrub in and retract in C-section  • Vaginal delivery-learn to self-gown and glove so you are ready if asked to participate  • Help complete birth certificates  • Other learning opportunities as they arise. |
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00 - 5:30 pm</td>
<td><em>Wednesday afternoon</em> – Academic Half Day – via Zoom</td>
</tr>
<tr>
<td>7:00 p – 8:30 p</td>
<td><em>Thursday evening</em> – Teaching Attending Session via zoom</td>
</tr>
<tr>
<td>4:30 p</td>
<td>Afternoon sign-out (Classroom 4-9)</td>
</tr>
</tbody>
</table>

### ii. Goals and Learning Objectives

1. Develop competence in the medical interview and physical examination of women, and incorporate ethical, social and diversity perspectives to provide culturally competent health care.

2. Apply recommended prevention strategies to women throughout the lifespan.

3. Recognize the student’s role as a leader and advocate for women.

4. Demonstrate knowledge of preconception care, including the impact of genetics, medical conditions and environmental factors on maternal health and fetal development.

5. Explain the normal physiologic changes of pregnancy, including interpretation of common diagnostic studies.

6. Describe common problems in obstetrics

7. Demonstrate knowledge of intrapartum care of the mother and newborn.

8. Demonstrate knowledge of postpartum care

9. Describe menstrual cycle physiology, discuss puberty and menopause, and explain normal and abnormal bleeding.

10. Describe the etiology and evaluation of infertility.

11. Develop a thorough understanding of contraception, including sterilization and abortion.

12. Demonstrate knowledge of common benign gynecological conditions.


14. Describe common breast conditions and outline the evaluation of breast complaints.

15. Demonstrate knowledge of perioperative care and familiarity with gynecological procedures.

16. Describe gynecological malignancies, including risk factors, signs and symptoms and initial evaluation.

17. Provide a preliminary assessment of patients with concerns about sexuality and sexual health.
iii. Specialty-Specific Student Responsibilities

Added optional learning resources (suggested Textbooks and other study materials) and optional cases are available from the Obstetrics-Gynecology Block’s Blackboard site.

iv. Required Cases/Patient Experiences/Procedures

Students will see patients with the following conditions at the level of responsibility indicated. (See page 23 of the LMC handbook for the key to levels of responsibility)

<table>
<thead>
<tr>
<th>Clinical Condition or Procedure</th>
<th>Required Number</th>
<th>Acceptable Level of Responsibility</th>
<th>Related APGO Education Topic (found on Blackboard)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. History and physical exam (including pelvic exam) to be performed by student with at least 1 pap smear</td>
<td>4</td>
<td>III</td>
<td>6</td>
</tr>
<tr>
<td>2. Counselling on safe sex, smoking, weight loss, etc.</td>
<td>3</td>
<td>II, III, IV</td>
<td>7</td>
</tr>
<tr>
<td>3. Screen for intimate partner violence, discuss HIPAA, treatment of minors, etc.</td>
<td>1</td>
<td>I, II, III</td>
<td>57, 58</td>
</tr>
<tr>
<td>4. Discuss genetic carrier testing, immunizations, infectious risks (Zika), nutrition, exercise, folic acid in preparation for pregnancy.</td>
<td>1</td>
<td>I, II, III</td>
<td>9</td>
</tr>
<tr>
<td>5. Routine prenatal care including assessment of BP, fundal height, Leopold's, labs, etc.</td>
<td>4</td>
<td>II, III</td>
<td>10</td>
</tr>
<tr>
<td>6. Vaginal bleeding, HTN, pre-term labor, GDM, PPROM, placental abnormalities, IUGR, etc.</td>
<td>3</td>
<td>I, II, III</td>
<td>18, 19, 20, 21, 24, 25</td>
</tr>
<tr>
<td>7. Normal and abnormal labor with vaginal delivery/cesarean. (Must include testing for ROM, cesarean delivery x 2, and scrub for vaginal delivery x 2, observe 1 operative VD)</td>
<td>6</td>
<td>I, II, III</td>
<td>11, 22, 26</td>
</tr>
<tr>
<td>8. Postpartum rounds including at least (1) postpartum fever or hemorrhage</td>
<td>3</td>
<td>I, II, III</td>
<td>13, 14, 27, 28, 29</td>
</tr>
<tr>
<td>9. Abnormal uterine bleeding in setting of puberty or menopause or menopausal symptoms</td>
<td>2</td>
<td>I, II, III</td>
<td>42, 43, 44, 45, 47</td>
</tr>
</tbody>
</table>
10. Evaluation or treatment of male or female infertility | 1 | I, II, III | 48
11. Counseling, treatment, or surveillance of contraception including OCPs, IUD, Nexplanon, tubal ligation, etc. | 5 | I, II, III | 33, 34
12. Abnormal pap smear management, fibroids, polyps, adenomyosis, vaginitis, STDs, incontinence, POP, etc. (must include 1 wet prep) | 2 | I, II, III | 35, 36
13. Ectopic pregnancy, PID, ovarian cyst, endometriosis, Interstitial cystitis, etc. | 1 | I, II, III | 38, 39, 15
14. Breast mass, breast pain, breast cancer, breast abscess, mastitis, etc. (Must include exam) | 2 | II, III | 40
15. Pre-operative exam, consent for operative procedure, post-operative care, post-operative complications, etc. | 4 | I, II, III | 41
16. PMB, EMB, colposcopy, vulvar biopsy, LEEP, or any surgical procedure to evaluate or treat for gyn malignancy | 1 | I, II, III | 54, 51
17. Dyspareunia, Low libido, anorgasmia, etc. | 1 | I, II, III | 56

All required cases and conditions MUST be logged in one.

v. Specialty-Specific Graded Learning Components

**Oral Examination:** Students will be assessed on their medical knowledge and clinical thinking during at an oral exam at the conclusion of the clerkship. The exam will be based on three cases which are presented to the student via a PowerPoint presentation. Because an oral examination is a mandatory part of OB/Gyn Board Certification, this exam is meant to mimic that experience at the level of a third-year medical students.
i. **Sample Daily Schedule**

The following list is a typical student schedule that describes a “day in the life” of a third-year medical student during the Pediatrics clerkship. **Specific timing and activities will vary with the site.** The schedule may also vary by day of the week. For example, departmental grand rounds are usually scheduled on one day during the week.

<table>
<thead>
<tr>
<th>Time</th>
<th>Student Activity – Inpatient Rotation Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00am</td>
<td>Get sign out from overnight team</td>
</tr>
<tr>
<td>8:00am</td>
<td>Pre-round on patients</td>
</tr>
<tr>
<td>9:00am</td>
<td>See your patient</td>
</tr>
<tr>
<td>10:00am</td>
<td>Write note</td>
</tr>
<tr>
<td>11:00am</td>
<td>Patient presentation with attending</td>
</tr>
<tr>
<td>12:00pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00pm</td>
<td>Practice sign out with surgery student</td>
</tr>
<tr>
<td>2:00pm</td>
<td>Follow up on patient</td>
</tr>
<tr>
<td>3:00pm</td>
<td>See patients, write notes</td>
</tr>
<tr>
<td>4:00pm</td>
<td>See patients, write notes</td>
</tr>
<tr>
<td>5:00pm</td>
<td>Sign out to overnight team</td>
</tr>
<tr>
<td>6:00pm</td>
<td>Leave for home</td>
</tr>
<tr>
<td>7:00pm – 8:30pm</td>
<td>Tuesdays - Teaching attending rounds (virtual)</td>
</tr>
</tbody>
</table>

ii. **Goals and Learning Objectives**

Pediatrics poses unique challenges to professional conduct and attitudes. The patient constantly changes as growth and development proceed from birth till late adolescence. The human body talks to us but the patient’s ability to participate **actively** in the clinical interaction progresses, as does the student’s knowledge, experience, and concerns. The adolescent presents specific challenges, including (not exclusive) issues such as privacy, risk-taking behaviors, confidentiality, and personal involvement with health. The role of parents in the clinical interaction, and their knowledge, experience, and concerns, also develop and change as an individual child grows and
subsequent children are born. The way a physician communicates can have a
lasting effect on how the parents and the growing patient perceive the role of
the pediatrician in maintaining their well-being and the trust they develop in
the health care system.

The primary goal of the Pediatric Clerkship is to equip medical students with
the knowledge and skills of pediatric medicine; a complimentary goal is to
promote the independent learning skills necessary for life-long learning. The
clerkship goals are congruent with the learning goals of the Netter School of
Medicine and the Council on Medical Student Education in Pediatrics
(COMSEP). The link to the COMSEP Curriculum is available on Blackboard.

By the end of the Pediatric Clerkship, the student will be able to:

1. Identify physiological, metabolic and physical changes, which take place
during infancy, childhood, and adolescence (including Tanner stages for
sexual development of adolescents).

2. Recognize the sequence of events which occur during normal and
abnormal growth patterns from fetal life, through infancy, childhood, and
adolescence.

3. Articulate development milestones and distinguish deviations from the
normal.

4. Discuss strategies for health promotion and disease and injury prevention
across the pediatric age spectrum.

5. Describe the epidemiology, pathophysiology, clinical signs and symptoms,
differential diagnosis, diagnostic studies, management and outcome of
acute and chronic pediatric illnesses including genetic diseases and
dysmorphology.

6. Obtain age-appropriate histories, perform appropriate physical
examinations, and propose appropriate diagnostic studies.

7. Discuss the importance of the family, community resources, and society
on children's health.

8. Demonstrate the ability to establish an effective patient (or parent) -
physician relationship as well as relationships with members of the health
care team.

9. Communicate information to patients and families in a manner that is easily
understood and culturally sensitive.

10. Identify and address psychosocial, socioeconomic, cultural, and
developmental issues when managing a patient.

11. Perform, document, and communicate an age appropriate history and
physical examination using confidentiality, privacy, and modesty.

12. Perform and document a focused history and physical exam and generate
an appropriate differential diagnosis based on common symptoms and
signs in pediatrics.
13. Demonstrate clinical reasoning in ordering and interpreting the appropriate diagnostic studies.

14. Demonstrate the application of knowledge in the formulation of an appropriate differential diagnosis.

15. Recognize the benefits and major side effects of medications and therapeutic interventions and understand how to prescribe medications based on age and weight.

16. Apply the principles of evidence-based and cost-effective medicine.

17. Formulate and justify an appropriate treatment plan.

18. Illustrate the ability to acquire knowledge, skills and behaviors from their supervisors, members of the health care team, formal teaching sessions and self-directed learning.

19. Throughout the pediatric clerkship, maintain a professional appearance and demeanor.

20. Apply feedback from their preceptors to further their professional growth and development.

21. Identify strengths and weaknesses, seek resources to and apply new knowledge and skills to improve the care of pediatric patients.

22. Describe the unique ethical, legal, and health systems aspects of pediatric care.

23. Recognize the basic medical science, pathophysiology, signs and symptoms related to, and management of common pediatric illnesses, using knowledge of structure and function of major organ systems.

iii. Specialty-Specific Student Responsibilities

**Inpatient Learning**

1. Students should maintain a census of 1-3 patients each day

2. Students should examine their patients at least twice a day (once first thing in the morning and once before you leave for home for the day or as frequently as the patient’s status requires)

3. Students must write a daily note in the morning along with an addendum regarding daytime developments

4. At CCMC and St. Mary’s, students will hand in patient write-ups for the preceptors to get feedback. Specific instructions will be given in orientation on the first day of the rotation

5. At CCMC students will be writing notes in the electronic health record (EHR) and at St. Mary’s, students will be writing notes in the paper chart.
6. At Sacred Heart Hospital, students will complete 1 written admission H&P to be reviewed by Dr. Kilchevsky in the first week. Instructions are posted on Blackboard under “Write-Up Assignment Instructions.”

7. Oral presentations, in all locations should follow this format:
   - One line introduction: age, sex, diagnosis
   - Brief HPI: chief complaint, length, and type of symptoms and medical interventions
   - ER course: vital signs, exam in the ER and interventions
   - Floor course: exam and interventions
   - Student’s plan for patient

Outpatient Learning

1. Students will write notes and the notes should be reviewed periodically

2. Students are expected to present each of their patients

3. Students should complete 3 write-ups for Dr. Kilchevsky and obtain feedback. Instructions for this can be found on Blackboard under “Write-Up Assignment Instructions.”

4. Oral presentations should follow this format:
   - One-line introduction: age, sex, diagnosis
   - Brief HPI: chief complaint, length, and type of symptoms and medical interventions
   - Student’s plan for the patient

Student must complete required Aquifer cases, as indicated in the Blackboard site.

Added optional learning resources (suggested Textbooks and other study materials) and optional cases are available from the Pediatrics Block’s Blackboard site.

iv. Required Cases/Patient Experiences/Procedures

Over the 18-week LMC period, students see the patients outlined below. It is expected that the student sees most of these patients in the dedicated 4-week pediatric block. The chart below shows the expected setting and the acceptable level of responsibility.

(See page 23 of the LMC handbook for the key to levels of responsibility). If a student does not see a patient in the clinical setting, they may use a related Aquifer Case.

<table>
<thead>
<tr>
<th>Domain-patient type/core condition</th>
<th>Symptom, sign, or concern</th>
<th>Examples of diagnosis or issue addressed</th>
<th># Required</th>
<th>Expected Inpatient or</th>
<th>Level of Responsibility</th>
<th>Related Aquifer Peds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Maintenance</td>
<td>Well child care</td>
<td>Newborn (0-1 month)</td>
<td>1</td>
<td>Outpatient or Inpatient</td>
<td>III or IV</td>
<td>1</td>
</tr>
<tr>
<td>Well child care</td>
<td>Infant (1-12 months)</td>
<td>1</td>
<td>Outpatient</td>
<td>III or IV</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Well child care</td>
<td>Toddler (12-60 months)</td>
<td>1</td>
<td>Outpatient</td>
<td>III or IV</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Well child care</td>
<td>School aged (5-12 years)</td>
<td>1</td>
<td>Outpatient</td>
<td>III or IV</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Well child care</td>
<td>Adolescent (13-19 years)</td>
<td>1</td>
<td>Outpatient</td>
<td>III or IV</td>
<td>5,6</td>
<td></td>
</tr>
<tr>
<td>Growth</td>
<td>Parental concerns or abnormalities related to the domain</td>
<td>FTT, poor weight gain, obesity, short stature, microcephaly, macrocephaly, constitutional delay, small for gestational age, large for gestational age</td>
<td>1</td>
<td>Outpatient</td>
<td>II, III or IV</td>
<td>18, 26</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Parental concerns or abnormalities related to the domain</td>
<td>FTT, breast vs. formula feeding, questions about switching to formula, when to add solids, beginning cow’s milk, diet, TPN (Total parenteral nutrition), G-tube feeding, NG tube feeding</td>
<td>1</td>
<td>Outpatient or Inpatient</td>
<td>II, III or IV</td>
<td>2</td>
</tr>
<tr>
<td>Development</td>
<td>Parental concerns or abnormalities related to the domain</td>
<td>Delayed or possibly delayed language, gross motor, fine motor, or social adaptive skills</td>
<td>1</td>
<td>Outpatient</td>
<td>II, III or IV</td>
<td>28,29</td>
</tr>
<tr>
<td>Behavior</td>
<td>Parental concerns or abnormalities related to the domain</td>
<td>Sleep problems, colic, temper tantrums, toilet training, feeding problems, enuresis, ADHD, encopresis</td>
<td>1</td>
<td>Outpatient or Inpatient</td>
<td>II, III or IV</td>
<td>4</td>
</tr>
<tr>
<td>System</td>
<td>Symptom</td>
<td>Differential Diagnosis</td>
<td>Level</td>
<td>Setting</td>
<td>14, 20, 24, 28, 32</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>-------</td>
<td>-----------------------</td>
<td>----------------------</td>
<td></td>
</tr>
<tr>
<td>Autistic spectrum disorder</td>
<td>eating disorders, head banging, poor</td>
<td></td>
<td></td>
<td>Outpatient I, II, III</td>
<td>2, 4, 15, 16, 16, 18, 22, 27</td>
<td></td>
</tr>
<tr>
<td>Emergent Clinical Problem</td>
<td>Respiratory distress, shock, ataxia, seizures, airway obstruction, apnea, proptosis, suicidal ideation, trauma, cyanosis.</td>
<td>Meningitis, shock, testicular torsion, DKA, SIDS, acute life threatening event (ALTE), congestive heart failure, burns, status asthmaticus, status epilepticus, encephalitis, child abuse, Ovarian torsion, perforated appendicitis, splenic or other organ laceration, small bowel obstruction, volvulus, intussusception, respiratory failure (intubated patient)</td>
<td>1</td>
<td>Inpatient</td>
<td>III or IV</td>
<td>19, 20, 23, 24, 17, 25</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>---</td>
<td>-----------</td>
<td>-------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Chronic medical problem</td>
<td>Seasonal allergies, asthma, cerebral palsy, cystic fibrosis, diabetes mellitus, malignancy (e.g. acute lymphocytic leukemia or Wilms tumor), sickle cell disease, epilepsy, atopic dermatitis, obesity, sensory impairment, HIV/AIDS</td>
<td>1</td>
<td>Inpatient or Outpatient</td>
<td>III or IV</td>
<td>22, 26, 28, 29, 30, 31</td>
<td></td>
</tr>
<tr>
<td>Unique condition: fever without localizing findings</td>
<td>Fever</td>
<td>Rule out sepsis; urinary tract infection, systemic viral infection (e.g. EBV), autoimmune diseases</td>
<td>1</td>
<td>Inpatient or Outpatient</td>
<td>III or IV</td>
<td>10</td>
</tr>
<tr>
<td>Unique conditions: Other</td>
<td>Jaundice, gastroschisis, omphalocele, prematurity</td>
<td>1</td>
<td>Inpatient or Outpatient</td>
<td>II, III or IV</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

All required conditions and cases MUST be logged on one45®. For other patients and conditions, there is a free text choice in one45®.
f. PSYCHIATRY BLOCK INFORMATION (Cluster B)

i. Sample Daily Schedule

The following list is a typical student schedule that describes a “day in the life” of a third-year medical student during the Psychiatry clerkship. **Specific timing and activities will vary with the site.** The schedule may also vary by day of the week. For example, departmental grand rounds are usually scheduled on one day during the week.

<table>
<thead>
<tr>
<th>Time</th>
<th>Student Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:45 – 9:00 am</td>
<td>Pre-round on your patients/sign-out/nursing report</td>
</tr>
<tr>
<td>9:00 – 11:30 am</td>
<td>Attending rounds</td>
</tr>
<tr>
<td>11:30 – 1:00 pm</td>
<td>Review Labs, MR documentation/</td>
</tr>
<tr>
<td></td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00 -5:30 pm</td>
<td><strong>Wednesday afternoon</strong> - Central didactic sessions for all sites</td>
</tr>
<tr>
<td>1:00 – 4:00</td>
<td><strong>Other afternoons</strong>: Any or all of the following: Ambulatory services (ED, Outpatient Services, ACT Team, BHU etc..), Patient care activities, new admissions, team or site-based didactic sessions, student presentations, physical diagnosis rounds</td>
</tr>
<tr>
<td>4:00 – 5:00</td>
<td>Afternoon sign-outs</td>
</tr>
</tbody>
</table>

ii. Goals and Learning Objectives

1. Be able to develop an empathic doctor/patient relationship
2. Learn how to decrease patients' level of anxiety or discomfort
3. Be able to conduct a clinical interview and perform a complete mental status examination
4. Be able to apply basic science knowledge of neurobiology and psychosocial experiences in the pathogenesis and treatment of psychiatric illnesses
5. Demonstrate the ability to use pertinent medical and psychiatric information essential for formulating a diagnosis based on DSM V five-axes categories of Mental Disorders.
6. Demonstrate knowledge of the principles and practices of different treatment approaches of major psychiatric syndromes
7. Demonstrate knowledge of the major pharmacologic agents used in psychiatric practice and/or consultation as well as proper indications and side effects
8. Demonstrate the ability to do a case presentation and communicate effectively with the treatment team
9. Demonstrate knowledge of general principles of health care delivery
10. Employ confidentiality and informed consent in interactions with patients
11. Employ respectful, culturally sensitive and empathic behavior with attention to transference and counter transference issues
12. Demonstrate professional demeanor and appropriate boundaries with patients and other members of staff
13. Practice as an effective team member in a multi-disciplinary team and engage in effective communication and collaboration with other health care professionals

iii. Specialty-Specific Student Responsibilities

Added optional learning resources (suggested Textbooks and other study materials) and optional cases are available from the Psychiatry Block’s Blackboard site.

iv. Required Cases/Patient Experiences/Procedures

Students will see patients with the following conditions at the level of responsibility indicated. (See page 23 of the LMC handbook for the key to levels of responsibility)

<table>
<thead>
<tr>
<th>Clinical Conditions</th>
<th>Required Number</th>
<th>Acceptable Level of Responsibility</th>
<th>Related Aquifer Case(s) (#)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Depressive Disorders</td>
<td>1</td>
<td>II, III, IV</td>
<td>TBD</td>
</tr>
<tr>
<td>2. Mood Disorders/Bipolar Disorders</td>
<td>1</td>
<td>II, III, IV</td>
<td></td>
</tr>
<tr>
<td>3. Anxiety Disorders</td>
<td>1</td>
<td>II, III, IV</td>
<td></td>
</tr>
<tr>
<td>4. Psychotic Disorders</td>
<td>1</td>
<td>II, III, IV</td>
<td></td>
</tr>
<tr>
<td>5. Substance Abuse Disorders</td>
<td>1</td>
<td>II, III, IV</td>
<td></td>
</tr>
<tr>
<td>6. Post-Traumatic Stress Disorders/ Trauma and Stressor Related Disorders</td>
<td>1</td>
<td>II, III, IV</td>
<td></td>
</tr>
<tr>
<td>7. Personality Disorders/Traits</td>
<td>1</td>
<td>II, III, IV</td>
<td></td>
</tr>
</tbody>
</table>

v. Specialty-Specific Graded Learning Components

Case Write Ups: This written assignment is intended to assess the student’s ability to integrate information and highlight convey your understanding of biopsychosocial aspects of care. You will complete these write-ups and respond to any requests for corrections from the Clerkship Director.
11. Instructional Methods and Learning Modalities

a. Clinical Learning

The Clinical Clerkship experience allows medical students to learn clinical skills under supervision as a core element of the LMC experience. The aim is to connect medical theory and clinical practice at a critical stage of students’ medical learning. Students’ clinical experience will be supervised by preceptors, who will provide input into students’ assessment and grades. Clinical learning under supervision will contribute to students’ final grades at a range of 40% to 55% of the overall grade, with the percentage determined by the individual clerkship director.

b. Academic Half Days

Each cluster has designed a curriculum of didactic sessions which address clinical learning in the three cluster specialties. The Academic Half Days be conducted synchronously during Zoom every week of the 16 clinical weeks on Thursday afternoons for Cluster A and Wednesday afternoons for Cluster B. Attendance at all sessions is required.

c. Teaching Attending Sessions

Teaching attending sessions are specialty-specific and will focus on the core content in the six specialty blocks. The weekly sessions will provide students with dedicated time to synthesize clinical learning and foundational concepts, and advance clinical reasoning, with the continuity and support of a skilled clinician educator. The sessions will be conducted synchronously via ZOOM.

See Appendix 5 for details.

Teaching attending sessions will contribute to students’ final grades at a range of 10% to 15% of the overall grade, with the percentage determined by the individual clerkship director. Attendance is required.

d. Longitudinal Curriculum (Synchronous)

During the Integrated Block, students will engage in formal small group didactic sessions held via ZOOM will focus on cross cutting curricular materials such as implicit social determinants of health, equity in health care, social justice and implicit bias training. These sessions will occur one half day during the Integrated Block only. Attendance is required.
There will be no Teaching Attending sessions during the Integrated Blocks.

e. **Required Self-Directed Learning (Reading Assignments, Cases and Textbook and Journal Review)**

Required self-directed learning in each specialty block will focus on clinical core content areas.

i. **Aquifer/APGO Cases**

Aquifer and cases are used for additional learning in internal medicine, pediatrics primary care, psychiatry and surgery, and Association of Professors Obstetrics and Gynecology (APGO) cases supplement learning during the obstetrics-gynecology block. Additional cases may be suggested or required if the clinical experience is deficient in one or more areas. See the specialty-specific section for each specialty block for the Aquifer/APGO cases.

Completion of these asynchronous modules is required. There is no scoring and beyond completion, performance on these modules will not contribute to students’ final grades.

ii. **Required Specialty-Specific Content**

Each specialty block will include required specialty-specific learning content, such as reading assignments, journal review, podcasts and review of case file. These learning modalities may be in person or delivered online (synchronous or asynchronous). An overview of specialty-specific content for each specialty block is provided in the Clerkship Block Information in the manual.

f. **Added Specialty Self-Directed Learning Resources**

In each specialty block, students will have the opportunity for added optional learning using clinical cases, patient conditions and other learning opportunities. These resources can be found on the specialty-specific Blackboard site for each specialty block.

g. **Optional Online Modules (Asynchronous)**

LMC students will be have the option to select among several asynchronous core content modules, selected to meet specific learning needs and compensate for potential learning challenges attributable to the COVID-19 pandemic. Topics available to students include modules on health systems science, IHI patient safety and quality improvement
modules, health systems science, value-based care (Choosing Wisely), as well as COVID-19 related topics.

**h. Flex Days**

During the Integrated Block, each student is scheduled for 2 Flex Half Days per week. These days are designed to provide students with flexibility to engage in self-directed learning, self-care, meetings with faculty, and make up any missed clinical work.
12. Individualized Learning Plan

The Individualized Learning Plan (ILP) is a student-directed planning and monitoring tool that customizes learning opportunities throughout the student’s medical school experience, broadens the student’s perspective on learning, and supports the attainment of learning and career goals.

Developing an ILP entails setting learning goals based on the individual student’s academic, career and personal interests, with guidance and support of a faculty advisor. Netter medical students are expected to create an ILP at the beginning of each academic year (AY) and evaluate your progress at a second meeting later in the AY. As your specialty and career interests evolve and become more defined, the discussion of the ILP with your career advisor will be helpful in ensuring that learning goals for the year are a good fit for your career aspirations, identify and capitalize on strength and address any learning challenges the student might experience.

For a blank ILP and instructions for completing the ILP go to Blackboard.
13. Assessment, Feedback and Grading

Evaluation of the third-year longitudinal multi-specialty clerkship (LMC) uses both formative and summative assessments. Students will receive a summative grade at the end of each of the six specialty/integrated blocks.

a. Formative Assessments

Formative assessments (or assessment FOR learning) occur throughout each clerkship block. These assessments do not produce a grade but result in feedback that highlights specific strengths and areas that could be improved. This formative feedback should include specific suggestions for learning or practicing skills to support the students’ professional development and growth. The student should receive ongoing interim feedback during the clerkship from faculty preceptor(s) and residents. We also encourage students to solicit periodic feedback on how they are performing from faculty.

i. Self-Assessment

Formative feedback at the Netter School includes the student’s Self-Assessments. Students are expected to complete a self-assessment form for mid-clerkship feedback sessions.

Students will discuss completed self-assessments in a mid-clerkship feedback meeting. This is an opportunity for students to highlight strengths and identify areas for improvement, with the intent of getting specific suggestions for how to direct your learning during the remainder of the specialty block. The aim is to assist students in (1) applying knowledge; (2) promoting effective utilization of higher-order skills (critical thinking, problem solving, etc.) and (3) deepening the understanding of the clinical content of the clerkship.

Students will also complete a self-assessment for the Teaching Attending sessions that occur in each specialty block and discuss it with the teaching attending.

For blank Self-assessment forms for the clinical portion and the teaching attending sessions see the forms section in Appendix 2.

ii. Mid-Clerkship Feedback

The Mid-Clerkship feedback is an opportunity for the student and faculty to discuss learning progress, achieve consensus on your strengths and areas for improvement, and set specific learning goals for the remainder of the clerkship block. It is important for the student to view this as feedback
(not a grade) and to be comfortable and engaged in the conversation about the student’s learning progress.

For a blank **Mid-Clerkship Feedback** forms see the forms section in Appendix 2.

### iii. OSCEs

In most LMC specialties, the OSCE is formative only, and will give you feedback on your developing clinical skills. You will take a clinical skills exam on two standardized patients for each of the six core clinical disciplines required for third year. The OSCEs will be based on clinical experiences that you would have encountered during the rotation and the examination will mimic the type of conditions you will see on the Step 2 CS examination.

The specialty OSCEs in each clerkship block evaluate the following skills domains:

- **History**: evaluated and graded by Standardized Patient (SP)
- **Physical Exam**: evaluated and graded by Standardized Patient (SP)
- **Communication Skills**: evaluated and graded by Standardized Patient (SP)
- **Clinical Documentation Note**: evaluated and graded by Clinical Faculty

### iv. SCO (Structured Clinical Observation)

A clinical faculty member will observe you completing portions of a history and physical examination of a patient at least once in each core discipline and will give you specific feedback via an SCO. This is both an LCME requirement as well as a clerkship requirement. You are required to complete at least two per specialty block, but you are encouraged to complete more.
b. Summative Assessments

Summative assessments (assessment OF learning) document your learning, integration of knowledge and clinical, communication and related skills at the conclusion of a clinical block, or for specific added graded components that assess learning, such as the NBME exam or the teaching attending sessions. Summative assessments produce a grade that denotes your level of achievement on defined competencies or other learning objectives for the given graded component.

The summative grade for your clerkship block is made up of several graded components that include the end of clerkship assessment, the NBME exam, an assessment for your teaching attending sessions and other graded components such as an OSCE or an oral examination for some clerkships. These grading components inputs described in more detail below. Individual clerkship directors have some latitude in assigning the percentage each graded component contributes to your overall grade. These percentages and how your overall grade will be calculated are shown in the section on grading below.

i. Clinical Performance Assessment

During the clerkship, faculty members who provided supervision for your clinical work will evaluate you using the Y3 Clinical Performance Assessment form. This will be based on your performance on the clinical competency domains of the clerkship (Medical Knowledge, Patient Care, Communication Skills, Professionalism, Practice-Based Learning and Improvement and Systems-Based Practice).

The clerkship director in each specialty is responsible for collecting and summarizing performance evaluations and comments from faculty and staff you have worked with during the LMC block. Scores and comments from the feedback and evaluation form are a major determinant of your final grade for each clerkship.

For a Clinical Performance Assessment form see the forms section in Appendix 2.

ii. NBME Examinations

The NBME examinations (shelf-exam) in the six LMC specialties will test your application of the clinical knowledge that you have gained from the clinical experiences during the clerkship, the recommended readings, the teaching attending sessions, online modules and other learning sources. At the end of each of the two LMC clusters, students will take the NBME examinations for the three specialties of that
cluster. Students have the option of taking the NBME exams in week 12, 16, 17, or 18 of each cluster.

The NBME exams will be administered under the direction of the school designated Chief Proctor. Netter School’s Student Academic Policy regarding NBME exam administration is in alignment with NBME exam administration guidelines.

iii. Teaching Attending Assessment

Each LMC block with have small group sessions with a teaching attending, for case-based discussions, with each student having the opportunity to present at least once, and to provide added group input. The intent is to supplement didactic lectures and clinical experiences with opportunities to develop and demonstrate integration of information, medical knowledge, clinical reasoning and related skills. Group discussion and problem solving will also assist students with application, synthesis and retention of clinical information.

iv. Other Graded Components for Selected LMC Blocks

Case Write Ups (Primary Care): This written assignment is intended to assess the student’s ability to integrate information and highlight convey your understanding of biopsychosocial aspects of care. You will complete these write-ups and respond to any requests for corrections from the Clerkship Director.

OSCE (Primary Care): See under formative assessments above for the aims of the OSCE. If you fail the OSCE in a clerkship block that uses it as a summative assessment, a remediation plan will be put in place and you will need to retake the OSCE. A grade of Incomplete (I) will be given until remediation and retake are complete.

Oral Examination (Ob-Gynecology): Students will be assessed on their medical knowledge and clinical thinking during at an oral exam at the conclusion of the clerkship. The exam will be based on three cases which are presented to the student via a PowerPoint presentation. Because an oral examination is a mandatory part of OB/Gyn Board Certification, this exam is meant to mimic that experience at the level of a third-year medical students.
c. LMC Grading

Students will receive a grade for each specialty or integrated block of the LMC. Summative assessments for the LMC clerkship use a four-level grading system (Honors, High Pass, Pass and Fail/Incomplete).

The grading inputs have been determined by the respective clerkship directors and are shown in the table below.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Clerkships Clinical Performance Assessments</th>
<th>NBME Exam (minimum for pass)</th>
<th>Teaching Attending Assessment</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine</td>
<td>50%</td>
<td>35% (5%ile)</td>
<td>15%</td>
<td>--</td>
</tr>
<tr>
<td>Ob-Gynecology</td>
<td>40%</td>
<td>35% (5%ile)</td>
<td>10%</td>
<td>Oral Examination 15%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>50%</td>
<td>35% (5%ile)</td>
<td>15%</td>
<td>--</td>
</tr>
<tr>
<td>Primacy Care</td>
<td>40%</td>
<td>30% (3%ile)</td>
<td>10%</td>
<td>Case Report 10%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>45%</td>
<td>35% (5%ile)</td>
<td>15%</td>
<td>Case Report 5%</td>
</tr>
<tr>
<td>Surgery</td>
<td>55%</td>
<td>35% (5%ile)</td>
<td>10%</td>
<td>--</td>
</tr>
</tbody>
</table>

i. Other Determining Factors for Grading

Professionalism

There is an expectation to adhere to the school’s professionalism policy as noted in your student handbook. Any deviations/inconsistencies from this policy may be grounds for failure of the clerkship and possible other disciplinary actions. Timeliness and punctuality are part of professionalism.

Adherence to the time and attendance policy

Failure to adhere to the policy may affect your final grade.
Completion of the required curriculum tasks

Failure to complete any part of the required curriculum, including timely entry of your experiences into one45® may affect your grade. This also includes completion of the required Structured Clinical Observation H&P cards, signed by yourself and faculty member, completion of the duty hours log, and completion of the evaluation forms.

Remediation

Students who do not meet the required minimum number of points to pass a clinical discipline will be offered remediation in accordance with the School of Medicine policy at the guidance of the Clerkship Director and Site Director and the Dean of Student Affairs.

ii. Final Grade

Final grades will be posted within 6 weeks after the end of a rotation. You will receive an email notification once the CAS course Committee have approved your final grade.

Per the School of Medicine’s Policy for Grade Appeal in the Required Clerkships, all requests for appeal must be made within 14 calendar days of your grade being released. Requests made after specified time frame will not be considered. The complete policy can be found in the School of Medicine Student Handbook.

d. Student Evaluation of Faculty and the LMC

Students are expected to evaluate and provide feedback on the LMC experience. This includes an evaluation of each specialty block, an evaluation at the end of each cluster, and a final evaluation after completing the two clusters.

Because the LMC is a new approach to the third-year clinical experience, students will also be asked for real-time feedback on any concerns and to make suggestions for improving the LMC experience.

Evaluation forms are under development.
Feedback is the process of providing learners with information about their performance for the purpose of improving their performance. Feedback is essential for learners to attain clinical skills. Feedback should be based upon clear goals and should be provided regularly by all health care providers who teach a trainee. This model, called Ask-Tell-Ask is an effective method for providing in-person feedback.

**ASK**
Ask the learner to assess the performance (strengths and challenges)

**TELL**
Tell learner your impressions backed by observations, and specific examples

**ASK**
Ask the learner to describe strategies for improvement

### Sample Statements

**How do you think you did?**  
What do you think went well?  
Did you have any problems?  
Would you have done anything different?

**I observed___**  
You excel at___because___  
One area you could improve is___  
When you do___I feel___

**What do you think of...my observations? my comments?**  
What could you do differently?  
What can we do to improve?  
How can I help you improve?

**Example**

"How do you feel you are doing with your presentations on attending rounds?"

"I've noticed that you seem to be having trouble with organization. It's important to follow this standard format so that you don't miss any part of the history and others can follow the information they are hearing. For example..."

"What might help you with this?"  
"Would it be helpful if we reviewed the format together?"
Written Feedback

Narrative/written feedback includes descriptive observations of a student’s performance including strengths and areas for improvement to guide future efforts. These comments are required on student assessments, must be consistent with ratings and provide richer information than ratings, help to distinguish individual student strengths, and provide valuable feedback when written using specific language.

We commonly see statements such as “A pleasure to work with”, “A star student – one of the best I have seen”, “Would like to see him/her have more confidence”, and “Excellent presentations.” These comments are not specific enough to guide the student’s progress. Narrative feedback, like verbal feedback, needs to be specific, and when possible, provide examples.

Examples of Strengths

- The student consistently asks pertinent questions during rounds that contribute to team learning.
- The student independently identifies important questions to research in depth and shares learning with the team.
- The student readily accepted feedback about needing to expand the differential diagnosis in the notes. The student's differential diagnoses are now comprehensive and supported by reasoning.
- The student has excellent listening skills, and uses summaries and paraphrasing often, which I observed helped a patient feel more comfortable talking about a concerning diagnosis.

Examples of Areas for Improvement

- The student needs to slow down the pace of interviewing to allow patients to bring up their concerns.
- The student’s presentations, though accurate, could use more supporting detail about the chief concern, including a detailed chronology of symptoms prior to the patient arriving at the office/hospital.
- The student interrupts colleagues to make comments when they are presenting or speaking; this could be perceived as disrespectful.
15. **Student Well-Being**

At the Frank H. Netter MD School of Medicine, we are committed to the well-being of all members of our community.

**Presenteeism/Working When Ill**

Professional identity formation of the medical student often focuses on instilling strong work ethic and limiting inappropriate absenteeism. Less often noted or addressed is the issue of ‘presenteeism’, the practice of presenting to duty despite injury or illness that impairs productivity and puts others at risk. For instance, a trainee who comes to clinic despite obvious flu-like symptoms (defined as fever 100.0 or greater with or without runny nose/sore throat/cough) during flu season places patients as well as the health care team at risk of contracting the illness. Students may decide to present to work out of concern that their absence may be viewed negatively and affect their evaluations, and/or they may fear burdensome make-up work. Instead, this could be the opportunity for a ‘teachable moment’ wherein students may learn when it is appropriate to stay home rather than come to work. The role of faculty includes 1) laying out clear criteria for absence and the expectation that students communicate questions or concerns about attendance in timely fashion, 2) discussing the impact of the choice to stay at home, *i.e.*, how will assignments or duty hours be made up, and 3) ensuring that the burden of any make-up assignments are reasonable for someone already ill. Clinical faculty may cite school attendance policy or may have more stringent policies based on the patient populations that they serve, such as pregnant women, infants and children, the elderly, or individuals who are immunocompromised.

**Referring Students in Distress**

Faculty are often the first to recognize symptoms of distress in students. The Office of Student Affairs are ready to support distressed students and connect them with appropriate resources, which range from academic and clinical skills coaching, to health and wellness resources.

Kim Pham, MD, MPH  
**Associate Dean** 203-582-4859  
**Kim-Thu.Pham@qu.edu**

Elissa Carroll, MA  
**Director** 203-582-6595  
**Elissa.Carroll@qu.edu**
WELLNESS RESOURCES

CT PSYCHIATRIC & WELLNESS CENTER
For confidential, in-person care at three CT locations.
Intake form: https://myq.quinnipiac.edu/medicine/Pages/Counseling-Services.aspx
- indicate the individual is a Netter student

WELLCONNECT
Confidential telephonic counseling & referrals
Available 24/7/365 to students & household members
Call 866-640-4777 or online https://wellconnect.personaladvantage.com/
School Code: QMS-STU

SILVERCLOUD
A confidential, clinically proven online mental health platform based on cognitive behavioral therapy (CBT), mindfulness and positive psychology.
Sign-up: http://gsh.silvercloudhealth.com/signup/; choose ‘Quinnipiac University’ from the dropdown and use your @quinnipiac.edu email address.

CHAPLAINS, QU OFFICE OF RELIGIOUS LIFE
203-582-8257
Fr. Jordan Lenaghan, Executive Director of University Religious Life
Idrisu Awudu, Muslim Religious Life Coordinator
Reena Judd, University Rabbi
Fr. Matthew Gworek, Catholic Chaplain
Colby Putnam, Protestant Chaplain

NATIONAL SUICIDE PREVENTION HOTLINE
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NATIONAL SEXUAL ASSAULT HOTLINE
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https://www.rainn.org/
16. Safe and Respectful Learning Environment

Quinnipiac University is committed to the principle that the educational relationship should be one of mutual respect between teacher and learner. Because the school trains individuals who are entrusted with the lives and well-being of others, we have a unique responsibility to assure that students learn as members of a community of scholars in an environment that is conducive to learning. Maintaining such an environment requires that the faculty, administration, residents, nursing staff, and students treat each other with the respect due colleagues. All teachers should realize that students depend on them for evaluations and references, which can advance or impede their career development. They must take care to judiciously exercise this power and to maintain fairness of treatment avoiding exploitation or the perception of mistreatment and exploitation. The quality and worth of your education rest not only in the excellence of the content and the skills that are taught, but also in the example provided to students of humane physicians and scientists who respect their professional colleagues at all career levels, their patients, and one another. Please remember that being asked a question that you do not know the answer too is NOT mistreatment but being called stupid for not knowing the answer is.

Please also see the Code of Conduct and the Compact Between Faculty and Learners.

a. Tools for Creating a Respectful Learning Environment*

- Do not make jokes about students', patients' or anyone's gender, race, ethnicity, age or sexual orientation.
- Model respectful relationships with peers, trainees and nurses.
- Remember Gratitude:
  - Educators: Remember to value your students/residents and thank them for their hard work.
  - Students: Set a good example in the workplace by showing gratitude to your faculty/residents and staff and thanking them for their hard work.
- Communicating Expectations:
  - Educators: Communicate clear expectations for students to reduce misunderstandings.
  - Students: Clarify expectations for student's role on the service to reduce misunderstandings.
- Performing Personal Services:
○ Educators: Do not ask students to run errands/pick up food, coffee, etc.
○ Students: If asked to run errands/pick up food, coffee, etc., respond in a way that helps others know that you are very interested in the educational opportunities and would prefer to stay in the clinical area and not miss out on these educational opportunities.

- Awareness of Stressful Situations:
  ○ Educators: Develop increased self-awareness of stress level. When stress level increases, take measures to actively reduce it.
  ○ Students: Develop an awareness of the educator’s stress level. When the stress level increases, take measures to actively reduce it or wait quietly and patiently to let the educator handle the situation.

- Perception of Offensive Behavior:
  ○ Educators: Reflect on interactions with students/residents to appreciate how they may have perceived something.
  ○ Students: Reflect on interactions with residents/attendings/nurses to appreciate how they may have perceived something. When things are quiet/conducive to discussion, bring up the situation and clarify what the different perceptions might have been.

- The Golden Rule:
  ○ Educators: Remember what it was like as a medical student and think about how you would have liked to be treated.
  ○ Students: Remember your experiences as a medical student and think about how you will conduct yourself in an exemplary fashion as a resident and attending in the future.

- Assess the clinical environment for hot spots and think creatively for solutions that would avoid these.

- If a student or resident reports that they are being mistreated by a nurse or patient, listen and ask questions to better understand the issues, and try to help the student/resident respond appropriately.
  ○ Scripts for Educators that may be useful to avoid mistreatment:
    - “Please stand to the side for the time being as I am concerned that this patient is very unstable. We can talk about the teaching points after the patient has been stabilized.”
    - “Please hold your questions until we have sufficient time to give them the attention that they deserve.”
“I understand that you may not know the answers to my questions. Do not feel badly about that. I ask them to better understand your knowledge base so that I can teach at a level that will best serve you.”

“I am sorry about this misunderstanding. I may not have communicated clearly.”

“I am sorry if what I said was offensive to you. I didn’t intend for it to be so harsh, but once I said it, I realized that it would have been better to say the same thing this way…”

- Scripts for students that may be useful to avoid mistreatment:
  - When asked to run an errand: “I find the clinical experience to be so interesting and important. I would prefer not to miss any of it in order to pick up coffee.”
  - To avoid being left without a role when a patient is deteriorating: “During this month, when a patient becomes unstable, in what way can I participate?”
  - To help with communication when a patient is deteriorating suggest the following at the beginning of the month/week/day: “It would be helpful to have a phrase that denotes that a patient is unstable so that those present are aware of this, but the patient and family are not alarmed. Perhaps something like ‘let us all pay attention now’. ”
  - When there has been an erroneous assumption or statement: “I am sorry about this misunderstanding. I may not have understood you clearly.” Then discuss it openly.
  - When something offensive has been said: “I think I understand the meaning that you intended, however, it might be offensive to others because of the ambiguity. Did you mean… (Restate comment without offensive portion)?”
  - In response to someone yelling: “I can hear you well, there is no need to raise your voice.”
  - In response to profanity or inappropriate comment: “I would prefer if you use professional terminology so that I can learn the best way to handle this difficult situation.”

- Response to perceived offensive behaviors:
  - Educators: Generally, students and residents would like to learn how to respond to these situations themselves, rather than have faculty “rescue” them from the situation.
  - Students: Generally, educators would like the opportunity to understand your perception in order to clear up a misunderstanding.
at the time or in close proximity to it. It often worsens if it is allowed to fester.

- When you are concerned about a situation, think about discussing it with another member of the team. Often a colleague can help develop the best approach to the situation.

- We encourage you to address issues of mistreatment that arise (with nurses, patients, other students, trainees and faculty) in real-time in order to create a respectful workplace. However, the Associate Dean for Student Affairs would then like to hear about issues of mistreatment as well.

*Adapted from guidelines established by Stanford School of Medicine*

### b. Creating a Respectful and Comfortable Learning Environment – Guidance for Faculty

Effective learning in medical education occurs in professional, respectful, and intellectually stimulating academic and clinical environments, where educators recognize the benefits of diversity and promote students’ attainment of competencies required of future physicians. The learning environment is composed of 4 key components. Below you will find teaching behaviors linked to each component that will help you positively affect your teaching/learning environment.
Stimulation
To create a stimulating environment where learners are attentive and excited to learn:

1. Show enthusiasm for the topic and your learners
2. Use an animated voice
3. Provide a conducive physical environment for teaching
4. Counteract the natural decrement in attention (attention decreases after 10-20 minutes of listening to a lecture) by varying a presentation or shifting to a new learning activity

Learner Involvement
To increase learner’s participation in a teaching session:

1. Look at learners (eye contact)
2. Use active listening techniques
3. Encourage learners to participate. E.g. Provide positive feedback for participation and communicate expectations “I want you to ask questions and no question is stupid.” “Participating in the discussion is important for everyone to learn.”
4. Avoid monopolizing the discussion

Respect and Comfort
To create a respectful and comfortable environment where learners openly share their problems/challenges:

1. Use learners’ names
2. Acknowledge problems/situations faced by the learner (ex. I realize you may have never seen a patient with this diagnosis before.)
3. Invite learners to express opinions
4. State respect for divergent opinions
5. Avoid ridicule, intimidation, or interruption

Admission of Limitations
Admitting your own limitations, those of your learner, or the medical field helps learners be more transparent about their own learning needs. Consider the following teaching behaviors:

1. Admit your own errors/limitations (ex. I missed an aortic stenosis murmur when I was an intern, and it negatively affected the patient’s care.)
2. Avoid being dogmatic
3. Acknowledge limitations in learners (ex. I realized you have not learned this yet.)
4. Invite learners to bring up limitations (ex. What part of the cardiac exam is most difficult for you?)
5. Acknowledge limitations in the content of medicine (ex. There have not been any studies in this area to help us with treatment decisions.)
c. Diversity and Inclusion

In coordination with its parent institution, Quinnipiac University, the Frank H. Netter School of Medicine, is committed to creating a diverse and inclusive working and learning environment. For information about diversity and inclusion, visit the website for the Quinnipiac University Department of Cultural and Global Engagement:

https://www.qu.edu/life/student/diversity-inclusion.html

d. Student Mistreatment (see full policy)

The School of Medicine does not tolerate student mistreatment of any kind. In this context, mistreatment encompasses harassment and discrimination. The school’s Code of Conduct articulates both acceptable and unacceptable behavior. All members of the School of Medicine, including students, are expected to abide by the Code of Conduct. The school’s mistreatment procedures are designed to be safe and protective of students. Students are expected to report mistreatment as an obligation to protect the integrity of the medical profession.

Key sections of the Student Mistreatment Policy are excepted here. The full policy can be found in the SOM policies at the end of this Handbook.

The school’s mistreatment procedures are designed to be safe and protective of students. Students are expected to report mistreatment as an obligation to protect the integrity of the medical profession.

A. Professional Obligation to Report

All students who perceive that they have been subjected to mistreatment in any form are expected to report it, following one or more of the procedures (Section C. below). Reporting offenders is necessary to protect oneself, fellow students, and patients. Although students may report mistreatment at any point in their education (there is no statute of limitation), they are encouraged to file reports as early as possible after the incident.

B. Protection from Reprisal

Students reporting an incident of mistreatment in good faith are protected from adverse action (such as a negative evaluation), and steps are taken to assure an appropriate positive learning environment. Students are
removed from the supervision of the alleged offender immediately and transferred to a comparable group or clinical setting. In the rare case where a student maliciously fabricates an allegation, the individual would be subject to a review by the Promotion and Performance Standards Committee.

C. Distribution and Discussion of Policies and Procedures

The Associate Dean for Student Affairs discusses the Code of Conduct with students during orientation sessions at the beginning of each academic year, and with faculty at the annual faculty development seminars. The School of Medicine believes that the fundamental method to prevent mistreatment of students is to create an atmosphere of mutual respect for all university personnel, which is supplemented by fair and supportive academic policies. All faculty members complete a sexual harassment prevention training program.

The Associate Dean for Student Affairs reports annually to the Promotions and Performance Standards Committee and the Dean any incidents of student mistreatment. The Associate Dean for Student Affairs also reviews the AAMC Graduation Questionnaire yearly and reports these findings to the Dean of the School of Medicine.

D. Procedures: Options for Mistreated Students:

Direct confrontation. Students may choose to confront the perpetrator (and then also follow any other option below). Students should describe the precise offending behavior, how that behavior made the student feel, and what the student would like to happen next. This can be done immediately or in private at the first opportunity, but in all cases as soon as possible after the incident. While this option may be exercised for any mistreatment, it is recommended as the sole option only for minor transgressions.

1. Informal discussions with the Associate Dean for Student Affairs. Students may choose to keep the offender’s name confidential and ask the Associate Dean for Student Affairs for advice on how to proceed. If, for any reason, the student is uncomfortable with reporting to the Associate Dean for Student Affairs, the individual may report the incident to the Associate Dean for Education or to the Director of Human Resources (203-582-5257).

2. Request for transfer of academic assignment. The student may request a transfer to another supervisor or group by sharing the details of the incident with the Associate Dean for Student Affairs, with or without divulging the offender’s name. Upon hearing the nature of the incident, the Associate Dean for Student Affairs may also independently recommend an immediate transfer of assignment.

3. Formal complaint. An anonymous Report of Concern can be submitted at any time. Alternatively, a student wishing to submit a formal mistreatment complaint must meet with the Associate Dean for
Student Affairs (or Director of Administration, if they prefer) to discuss the incident and the filing procedure. In a formal complaint, the student will need to identify the alleged offender by name, and must submit a written report of the incident using the Report of Concern Regarding Faculty/Staff and Student Mistreatment Form.

- Name of offender, date and setting of the incident
- A comprehensive description of the mistreatment
- The consequences of the behavior – the student’s emotional and physical response, subsequent retaliatory actions (such as threats or poor evaluations), impact on other learners or patients, etc.
- Any other relevant information (such as an antecedent incident, carry over to other settings, etc.)

4. Legal authorities. Students may decide to involve legal authorities to ensure their personal safety and civil rights. A student may seek legal counsel and/or report the matter to security or police at any point in the process. Students may do so independently or after consultation with the Associate Dean for Student Affairs. Permission is not needed to involve legal authorities.

The School of Medicine believes that silence is not a professionally responsible option, but that students may fail to report for a number of reasons, such as fear of reprisal or embarrassment. As such, the School of Medicine will use multiple methods to continuously monitor the safety and ease of the reporting procedures and to modify them as needed.

E. Faculty and Resident Role:

Residents and faculty supervise and are responsible for both patient and student safety, during patient care activities, and at all times. To ensure optimal patient outcomes and safety, supervising faculty and residents must be available in a timely manner to students who request assistance in performing their patient care activities. Student should feel comfortable in requesting supervision or help from the faculty and are encouraged to do so when concerns arise. Faculty and residents must follow the guidelines for student duty hours; avoid placing students in situations that pose a threat to health without appropriate preparation; and abide by the SOM’s “Compact Between Faculty and Learners.”

Faculty and residents who supervise students should feel comfortable reporting incidents of student mistreatment using the same processes and resources available to students.
17. Resources for Students

**GENERAL RESOURCES**

**SOM OFFICE OF STUDENT AFFAIRS**
Kim Pham, MD, MPH  
*Associate Dean*  
203-582-4859  
kim-thu.pham@qu.edu

Elissa Carroll, MA  
*Director*  
203-582-6595  
elissa.carroll@qu.edu

**STUDENT AFFAIRS ADVISING WEBSITE**  
https://quinnipiac.digication.com/career_advising/Home/

**CAREERS IN MEDICINE WEBSITE**  
https://www.aamc.org/cim/  
(video tour: https://www.aamc.org/cim/481616/cimoverviewstudents.html)

**ACADEMIC RESOURCES**

**CLINICAL SKILLS COACHING**
Ilene Rosenberg, MD  
203-582-7828  
ilene.rosenberg@qu.edu

**QU LEARNING COMMONS**
Appointment through Niraida Soto: niraida.soto@qu.edu

**NETTER PEER FELLOWS** - student-run tutoring program for M1s  
See weekly Student Affairs Newsletter for link to sign up.

**QU TITLE IX OFFICE**
203-582-7768  
catlin.wells@qu.edu

**QU OFFICE OF ACCESSIBILITY**
203-582-7600  
access@qu.edu
WELLNESS RESOURCES

CT PSYCHIATRIC & WELLNESS CENTER

For confidential, in-person care at three CT locations.
Intake form: [https://myq.quinnipiac.edu/medicine/Pages/Counseling-Services.aspx](https://myq.quinnipiac.edu/medicine/Pages/Counseling-Services.aspx)

On the intake form, indicate you are a Netter student.

WELLCONNECT
Confidential telephonic counseling & referrals

Available 24/7/365 to students & household members
Call 866-640-4777 or online [https://wellconnect.personaladvantage.com/](https://wellconnect.personaladvantage.com/)

School Code: QMS-STU

CHAPLAINS, QU OFFICE OF RELIGIOUS LIFE

203-582-8257

Fr. Jordan Lenaghan, Executive Director of University Religious Life
Iddrisu Awudu, Muslim Religious Life Coordinator
Reena Judd, University Rabbi
Fr. Joachim Kenney, Catholic Chaplain
Colby Putnam, Protestant Chaplain

NATIONAL SUICIDE PREVENTION HOTLINE
800-273-8255

NATIONAL SEXUAL ASSAULT HOTLINE
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[https://www.rainn.org/](https://www.rainn.org/)
18. Netter School of Medicine Policies

Important Policies

The following policies are all part of the Frank H. Netter MD School of Medicine Student Academic Policies. We have extracted the policies most critical to your teaching role, included them below, and ask that you review each of these carefully. To access the full Student Academic Policies, please use the following link: Student Academic Policies

a. Duty Hours

The total number of combined hours of formal scheduled course teaching sessions in the Foundations of Medicine, Clinical Arts and Sciences, and Scholarly Reflection Concentration Capstone courses in years 1 and 2 is limited to 28 hours per week on average. Occasional, non-recurring exceptions may be made by the Senior Associate Dean for Education in consultation with the Associate Dean for Student Affairs. Regular, recurring exceptions require Council on Curriculum Oversight (CCO) approval. Student concerns regarding this policy should be addressed to the Associate Dean for Student Affairs, who may present student concerns to the Senior Associate Dean for Education or the CCO.

During clinical rotations, students are expected to be involved in the activities of the healthcare team to which they are assigned, carry out assigned patient care activities, and participate in required educational activities. The time needed to adequately meet these responsibilities will vary depending on the clinical rotation and can include overnight call. Nevertheless, students are expected to abide by the following duty hour restrictions.

- Duties hours are limited to 80 hours per week averaged over 4 weeks.
- Students must be provided with one day in seven free from all clinical and academic activities, averaged over a 4-week period.
- At a minimum, students must have a 10-hour period of rest between daily duty periods.
- Continuous on-site duty must not exceed 24 consecutive hours.

Students should report violations of these duty-hour restrictions to the course/clerkship leadership, or the Associate Dean for Student Affairs.

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For the purpose of the policy duty, hours are defined as all clinical and academic activities and includes: patient care (inpatient and outpatient), all administrative duties related to patient care, in-house call, and scheduled academic activities (e.g., conferences, morning report, lectures, etc.).
Student Mistreatment Policy and Procedures

See the section 16 d. on Student Mistreatment for this policy,

b. SOM Code of Conduct

In order to uphold the mission and aims of the Frank H. Netter MD School of Medicine at Quinnipiac University, students, faculty, and staff are given the responsibility of conducting themselves in a manner that positively reflects the School of Medicine and the interests of patients. As such, the standard of professionalism is defined by our interactions with colleagues, commitment to excellence in theory and in practice, courteous behavior between colleagues, faculty, administration, patients, and community partners, and maintenance of accountability, effective communication, presentation to others, consistency in work, and commitment to adhering to the standards and guidelines enumerated in the Netter School of Medicine Code of Conduct.

The Code of Conduct for the Frank H. Netter, M.D., School of Medicine is based on the following principles.

- Compassion
- Duty
- Honesty
- Integrity
- Respect
- Professionalism

All members of the School of Medicine, including faculty, students, and staff are expected to abide by the standards articulated in this Code of Conduct as well as current University policies and procedures.

Faculty, administration, students, and staff are expected to recognize and address violations of the code of conduct. Violations of the code of conduct may result in submission of Reports of Concern and/or lead to review by the Professionalism Board and/or other disciplinary actions.

GENERAL STANDARDS

Conduct of Faculty, Administrators, and Staff

- Members of the School of Medicine will perform their duties in a fair and ethical manner in accordance with established policies, procedures and regulations.
• Members of the School of Medicine will carry out their duties with professionalism, and in accordance with the guiding principles of this code of conduct.

• Supervisors and administrators will provide equal opportunity and access to the school’s programs, benefits, and services.

• Supervisors and administrators will demonstrate compliance with the Code of Conduct within their units.

• Inappropriate personal relationships between supervisors and those they supervise are prohibited.

Civility

• Members of the School of Medicine will promote a spirit of civility and collegiality that allows open and constructive intellectual debate.

• Members of the School of Medicine have a responsibility to treat each other with consideration and respect. Administrators and supervisors have an elevated responsibility to demonstrate these behaviors and to promote their expression in the workplace.

• Engaging in behaviors that harass, intimidate, bully, threaten, or harm another member of the School of Medicine or other members of the healthcare team with whom we learn and/or provide patient care, undermine a respectful and civil work environment and are expressly forbidden.

Non-Discrimination

• Members of the School of Medicine encourage and respect diversity within the school, across the University and at its clinical sites; and do not allow discrimination in any activity or operation of the institution on the basis of age, race, national origin, religion, disability, sex, sexual orientation, or any other characteristic protected by law.

Harassment

• Members of the School of Medicine are dedicated to fostering a safe working and learning environment for all; all forms of discrimination and acts of intolerance including, but not limited to, sexual harassment, intimidation, and retaliation, are condemned.

Confidentiality

• Members of the School Medicine respect and maintain the confidentiality of faculty, staff, patient, student and research records in accordance with University and Clinical Site policies and procedures, state regulations, and federal laws.

Attire

• All students shall familiarize themselves with the Dress Code policy set forth in Section XVII of the Academic Policies (“the Dress Code Policy”).
Students should remain cognizant that the Dress Code Policy is in place to ensure (i) patient and student safety; (ii) patient comfort; and (iii) general standards of professionalism. The Dress Code Policy applies to clinical sites, CAS events where standardized patients are present or any other event where faculty explicitly advises students that students shall dress in accordance with the Dress Code Policy. If a student violates the Dress Code Policy, such student shall be informed of such violation by a faculty member. Additionally, students may inform their fellow students of their concerns regarding violations of the Dress Code Policy by either speaking directly with the student or by submitting a Report of Concern.

Timeliness/Punctuality

• Students should be prepared and ready to participate at the start time of all events. Accordingly, students should strive to arrive at least five minutes prior to the stated session start time to ensure that they have had time to unpack and are ready to actively participate when the event begins. This punctuality will add to the respectful, professional, and cooperative learning environment one’s peers and faculty deserve. Arriving late to a required event is both disruptive and disrespectful to fellow learners. As such, arriving after the start time of a required event would be considered a violation of the student Code of Conduct.

• Similarly, faculty should begin educational events on time. Unless otherwise noted, educational events in the pre-clerkship curriculum conclude 10 minutes prior to the hour.

• Students will complete educational tasks/assignments by the prescribed deadline.

Computer/Telecommunications Use

• Employees, students, and volunteers are provided with access to the University’s computer and telecommunication networks to allow them to carry out the functions of the institution and are responsible for the appropriate use of these resources.

• The members of the School of Medicine understand, support, and abide by the policies concerning the ethical and responsible use of computers and electronic information at Quinnipiac University.

• Students at clinical sites abide by the site policies concerning the ethical and responsible use of computers and electronic information.

Regulatory Compliance

• Members of the School of Medicine strive to ensure that they meet the highest possible standards wherever relevant federal, state and local regulations, laws and guidelines apply.

Health and Safety
Members of the School of Medicine are responsible for complying with all workplace safety and health regulations and will report unsafe conditions, equipment, or practices to appropriate School of Medicine, University, or clinical site officials.

Members of the School of Medicine should not participate in academic activities, including patient care (simulated or real), under the adverse influence of psychotropic substances (including alcohol), whether prescribed or non-prescribed; or if they are otherwise impaired such that it would affect the safety of patients or others.

**Conflict of Interest**

Medical professionals on occasion engage in activities where there may be a real or perceived conflict of interest. A conflict of interest is defined as a situation when a reasonable observer may perceive that a member of the School of Medicine, or a family member, is acting based on personal interests or gain rather than their obligations to the School of Medicine and/or University. Members of the School of Medicine, and their immediate family, should avoid or minimize real and perceived conflicts of interest whenever possible. If faced with a potential conflict of interest, members of the School of Medicine will disclose the nature of the conflict to the appropriate administrator or supervisor, and a plan for managing the conflict of interest must be developed.

Members of the School of Medicine will not accept gifts from any person or entity that is seeking to do business with the School of Medicine, the University, or clinical site when such gifts are intended or may be perceived to secure or influence a business relationship.

Members of the School of Medicine should not accept gifts from any person or entity that may be viewed as seeking preferential treatment; that may cross professional boundaries; or that is of excessive value. Likewise, they should not proffer gifts in order to seek preferential treatment or cross professional boundaries.

Members of the School of Medicine will not engage in secondary employment or activity that impairs their independence or judgment in their official duties or that will require them to disclose confidential School of Medicine or University information, unless authorized by the School of Medicine.

Members of the School of Medicine will not use their positions for personal financial gain beyond official compensation, or for the financial benefit of their family members or domestic partners, unless authorized by the School of Medicine.

Members of the School of Medicine will not use School of Medicine or University resources for purposes unrelated to their School of Medicine responsibilities.
EDUCATIONAL STANDARDS

The most important mission of the School of Medicine is the education of medical students and other learners. To ensure the highest standards of conduct in all interactions between faculty and learners, members of the School of Medicine will abide by the following compact.

COMPACT BETWEEN FACULTY AND LEARNERS

Preparation for a career in medicine demands the acquisition of a large fund of knowledge and a host of special skills. It also demands the strengthening of those virtues that embody the doctor/patient relationship and that sustain the profession of medicine as a moral enterprise. This Compact serves both as a pledge and as a reminder to teachers and learners that their conduct in fulfilling their mutual obligations is the medium through which the profession inculcates its ethical values.

The Teacher-Learner relationship between faculty and medical learners -- students, residents, and fellows -- should demonstrate the highest standards of ethical conduct in all educational settings and be conducted without abuse, humiliation, harassment, and exploitation of relationships for personal gain or advantage.

Guiding Principles:

Duty – Medical educators have a duty, not only to convey the knowledge and skills required for delivering the profession’s contemporary standard of care, but also to instill the values and attitudes required for preserving the medical profession’s social contract across generations.

Integrity – The learning environments conducive to conveying professional values must be suffused with integrity. Medical learners gain enduring lessons of professionalism by observing and emulating role models who epitomize authentic professional values and attitudes.

Respect – Fundamental to the ethic of medicine is respect for every individual. Mutual respect between learners, as novice members of the medical profession, and their teachers, as experienced professionals, is essential for nurturing that ethic. Given the inherently hierarchical nature of the teacher/learner relationship, teachers have a special obligation to ensure that students are always treated respectfully.

Communication among Faculty, Staff and Students – The School of Medicine values an environment of civility that promotes open and constructive intellectual debate. The School of Medicine expects that faculty, staff and students will:
• Treat all students, administrators, staff, peers, and patients (real or simulated) with respect and dignity both in their presence and in discussions with others.

• Engage in professional and respectful discourse, manifest by the language used and the timeliness of responses, whether verbal, in writing, or via digital platforms.

• Promptly report experiences of mistreatment or instances of witnessed unprofessional behavior to appropriate faculty or staff. All such reports are treated as confidential and reprisals or retaliations of any kind will not be tolerated. Any documented unprofessional behavior will be referred to the appropriate department chair/or Dean’s office staff for further action.

Commitments of the Faculty – Members of the faculty agree to do their utmost to ensure that all components of the educational program for medical learners are of high quality. As mentors for learner colleagues, faculty will:

• Maintain high professional standards in all interactions with patients, colleagues, and staff.

• Recognize the importance of personal wellness and, as such, support learners’ needs to have sufficient time to fulfill personal and family obligations, enjoy recreational activities, and obtain adequate rest.

• Nurture both the intellectual and the personal development of learners. Abuse or exploitation of medical learners will not be tolerated.

Commitments of Students, Residents and Fellows – Learners agree to do their best to acquire the knowledge, skills, attitudes, and behaviors required to fulfill all educational objectives established by the faculty. Trainees will:

• Cherish the professional virtues of honesty, compassion, integrity, fidelity, and dependability.

• Treat all faculty members, administrators, staff, peers, and patients (real or simulated) with respect and dignity both in their presence and in discussions with others, and without regard to gender, race, national origin, religion, or sexual orientation.

• Embrace the highest standards of the medical profession and conduct ourselves accordingly in all of our interactions with patients, colleagues, faculty, and staff.

• Work collaboratively in interprofessional teams to enhance patient safety and quality of care.

• Assist our fellow students and residents in meeting their professional obligations while fulfilling our own obligations as professionals.
SCHOLARSHIP STANDARDS

The School of Medicine is committed to the highest standards of professional conduct and integrity in scholarship. These standards include honesty, trustworthiness, objectivity, accountability, openness, respect, and fairness when dealing with other people, and a sense of responsibility towards others.

We understand that academic freedom is essential to creating an atmosphere in which scholarship flourishes. Promotion of intellectual freedom is consistent with assuring a climate of integrity and the School of Medicine has the right and the obligation to inquire into all instances of alleged or apparent misconduct in scholarly activities. All scholarly activity at the School of Medicine will be conducted according to the following standards:

Scholarly Integrity

All members of the School of Medicine will:

- Properly collect, record, and maintain data related to scholarly activity.
- Take responsibility for all publications and presentations of which we are author or co-author.
- Appropriately acknowledge, in publications and presentations, those who have contributed to our scholarly activity.
- Grant access to data related to scholarly activity to co-investigators involved in generating the data.
- Grant reasonable access to our resources to other University members involved in scholarly activity.
- Not interfere with the scholarly activity conducted by students or faculty.
- Neither commit nor tolerate plagiarism, falsification or fabrication of data, or other misconduct related to scholarly activity.

Human Research

All members of the School of Medicine will:

- Abide by all federal and state laws and regulations, in addition to the University’s policies and procedures, when performing studies involving human subjects.
- Respect human research participants and be committed to their safety.
- Protect subjects by securing institutional review and approval for any human research.
- Adhere to approved protocols and obtain prospective institutional approval of any changes in those protocols.
- Engage all human subjects, or their appropriate representatives in a meaningful informed consent process, including explanations of possible risks and benefits before initiating a research protocol.
• Allow potential or current participants to withdraw from a study at any time without prejudice.
• Notify human subjects in a timely fashion of any serious adverse events associated with a human-subjects study.
• Conduct appropriate education and training before initiating a human subjects study.

Animal Research
All members of the School of Medicine will:
• Abide by all federal and state laws and regulations, in addition to the University’s policies and procedures, regarding the care, transport, maintenance, and use of research animals.
• Be committed to the humane treatment of animals in research in accordance with state and federal laws and guidelines.
• Protect research animals by securing appropriate institutional review and approval prior to initiation of any research involving vertebrate animals.
• Adhere to approved protocols and obtain prospective institutional approval of any changes in those protocols.
• Conduct appropriate education and training of all involved individuals before initiating animal research.

Laboratory Safety
All members of the School of Medicine will:
• Abide by all federal and state laws and regulations, in addition to the University’s policies and procedures, concerning laboratory safety.
• Seek prior approval of appropriate University committees when research involves hazardous chemical substances, bio-hazardous materials, or radioactive materials.
• Properly document, store, handle, transport, and dispose of radioactive, bio-hazardous, and hazardous chemical materials, pharmaceuticals, and investigative drugs.
• Participate in appropriate education and training before initiating studies involving such materials.
• Comply with all workplace safety and health regulations and report unsafe conditions, equipment, or practices to supervisors or other appropriate University officials.
• Complete required instructional and training sessions when dictated by funding or oversight agencies.

Research Support
All members of the School of Medicine will:
● Use research funds only for their designated purposes.
● Accurately account for time and effort related to research funding.
● Disclose financial conflicts of interest to University administrators and, as appropriate, manage such conflicts in accordance with existing policies and procedures.
● Properly acknowledge sponsorship of research in our publications and presentations.
● Disclose inventions produced from our research to the University, in accordance with the University’s policy, so that consideration is given to the protection of intellectual property.

SERVICE STANDARDS

Members of the School of Medicine are expected to engage in service, and in so doing be good citizens within the School of Medicine, and across the University. Importantly, members of the School of Medicine should engage in service and learning activities within the communities in which we work and learn. Because service within the community reflects on the School of Medicine and the University, its members abide by the following public engagement standards and:

● Believe the reputation of the School of Medicine and University is tied to its responsiveness to the needs of the citizens and communities in which we work and learn.
● Reach out to and engage with communities in reciprocal partnerships.
● Respect community members, demonstrate cultural competence in their interactions with them, and comply with School of Medicine and University policies, as well as the policies of the community entity.
● Strive for responsible, engaged scholarship and community-based programs to the benefit of communities by involving our partners in the planning, execution, and dissemination of the knowledge gained by such programs.
● Recognize and respect the knowledge and behaviors of partners and the value of fostering a collaborative environment.
● Encourage students to engage in community-based service-learning experiences.

PATIENT CARE STANDARDS

As a school dedicated to training health professionals, we are committed to modeling and providing care that is of the highest quality, compassionate, and patient centered. To meet this commitment, we abide by the following
standards related to patient care and interactions. All members of the School of Medicine involved in patient care activities will:

- Understand and support the applicable Patient’s Bill of Rights and Responsibilities.
- Strive to deliver health care that is based on contemporary scientific knowledge and technology.
- Provide educational resources and opportunity for consultations with other health care programs and professionals to assist our patients in the planning of their treatment.
- Strive to consider the physical, emotional, and spiritual needs of our patients in making our treatment recommendations.
- Not extend or receive payments or benefits in exchange for referrals and base our health care and referrals solely on the well-being of and best treatment for our patients.
- Recognize that patients have a right to ask members of their health care team about the role of students and residents in their care and explain to our patients the importance of our educational mission as relates to their treatment.
- Provide our patients with information necessary to make informed health care decisions.
- Prepare clear, honest, and accurate patient medical documentation in a timely manner.
- Maintain the confidentiality of patient information in accordance with existing policies and procedures, federal laws, and state regulations, including but not limited to the Health Information Portability and Accountability Act (HIPAA).
- Not engage in romantic, sexual, or other non-professional relationships with a patient (simulated or real) currently under the care of the trainee.
- Not misrepresent themselves as a licensed or certified health care provider.

**BUSINESS AND OTHER STANDARDS**

All members of the School of Medicine will:

- Utilize such School of Medicine and University resources properly and protect them against loss, theft, misuse, and waste.
- Use any form of intellectual property covered by copyright and license agreements in compliance with copyright law and the terms of the license agreement under which it was obtained.
● Accurately account for time and provide proper documentation when seeking reimbursement for work-related expenses.

● Not make representations on behalf of the School of Medicine or University without official authorization.

VIOLATIONS OF THE CODE OF CONDUCT

All members of the School of Medicine have a duty and responsibility to report violations of the Code of Conduct to an appropriate administrator or supervisor. Faculty particularly have a crucial responsibility to report student unprofessionalism to maintain a professional and positive educational learning environment. Violations of the code of conduct may result in submission of Reports of Concern and/or lead to review by the Professionalism Board and/or other disciplinary actions.

PRACTICAL CONSIDERATIONS

The following examples are intended to illustrate application of the Code of Conduct and is not intended to encompass all circumstances.

Members of the Netter community will:

● Respond within an appropriate timeframe to official communications from the school. This ideally means within 24-hours, not to exceed 48 hours unless extenuating circumstances such as travel and/or limited means of communication prevents a response within 48 hours.

● Attend all required sessions unless an excused absence is granted by the appropriate school representative.

● Avoid tardiness as outlined in section VIIA above.

● Meet all deadlines for course and clerkship assignments and evaluations unless officially excused by the appropriate school representative.

● Maintain the integrity of examinations if granted the privilege of an ‘early take’ or ‘late take’ of an examination by not revealing or discussing examination content with peers. Students granted a ‘no take’ may not be present during the examination. Students may only take an examination in the location(s) designated by the school. Cheating will not be tolerated.

● Offer original work for each assignment or learning task, and properly cite the work of others. Violations and plagiarism will not be tolerated.

● Admit errors and not knowingly mislead others in the classroom and clinical setting (real or simulated).
- Recognize the limitations of the student’s knowledge, skills, or physical or emotional state, and seek supervision, advice, or appropriate help before acting.
- Learn to recognize when the student's ability to function effectively is compromised, ask for relief or help, and notify the responsible person if something interferes with the ability to perform course work, clinical or research tasks, safely and effectively.
- Accept constructive feedback from faculty, peers, and other health professional team members and student colleagues, asking clarifying questions when needed, and implement steps to improve performance based on feedback provided. Maintain a respectful and professional environment throughout feedback sessions.
- Strive to apply principles of team dynamics and strategies to prevent and resolve conflict.
- Not alter or falsify academic, patient or simulated patient documents (both paper and electronic).
- Not gain or provide unauthorized access to academic or administrative files, patient medical records, or research documents, via computer or other means or method. Protect patient and standardized patient privacy to full ability.

*Medical professionals on occasion engage in activities where there may be a real or perceived conflict of interest. A conflict of interest is defined as a situation when a reasonable observer may perceive that a member of the School of Medicine, or a family member, is acting based on personal interests or gain rather than their obligations to the School of Medicine and/or University.

**c. Student Policies**

**Attendance Policy (Illness, Religious Observances, Jury Duty, Inclement weather, Residency interviews)**

**Years 1 and 2:**
Active participation in the medical education program is a critical component of the professional development of a physician. During the pre-clerkship years, requests for excused absences should be directed to the Associate Dean of Student Affairs, who may request appropriate documentation. Students should contact the course directors to determine how best to make up missed required classes and/or assignments. Students must also notify their MeSH preceptor of an impending absence in timely fashion.

**Years 3 and 4:**
The clinical phase of the curriculum requires a full-time commitment by the student in patient care and didactic activities. Students serve as members of the health care team and assume an active role in the care of the patient. Their presence, participation and engagement at the bedside form the cornerstone of learning in the clinical environment. In these clerkship years, students are required to attend all clerkship functions including night, holiday, and weekend duty as well as participate in all educational exercises, including Flex Weeks and any required remediation. Year 3 blocks will not begin on a university holiday. For university holidays that occur after the first day of the block, students will follow their clinical site/team schedule.

Professional behavior requires that students notify clerkship directors, preceptors, and clerkship administrators promptly about any anticipated or sudden absence. Students should make certain that they have the appropriate phone/email/page numbers to carry out this responsibility. Absences due to illness or special circumstance for more than two days must be approved by the Associate Dean of Student Affairs. If appropriate, students may be required to receive clearance from a treating physician or Student Mental Health Services before resuming their medical education program. Absences from examinations will only be accommodated under extreme circumstances.

Lack of attendance for any reason, due to illness or excused absence, does not relieve a student from responsibility for material covered during that absence. Unexcused absences from any of the above may result in a referral to the Associate Dean of Student Affairs and/or a failing grade. Students may be required to make up days missed or the entire clerkship depending on the length of time involved.

A request for an excused absence will be considered for the following:

- Death of a family member or close friend
- Wedding of an immediate family member (1st degree relative)
- Attending a wedding in which the student is a member of the wedding party
- Serious illness of immediate family member
- Urgent medical evaluation
- Religious observance
- Jury duty
- Residency interview
- Attending an immediate family member’s graduation (1st degree relative)
- Present work at a national conference.
- Student is a member of a national committee (e.g., American
Medical Student Association, American Medical Association) with a leadership role and plans to attend a meeting.

Such requests must be made to both the Associate Dean for Student Affairs and respective Clerkship Director. If a decision is made to accommodate the request, students must arrange with the clerkship director to make up the missed clinical time and any other required experiences. The clerkship director reserves the right to request that students make up any academic/clinical activity from which they are excused. The timing and circumstance of such activities will be established at the discretion of the clerkship director.

To summarize:

- Requests for approval of absences of less than two days must be made to the clerkship director/administrator, with a cc to the Associate Dean for Student Affairs.
- Requests for approval of absences of two or more days must be made to the clerkship director and approved by the Associate Dean for Student Affairs.
- Requests for approval of absences should contain the following information
  - Student Name
  - Date of Absence
  - Clerkship
  - Name of Clerkship Director
  - Reason for the absence request from the approved list of excused absences

Regarding Illnesses

If a student has any concerns about the ability to function as a student in a patient care setting or about the risk that the student might transmit an infection to patients because of an illness, the student should contact the clerkship director, and direct faculty supervisor.

Religious Observances

The Medical School recognizes that the members of its community, including students, observe a variety of religious faiths and practices. Few of the various religious days of observance are part of the Medical School’s holiday calendar. However, the Medical School recognizes and respects the religious beliefs and practices of its students and seeks to accommodate
them reasonably within the requirements of the academic schedule. As a result, the Medical School will not penalize a student who must be absent from a class, examination, study or work requirement for religious observance. Students who anticipate being absent because of religious observance must, as early as possible, request permission for the absence from their course or clerkship director.

Whenever feasible, faculty should avoid scheduling examinations and assignment deadlines on religious holidays. A student absent from a class because of religious observance shall not be penalized for any class, examination, or assignment deadline missed on that day or days. In the event an examination or assignment deadline is scheduled on a day of religious observance, a student unable to attend class shall be permitted the opportunity to make up an examination or to extend any assignment deadline missed. No fees of any kind shall be charged by the Medical School for making available an opportunity to make-up an examination or assignment.

Jury Duty

The Medical School cannot excuse a student from Jury Duty. Jury Duty is an excused absence, but students are responsible to make up time in the clinical arena or make up course/clerkship work.

Inclement Weather Policy

In the case of inclement weather students must monitor the weather conditions closely. Patient care settings function on a schedule independent of Quinnipiac University. If a student is expected in a private office/clinic, the individual must call the office/clinic number and follow office closing/delay procedures. If uncertain of how to proceed, students should email the clerkship coordinator or contact the clerkship director. For those at a hospital, the student needs to check Blackboard for inpatient/clinical reporting procedures. If at any time students are uncertain of their safety, they should not proceed to the hospital/clinical setting as safety is the first priority.

In the event that state or local government (or National Weather Service) issues an emergency alert for imminent severe weather, students should heed that guidance (e.g. Sheltering in place or avoiding travel to and from a site depending on the timing of the alert). They should not await official notification from the University or site leadership.

Excused Absences for Residency Interviews

Required Clerkships (EM, CCM, Sub I):
1. Two days (or shifts, if applicable) over the course of a clerkship may be excused for the purpose of attending residency interviews, without requirement to make up missed hours.

2. Two additional days/shifts (i.e. 4 days in total, of a 4-week, 5 day-per-week clerkship), or three additional days/shifts (5 days in total of a 4-week, 6-day-per-week clerkship), for a maximum not to exceed 20% of total clerkship hours, may be excused for the purpose of residency interviews. **These additional days/shifts must be made up over the course of the scheduled clerkship.**

3. Any number of days/shifts may be swapped with a peer, so long as they are equivalent in nature as determined by the Clerkship Director.

4. All requests must be submitted to the clerkship director, with cc to the Associate Dean for Student Affairs.

**Home Electives:**
Absences of up to 20% of expected clerkship duty (i.e., 4 days of a 4-week, 5 day-per-week clerkship, or 5 days of a 4-week, 6-day-per-week clerkship) may be excused for the purpose of residency interviews, and do not have to be made up. Students who, because of unavoidable (Residency Program based) interview scheduling, are obliged to exceed these limits, may take up to an additional 2 days, during any one clinical elective, providing that the host elective director agrees to, and arranges for, make-up time during the scheduled elective. Any absences that exceed those limits will result in a compensatory adjustment of credit for the Elective (e.g., only 3 weeks of credit for a 4-week elective).

**Non-Clinical Home Electives:**
Allowances for absence from non-clinical (including research) electives shall be subject to the same guidelines, except that the specific elective director (mentor or preceptor for that elective) may use discretion to grant additional time and determine make-up requirements (if any).

**Away Electives**
All requests must be submitted to the Away Clerkship Director (if unclear, contact Dr. Hal Kaplan), Clerkship Administrator designated by the host institution, and cc Ms. Carol Barrett.

**Capstone block(s)**
Year 4 capstone curricular time is designed for capstone activities. In the event that a student requires time to interview during the capstone weeks, students are required to discuss their interview plans with SRCC leadership.

**Policy and Procedures for Exposure to Infections and/or Environmental Hazards**
Approved policy for Quinnipiac University students who incur an accidental exposure to human blood (or other potentially infectious materials), or who may be exposed to airborne pathogens (e.g. the tuberculosis bacterium) while participating in a course/university related activity (e.g. a laboratory, clinical training, athletics, etc.).

The details of the policy can be found by clicking on this link: https://quinnipiac.blackboard.com/webapps/blackboard/content/listContentEditable.jsp?content_id=1672609_1&course_id=45522_1&mode=reset or you may find it in Blackboard within “My Organizations,” then “Netter Student Affairs,” then “Exposure Information,” then “Quinnipiac University Student Exposure Control Plan for Bloodborne and Airborne Pathogens.”

Longitudinal Integrated Clerkship (LIC) students will adhere to the Northern Maine Medical Center Exposure Control Plan for exposure to infections and environmental hazards during their LIC. The details of the policy can be found by clicking on this link: https://quinnipiac.blackboard.com/webapps/blackboard/content/listContentEditable.jsp?content_id=2539168_1&course_id=63403_1

Other SOM Policies

Dress Code

Patients and colleagues expect students to be appropriately and professionally dressed. The purpose of the policy is to outline the guidelines and expectations for personal appearance all Medical Students are required and expected to follow when rotating through any MeSH or Clerkship site, working with standardized patients, or engaging in activities involving patient guests. Appearance should conform to the standards/norms of the setting in which the student is working. The Quinnipiac University/Institution ID badge should be worn and be clearly visible for all clinical encounters.

Policy

As an organization we are committed to presenting a professional, neat and clean image to/for our patients, their families and other visitors. Each of us represents the clinical practice or hospital to everyone who enters, and we contribute to the site’s image and reputation by taking and demonstrating pride in our personal appearance. Exceptions to the dress policy may be made for religious or cultural reasons by the Associate Dean for Student Affairs or designee.

Additional guidelines specified by a given clinical site or clerkship should be followed.

Rules
Personal Hygiene

- All students will present a neat and clean appearance, appropriately dressed, free of body odor and well groomed.
- The excessive use of perfume, cologne, or after shave should be avoided, as it may cause respiratory problems for patients, visitors or others.
- Fingernails shall be clean, kept short in length (should not extend beyond the tip of the finger) and neatly manicured. Because of infection risks, only short natural nails are permitted. No artificial nails/gel, nail jewelry or nail ornaments allowed.
- Facial hair must be neatly trimmed
- Hair must be neat and clean. Hair that falls past the shoulders should be tied back when providing direct patient care. Hairstyles that obstruct eyes and extreme colors or styles are not acceptable.

Clothing

- Students should wear white coats at all times unless advised not to by the supervising preceptor/attending physician
- Clothing shall be neat and clean
- Clothing should be appropriate, in good repair, and well fitting, not too tight or too loose
- Clothing must cover the torso. Bare midriffs are not permitted
- Clothing that is prohibited includes, but may not be limited to:
  - Shorts, miniskirts, capri pants, skorts
  - Denim clothing including jeans
  - Fabric material
  - Cargo pants, leggings, stretch pants, spandex, sweatpants, or similar.
  - T-shirts of any type even those including any Hospital or School Logo
  - Strapless/spaghetti strap tops or dresses
- Tops must be long enough at the bottom and high enough at the neck to provide adequate coverage of the abdomen, back and chest.
- Shirts and blouses must be tucked in at all times unless the style of the specific shirt or blouse is designed to be worn over pants or skirts.
- Underwear must not be visible through clothing or above the waist band of pants or skirts.

Footwear
• Shoes must be clean and good repair
• Footwear that violates a safety or infection control regulation is prohibited.
• Shoes should be closed toe and have rubber soles
• As specified by OSHA standards, personnel providing direct patient care must wear socks or stockings and shoes with impermeable enclosed toes.
• Footwear/shoes that are prohibited include:
  • Flip-flops
  • Backless Sandals
  • Shoes with excessively high heels
  • Thongs
  • Flashy athletic shoes

Jewelry/Accessories
• Baseball caps and other casual hats
• Head coverings, except those that are required for religious purposes or to honor cultural tradition
• All tattoos and body piercings, with exception of earrings, must be covered. If body piercings are unable to be covered with clothing they must be removed while on hospital premises during duty hours.
• Multiple bangles that make noise should not be worn while caring for patients

Identification Badges
• All students are required to wear hospital issued ID badge at all times while on the premises.
• Badges must be worn above the waist and must not be altered or defaced in any way.
• Items such as service award pins, professional affiliation pins, buttons, stickers, or other items should not be attached to the badge.

Access to EMR
Access to health information is highly regulated by laws, including HIPAA, which applies to Protected Health Information (PHI). PHI includes all medical, social, demographic, laboratory, imaging, and other data in the electronic medical records systems at hospitals, ambulatory care centers and other healthcare institutions. These laws carry civil and, for some forms of violation, criminal penalties for individuals who break them, as
well as sanctions and penalties for institutions that fail to protect health and personal information.

The underlying ethical principle of the laws and policies is simple: use of protected information is based on a need to do so, whether the need arises from the care of patients or the business of managing that care. Access to electronic medical record, is not permitted without appropriate HIPAA training beforehand. Students are permitted to access patient electronic medical records and other Protected Health Information for patients they are following, cross covering or have directly encountered with their team as part of their clinical clerkships. Access for any other reason is unprofessional, unethical and illegal. Any attempt to access patient information without the need to know will be dealt with severely, including termination of matriculation at the Frank H. Netter MD School of Medicine at Quinnipiac University. If a situation arises about which a student is unsure, the individual is encouraged to discuss it with the supervising attending or with the site director.

Please follow the local hospital policy for access to EHR that you will be provided with at the time orientation.

**Electronic Media: Confidentiality and Security**

Students are responsible for the security of confidential, sensitive and protected patient information (digital and paper-based) and are prohibited from posting images or other patient information on social networking sites or anywhere else on the Internet.

**Social Media:** All students will refrain from posting patient or hospital-based issues on social media.

**Photos:** Photos of patients, colleagues, the hospital, etc. should not be taken without the written consent of all involved and should be used only for educational purposes. All applicable policies of the clinical site must be followed.

**Electronic Devices:** Cell phones, laptops or other devices should be used appropriately. Students should use judgment when using these devices in the hospital setting.
Appendix 1: LMC-Related Netter Educational Program Objectives

Patient Care
1.1 Demonstrate respect and compassion for all patients.
1.2 Practice sensitive and culturally effective patient-centered care, by identifying patient-specific context and preferences.
1.3 Gather accurate, organized, and efficient medical histories from patients and families, attending to patient symptoms, beliefs, concerns, expectations, and illness experience.
1.4 Perform accurate and relevant, focused and comprehensive physical examinations, distinguishing normal from abnormal findings.
1.5 Access and interpret written and electronic medical records to obtain a thorough patient data set.
1.6 Use decision analysis and evidence-based reasoning to interpret clinical data.
1.7 Identify individualized risk factors operative in any patient.
1.8 Assess patient information accurately in formulating a prioritized differential diagnosis.
1.9 Apply best practice, ethical, and cost-effective principles in ordering tests and procedures.
1.10 Compose comprehensive and focused medical chart notes (written and electronic), accurately documenting medical history, physical exam, and diagnostic test data.
1.11 Draft prioritized, comprehensive, and focused problem lists, assessing each problem in cogent, organized, and comprehensive prose.
1.12 Understand therapeutic interventions for common medical conditions, applying evidence-based reasoning for ordering medications and other therapies.
1.13 Develop accurate verbal and written medical orders, incorporating patient input and respecting patient autonomy.
1.14 Demonstrate proficiency with common medical procedures.
1.15 Identify when additional input is needed and effectively communicate with consultants.

Professionalism
2.1 Demonstrate honesty, integrity, and respect in all interactions with patients, colleagues, and faculty.
2.2 Display empathy, altruism, and compassion toward patients and colleagues alike.
2.3 Apply the highest ethical standards of the profession, as set forth in the AMA Code of Ethics.
2.4 Recognize ethical dilemmas encountered in educational and clinical settings, and take appropriate steps (by reporting to authorities, or seeking counsel).
2.5 Maintain confidentiality, respect individual autonomy, and treat all persons with dignity.
2.6 Demonstrate equal and just treatment of all patients and colleagues (includes but is not limited to diversity in gender, race, culture, language, age, sexual orientation, religious beliefs, or disability.
2.7 Maintain professional deportment and demeanor.
2.8 Dress and maintain personal hygiene in a professional manner appropriate to the educational or patient care setting.
2.9 Prepare for educational experiences in a thorough, intellectually engaged, and timely fashion as mature graduate students of medicine.
2.10 Display sophisticated self-awareness skills and willingly engage in self-improvement.
2.11 Maintain appropriate professional boundaries with patients, peers, and faculty.
2.12 Recognize personal limitations of knowledge, skills, and behaviors; and seek appropriate educational support to address the self-identified deficiencies.
2.13 Accept responsibility for mistakes or omissions and disclose errors to appropriate supervisors.
2.14 Maintain and monitor physical, psychological, and emotional health; seek appropriate health and counseling services when ill or impaired; and not engage in patient care if personal health might endanger another individual.
2.15 Recognize and refrain from conduct where patients are exploited (e.g., sexually, financially, or for other personal gain).
2.16 Represent the ideals of altruism, justice, and patient advocacy.
2.17 Understand the legal and ethical principles inherent to informed consent, end-of-life decisions, and HIPAA, applying them to the care of patients.
2.18 Identify, avoid when possible, and manage potential conflicts of interest with industry and other organizations that compromise ethical behavior and patient care.
2.19 Strive to place patient interests before self-interest at all times.
2.20 Engage in peer education, accepting and delivering constructive feedback.
2.21 Recognize others in breach of professional standards and respond appropriately, following school of medicine Code of Conduct policies and procedures.

**Knowledge and Scholarship**

3.1 Describe the essential concepts within the foundations of human biology – molecular, biochemical, genetic, immunologic, and cellular mechanisms.
3.2 Explain the comprehensive physiology underlying normal human function.
3.3 Identify the normal histology and anatomy of the human body.
3.4 Discuss the fundamentals of human behavior and development, from fertilization and embryology through aging.
3.5 Explain the homeostatic mechanisms of multi-organ systems.
3.6 Recognize the biological and cultural aspects of human nutrition in health and disease.
3.7 Recognize the critical contributions of the biopsychosocial determinants of ‘Health’ – global, national, community, family, and life-style choices.
3.8 Explain the essential principles of clinical epidemiology, population, and public health.
3.9 Apply the biostatistical and critical analytical skills needed to interpret basic science and clinical literature.
3.11 Recognize the influences of health care systems – political, economic, and future perspectives – on health and disease management.
3.13 Describe the components of a focused and comprehensive medical history and physical examination.
3.15 Describe the core principles of gross and microscopic, analytical/diagnostic, and forensic pathology.
3.16 Explain the etiological mechanisms of human diseases – microbial, environmental, inherited, acquired/lifestyle, and idiopathic.
3.17 Discuss the pathophysiology, clinical manifestations, and prognosis of medical illnesses.
3.18 Discuss fundamental principles of diagnostic imaging and laboratory testing.
3.19 Explain principles of therapeutics – molecular, pharmacological, surgical, radiological, and behavioral.
3.20 List the most commonly used types of complementary and alternative therapeutic approaches and explain the rationale for their use.
3.21 Identify and appreciate the roles, responsibilities, training, and skills of other health professionals.
3.22 Effectively and efficiently gather and interpret medical evidence, in order to apply new knowledge at the point of care.
3.23 Develop a clinical question and effectively search medical literature utilizing electronic databases.
3.24 Recognize the principles of information technology, to prepare for future innovations in data management.

**Interpersonal and Communication Skills**

4.1 Exhibit ‘relational’ empathy in clinical settings, conveying an understanding of a patient’s physical, emotional, and psychological state through verbal and non-verbal behaviors.
4.2 Demonstrate cultural sensitivity, by engaging in respectful and positive interactions with all patients.
4.3 Actively listen and observe during patient encounters, attending to verbal and non-verbal cues.
4.4 Apply comprehensive interviewing skills with patients and families, including effective use of interpreters.
4.5 Effective anticipatory guidance during physical examinations, giving appropriate verbal prompts.
4.6 Accurately communicate patient data to other health professionals through oral presentations and written and electronic medical records.
4.7 Deliver medical information to patients, including but not limited to diagnosis, prognosis, diagnostic and therapeutic plans, delivering unwelcome news, and communicating ambiguity and uncertainty. Information will be adapted to individual patient needs at a level appropriate to health literacy, language, hearing, and cultural expectations.
4.8 Effectively use lifestyle counseling, respecting patient autonomy and lifestyle choices.
4.9 Engage in shared decision making with patients and health care colleagues, as evidenced by listening, understanding, and negotiating with flexibility and empathy.
4.11 Respectfully function as a partner and consultant to other health professionals.

**Practice-based Learning and Improvement**

5.1 Assess the care of patients, identify areas for improvement of expertise, and implement plans to address self-perceived deficits.
5.2 Appraise and assimilate best evidence scientific information into patient care.
5.3 Set and meet personal learning goals.
5.4 Contribute to enhancing quality care and patient safety, using best evidence.
5.5 Use information technology effectively to maximize education, by acquiring, storing, retrieving, and analyzing new medical data.
5.6 Practice population-based care, by learning and employing practice guidelines, best-practice, and clinical pathways in the care of individual patients.

**Systems-based Practice**

6.1 Identify the key principles of health care financing and delivery.
6.5 Recognize the impact of time management, case management, referral management, and patient satisfaction surveys on health care delivery.
6.7 Incorporate cost awareness and risk-benefit analysis in patient care.
6.8 Advocate for quality, equal access and optimal patient care systems.
6.9 Help to identify system errors and implement potential systems solutions.

**Interprofessional Collaboration**

7.2 Recognize national and international models of team care, such as Accountable Care Organizations (ACOs) and the Patient-Centered Medical Home.
7.3 Work respectfully and positively with health professionals from all disciplines in learning teams and patient care teams.
7.7 Effectively engage in real and simulated patient experiences with health professionals from other disciplines. Examples include home visits, comprehensive evaluation for patients with disabilities, physical examination, mock cardiac arrests with high-fidelity mannequins.
7.8 Apply principles of team dynamics and strategies to prevent and resolve conflict.
7.9 Teach and learn from health professional student colleagues.
7.10 Accept evaluation from other health professional student colleagues.
7.11 Work collaboratively in interprofessional teams to enhance patient safety and quality of care.

**Medical Practice Management**
9.1 List the business principles underlying successful health care delivery models.
9.3 Advocate for other members of the health care team.
## Appendix 2: LMC Assessment Forms

### Year 3 Clinical Student Performance Assessment

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<th>Response</th>
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<td>Dates worked with this student:</td>
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<tr>
<td>Student Name:</td>
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<td>Site:</td>
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</table>
| Setting: | [ ] Inpatient  
[ ] Outpatient |
| Evaluator Name: | [ ] |
| Evaluator status: | [ ] Attending Physician  
[ ] Resident  
[ ] Other (fill in)  
[ ] Other status: [ ] |

*Number of days teaching the student*
INSTRUCTIONS: Check the box that BEST describes the student’s performance.

PLEASE READ THE PERFORMANCE DESCRIPTORS CAREFULLY. IF THE STUDENT’S PERFORMANCE FALLS BETWEEN 2 CATEGORIES, CHOOSE THE RATING BETWEEN THE APPROPRIATE DESCRIPTORS. Assessments should reflect the student’s “usual” performance, with consideration for any improvement throughout the clerkship. If you were not able to observe the student’s performance for any competency, mark the box “N/A.” This will not reflect negatively on you or the student.

Observation-based assessments are prone to unconscious bias (i.e., we tend to give higher ratings to students who seem similar to us in some way). Given the “Better Natter” aim of enhancing diversity and inclusion, please be mindful of this as you complete the assessment.

**MEDICAL KNOWLEDGE/PATIENT CARE**

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<td>Demonstrates significant deficits</td>
<td>Demonstrates knowledge of core areas with occasional gaps</td>
<td>Demonstrates knowledge of core areas, no significant gaps</td>
<td>Demonstrates extensive knowledge; explains pathophysiology for signs and symptoms</td>
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<td>Elicits basic history with significant gaps or inaccuracies</td>
<td>Elicits basic history with gaps or inappropriate focus</td>
<td>Elicits organized and appropriately focused history</td>
<td>Elicits organized and focused history, including key discriminating features</td>
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<td>Performs basic PE/MSE but with some gaps and/or uses some incorrect techniques</td>
<td>Performs organized PE/MSE, using correct techniques</td>
<td>Performs organized, appropriately focused PE/MSE, including special maneuvers when needed</td>
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*INTERPERSONAL and COMMUNICATION SKILLS*

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*Communication with Patients/Families*

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*Communication with other clinicians (written)*

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<td>Demonstrates a basic knowledge of SBP but does not yet apply it to patient care</td>
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<td>Demonstrates a basic knowledge of SBP and is sometimes able to apply it to patient care</td>
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<td>Limited insight into own performance; does not apply feedback to modify behavior</td>
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<td>Some defensive response to feedback; able to apply feedback to modify behavior</td>
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<td>Accepts feedback; strives for improvement</td>
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<td>Regularly seeks feedback and ways to improve; integrates feedback into performance with demonstration of improvement</td>
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*Willingness to Improve

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* Applies Evidence-Based Medicine

Proactively seeks literature based evidence for patient care decisions and consistently uses an evidence-based approach to patient care.

Self-limits involvement in seeing patients and generally unprepared

Completes tasks when asked; adequate preparation most of the time

Takes initiative in patient care tasks; follows patients closely; consistently well prepared

Takes responsibility for care of assigned patients without prompting, proactively seeks patient information (e.g., test results, past medical history) and communicates information with team and patient in a timely manner

Rarely demonstrates respect and compassion with patients and families (e.g., attention to needs, dignity, and autonomy)

Consistently demonstrates respect and compassion with patients and families; occasionally elicits patient’s perspectives

Consistently demonstrates respectful and compassionate behavior during moments of high stress; consistently elicits patient’s perspectives
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<td>Infrequentocollegialbehavior;inadequatecontributionto functioning</td>
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<td>Consistently demonstrates respectful, collaborative, and collegial behavior</td>
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<td>Quickly earns trust and respect of the health care team; engenders confidence; works well as part of a team</td>
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<td>A role model to peers and team; consistently demonstrates collaborative and collegial behavior during moments of high stress</td>
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*Collegiality and Collaboration*

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*OVERALL PROFESSIONAL AND ETHICAL BEHAVIOR*

Do you have any concerns about this student’s professional and/or ethical behavior? (Y = Yes, N = No, U = Unable to assess)

If you have any concerns, please explain and call the clerkship director immediately. Considerations include attendance, punctuality, reliability, personal comportment, honesty, trustworthiness, conscientiousness, cultural sensitivity, confidentiality, professional boundaries.

☐ Y

☐ N

☐ U

If you have any concerns, please explain and call the clerkship director immediately. Considerations include attendance, punctuality, reliability, personal comportment, honesty, trustworthiness, conscientiousness, cultural sensitivity, confidentiality, professional boundaries.

*Overall Comments: Please include direct observations and examples that represent the student’s performance during your time with him/her. Note that these comments are used for MSPE (Dean’s letter) and should be substantive. Please include comments that support your assessments in at least 2 of the categories above (medical knowledge; patient care skills; communication skills with patients, families, staff, and team; level of initiative in patient care improvement; and professionalism).

*Constructive Feedback: Please include specific suggestions to advise the student where improvements can be made. Describe how this student can improve in future rotations (e.g., what is needed for this student to “get to the next level”). Your comments in this section will not be included in the MSPE (Dean’s letter).

Thank you for your time and effort in completing this assessment.

The following will be displayed on forms where feedback is enabled...
(for the evaluator to answer.)
Appendix 2: LMC Assessment Forms
Mid-Clerkship Feedback Form

The Frank H. Netter MD School of Medicine at Quinnipiac University

**MID-CLERKSHIP FEEDBACK FORM**

Student Name: ___________________ Date: _______ Preceptor Name: ___________________

Use this form to provide feedback to this student during the mid-clerkship feedback session. Use the student’s self-assessment form as one input. Focus on key strengths and areas for learning and improvement for this student. Use the “in between” ratings if they best describe the student’s current level. Submit the form via One45.

PLEASE READ THE PERFORMANCE DESCRIPTORS CAREFULLY. IF THE STUDENT’S PERFORMANCE FALLS BETWEEN 2 CATEGORIES, CHOOSE THE RATING BETWEEN THE APPROPRIATE DESCRIPTORS. Assessments should reflect the student’s “usual” performance, with consideration for any improvement throughout the clerkship. If you were not able to observe student’s performance for any competency, mark the box “N/A” This will not reflect negatively on you or the student.

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### MEDICAL KNOWLEDGE/PATIENT CARE

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## INTERPERSONAL and COMMUNICATION SKILLS

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*Communication with Patients/Families

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*Communication with other clinicians (written)

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*Communication with other clinicians (oral)

### SYSTEMS-BASED PRACTICE (SBP)

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**Definition:** Coordination and advocacy for patient care, cost awareness, risk-benefit analysis, medical errors

### PRACTICE-BASED LEARNING AND IMPROVEMENT

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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td></td>
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</tbody>
</table>
**PROFESSIONALISM**

<table>
<thead>
<tr>
<th>1</th>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>Self-limits involvement in seeing patients and generally unprepared</td>
<td>Completes tasks when asked; adequate preparation most of the time</td>
<td>Takes initiative in patient care tasks; follows patients closely; consistently well prepared</td>
<td>Takes responsibility for care of assigned patients without prompting, proactively seeks patient information (results, medical history) and communicates information with team and patient in a timely manner</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Reliability**

<table>
<thead>
<tr>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>Rarely demonstrates respect and compassion with patients and families</td>
<td>Consistently demonstrates respect and compassion with patients and families (attention to needs, dignity, and autonomy)</td>
<td>Consistently demonstrates respect and compassion with patients and families; occasionally elicits patient’s perspectives</td>
<td>Consistently demonstrates respectful and compassionate behavior during moments of high stress; consistently elicits patient’s perspectives</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Respect and Compassion**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>Inefquent collegial behavior; inadequate contribution to team functioning</td>
<td>Consistently demonstrates respectful, collaborative, and collegial behavior</td>
<td>Quickly earns trust and respect of the health care team; engenders confidence; works well as part of a team</td>
<td>A role model to peers and team; consistently demonstrates collaborative and collegial behavior during moments of high stress</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Collegiality and Collaboration**

<table>
<thead>
<tr>
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<th>6</th>
<th>7</th>
</tr>
</thead>
</table>

Call attention to any other aspects of performance:

Comments:

List 2 to 3 key strengths in this student’s performance during the clerkship to date:
1. 
2. 
3. 

List 2 to 3 areas where the student has made significant progress:
1. 
2. 
3. 

List 2 to 3 areas you would like this student focus on improving during the remainder of this clerkship:
1. 
2. 
3. 

If the mid-clerkship feedback has several areas with a low score you may want to refer the student for learning support.
Appendix 2: LMC Assessment Forms

Student Mid-Clerkship Self-Assessment Form

The Frank H. Netter MD School of Medicine at Quinnipiac University

STUDENT MID-CLERKSHIP SELF-ASSESSMENT FORM

Complete this form, marking the number that best reflects your self-assessment and providing comments. Review the form with your preceptor during your mid-rotation feedback review. Use the "in between" ratings if they best describe your current level and progress. Your self-evaluation will be discussed during your mid-rotation feedback session with your preceptor.

**MEDICAL KNOWLEDGE/PATIENT CARE**

<table>
<thead>
<tr>
<th></th>
<th>Significant deficits in knowledge</th>
<th>Knowledge of core areas with occasional gaps</th>
<th>Knowledge of core areas; no significant gaps</th>
<th>Traumatic knowledge; explains pathophysiology for signs and symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Fund of Knowledge</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Able to elicit basic history with significant gaps or inaccuracies</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td></td>
</tr>
<tr>
<td>Able to elicit basic history with gaps or inappropriate focus</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td></td>
</tr>
<tr>
<td>Able to elicit organized and appropriately focused history</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td></td>
</tr>
<tr>
<td>Able to elicit organized and focused history, including key discriminating features</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td></td>
</tr>
</tbody>
</table>

|                             |                                   |                                             |                                             |                                                                   |
| *Interviewing*              |                                   |                                             |                                             |                                                                   |
| Problem interpreting data; unable to develop basic DDX and management plan | o                                | o                                           | o                                           |                                                                   |
| Able to correctly interpret clinical data; can generate basic DDX and management plan with some gaps and/or incorrect techniques | o                                | o                                           | o                                           |                                                                   |
| Able to correctly interpret clinical data and generate appropriate DDX and management plan most of the time | o                                | o                                           | o                                           |                                                                   |
| Able to provide a sophisticated synthesis of clinical data; generate prioritized DDXs, and provide the rationale for management plan | o                                | o                                           | o                                           |                                                                   |

|                             |                                   |                                             |                                             |                                                                   |
| *Clinical Reasoning*        |                                   |                                             |                                             |                                                                   |
| Missing key components or findings in basic P/E/MSE | o                                | o                                           | o                                           |                                                                   |
| Able to perform basic P/E/MSE with some gaps and/or incorrect techniques | o                                | o                                           | o                                           |                                                                   |
| Able to perform an organized P/E/MSE, using correct techniques | o                                | o                                           | o                                           |                                                                   |
| Able to perform organized, appropriately focused P/E/MSE, including special maneuvers when needed | o                                | o                                           | o                                           |                                                                   |

**Physical Exam/Mental Status Exam Skills**

**INTERPERSONAL and COMMUNICATION SKILLS**

|                             |                                   |                                             |                                             |                                                                   |
| *Communication with Patients/Families* |                                   |                                             |                                             |                                                                   |
| Unclear, incomplete, or disorganized notes; notes cut and pasted from elsewhere | o                                | o                                           | o                                           |                                                                   |
| Partially complete notes; notes lack clarity or organization | o                                | o                                           | o                                           |                                                                   |
| Complete, organized notes with appropriate focus most of the time | o                                | o                                           | o                                           |                                                                   |
| Highly organized notes; often able to synthesize and highlight pertinent findings | o                                | o                                           | o                                           |                                                                   |

| *Communication with other clinicians (written) |                                   |                                             |                                             |                                                                   |
| o                                | o                                           | o                                           | o                                           |                                                                   |
### INTERPERSONAL and COMMUNICATION SKILLS (cont.)

<table>
<thead>
<tr>
<th></th>
<th>Vertical communications</th>
<th>Reasonably complete but lacking clarity or organization; usually prepared to present</th>
<th>Clear, complete, organized communications for most patients; usually prepared to present</th>
<th>Highly organized; often able to verbally synthesize and highlight pertinent findings; explains clinical reasoning clearly</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communication with other clinicians (oral)</strong></td>
<td>✘</td>
<td>✘</td>
<td>✘</td>
<td>✘</td>
</tr>
</tbody>
</table>

### SYSTEMS-BASED PRACTICE (SBP)

<table>
<thead>
<tr>
<th></th>
<th>Limited awareness about systems-based practice — SBP (see below definition)</th>
<th>A basic knowledge of SBP but not yet able to apply it to patient care</th>
<th>Basic knowledge of SBP and sometimes able to apply it to patient care</th>
<th>An advanced knowledge of SBP and/or frequently able to apply SBP to patient care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition: coordination and advocacy for patient care, cost awareness, risk-benefit analysis, medical alarm</strong></td>
<td>✘</td>
<td>✘</td>
<td>✘</td>
<td>✘</td>
</tr>
</tbody>
</table>

### PRACTICE-BASED LEARNING AND IMPROVEMENT

<table>
<thead>
<tr>
<th></th>
<th>Limited insight into one's performance; does not apply feedback to modify behavior</th>
<th>Some defensive response to feedback; able to modify behavior</th>
<th>Able to accept feedback, strives for improvement</th>
<th>Regularly seeks feedback and ways to improve, able to integrate feedback into performance with demonstration of improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Willingness to improve</strong></td>
<td>✘</td>
<td>✘</td>
<td>✘</td>
<td>✘</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Limited knowledge of EBM and/or rarely able to use an evidence-based approach to patient care</th>
<th>Able to occasionally apply knowledge of EBM and/or use an evidence-based approach to patient care</th>
<th>Knowledge of EBM and able to frequently incorporate evidence-based approach to patient care</th>
<th>Able to proactively seek literature-based evidence for patient care decisions and able to consistently use an evidence-based approach to patient care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Applies Evidence-Based Medicine</strong></td>
<td>✘</td>
<td>✘</td>
<td>✘</td>
<td>✘</td>
</tr>
</tbody>
</table>

### PROFESSIONALISM

<table>
<thead>
<tr>
<th></th>
<th>Self-limiting involvement in seeing patients; generally unprepared</th>
<th>Able to complete minor tasks when asked; adequately prepared most of the time</th>
<th>Able to take initiative in patient care tasks; able to follow patients closely; consistently well-prepared</th>
<th>Able to take responsibility for care of assigned patients without prompting, proactively seeking patient information (e.g., medical history) and able to communicate information with team and patient in a timely manner</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reliability</strong></td>
<td>✘</td>
<td>✘</td>
<td>✘</td>
<td>✘</td>
</tr>
<tr>
<td>PROFESSIONALIS (cont.)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problems with demonstrating respect and compassion with patients and families</td>
<td>Able to consistently demonstrate respect and compassion with patients and families (attention to needs, dignity, and autonomy)</td>
<td>Able to consistently demonstrate respect and compassion with patients and families; occasionally able to elicit patient's perspectives</td>
<td>Able to consistently demonstrate respectful and compassionate behavior even during moments of high stress; able to consistently elicit patient's perspectives</td>
<td></td>
</tr>
<tr>
<td><em>Respect and Compassion</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>collegial behavior is infrequent; inadequate contribution to team functioning</td>
<td>able to consistently demonstrate respectful, collaborative, and collegial behavior</td>
<td>able to quickly earn trust and respect of the health care team; able to engender confidence; able to work well as part of a team</td>
<td>able to consistently demonstrate collaborative and collegial behavior even during moments of high stress</td>
</tr>
<tr>
<td><em>Collegiality and Collaboration</em></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Call attention to any other aspects of performance: ______________________________________________________

Comments: ______________________________________________________________________________________

List 2 to 3 key strengths in your performance during the clerkship to date:
1. ______________________________________________________
2. ______________________________________________________
3. ______________________________________________________

List 2 to 3 areas where you have made significant progress.
1. ______________________________________________________
2. ______________________________________________________
3. ______________________________________________________

List 2 to 3 areas you would like to focus on improving during the remainder of this clerkship:
1. ______________________________________________________
2. ______________________________________________________
3. ______________________________________________________
Appendix 2: LMC Assessment Forms
Teaching Attending Assessment Form

Frank H. Netter MD School of Medicine at Quinnipiac University
Teaching Attending Assessment Form

Student Name: ____________________________ Date assessment form was completed: ____________

The aim of the teaching attending sessions is to develop and assess students' medical knowledge, application of that knowledge to clinical practice, clinical reasoning, and communication and presentation skills.

INSTRUCTIONS: Check the box that BEST describes the student’s performance.

PLEASE READ THE PERFORMANCE DESCRIPTORS CAREFULLY. IF THE STUDENT’S PERFORMANCE FALLS BETWEEN 2 CATEGORIES, CHOOSE THE RATING BETWEEN THE APPROPRIATE DESCRIPTORS. Assessments should reflect the student’s “usual” performance, with consideration for any improvement throughout the sessions. If you were not able to observe student’s performance for any competency, mark the box “N/A.” This will not reflect negatively on you or the student.

Observation-based assessments are prone to unconscious bias (i.e., we tend to give higher ratings to students who seem similar to us in some way). Given the “Better Netter” aim of enhancing diversity and inclusion, please be mindful of this as you complete the assessment.

**MEDICAL KNOWLEDGE/PATIENT CARE**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>Demonstrates significant deficits</td>
<td>Demonstrates knowledge of core areas with occasional gaps</td>
<td>Demonstrates knowledge of core areas, no significant gaps</td>
<td>Demonstrates extensive knowledge; explains pathophysiology for signs and symptoms</td>
<td></td>
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</tbody>
</table>

* Fund of Knowledge

<table>
<thead>
<tr>
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<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>Often incorrectly interprets data and unable to develop basic Dx and management plan</td>
<td>Correctly interprets clinical data and generates basic Dx and management plan some of the time</td>
<td>Correctly interprets clinical data and generates appropriate Dx and management plan most of the time</td>
<td>Sophisticated synthesis of clinical data; generates appropriate Dx and management plan, provides rationale for management plan</td>
<td></td>
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</tbody>
</table>

*Clinical Reasoning

**INTERPERSONAL and COMMUNICATION SKILLS**

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<th>4</th>
<th>5</th>
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<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>Verbal communications are unclear, incomplete, or disorganized; lacks preparation</td>
<td>Reasonably complete but lacks clarity or organization; mostly prepared to present</td>
<td>Clear, complete, organized communications; usually prepared to present</td>
<td>Highly organized; often able to verbally synthesize and highlight pertinent findings; requires clinical reasoning clarity</td>
<td></td>
<td></td>
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</tbody>
</table>

*Communication with other clinicians (oral) – adapted for Teaching Attending context

120
**SYSTEMS-BASED PRACTICE (SBP)**

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<thead>
<tr>
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<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>LIMITED awareness about systems-based practice — SBP (see below definition)</td>
<td>Demonstrates a basic knowledge of SBP but does not yet apply it to patient care</td>
<td>Demonstrates a basic knowledge of SBP and is sometimes able to apply it to patient care</td>
<td>Demonstrates an advanced knowledge of SBP and/or frequently applies SBP to patient care</td>
<td></td>
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</tbody>
</table>

*Definition: coordination and advocacy for patient care, cost awareness, risk-benefit analyses, medical errors*

**PRACTICE-BASED LEARNING AND IMPROVEMENT**

<table>
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<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>Limited insight into own performance; does not seek feedback to modify behavior</td>
<td>Some defensive resistance to feedback and inability to modify behavior</td>
<td>Accepts feedback; strives for improvement</td>
<td>Regularly seeks feedback and ways to improve and integrates feedback into performance with demonstration of improvement</td>
<td></td>
<td></td>
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*Willings to improve*

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<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>RARELY demonstrates knowledge of EBM and/or rarely uses an evidence-based approach</td>
<td>Occasionally demonstrates knowledge of EBM and/or occasionally uses an evidence-based approach</td>
<td>Demonstrates knowledge of EBM and frequently incorporates evidence-based approach</td>
<td>Proactively seeks literature-based evidence for patient care decisions and consistently uses an evidence-based approach</td>
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</table>

*Applies Evidence-Based Medicine – adapted for Teaching Attending context*

**PROFESSIONALISM**

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<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>Self-limits involvement and generally unprepared</td>
<td>Completes tasks when asked, adequate preparation most of the time</td>
<td>Takes initiative for assigned tasks, consistently well prepared</td>
<td>Takes responsibility for assigned tasks without prompting, proactively seeks and communicates information</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Collagiality and Collaboration – adapted for Teaching Attending context*

**OVERALL PROFESSIONAL AND ETHICAL BEHAVIOR**

Do you have any concerns about this student’s professional and/or ethical behavior? (Y = yes, N = no, U = unable to assess)

If you have any concerns, please explain and call the clerkship director immediately. Considerations include attendance, punctuality, reliability, personal comportment, honesty, trustworthiness, conscientiousness, cultural sensitivity, confidentiality, professional boundaries

*Overall comments: Please include direct observations and examples that represent the student’s performance during your time with him/her. Also, note that these comments are used for MSPE (Dean’s letters) and should be substantive. Please include comments that support your assessments in at least 2 of the categories above (medical knowledge; patient care skills; communication skills with patients, families, staff, and teams; level of initiative in patient care improvement; and professionalism).*
* Constructive feedback: Please include specific suggestions to advise the student where improvements can be made. Describe how this student can improve in future rotations (e.g., what is needed for this student to "get to the next level"). Your comments in this section will not be included in the MSPE (Dean's letter).

Thank you for your time and effort in completing this assessment.
Appendix 2: LMC Assessment Forms
Teaching Attending Session: Student Self-Assessment Form

Frank H. Netter MD School of Medicine at Quinnipiac University
Teaching Attending Session STUDENT SELF-ASSESSMENT Form

Student Name: ____________________ Date: ____________________

Students complete this form at the beginning of each 4-week specialty block to help you formulate your goals for the Teaching Attending sessions. Email your goals to your new attending so that s/he may help you meet your goals. In the self-assessment below, mark the number that best reflects your self-assessment. See the bottom of this form for more details.

**MEDICAL KNOWLEDGE/PATIENT CARE**

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<thead>
<tr>
<th></th>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>Significant deficits in knowledge</td>
<td>Knowledge of core areas with occasional gaps</td>
<td>Knowledge of core areas with no significant gaps</td>
<td>Extensive knowledge; explains pathophysiology for signs and symptoms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Fund of Knowledge</em></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
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n/a Problems interpreting data, unable to develop basic DDx and management plan

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<tr>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>Problems interpreting data, unable to develop basic DDx and management plan</td>
<td>Able to correctly interpret clinical data, can generate basic DDx and management plan some of the time</td>
<td>Able to correctly interpret clinical data and generate appropriate DDx and management plan most of the time</td>
<td>Able to provide a sophisticated synthesis of clinical data; generate prioritized DDx and provide rationale for management plan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| *Clinical Reasoning* |   |   |   |   |   |   |   |

**INTERPERSONAL and COMMUNICATION SKILLS**

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<thead>
<tr>
<th></th>
<th>1</th>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>Verbal communications unclear, incomplete, or disorganized; task preparation</td>
<td>Reasonably complete but lacking clarity or organization; mostly prepared to present</td>
<td>Clear, complete, organized communications for most patients, usually prepared to present</td>
<td>Highly organized, often able to verbally synthesize and highlight pertinent findings; ability to communicate clearly</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| *Communication with other clinicians (oral) – adapted for teaching attending context* |   |   |   |   |   |   |   |
### SYSTEMS-BASED PRACTICE (SBP)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>Limited awareness about systems-based practice – SBP (see below definition)</td>
<td>A basic knowledge of SBP but not yet able to apply it to patient care</td>
<td>A basic knowledge of SBP and is sometimes able to apply it to patient care</td>
<td>An advanced knowledge of SBP and is frequently able to apply SBP to patient care</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Definition: coordination and advocacy for patient care, cost awareness, risk-benefit analysis, medical errors

### PRACTICE-BASED LEARNING AND IMPROVEMENT

<table>
<thead>
<tr>
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<th>1</th>
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<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>Limited insight into own performance, does not apply feedback to modify behavior</td>
<td>Some defensive response to feedback, able to modify behavior</td>
<td>Accepts feedback, strives for improvement</td>
<td>Requires feedback and ways to improve and integrate feedback into performance with demonstration of improvement</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*Willingness to improve

### PROFESSIONALISM

<table>
<thead>
<tr>
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<th>1</th>
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<th>4</th>
<th>5</th>
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<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
<td>Limited knowledge of EBM and/or rarely able to use an evidence-based approach to patient care</td>
<td>Able to occasionally apply knowledge of EBM and/or use an evidence-based approach to patient care</td>
<td>Knowledge of EBM and able to frequently incorporate evidence-based approach to patient care</td>
<td>Able to proactively seek literature-based evidence for patient care decisions and able to consistently use an evidence-based approach to patient care</td>
<td></td>
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</tbody>
</table>

*Applies evidence-based medicine

### List 1 to 2 learning goals for this specialty block:

1. (Learning goal 1)

2. (Learning goal 2)

Email your goals to your new attending who facilitates the Teaching Attending sessions so that s/he may better help you meet your goals.
Development of Student-Directed Learning Goals for Teaching Attending Sessions

Weekly teaching attending sessions will provide students with dedicated time to synthesize clinical learning and foundational concepts, and advance clinical reasoning, with the continuity and support of a skilled clinician educator.

Learning Objectives

By the end of the teaching attending sessions for each 4-week block, students will be able to:

1. Formulate prioritized differential diagnoses for common diagnoses and presentations encountered in this block
2. Create illness scripts for common diagnoses and presentations encountered in this block
3. Interpret common sources of data (history, physical, labs, ECGs, radiology studies) and apply to discussions of diagnostic and therapeutic reasoning
4. Formulate pertinent clinical questions and critically utilize evidence-based medicine
5. Synthesize pertinent information to deliver brief patient presentations
6. Create learning goals for clinical reasoning, case presentations, and/or development of management plans

Instructions:

1. **Learning Goals:** Complete the Teaching Attending session self-assessment form above and define 1-2 specific learning goals at the beginning of each 4-week block. Email these goals to your new attending who facilitates the Teaching Attending sessions so that your attending can help you meet these goals.

2. **Reflection:** At the end of each 4-week block, write a short reflection (1-2 paragraphs) about your progress on your goals, take-away points, and next steps or new learning goals going forward.

3. **Learning Portfolio:** As you self-design and progress in your goals throughout the year, a portfolio of goals and reflections will be generated:
   - Maintain a single running document that includes all of your learning goals and reflections to date. Email this document to your Teaching Attending at the beginning of each block.
   - This portfolio may be helpful to you in future professional development (personal statements) and may be helpful to give each new teaching attending context about where you have already made progress.
   - The self-assessment and portfolio is for your learning only, and will not count towards any portion of your grade.

4. Some areas in which you might choose to set learning goals are:
   - Clinical reasoning and diagnosis
   - Specific oral presentation skills
   - Weighing the strength of evidence/research
   - Management plans
Appendix 2: LMC Assessment Forms
Year 4 Clinical Student Performance Assessment

<table>
<thead>
<tr>
<th>Quinmiplac</th>
<th>Frank H. Netter MD</th>
<th>SOM Yr4 Clerkship</th>
<th>Evaluated By: evaluator's name</th>
<th>Evaluating: person (role) or moment's name (if applicable)</th>
<th>Dates: start date to end date</th>
</tr>
</thead>
</table>

* indicates a mandatory response

**Year 4 Clinical Student Performance Assessment**

*Dates worked with this student:*

*Student Name:*

*Site:*

*Setting:*
- [ ] Inpatient
- [ ] Outpatient

*Evaluator Name:*

*Evaluator status:*
- [ ] Attending Physician
- [ ] Resident
- [ ] Other (fill in)

Other status: [ ]

*Number of days teaching the student*
- [ ] < 1 day
- [ ] 2-7 days
- [ ] 8-14 days
- [ ] >14 days

**INSTRUCTIONS:** Check the box that BEST describes the student’s performance.

**Observation-based assessments are prone to unconscious bias (i.e., we tend to give higher ratings to students who seem similar to us in some way).** Given the “Better Netter” aim of enhancing diversity and inclusion, please be mindful of this as you complete the assessment.

**MEDICAL KNOWLEDGE/PATIENT CARE**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>n/a</td>
<td>Demonstrates significant gaps in core knowledge</td>
<td>Demonstrates knowledge of core areas, no significant gaps</td>
<td>Demonstrates extensive knowledge; developing knowledge of more expansive content (beyond the basic topic areas within the specialty)</td>
<td>Demonstrates extensive knowledge of specialty content; explains pathophysiology for signs and symptoms</td>
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*Fund of Knowledge* | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ]
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<tbody>
<tr>
<td><em>Interviewing</em></td>
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<td><em>Physical Exam/Mental Status Exam Skills</em></td>
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<tr>
<td><em>Clinical Reasoning</em></td>
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**INTERPERSONAL and COMMUNICATION SKILLS**

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<tbody>
<tr>
<td><em>Communication with Patients/Families</em></td>
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<tr>
<td><em>Communication with other clinicians (written)</em></td>
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<td><strong>SYSTEMS-BASED PRACTICE (SBP):</strong></td>
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<tr>
<td><strong>PRACTICE-BASED LEARNING AND IMPROVEMENT</strong></td>
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</table>

*Definition: coordination and advocacy for patient care, cost awareness, risk-benefit analysis, medical errors*
### PROFESSIONALISM

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</thead>
<tbody>
<tr>
<td><strong>Applies Evidence-Based Medicine</strong></td>
<td>☑</td>
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<td>☑</td>
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<tr>
<td><strong>Reliability</strong></td>
<td>☑</td>
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<td>☑</td>
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<tr>
<td><strong>Respect and Compassion</strong></td>
<td>☑</td>
<td>☑</td>
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<td>☑</td>
<td>☑</td>
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<td>☑</td>
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<tr>
<td><strong>Collegiality and Collaboration</strong></td>
<td>☑</td>
<td>☑</td>
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</tbody>
</table>

*OVERALL PROFESSIONAL AND ETHICAL BEHAVIOR*

Do you have any concerns about this student’s professional and/or ethical behavior? (Y = Yes, N = No, U = Unable to assess)
If you have any concerns, please explain and call the clerkship director immediately. Considerations include attendance, punctuality, reliability, personal comportment, honesty, trustworthiness, conscientiousness, cultural sensitivity, confidentiality, professional boundaries.

*Overall Comments: Please include direct observations and examples that represent the student’s performance during your time with him/her. Note that these comments are used for MSPE (Dean’s letter(s)) and should be substantive. Please include comments that support your assessments in at least 2 of the categories above (medical knowledge; patient care skills; communication skills with patients, families, staff, and team; level of initiative in patient care improvement; and professionalism).

*Constructive Feedback: Please include specific suggestions to advise the student where improvements can be made. Describe how this student can improve in future rotations (e.g. what is needed for this student to “get to the next level”). Your comments in this section will not be included in the MSPE (Dean’s letter).

Thank you for your time and effort in completing this assessment.

The following will be displayed on forms where feedback is enabled...
(for evaluator to answer...)

* Did you have an opportunity to meet with this trainee to discuss their performance?
  ○ Yes
  ○ No

(for the evaluatee to answer...)

* Did you have an opportunity to discuss your performance with your preceptor/supervisor?
  ○ Yes
  ○ No
Appendix 2: LMC Assessment Forms

SCO Form

STRUCTURED CLINICAL OBSERVATION (SCO)

Observer: ______________________________                  Date: ___ / ___ / ___

Trainee: ______________________________  Trainee Level:  MS3    MS4

Site:  
- Continuity clinic
- Other outpatient
- Inpatient
- ER

Type of Visit:  
- Well child
- Sick visit
- Follow-up

Patient type:  
- New pt
- Established pt

Patient Gender:  
- M
- F

Patient age:  
- Newborn (1-31 days)
- Infant (32 days - 11 months)
- Toddler (1-4 yrs)
- School-age (5 - 11 yrs)
- Adolescent (>12 yrs)
- Adult (>18 yrs)

Indicate the portion of visit and particular items observed. Please check all that apply.

<table>
<thead>
<tr>
<th>Data Gathering</th>
<th>Physical Exam</th>
<th>Information Giving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interim history (well child)</td>
<td>HEENT</td>
<td>Anticipatory Guidance</td>
</tr>
<tr>
<td>CC/HPI</td>
<td>Cardiac</td>
<td>Immunization info</td>
</tr>
<tr>
<td>Diet/Sleep/Elimination</td>
<td>Pulmonary</td>
<td>Illness explanation</td>
</tr>
<tr>
<td>PMH/Health Maintenance</td>
<td>Abdominal</td>
<td>Management</td>
</tr>
<tr>
<td>ROS/HEADS</td>
<td>Genitourinary</td>
<td>Follow-up instructions</td>
</tr>
<tr>
<td>Development/School History</td>
<td>Orthopedic</td>
<td>Other ____________</td>
</tr>
<tr>
<td>Family History</td>
<td>Neurological</td>
<td></td>
</tr>
<tr>
<td>Social/Cultural History</td>
<td>Other __________</td>
<td></td>
</tr>
</tbody>
</table>

Key Feedback Points:

1. ____________________________________________________________________________
   ____________________________________________________________________________
2. ________________________________________________________________
   ___________________________________________________________________

3. ________________________________________________________________
   ___________________________________________________________________

Time Spent in Observation: ____ min.    Time Spent in Feedback: ____ min.

Student Signature: ___________________   Preceptor Signature: ___________________

Adapted from L Lane, MD and R Gottlieb, MD, Jefferson Medical College

By E Hamburger, MD, S Cuzzi, MD and D Coddington, MD, Children’s National Medical Center
### Skill Guidelines

#### Data Gathering

**(ACGME competencies: Patient Care, Communication Skills)**

- Allows patient/parent to complete opening statement
- Starts with open ended questions
- Avoids use of leading questions
- Limits questions with multiple parts
- Explicitly elicits patient’s/parent’s beliefs about causes of the illness or problem
- Asks about remedies or therapies used to address chief complaint
- Asks about non-traditional remedies and therapies
- Asks specific questions about cultural, religious, spiritual, or ethical values
- Asks about life events & circumstances that might affect the patient’s health/treatment
- Asks about family members or significant others who live in the home or care for the child
- Asks for clarification if necessary
- Explicitly elicits patient’s/parents expectations regarding the visit
- Proceeds with logical sequencing of questions

#### Interpersonal Skills

**(ACGME competencies: Communication Skills, Professionalism)**

- Introduces self
- Addresses parent/patient by name after initial introductions
- Appropriately includes child in interview
- Avoids interrupting parent/patient
- Actively listens using nonverbal techniques (e.g. eye contact, nodding)
- Expresses empathy (e.g. using tone of voice, “That must be hard for you”)
- Explicitly recognizes patient’s/parent’s feelings or concerns (e.g. “you seem upset, sad, angry”)
- Deals effectively with language barriers
- Demonstrates sensitivity to health beliefs and religious or spiritual issues

#### Physical Examination

**(ACGME competencies: Patient Care)**

- Washes hands
| Matches sequence of exam to cooperation level |
| Includes *all* appropriate elements of exam   |
| Leaves out irrelevant elements                |
| Demonstrates correct technique for *all* portions of the observed exam |

**Information Giving**

*(ACGME competencies: Patient Care, Communication Skills, Professionalism)*

- Explains confidentiality to adolescent and/or their parent
- Limits use of jargon and/or explains medical terms if used
- Explains diagnosis
- Explains management plan
- Explains need for follow-up
- Uses visual reinforcement (e.g. pictures, models, demonstrations)
- Uses written reinforcement (e.g. written instructions, handouts)
- Explicitly asks for patient/parent input in management plan
- Adapts plan as needed to suit individual circumstances, cultural or health beliefs
- Asks patient / parent for their understanding of treatment plan
- Solicits questions
- Asks about patient/parent’s ability to follow treatment plan
- Explains when, why, how family should contact physician
- Provides summary of discussion
# Appendix 3: Helpful Medical Apps and Other General Resources

<table>
<thead>
<tr>
<th>Name</th>
<th>Cost</th>
<th>OS</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epocrates</td>
<td>Free (additional features for a fee)</td>
<td>iOS, Android</td>
<td>Medication prescribing information; medical calculators</td>
</tr>
<tr>
<td>Qx Calculate</td>
<td>Free</td>
<td>iOS, Android</td>
<td>Medical calculator</td>
</tr>
<tr>
<td>Nodule</td>
<td>Free</td>
<td>iOS</td>
<td>Follow up guidelines for pulmonary nodules</td>
</tr>
<tr>
<td>Healthcare Bluebook</td>
<td>Free</td>
<td>iOS, Android</td>
<td>Useful information about health care costs for tests and procedures</td>
</tr>
<tr>
<td>Aspirin-Guide</td>
<td>Free</td>
<td>iOS, Android</td>
<td>Help decide which patient is a candidate for low-dose aspirin</td>
</tr>
<tr>
<td>Diagnose</td>
<td>Free</td>
<td>iOS, Android</td>
<td>Bedside tool to estimate likelihood of diagnosis based on clinical findings</td>
</tr>
<tr>
<td>Hematology Outlines</td>
<td>Free</td>
<td>iOS</td>
<td>Glossary and atlas of hematological conditions and terms; well-illustrated</td>
</tr>
<tr>
<td>Heart Decide</td>
<td>Free</td>
<td>iOS</td>
<td>3D representation of anatomy and pathology; paid version allows creation of patient handouts, videos. Need to register.</td>
</tr>
<tr>
<td>drawMD series</td>
<td>Free</td>
<td>iOS</td>
<td>Specialty focused whiteboard apps; developed for patient education; need to register.</td>
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<tr>
<td>Preg Wheel</td>
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<td>Features: 1. Quickly input various dates with the date wheel. 2. Accurate results: Preg Wheel provides exact dates 3. Persistence: Preg Wheel can save the date and date type and restore them when launched to streamline your workflow. 4. Now with even more relevant dates for the entire pregnancy. Know in advance when specific screening tests need to be performed.</td>
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<tr>
<td>CDC STD Tx</td>
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<td>“The STD Treatment (Tx) Guidelines mobile app serves as a quick reference guide for doctors and related parties on the identification of and treatment for sexually transmitted diseases (STDs).”</td>
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<tr>
<td>ACOG</td>
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<td>Ob-Gyns: Download the ACOG app and stay connected with authoritative information from the leading experts in women’s health care. Get valuable tools, resources, and clinical guidelines to help you in your practice.</td>
</tr>
</tbody>
</table>

General Resources
• U World for NBME prep questions
• First Aid for the USMLE Step 2 CK, 8th Edition (First Aid USMLE)
• First Aid for the USMLE Step 2 CS, 5th Edition (First Aid USMLE)
Appendix 4: Faculty Development Resources

Faculty development is a central part of career development for educator faculty teaching in the Frank H. Netter MD School of Medicine. As teaching faculty, you may have several critical roles including, but not limited to direct teaching, creating curriculum, providing mentorship, developing scholarship, and serving as a role model. The School of Medicine, in turn, provides teaching faculty with the resources they need to teach effectively and grow professionally.

Everything you need to know about faculty development at Netter and all resources are located on the Netter Faculty Development Blackboard® site. The public webpage is also a good place to start but you will need to log into Blackboard® for access to all information and materials. Both links are below.

Blackboard®: (under “My Organizations” click on Netter Faculty Development)
https://quinnipiac.blackboard.com/

All faculty with appointments at the School of Medicine (SOM) are expected to engage in ongoing personal and professional development. In order to promote our goal of educational excellence, faculty are expected to complete a minimum of 2 hours per year of faculty development in teaching/education. Compliance with this expectation will be taken into consideration for reappointment and promotion. To assist faculty in this effort the School of Medicine offers a variety of faculty development opportunities.

CME will be awarded for most live sessions, including the annual retreat and also online courses.

Both in-person/live and online activities are available as part of the faculty development program at the Frank H. Netter MD School of Medicine. To view online modules, you must have a valid QU login for Blackboard®. A list of all in-person and online sessions can be found on the Netter Faculty Development Blackboard® site. Some examples are below:

- The annual Faculty Retreat is held each spring. This opportunity to learn from world-class medical educators and network with colleagues.
- Teaching for Educators in Clinical Healthcare (TEaCH) Traveling Workshop Series: Practical Teaching Skills for the Busy Clinician. This workshop series will bring faculty development sessions to our affiliate institutions and community faculty by rotating workshops to various affiliate sites. Any Netter appointed faculty in the surrounding area are welcome to attend.
- Several high-quality online courses are available on the Netter Faculty Development Blackboard® site and these can be counted towards your faculty development requirement as well.

If you have questions about faculty development, please contact:

Lisa Coplit, MD
Associate Dean for Faculty Development
Lisa.Coplit@quinnipiac.edu
203-582-6493

Katie Lyons
Faculty Development Program Coordinator
Katie.Lyons@quinnipiac.edu
203-582-8803
Appendix 5: Teaching Attending Guide

Multispecialty Longitudinal Clerkship (LMC)
Teaching Attending Session Guide

Goals

Weekly teaching attending sessions will provide students with dedicated time to synthesize clinical learning and foundational concepts, and advance clinical reasoning, with the continuity and support of a skilled clinician educator.

Learning Objectives

By the end of the teaching attending sessions for each 4-week block, students will be able to:

1. Formulate prioritized differential diagnoses for common diagnoses and presentations encountered in this block
2. Create illness scripts for common diagnoses and presentations encountered in this block
3. Interpret common sources of data (history, physical, labs, ECGs, radiology studies) and apply to discussions of diagnostic and therapeutic reasoning
4. Formulate pertinent clinical questions and critically utilize evidence-based medicine
5. Synthesize pertinent information to deliver brief patient presentations
6. Create learning goals for clinical reasoning, case presentations, and/or development of management plans

Ground Rules

1. Keep patient name and other identifying information private
   a. If attending or student must email each other patient information for the purpose of the session, they should both use institutional emails (QU and/or hospital-based), not personal email
   b. Include ENCRYPT in the subject line of the email
   c. During the session, students can use the initial of the patient’s last name
2. Consider anything said in class to be confidential
3. The patient’s attending (not the teaching attending) makes clinical decisions. These case discussions are for educational purposes only. Actual patient management must be determined by the attending and residents on the patient care team.
4. Zoom Guidelines:
   a. All participants should be unmuted (unless they need to mute a loud distracting noise) to encourage maximum participation
   b. All group members should be on camera
   c. Presentations should be done verbally
   d. Use screen sharing for showing diagnostic test results and other visuals
   e. Questions can be asked in the chat or verbally
   f. Clinical questions raised during the session should be typed into the chat box
5. Respect everyone’s privacy
   a. Do NOT take pictures of other people, their homes, items in their home, etc.
   b. Hold one another accountable on this issue
6. The attending and student colleagues should encourage all members of the group to contribute their ideas to discussions. Learning the process of clinical reasoning in the context of patient care (rather than simulated cases earlier in medical school) is a major
goal of the third year of medical school. These sessions will serve a critical role in helping students develop these critical thinking skills. This requires a learning climate in which students can freely verbalize their thought processes.

Teaching Attending Session Format

**Timing**

90-minute format

4 sessions, 6 hours of sessions in 4 weeks. Student case presentations +/- faculty cases per week: Minimum 2, maximum 4 (total).

60-minute format

8 sessions, 8 hours of sessions in 4 weeks. Student case presentations +/- faculty cases per week: Minimum 2, maximum 4 (total).

**Format**

**Session 1:**

The first session of the 4-week block should start with introductions, review the goals of the teaching attending sessions, reminder to students to create their individual self-directed learning goals (see below), review of Ground Rules, review of the format (how many cases are discussed per session, etc.), and discussion about what types of cases are most useful for discussion. (10 min)

The group will discuss what types of cases students have seen after the first days of the rotation. Every student will bring a new case to discuss (unless they have no patients) with the understanding that they may have just seen the patient for the first time that day and have not had time to prepare a formal presentation. Students will briefly volunteer cases they have seen and attending will choose a few cases to discuss during this first session. It is possible that students may not have patients to present if the first session is early in their first week of the rotation. The attending should be prepared to bring 1-2 cases in the event that students do not have patients to discuss. Additionally, the group should use this time to talk about which types of patients might be best for these Teaching Attending Sessions (required cases/patient experiences (LINK), common diagnoses vs. rare disorders, avoid repetition of identical clinical patient presentations).

2-3 clinical questions will be chosen throughout the session for students to research for the following week.

Before the sessions end, students should decide who will present at which sessions during the block. Each student should choose 2 Teaching Attending session dates. If more presentation spots are available (if the group decides to review more cases/session), students may sign up for additional presentations.

**Subsequent Sessions:**

Students who researched clinical questions give brief presentations of researched information. Students should include their sources. (10 min max)
Several students will present a case they have seen over the last week (minimum 2, maximum 4). Students will have responsibility for selecting the cases they present and should base their choices on the guidelines above.

The students should avoid redundancy with other cases unless there is a unique aspect of the diagnosis/treatment that would help all students with clinical reasoning. The students presenting on the same day should confirm with each other that they are not presenting cases that are too similar.

Students will give succinct presentations (5 minutes max), focusing on pertinent information. Faculty should consider stopping presentations after the chief concern, HPI, PE, and diagnostic studies with the goal of creating a collaborative differential diagnosis. Discussion should include determination of appropriate workup (diagnostic reasoning) and management strategies (therapeutic reasoning). The group could also consider creating an illness script during the session (see teaching resources below).

Faculty will guide the discussion and probe logic as well as challenge students to think beyond the case, occasionally asking “what if” questions to change the context and therefore the diagnostic or therapeutic possibilities.

Discussions should include identification of the “can’t miss” diagnoses as well as cost-effectiveness. Discussion of management strategies may require more guidance by the attending, particularly early in the rotation.

By the end of the session, the group should identify 2-3 clinical questions for students to research for the next session. All members should ensure that there is equitable responsibility/opportunity for researching questions among the students during the 4 weeks.

Note: In specialties or sites where students have ample opportunities to discuss clinical reasoning for their patient cases with their faculty, the Teaching Attending may choose to present their own cases, so that students can build their clinical reasoning skills using patient cases the students have never seen. If the attending elects to present their own case(s), these will take the place of student presentations. Teaching Attendings should utilize the same strategies described in this guide for promoting discussion and clinical reasoning.

Role of the Attending

1. Ask students to create goals for the block around clinical reasoning, case presentation, or management plans (see below).
2. At the first session, bring a case to discuss as a back-up, should students not have seen enough patients yet. (see teaching resources below)
3. Facilitate discussions of clinical reasoning, including diagnosis and management for each case.
4. Make sure all students have the opportunity to contribute, encourage participation from all members of the group.
5. Allow students to lead the discussion when presenting or working through the case. These sessions should give students space and time to verbalize clinical reasoning. Therefore, faculty should not be lecturing or dominating the discussion.
6. Stimulate active learning; ask questions to guide the conversation toward the main points of the case.
7. Help students identify gaps in their knowledge that require further learning and encourage students to review these concepts after the class.
8. Manage time and small group dynamics.
9. Ensure all members are following ground rules.
10. Provide feedback to the group, or privately to individuals, when needed.

Role of the Student

1. Students will have the opportunity to deliver at least two brief case presentations for discussion during each 4-week block. To prepare for these presentations, students should:
   a. Review the list of Required Cases/Patient Experiences for their rotation (see Clerkship Guide) as well as the cases that have already been covered in their teaching attending sessions.
   b. Consider which of their cases may be the most helpful to the group’s learning (bread and butter cases, unique cases, cases that highlight distinctions in similar presentations, etc.)
   c. Consult with the other students who are scheduled to present on the same day to avoid redundancy
   d. Reach out to the attending if more guidance regarding case selection is needed
   e. Prepare a presentation no greater than 7 minutes in length, focusing on the case information most pertinent to the discussion. Following the brief presentation, students should be prepared to provide more information about the case to support the group discussion as needed.
2. During each session, clinical questions will be generated. After the session, students will seek out evidence and prepare to share and critically discuss the strength of the evidence with the group at the following session. These presentations should be limited to 2-3 minutes per student and include sources used.
3. All students are expected to actively participate in discussions and should feel comfortable asking questions.

Student-Directed Learning Goals

1. Learning Goals: Students will complete a Teaching Attending session self-assessment and define 1-2 specific learning goals at the beginning of each 4-week block. These goals will be emailed to the teaching attending and will help define the focus of the student’s case presentations and clinical questions during the block.
2. Reflection: At the end of each 4-week block, students will write a short reflection (1-2 paragraphs) about their progress on their goals, take-away points, and next steps or new learning goals going forward.
3. Learning Portfolio: As the student self-designs and progresses in their goals through the year, a portfolio of goals and reflections will be generated.
   a. Students should maintain a single running document that includes all their learning goals and reflections to date. Students will email this document to their teaching attending at the beginning of each block.
   b. This portfolio may be helpful to students in future professional development (personal statements) and may be helpful to give each new teaching attending context about where the student has already made progress.
   c. The self-assessment and portfolio will be for the students’ learning only, and will not count towards any portion of the grade.
4. Some areas in which students may choose to set learning goals are:
   a. Clinical reasoning and diagnosis
   b. Specific oral presentation skills
c. Weighing the strength of evidence/research

d. Management plans

Assessment

Students will be assessed on all observed skills in the Teaching Attending sessions (medical knowledge, clinical reasoning, communication skills, and professionalism). However, the primary purpose of these sessions is to build students’ clinical reasoning skills and emphasis should not be placed on presentation skills or the number of opportunities to present (2 vs. 3). Refer to the Teaching Attending Student Assessment form in the Clerkship Guide for details.

Teaching Resources

There is a large literature about teaching clinical reasoning in medical education. Listed below are a few resources that provide background principles and evidence-based, practical recommendations for facilitating learning of clinical reasoning.


YouTube videos on Clinical Reasoning by Dr. Rahul Patwari, Rush Medical College. Accessed on July 15, 2020:
Clinical Reasoning 1: Introduction
Clinical Reasoning 2: Illness Scripts
Clinical Reasoning 3: Problem Representation Statement
Clinical Reasoning 4: Make a Differential Diagnosis
Clinical Reasoning 5a: Probability
Clinical Reasoning 5b: Probability and Thresholds
Clinical Reasoning 6: Estimating Pretest Probability
Clinical Reasoning 7: Threshold Testing
Clinical Reasoning 8: Setting Thresholds
Clinical Reasoning 9: Sensitivity, Specificity and Predictive Values
Clinical Reasoning 10: Bayesian Reasoning
Clinical Reasoning 11: Calculating Posttest Probability
Clinical Reasoning 12: Putting it All Together
Appendix 6: Clinical Re-entry Policy and COVID-19 Essentials

Netter COVID-19 Clinical Re-entry Policies

To: Faculty and Staff, School of Health Science, School of Medicine, School of Nursing
From: Senior Associate Dean Betsey Smith (Health Sciences), Senior Associate Dean Lyuba Konopasek (Medicine), Assistant Dean Debra Fisher (Nursing), & Associate Dean Lisa Rebeschi (Nursing)
Date: June 29, 2020
Re: COVID-19 and Clinical Re-entry

As a subgroup of the MNH COVID-19 Workgroup, we began working together in mid May to formulate specific policy and procedures related to clinical reentry of learners over the summer. Based upon our work, there are three items that we would like to bring to your attention.

The first is the Guidelines for Student Re-entry to Clinical Sites. This document outlines the policy and procedures that the Schools of Health Sciences, Medicine, and Nursing utilize for clinical re-entry following the March 2020 suspension of clinical practice during the COVID-19 pandemic. The subgroup received input from Elicia Spearman as the document was developed. The document was approved by the Deans of the School of Nursing, School of Medicine, and School of Health Sciences on June 22, 2020 (see Attachment A).

The second document is the Clinical Opt-In or Opt-Out Consent during the COVID-19 Pandemic. Again, this document was developed with input from Elicia Spearman and approved by the Deans of the School of Nursing, School of Medicine, and School of Health Sciences (see Attachment B).

Finally, the subgroup has created the COVID-19 Essentials Training Blackboard course to be used by students preparing for clinical re-entry. The course can be accessed at https://quinnipiac.blackboard.com/webapps/blackboard/content/listContentEditable.jsp?content_id=3414797_1&course_id=77845_1. Upon completion of the nine required elements in the course, students complete an attestation stating that they have completed the course. This training is done in addition to any specific training required at the clinical practice site.

If you have any questions, please contact Betsey Smith, Lyuba Konopasek, Debra Fisher, or Lisa Rebeschi directly.

Thank you.
Quinnipiac University
School of Health Sciences, School of Medicine, School of Nursing
Guidelines for Student Re-entry to Clinical Sites

Policy

Quinnipiac University’s School of Health Sciences (SHS), School of Medicine (SOM), and School of Nursing (SON) students should resume their clinical education as soon as clinical sites can assure adequate provisions for teaching (including adequate teaching and supervision and appropriate case mix) and safety (including provision of adequate personal protective equipment).

Each School will work with clinical practice partners in establishing return dates as early as June 1, 2020 based upon the site’s readiness to reintegrate learners into the clinical environment. The actual date for the students’ return to practice will be negotiated by individual schools/programs and individual clinical sites. Each School/Program should prioritize resuming clinical education to students with the most pressing needs in terms of program progression and anticipated degree completion dates.

Each School/Program should continue to monitor clinical sites closely for and to develop contingency plans for clinical education should surges of COVID-19 reoccur requiring suspension of teaching in clinical environments.

Criteria for Clinical Re-Entry and Continuity

1. Adequate PPE supply and criteria for student use
   Adequate PPE will be defined by the CDC recommendations (Using PPE). Students should receive the same level of PPE as other health care providers at the clinical site. Each Clinical Site should ensure provision of adequate Personal Protective Equipment. For clinical sites that are unable to provide adequate PPE, the School/Program will provide PPE for the students’ use.

2. Appropriate patient volume and case-mix
   Each School/Program should establish criteria aligned with accreditation standards.

3. Adequate staffing to provide supervision and teaching.
   Each School/Program should follow existing criteria for supervision and teaching.

4. Defined rules for clinical engagement
   Students will not be assigned to provide direct care (with direct patient contact) for patients who are suspected or known to have tested positive for COVID-19.

5. Training in universal precautions, infection control principles, and use of PPE
Students must be educated in infection control principles regarding care for a patient with an infectious disease. Specific focus on hand hygiene and donning/doffing Personal Protective Equipment (PPE) are key components for the students’ return to clinical practice.

6. Health screening protocol
The SHS, SOM and SON will establish and follow a health screening protocol for all students. Schools will ensure compliance with requirements of clinical sites/agencies.

7. Post-exposure testing and follow-up
Post-exposure testing and follow-up will comply with the updated Exposure Policy developed by Quinnipiac University in preparation for clinical re-entry of students. The policy addresses how to identify, treat, and quarantine students who develop symptoms of COVID-19 and/or test positive for COVID-19.

Procedures
Prior to the students’ return to the clinical site, the University will receive written documentation from the clinical site committing to meeting the conditions listed above.

1. Adequate PPE supply and criteria for student use
Students will be issued PPE as per each site’s work flow. If appropriate PPE is not available to students, the student should immediately bring this concern to the program. Students may not rotate at any clinical site in the absence of appropriate PPE. Programs will collect feedback on the adequacy of safety and teaching at their sites to ensure ongoing compliance with this policy. Should a site request resources for PPE, this will be negotiated by the Program/School.

2. Appropriate patient volume and case-mix
To be written by each school.

3. Adequate staffing to provide supervision and teaching
To be written by each school.

4. Defining rules for clinical engagement
Although students will not be assigned to provide direct care for patients who are COVID-19 positive, it may be possible that students come into contact with COVID-19 positive patients during their clinical rotations. Therefore, health science, medical, and nursing students will have an opt-out option for students who select not to participate in clinical due to preexisting medical conditions, pregnancy, and/or other situations (i.e., student living with family members at high risk). Accommodations for Opting Out should be sought through the Office of Student Accessibility. Students who opt-out of clinical will be advised by the program regarding the implication on their program of study which may be
delayed. All students are required to sign an attestation that they are Opting In or Out of a clinical component of their course of study.

5. **Training in universal precautions, infection control principles, and use of PPE**
   Each School will provide training to its students in COVID-19 related universal precautions, infection control principles, and use of PPE. Additional training will be provided by clinical sites.

6. **Health screening protocol**
   If the clinical site/agency requires COVID-19 antigen testing prior to or during the clinical rotation/practicum, arrangements will be made between the school/program and the clinical site.

7. **Post-exposure testing and follow-up**
   Students are expected to seek treatment and maintain self-isolation per recommendations by the CDC. The procedure for post-exposure testing and follow up will follow QU (*Post-Exposure Policy*) and the State Guidelines for each clinical site.

**Requirements of the Student**

- Attestation of completion of all required training and testing
- Request for accommodations through Office of Student Accessibility
- Completion of *Clinical Opt-In or Opt-Out COVID-19 Consent Form* and any other site-specific forms.
- Reporting on inadequate PPE, Case Mix, Teaching or Supervision to QU faculty member/educational leaders.
- Review of PPE policy and required training at each site where rotating.
- Completion of any health screening required by the Clinical Site and QU.
- Commitment to reporting any exposure to patient or community member with known or possible COVID-19.
- Commitment to monitoring self for signs and symptoms of COVID-19 using CDC guidelines and reporting these as per QU/School/Clinical Site protocols.

Approved by: Deans of School of Nursing, School of Medicine, and School of Health Sciences

Date: June 22\textsuperscript{nd}, 2020
COVID-19 Essentials Training

QU School of Medicine, School of Nursing and School of Health Sciences

About COVID Essentials training
This COVID-19 Essentials Training for Quinnipiac University School of Medicine, School of Nursing and School of Health Sciences students encompasses nine (9) required elements. Each required element must be read carefully and marked as having been reviewed. Once you have marked an element as reviewed, the next item will appear.

After the 9 required elements have been reviewed, you will be asked to complete an attestation to having completed the training. Completing your COVID Essentials training is an exercise in academic integrity. Attesting that you have completed any element without having done so is an example of academic dishonesty.

In the spirit of learning and in the interest of educating health professions, medical, and nursing students, students should learn to care for patients with contagious infectious diseases such as COVID-19 in a safe environment. However, given the uncertainty of this novel virus and the evolving management, education ideally is accomplished through distant participation such as rounds and team discussions. Students will not participate in the DIRECT care of patients with known or suspected COVID-19.

Your safety and the safety of the staff and your educators are extremely important. Every precaution will be taken, following QU SOM, SON, SHS, CDC, and Connecticut Department of Public Health guidelines and guidance from the specific clinical site to ensure safe on-site learning in clinical settings.

1. QU COVID Protocol for students entering clinical rotations
All requirements must be completed before students can attend clinical rotations and experiences at QU SOM, SON and SHS affiliated clinical sites.

a) Monitor yourself for symptoms using this checklist for 14 days prior to starting your clinical rotation, and daily during your rotation:

- Do you have a temperature of greater than 100.0°F? Monitor temperature twice a day
- Do you have new muscle aches not related to another medical condition or another specific activity (e.g. due to physical exercise)? If so, take temperature.
- Do you have sore throat not related to another medical condition (e.g. allergies)?
- Do you have a new or worsening cough that is not related to another medical condition?
- Do you have shortness of breath that is not attributable to another medical condition?
- Do you have recent (<5 days) loss of smell and taste?
- Do you have new onset of vomiting or diarrhea not related to another medical condition?

If you answer yes to any of these questions, notify Student Health, your School/Program, and your clinical supervisor. Contacts for each school are listed below:

School of Health Sciences: Your program’s director of clinical education
School of Medicine: Associate Dean for Student Affairs  School of Nursing: Your program director

NOTE: Self monitoring for symptoms and exercising an abundance of caution when in any doubt or new symptoms are developing is an essential element of professionalism during this time. It is critical for you, your patients and your colleagues that you do not arrive at clinical or educational settings with any potential symptoms listed above.

b. Review the attached Centers for Disease Control (CDC) guidance on how to protect yourself from COVID-19

c. If you have symptoms and suspect you are ill, consult this CDC guidance for individuals with symptoms, which includes a COVID-19 Self-Checker app.
   • If it is a medical emergency, go to the Emergency Room or call 911.
   • If not an emergency, consult Student Health and your site’s occupational health provider and follow their recommendations.

d. Self-isolate at home for 14 days if you:
   • Feel sick (especially if with fever greater or equal to 100.0, have a cough or shortness of breath, or URI symptoms or have been tested for COVID-19 and are awaiting test results).
   • have been in close contact (i.e., household contact) with anyone being tested for COVID-19

e. You must notify Student Health and your School/Program for any concerns related to exposure, testing, and illness related to COVID-19
   • COVID-19 Testing: Notify Student Health and your School/Program if you are being tested for COVID-19, have been recommended to get tested, or have questions regarding COVID-19 testing or your health related to COVID-19.
   • Illness: Notify your clinical supervisor, course/clerkship director, program director and course administrator of any absence due to illness. If you are rotating at a remote clinical campus, also notify student administration at that site.

f. A clinical site may have specific requirements for students based on particular circumstances. The director/clinical supervisor of these sites/experiences will inform you in advance of these requirements.

2. COVID-19 Exposure and Post-Exposure Procedures

   This section is linked to QU’s Post-Exposure Policy which is designed for prompt identification and isolation for students identified as having unprotected exposure to COVID19 in the clinical/practicum setting. This is considered a critical step in protecting patients, co-workers, visitors and others in the healthcare setting and community. The QU Post-Exposure Policy includes 1) the definitions of COVID-19 exposures in the clinical setting; 2) what a student needs to do following an exposure in a clinical context or outside the clinical setting; 3) the circumstances under which a student must self-isolate and seek medical care; and the process that allows a student to return to clinical activities/learning after self-isolation for suspected COVID-19 exposure or after having been diagnosed with COVID-19. Please review it now.
The definitions of COVID-19 exposure are listed below. As a clinical student, you are considered a Healthcare Professional (HCP).

Unprotected exposure is defined by [CDC Guidelines for Healthcare Professionals](https://www.cdc.gov) (June 2020) as a high risk exposure without adequate personal protective equipment:

(i) What is a high-risk exposure*: HCP who had prolonged close contact with a patient, visitor, or HCP with confirmed COVID-19**. Exposures can also occur from a suspected case of COVID-19 or from a person under investigation (PUI) when testing has not yet occurred or if results are pending. Until more is known about transmission risks, it is reasonable to consider an exposure of 15 minutes or more as prolonged.

(ii) What is considered inadequate PPE when a high-risk exposure occurs?
   a. HCP not wearing a respirator or facemask***
   b. HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask
   c. HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure

Footnotes from CDC guidance that provide further clarification:

*High risk exposure: Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Until more is known about transmission risks, it is reasonable to consider an exposure of 15 minutes or more as prolonged. However, any duration should be considered prolonged if the exposure occurred during performance of an aerosol generating procedure.

**Contact: Data are limited for the definition of close contact. For this guidance it is defined as: a) being within 6 feet of a person with confirmed COVID-19 or b) having unprotected direct contact with infectious secretions or excretions of the person with confirmed COVID-19. A patient with confirmed symptomatic COVID_19 is considered contagious starting 2 days before symptoms began, and until the individual meets criteria for discontinuation of transmission- based precautions. More details about the duration of when a patient with confirmed infection is considered contagious and transmission definitions for asymptomatic individuals can be found in the CDC guidance document.

***Facemask: While respirators confer a higher level of protection than facemasks and are recommended when caring for patients with confirmed COVID-19, facemasks still confer some level of protection to HCP, which was factored into this risk assessment. Cloth face coverings are not considered PPE because their capability to protect HCP is unknown.

If you are concerned that you have had an unprotected exposure immediately notify Student Health Services, your clinical supervisor, and your School/Program.

3. Standard Precautions and Infection Control

QU clinical partner sites and their supervising clinicians, community preceptors, health care professionals and staff will follow CDC, Connecticut Department of Health, and if out of state, the clinical site’s state recommendations regarding the use of face masks, personal protective
equipment (PPE), cleaning and disinfecting, and other standard precautions and infection control measures.

a. Standard precautions assume that every person is potentially infected.

b. Standard precautions include wearing masks and other personal protective equipment. Education about face mask and PPE use is provided in the following sections. Review the CDC’s Guidance on Standard Precautions.

c. Review the CDC’s Guidance for Infection Control. It provides the rationale for the new policies and procedures for clinical settings to reduce the risk of spreading the virus in health care settings.

4. Face Mask Use

Clinical sites have different practices regarding face mask use. You will need to follow the policies and procedures established at your assigned site(s). For example, at some sites, masks and guidance about their use, are provided at the entry points.

Here is general guidance for wearing a mask:

a. Before putting on a mask, clean your hands with an alcohol-based hand rub or soap and water.

b. Cover your mouth and nose with mask.

c. If there is a stiff, bendable edge, that goes on top and is meant to mold to the shape of your nose.

d. Avoid touching the mask while wearing it.

e. Clean your hands before and after removing a mask.

f. To remove the mask, use the ear loops, ties, or band. Do NOT touch the front of the mask.

NOTE: Personal cloth face masks are NOT PPE and should not be worn during patient care.

5. Hand Hygiene

a. Complete the interactive hand hygiene module from the CDC.

b. Watch the World Health Organization video about proper technique for hand-washing.

NOTE: Natural fingernails should be no longer than 1/4 inch from the fingertip. Artificial or enhanced fingernails should not be worn in clinical settings. SON students may not wear nail polish in clinical setting.

c. Optional: Watch this video that demonstrates with purple paint why the above technique is important:

Washing your hands: the purple paint demonstration
6. Personal Protective Equipment (PPE)

Personal protective equipment (PPE) refers to protective clothing or equipment designed to protect the wearer from injury or the spread of infection or illness. Face masks are a form of PPE, and all students need to be familiar with how to wear face masks. Other forms of PPE include plastic face shields, and disposable gowns and gloves.

All students should adhere to proper mask wearing and social distancing at all times while in the clinical setting. With regard to additional PPE, clinical supervisors will guide students in proper PPE use for patient care/procedures and direct the student on how to obtain the required PPE.

PPE is a valuable resource at all institutions and will be provided as necessary for learners to participate in patient care and procedures. Students should follow the protocols at each clinical site and avoid unnecessary use of PPE.

Review the following infographic and videos from the CDC about donning and doffing PPE.

a. NEJM Video on Donning and Doffing Video
b. Demonstration of Donning (Putting On) Personal Protective Equipment (PPE)
c. Demonstration of Doffing (Taking Off) Personal Protective Equipment (PPE)
d. CDC Infographic on PPE
e. If you are required to wear an N95 mask, your school/program will inform you of the protocol for N95 mask fit testing.

7. Arriving at the Clinical Site - What to Expect and What to Wear – and Coming Home

a. Students should expect to be screened on entering the hospital/clinic—temperature/symptom check. Students should be expected to wear a face mask at all times.

b. Your clinical site will provide guidelines on attire, such as hospital scrubs to be worn in the operating room or delivery area. Do NOT leave the hospital in these scrubs. You should change back into your street clothes prior to leaving.

c. Students may arrive in their own scrubs or clinical attire, unless advised otherwise by the clinical site.

d. Your choice of attire worn while in clinic or in the inpatient setting should take into consideration the likelihood of exposure to COVID-19. Although you will not be in direct contact with persons with known COVID-19 infection or persons suspected of having COVID-19, you may want to consider clothing items and ease and effectiveness of daily laundering.

e. At this time, it is recommended that you:

i. WEAR A FACE MASK AT ALL TIMES unless you are in your own private space.

ii. ADHERE TO SOCIAL DISTANCING GUIDELINES.

iii. NO WHITE COATS unless requested by your preceptor or location.

iv. WEAR ID BADGE AT ALL TIMES.

v. LIMIT PERSONAL ITEMS IN CLINICAL/HOSPITAL SETTING.
f. To prevent exposure and spread to your household, keep in mind cleanliness and frequent laundering to prevent the spread of infection. When returning home after patient interactions, consider your potential for exposure to COVID-19 (eg, you may have been exposed to an asymptomatic person), and immediately upon arrival shower/bathe and launder your clothes.

8. **Testing for COVID-19**
   Testing for COVID-19 encompasses both assessment for the current presence of the Coronavirus (Covid-19 virus) and antibody screening to detect prior infection with COVID-19, which may have been asymptomatic.
   
a. The COVID-19 testing and antibody screening protocols vary by clinical site. If your clinical site has a requirement for testing for COVID-19 prior to starting your clinical rotation, you will be informed of this in advance.
   
b. If exposed to a patient with known COVID-19, you need to be familiar and follow QU’s and the clinical site’s post-exposure protocol in the [COVID-19 Post-Exposure Policy](#).
   
c. If students become symptomatic at a clinical site, they should be sent to a screening area, tested, and sent home for follow-up with Student Health and their primary care provider. Students should also notify the Associate Dean for Student Affairs.
      
a. Read the CDC’s information about [COVID-19 Testing Techniques](#) and [Criteria for Testing](#).

9. **Understand the QU “Opt-in/Opt-Out” Policy and the process to request an exemption from clinical care and learning**
   Although SOM, SON and SHS students will not be assigned to provide direct care for patients who are COVID-19 positive, it may be possible that students come into contact with COVID-19 positive patients during clinical rotations. Students will be given the option to Opt-In or Opt-Out of clinical care each semester. Each student will be required to sign the Opt-In/Opt-Out Form each semester (SHS and SON) or each year (SOM) in order to make a clear decision about participating in clinical learning. Additionally, accommodations can be sought through the Office of Student Accessibility prior to the rotation. Contact Student Affairs if you meet any of the three criteria (personally being immunocompromised, pregnant, or having a household member who is immunocompromised) or if you have other concerns about your health and safety.

   Choosing to Opt-out will not affect a student’s standing in the program but may delay their program completion and graduation. Students who Opt-out of clinical rotations will be advised by the program regarding the potential delays in completing their education program.

   All students must indicate in their attestation that they are aware of the implications of opting out.
Optional Added Helpful Resources

a. Connecticut COVID-19 Map

b. QU Health and Campus Safety COVID-19 Resources

c. Connecticut Department of Public Health COVID-19 Guidance for Health Care Professionals

d. COVID-19 Isolation vs. Quarantine
   d. Harvard Medical Student COVID-19 Curriculum

COVID-19 Essentials Attestation Questions

During this attestation, you will be asked whether you have read or completed each of the required elements in this course. Stating that you have done so if you have not completed the COVID-19 Essentials Course is an example of academic dishonesty.

**QUESTION 1**
I reviewed the training materials and understand the QU COVID-Essentials.

True
False

**QUESTION 2**
I have completed the COVID-19 symptom checklist protocol (Item 1 of the Essentials).

True
False

**QUESTION 3**
I understand the risks associated with the current COVID-19 pandemic and will take necessary precautions and follow prescribed protocols to prevent the spread of the infection.

True
False

**QUESTION 4**
I am aware of QU’s opt in/opt out policy, and understand that for medical or personal reasons I can ask to delay return to in-person activities (for example continuing work that does not require me to be on site), and that some of these options could result in a delay in the completion of program requirements and graduation.

True
False
Quinnipiac University
School of Health Sciences, School of Medicine, School of Nursing Clinical Opt-In or Opt-Out Consent during the COVID-19 Pandemic

Semester:

Name:

School-Please circle: SHS SOM SON

Program of Study:

Please choose between the following Opt-In and Opt-Out preferences and sign your name on the signature line below the chosen preference. Return to your designated School/Program Clinical Coordinator.

Opt-In Preference: I understand the symptoms and risks of infection by COVID-19. Based on the information I have received or can obtain from Quinnipiac University, the Clinical Agency, the State of Connecticut, and the Center for Disease Control, I choose to attend clinical activities where I acknowledge the possibility that I may be exposed to patients that have been diagnosed with COVID-19. I agree to not be knowingly involved in any direct contact in patient care with patients with suspected, presumptive, or confirmed COVID-19 infection while in the clinical setting.

I agree to immediately inform my School/Program Director if appropriate Personal Protective Equipment (PPE) is not provided and available for me during direct patient care with any patient and will decline to participate.

I also agree to the following:

- Attestation of completion of all required training.
- Request for accommodations through Office of Student Accessibility if necessary (note that accommodations cannot be made retroactively.)
- Reporting on inadequate PPE, Case Mix, Teaching or Supervision to QU faculty member/educational leaders.
- Review of PPE policy and required training at each site where rotating.
- Completion of any health screening required by the Clinical Site or QU.
- Commitment to reporting any exposure to patient or community member with known or possible COVID-19.
- Commitment to monitoring self for signs and symptoms of COVID-19 using CDC guidelines and reporting these as per QU/School/Clinical Site protocols.
I understand that I may be removed from the clinical site at any time if the clinical agency or the University decides to suspend clinical rotations. If this occurs, I am aware and understand that it is highly likely that my completion date in the program may be extended. If I am exhibiting any symptoms of COVID-19, I will immediately notify my Program Director, Student Health Services and/or Quinnipiac's Office of Human Resources and my healthcare professional provider and follow their guidelines and self-isolate as directed. I understand that the decision to attend clinical is voluntary and non-participation will not jeopardize my standing in my program of study, however it will impact my completion date. I understand and assume the risks associated with being in the healthcare setting at this time, and would like to continue my clinical experience.

Opt-In Student Signature

Date:

**Opt-Out Preference:** I understand the symptoms and risks of infection by COVID-19. I am also aware and understand that it is highly likely that my completion date in the program may be extended if I chose to remain out of the clinical setting for the current semester. Requesting to return to clinical during the current semester will be dependent upon clinical placement availability. If I am exhibiting any symptoms of COVID-19, I will immediately notify my Program Director, Student Health Services and call my healthcare professional provider and self-isolate as directed. I understand that this decision is voluntary and will not jeopardize my standing in my program of study, however, it will impact my program completion date.

Opt-Out Student Signature

Date:
Appendix 7: COVID-19 Exposure Form

The following information on exposure to COVID-19 excerpted from the QU Student Exposure Control Plan for Bloodborne and Airborne Pathogens Policy which can be found in its entirety at the following link: https://catalog.qu.edu/university-policies/student-exposure-control-plan/

The following are guidelines for coronavirus, which includes SARS-CoV-2 and all new emerging diseases.

It is the expectation that all students follow the minimum guidelines defined by the CDC.

The CDC website provides the latest information about COVID-19 guidelines.

The following policy and procedure are designed for prompt identification and isolation for students identified as having unprotected exposure to COVID-19 in the clinical/practicum setting. This is considered a critical step in protecting patients, co-workers, visitors and others in the health care setting and community.

Defined unprotected exposure per CDC Guidelines for Health Care Professionals (HCP) (June 2020) as:

- HCP who had prolonged close contact with a patient, visitor or HCP with confirmed COVID-19. Exposures can also occur from a suspected case of COVID-19 or from a person under investigation (PUI) when testing has not yet occurred or if results are pending. Until more is known about transmission risks, it is reasonable to consider an exposure of 15 minutes or more as prolonged.
- HCP not wearing a respirator or face mask
- HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or face mask
- HCP not wearing all recommended personal protective equipment (PPE) (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure

Step 1: The student is to immediately self-quarantine for a minimum of 14 days in order to begin the self-monitoring phase. The student is to follow proper CDC guidelines for travel.

Step 2: The student is to immediately inform program director and/or preceptor/supervisor.

Step 3: Complete the Student Incident Report Form. Completing the form generates a report to Student Health Services and the school designee.

Step 4: Monitor closely for fever or other symptoms consistent with COVID-19. Symptoms may occur 2-14 days following exposure and include the following:

- Fever (100.0) - Monitor for temperature twice daily.
- New muscle aches not related to another medical condition or another specific activity (e.g., due to physical exercise). If so, take temperature.
• Sore throat not related to another medical condition (e.g. allergies).
• New or worsening cough that is not related to another medical condition.
• Shortness of breath that is not attributable to another medical condition.
• Recent loss of smell and taste.
• New onset of vomiting or diarrhea not related to another medical condition.

*If no symptoms develop, skip to Step 7.*

Step 5: Students who exhibit symptoms:

Seek medical attention and/or evaluation from Student Health Services (call 203-582-8742 first) or primary care physician or other health care facility.

Step 6: Active Monitoring Phase.

Student is to isolate with regular communication at least once a day with Student Health Services, and/or with primary care physician, if applicable.

Step 7: Return to clinical/practicum site duties.

The following describes the conditions that must be met for students to be cleared for return to clinical/practicum site duties:

**Persons who are self-monitoring/in quarantine post exposure** may return to clinical/practicum site duties when they are symptom free and without evidence of infection for 14 days.

OR

**Persons with COVID-19 symptoms OR have tested positive for active COVID-19** may return to clinical/practicum site duties when:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
- At least 10 days have passed *since symptoms first appeared* OR negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens).

OR

**Persons who are asymptomatic and have tested positive for active COVID-19 infection** may return to clinical/practicum site duties when:

- At least 10 days have passed *since the date of the first positive test.*

OR

- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens).
Students meeting the above will be cleared to return to clinical/practicum site duties by Student Health Services or their primary care physician. Documentation from a primary care physician must be provided to Student Health Service and the school designee.

- studenthealthservices@qu.edu
- Fax: 203-582-8924

The student must notify the school designee.