



AMERICAN UNIVERSITY OF BARBADOS
SCHOOL OF MEDICINE

EXCELLENCE IN MEDICAL EDUCATION

DEPARTMENT OF CLINICAL SCIENCES

CLINICAL STUDENT HANDBOOK

CLINICAL CLERKSHIP PROGRAM

After completion of the basic medical sciences and passing pre-clinical MD-5, students enter the clinical clerkship program. The program consists of 72 weeks of clinical clerkships that are completed in 6 clinical semesters of 12 weeks each. Clinical rotations are full-time assignments in a healthcare/clinical setting whereby students perform as active members of a “team” of students, paramedical staff, residents, and preceptor physicians. Under supervision, the student interviews and examines patients, evaluates laboratory and radiographic data, synthesizes information, differential diagnosis and discusses patients with the team. Each student will have a clinical preceptor acting as a supervisor who evaluates his/her performance according to educational standards. Students will complete their clinical rotations at affiliated hospitals and clinical sites.

Our affiliated hospitals have on staff a clinical program director, faculty members and a medical education coordinator charged with teaching, supervising and otherwise facilitating the clinical experience for AUB students. Clerkship preceptors are responsible to the Associate Dean - Clinical for implementing the published requirements of AUB’s clinical curriculum. They also undertake daily supervision of clinical teaching programs. The Associate Dean - Clinical responsibilities include student counselling, program coordination, management, and record-keeping requirements.

Clinical faculty members provide academic instruction in accordance with approved course syllabi and are responsible for monitoring attendance and evaluating clinical student.

AUB maintains the position of the Associate Dean - Clinical in affiliated hospitals in order to facilitate and coordinate clinical rotations for AUB students. The Associate Dean - Clinical works closely with the Dean headquartered on our basic medical sciences campus to facilitate the transition of students from the basic medical sciences into the clinical clerkship program. In addition, the Associate Dean - Clinical serves as a bridge between students and hospital/clinical sites by providing clinical clerkship schedules to the students and offering consultation regarding clinical clerkships and working with on-site program directors, faculty members and administrative staff.

Clinical Core Rotations (48 weeks)

Internal Medicine	12 Weeks
Surgery	12 Weeks
Pediatrics	6 Weeks
Obstetrics & Gynaecology	6 Weeks
Psychiatry	6 Weeks
Family Medicine	6 Weeks

Clinical Elective Rotations (24 weeks)

**Each respective elective rotation ranges from 4-8 weeks*

Sub-IM
Interventional Cardiology
Infectious Diseases
Radiology
Clinical Research
Nephrology
Haematology and Oncology
Rheumatology
Gastroenterology
Pulmonology
Urgent Care (Family Medicine)
Endocrinology
Emergency Medicine
Dermatology
Orthopaedic Surgery
Ophthalmology
Otolaryngology
Anaesthesia
IM/ Geriatrics
Family Medicine
Pediatrics
Surgery
Paediatric Psychiatry
Pathology
Urology
Note: This is not an exhaustive list of possible elective rotations.

In consultation with and as approved by the Clinical Dean, each student selects elective rotations that may range from 4-8 weeks depending on the desired interest. Additionally, it is recommended that students take a wide variety of challenging elective experiences to round out their education, including electives in their chosen specialty of interest.

STUDENT ORIENTATION / RESPONSIBILITY

The primary element of the Clinical Clerkship Program is the student's participation as an active member of the medical healthcare team on the clinical rotation to which she or he is assigned. Typically, AUB students entering the Clinical Clerkship Program have had pre-clinical exposure to the clinical environment throughout Basic Medical Sciences program, particularly during their visits to AUB clinic in MD 3-5 pre-clinical semesters. The role of the student in patient care is explicitly defined and explained to the student. The student is directly responsible to the clinical preceptor for his/her patient care performance and to the Associate Dean - Clinical for following training center policies and fulfilling general trainee obligations.

The student will be oriented to his/her roles and responsibilities through:

- Clinical Clerkship Program Orientation
- Policy statements published in college documents.
- AUB Clinical Sciences Handbook
- A formal orientation to each respective clinical rotation by the preceptor physician
- Hospital & clinical site written guidelines (Handbook)

OVERVIEW OF AUB CLINICAL CLERKSHIP PROGRAM

The Clinical Clerkship Program is viewed as an integral part of the overall medical education program. Students will participate in existing training programs, including lecture series, special conferences/seminars, journal clubs, grand rounds, morning reports, case reports, discussions, and patient presentations. The students' participation in these programs is part of the Clinical Clerkship Program for each clinical rotation and their participation will be properly monitored and evaluated.

To ensure a quality Clinical Clerkship Program, AUB requests that the clinical site:

- Provide regularly scheduled morning report, grand rounds, conferences, seminars and/or lectures in all major medical disciplines and require students' participation in these programs.
- With the on-campus faculty, cooperatively develop and present specific classes and conferences for clinical students.
- Encourage students to keep up with the agreed upon set of directed readings for each rotation through questioning and/or review of the material in the context of patient care.
- Ensure that students have access to library facilities and other learning resources in the same manner as other hospital personnel and that utilization of those resources is provided.

- With the on-campus faculty and administration, cooperatively evaluate the educational programs to ensure their relevance and effectiveness for students.
- Provide regular feedback to the College regarding students' preparation for the clinical training program.
- Implement and maintain a system for review of students' history and physicals, consultations, and progress notes. Regularly provide feedback to students on their development regarding these components of the training program.
- Conduct regular administrative meetings with students to discuss in-house problems, controversial issues in medicine, etc.

Clinical clerkship rotations are provided to enhance the student's professional competence. Assigned readings, student presentations, morning report or grand rounds, staff review of students' history and physical examinations and progress notes, student presentations of consults, and attendance at hospital-sponsored lectures/seminars are considered essential elements of a quality clinical clerkship training program.

The specific objectives are reviewed by the student together with the Associate Dean - Clinical. Student responsibilities with regard to patient care, lecture attendance, presentations, readings, examinations and the specific criteria by which the student's performance will be assessed must be fully understood by the student at the beginning of the clerkship rotation. Continuous assessment of the student's performance and timely feedback to the student are essential elements of an effective clinical training plan. The evaluation plan should include:

Student's routine performance of clinical tasks such as patient work-ups, consults, presentations, etc. and should be continuously evaluated with immediate oral feedback given by clinical supervisors, i.e., staff physicians, residents, interns, and other health professionals.

- The student's overall performance vis-a-vis the stated objectives must be formally evaluated, using evaluation forms provided by the Associate Dean - Clinical and signed by the clinical preceptor to be forwarded to the Dean.

PRIMARY OBJECTIVES

To integrate Basic Medical Science concepts into Clinical Medicine knowledge.
To observe and/or demonstrate clinical skills associated with different specialties and sub-specialties (electives).
To demonstrate competence in physical examination, history taking, and patient management.
To recognize clinical manifestations of pathological disorders.
To recognise the roles and responsibilities of the physician as a healthcare provider.
To display a sense of professionalism, responsibility, and discipline to carry out the role of a physician .
To develop an understanding of Ethics in the field of medicine.
To prepare for clinical specialties and relevant licensing examinations.
To demonstrate an understanding of post graduate medical education programs and their requirements
To identify the requirements needed to prepare for USMLE, ERAS, and NRMP Match for post graduate medical training programs.

Requirements

All students are expected to begin the Clinical Clerkship Program within three (3) months of completing MD5.

Note: Students are required to submit the following documents to the Office of the Dean 12 weeks prior to the Clinical Rotation start date:

- Curriculum Vitae or Resume
- Immunization Records
 - **MMR** (Measles, Mumps, Rubella)
 - **Varicella**
 - **Hep B** (3 doses)
 - any others such as for Yellow fever and COVID-19 as required for the country in which the rotation will be completed. The up-to-date list is available in the Office of the Dean.
- **PPD** within the last 6 months or chest x-ray in 1 year if positive PPD
- **Physician Physical Exam**
- Negative Drug Screen
- Copy of Passport and/or VISA status
- HIPPA, OSHA and CPR
- Emergency contact information
- Proof of academic and financial clearance from American University of Barbados's main campus. Students must meet all financial obligations of previous semesters with no outstanding balances. **Tuition for the respective clinical semester must be paid prior to beginning rotation.** The Associate Dean - Clinical will be notified of the clearances prior to placing students into clinical rotations.
- Original Police Background Check (must be in English) not older than 6 months.

- Letter of Good Standing from the Associate Dean - Clinical for previously taken rotations (released continuously upon verification of good academic and financial standing).
- Medical Malpractice Insurance
- ECFMG status (if applicable)

Clinical Transfer Students

Students transferring into American University of Barbados's Clinical Science Program will need to complete the admissions process through the Department of Admissions following the general guidelines for admission as stipulated on the website. Official documents for admissions will be assessed and reviewed appropriately by the Admissions Committee.

IMPORTANT REMINDERS TO STUDENTS

- Upon successful completion of MD-5, the Office of the Dean will schedule rotations for students. It is pertinent that students follow the instructions given to them by the Dean office and that they submit the required documentation as advised in a timely manner.
- It is mandatory that students begin clinical rotations within three (3) months of completing MD-5, whether they sit for the USMLE Exam or not. The Dean will advise all students on the expected timeline and clinical curriculum.
- It is pertinent that students follow the guidelines and timeframe given to them by the Dean for the clinical rotations. Rotations must be scheduled back-to-back. If students elect to take time off, approval must be sought and will be considered given an indication of extenuating circumstances.
- Once approved by the Office of the Dean, all Clinical Rotations will be officially initiated through the office of the Associate Dean - Clinical. **Contacting hospital administrators, physicians, or others independently regarding the scheduling, authorization, or approval of clinical rotations by students, their family or friends is strictly forbidden. AUB reserves the right to rescind any rotation that is not initiated through the Office of the Dean and/or Associate Dean - Clinical.**
- Clinical Rotations are a full-time commitment. Students are advised to refrain from assuming work obligations that divert time, attention, and energy from the full-time task of training in medicine.

- Clinical Rotations are competitive and limited. Priority is based on seniority and/or performance in prior rotations. Some hospitals and preceptors request an interview with the student before starting the rotation. In such cases, the student will be notified in advance.
- It is mandatory that all students follow the schedule given to them by the Associate Dean - Clinical. The Associate Dean - Clinical will notify of any changes to follow.
- AUB is not responsible but will facilitate for housing, transportation, personal needs or anything outside of scheduling and maintaining the Clinical Clerkship program.
- Each rotation must be done to its completion in order to be credited. There is no rigidly established schedule or sequence of clinical rotations. However, students may not do, nor will AUB accept multiple concurrent rotations. No elective rotation may be scheduled for less than four (4) weeks. Prior to beginning the rotation, the Associate Dean - Clinical will approve.
- AUB's Associate Dean - Clinical will provide students with a schedule of projected rotations in twelve (12) week intervals. Changes in a student's schedule can only be made with approval of the Associate Dean - Clinical. Except under unusual circumstances, a student may not drop any rotation within a two-week period prior to the first day of the rotation.
- Students who wish to establish a Clerkship/Rotation elective on their own must do so in collaboration with an AUB's Associate Dean – Clinical as per the policy in the Student Handbook. In such cases, the Associate Dean - Clinical will inform the student on the status of approving and beginning the elective. It is pertinent that every student follows the schedule and advice given by the Associate Dean - Clinical for rotations including the provision of additional documents that may be required.

CLINICAL TOOLS/SUPPLIES

White clinical lab coat (student doctor's coat), scrubs, ID Badge

Stethoscope &

Reflex Hammer

Tuning Forks

Pen Light/Thermometer

Safety Pins/Alcohol Wipes

Ophthalmoscope

At least 2 black pens and one has color

Small notepad

Maxwell Guide, ACLS Guides and EM Handbook

Tourniquet

NOTE: Try to anticipate what you will need each day. For example, if you know you have a patient who will need staples or sutures removed, try to find a kit before rounds so you are ready.

CLINICAL BOOK LIST

Maxwell Quick Medical Reference 6th Edition

by Robert W. Maxwell

Tarascon Pocket Pharmacopoeia 2016 Classic Shirt-Pocket Edition 30th Edition by MD, FAAEM, FACMT, FACEP, Editor in Chief, Richard J. Hamilton **Harrisons Manual of Medicine, 18th Edition 18th Edition**

by Dan Longo (Author), Anthony Fauci (Author), Dennis Kasper (Author), Stephen Hauser (Author), J. Jameson (Author), Joseph Loscalzo **Essentials of General Surgery 5th Edition**

by Peter F. Lawrence MD (Author), Richard M. Bell MD (Author), Merril T. Dayton MD (Author), James C. Hebert MD FACS **Step-Up to Medicine (Step-Up Series) 4th Edition** by Steven S. Agabegi (Author), Elizabeth D. Agebegi

Blueprints Obstetrics and Gynecology (Blueprints Series) Sixth Edition by Tamara Callahan MD (Author), Aaron Caughey MD MPP MPH **Blueprints Pediatrics (Blueprints Series) Sixth Edition** by Bradley S. Marino MD MPP MSCE (Author), Katie S. Fine MD **NMS Surgery (National Medical Series for Independent Study) Sixth Edition** by Bruce E. Jarrell MD

Pocket Medicine: The Massachusetts General Hospital Handbook of Internal Medicine (Pocket Notebook) Fifth Edition 5th Edition

by Marc S. Sabatine MD MPH

Case Files Obstetrics and Gynecology, Fourth Edition (LANGE Case Files) 4th Edition

by Eugene Toy (Author), Benton Baker III (Author), Patti Ross (Author), John Jennings
Surgical Recall (Recall Series) 7th Edition by Lorne H.

Blackbourne MD FACS

First Aid for the Psychiatry Clerkship, Fourth Edition (First Aid Series) 4th Edition by Latha Ganti
(Author), Matthew S. Kaufman (Author), Sean M. Blitzstein **First Aid for the Emergency Medicine
Clerkship, Third Edition (First Aid
Series) Paperback – May 24, 2011** by Latha Ganti
(Author), Matthew S. Kaufman

**The Only EKG Book You'll Ever Need (Thaler, Only EKG Book You'll Ever
Need) Eighth Edition** by Malcolm S.

Thaler MD

First Aid for the USMLE Step 2 CK, Ninth Edition (First Aid USMLE) 9th Edition by Tao Le (Author),
Vikas Bhushan

First Aid for the USMLE Step 2 CS 5th Edition

by Tao Le (Author), Vikas Bhushan (Author), Mae Sheikh-Ali (Author), Kachiu Cecilia Lee
Brochert's Crush Step 2: The Ultimate USMLE Step 2 Review, 4e 4th Edition by Theodore X.
O'Connell MD (Author), Mayur Movalia MD

**Users' Guides to the Medical Literature: Essentials of Evidence-Based Clinical Practice, Third
Edition (Uses Guides to Medical Literature)3rd Edition** by Gordon Guyatt

CLINICAL STUDENT CONDUCT

Respecting others including physicians, patients, professionals, and fellow students

Treat patients politely and considerately, respect their views, their privacy and their dignity; respect the right of patients to refuse to participate in teaching. Act without any discrimination, whether on grounds of age, color, perceived economic worth, disability, gender, illness, marital status, national or ethnic origins, nationality, race, sexual orientation, social status, religious or other philosophical belief.

Be an effective communicator

Always make clear that you are a student and not a qualified doctor; be aware of your limitations and do not exceed your ability when giving information to patients. Understand, accept and agree to be bound by the principle of confidentiality of patient data, and also of information concerning staff and students. Do not discuss patients with other students or professionals outside the clinical setting, except anonymously. When recording data or discussing cases outside the clinical setting, ensure that patients cannot be identified by others.

Do not use mobile electronic devices – cameras, phones, memory-sticks etc. to record and store patient images or any other patient information; never use E-mail, social networking sites, 'Blogs', 'Twitter', 'Facebook' etc. to share information about patients.

Abide by rules and policies as well as following procedures and guidelines

Comply with the rules and procedures laid down by the Board of Directors, Dean, Clinical Deans, Preceptor Physicians, Practitioners, Ward Manager or other administrators. Be in attendance for the hours as directed by them and as required to gain clinical experience. As doctors, you will have to make decisions not to go to places at the times you would like to because of your clinical duties. Comply with appropriate current and new health-testing requirements. Be aware of the risks and implications of contracting a blood-borne virus.

Be open and honest

Do not break the law in any way, never threaten violence, act violently towards others or act dishonestly. Do not cheat in examinations: cheating, at any level, destroys trust and those who cheat may also lie and be unfit for medical practice. Inform the Associate Dean - Clinical immediately if you are involved in any University or police investigation which may lead to charges being brought; concealment of involvement in a drunken brawl that may lead to prosecution may be viewed as an even greater offence than the incident itself.

Maintain professional appearance

Your appearance, personal hygiene and demeanor should always be modest and reasonably conventional. The appearance of a student or medical practitioner should not be such as to potentially affect a patient's trust in that person's medical judgement or standing. Always wear an identification badge and show your face so that you can be recognized by patients, teachers and staff. When examining patients in any clinical setting, observe the clinical dress code.

Take action early when any problem or issue arises

Inform the Associate Dean - Clinical immediately if you become aware of any personal problems arising which may put the health and well-being of patients at risk. Medicine is a demanding profession and, at times, all medical students are subject to stress and anxiety; emotional problems and psychiatric conditions such as depression and eating disorders are not uncommon; do not hesitate in seeking support.

Do not abuse drugs and alcohol

Abuse of alcohol and other mind-altering substances may lead to behavior that puts patients at risk; problems associated with such abuse, e.g. violent and aggressive behavior jeopardize your career. Never obtain or seek to obtain drugs that have not been properly prescribed, prescription or non-prescription, for yourself or others by any means.

NOTE: Any student found to have an arrest record or criminal activity will be grounds for dismissal from the program. The university has a right to receive the arrest record and make a decision for dismissal from the Clinical Clerkship program.

PROFESSIONAL DRESS REQUIREMENTS

Students of AUB are expected to maintain at all times an appearance that is consistent with the highest professional standards and that projects to the public an image of cleanliness, competence, and professionalism.

Good taste indicates that haircuts, hairstyles, and personal grooming be neat and conservative rather than ostentatious. Grooming and style should also be practical so as to enable one's duties to be performed without embarrassment, inconvenience, or threat to safety. Specifically: (1) Hair must be clean and neat avoiding radical styles. (2) Moustaches and beards, if worn, must be clean, neat, and trimmed. (3) Cosmetics should be inconspicuous, and perfumes should NOT be worn during rotations. (4) Most hospitals discourage the wearing of jewellery. (5) Fingernails should be maintained in a professional manner, be closely trimmed, and should not interfere with patient care or professional duties.

For clinical appointments, and whenever students are in the clinical sites, clean, white coats provided by the school are to be worn at all times. Acceptable attire is usually business casual. Shoes are considered standard apparel. Open toed shoes are not appropriate in any clinical facility. Some clinical sites may have dress requirements that are more specific than those listed here and should be followed.

ASSESSMENT & EVALUATION FORMS

In the clinical clerkships at the affiliated hospitals, students interact with the nurses, family practitioners, specialists, and lab technicians. Students are also exposed to these interprofessional skills during bedside teaching. These interactions are graded as part of soft skills and professionalism via the Clinical Evaluation Form which are to be filled out by the preceptor physician. The Associate Dean - Clinical will ensure that each preceptor has been provided an evaluation form to be signed. For knowledge and comprehension students are evaluated throughout rotation during rounds, discussions, case presentations, MiniCEX and assignments.

	Rotations		
	Core	Elective	
Workplace based assessment	30%	15%	During the rotation
MiniCex	2 in 12 weeks 1 in 6 weeks	1 MiniCex	
Clinical Evaluation Form	20%	45%	At end of rotation
Case presentations	10%	20%	Continuous in rotation
Core specific NBME	30%	0%	Last week of rotation
Procedure and encounter logs	10%	20%	Continuous in One45®
Total	100%	100%	

The preceptor will send the completed evaluations to the Associate Dean - Clinical to be returned to the Dean office at AUB. The complete evaluations will remain in the student's file. Evaluations at the end of each rotation are reflected on the transcript. Information on the evaluations is to be used for graduation (promotion), assessment, and MSPE purposes.

Except for the completion of the clerkship specific NBME, assessment of elective rotations follows the same pattern as for Core Clerkships.

AFFILIATED HOSPITALS/CLINICAL SITES

Students will be placed at hospitals/medical centres which provide services in major clinical departments and subspecialties, as much as possible. To achieve a broad-based experience in medical practice, students may also be assigned to rotations in community hospitals and multi-specialty clinics. Rotations are both inpatient and outpatient and it is necessary that student gain first-hand exposure during the Clinical Clerkship program. Prior to beginning any rotations all rotation sites are approved and checked for training authorization by the Clinical Dean.

MEDICAL STUDENT PERFORMANCE EVALUATION (MSPE)

As stated in the ECFMG guidelines, the MSPE is to be completed by the Dean. The MSPE summarizes the student's academic performance, reflects extracurricular achievement, and provides AUB's recommendation for continued training. Each student participates in the preparation of his/her MSPE and has an opportunity to help shape its content. Though intended to be a generally supportive document, the MSPE must provide a fair and accurate picture of the candidate as a potential house staff officer, and the MSPE Committee (and ultimately the Dean) retains sole responsibility for its final content and recommendation.

Any written materials in the student's permanent medical school file may be used in the MSPE. The Committee will make every effort to see that the information is used in the fairest and most positive manner possible. Any academic, physical or personal problem that has resulted in an interruption or extension of the student's progress through medical school will be noted in the letter. Any written commentary documenting academic, professional or behavioural problems during medical school may be included in the letter. Students are advised to periodically review their own files, to assume responsibility for knowing what the file contains, and to initiate appeals in a timely manner when appropriate.

MSPE eligibility is determined by the Dean on the recommendations of the Associate Dean - Clinical. Student must have been promoted to graduation and is in good academic and financial standing with AUB. Student has satisfied all prerequisites for graduation.

When these criteria are fulfilled, the student must submit by email an MSPE request to the office of the Dean. Upon receiving the request, process will start including verification and approval by the committee. Students should allow 4-8 weeks from the date of request for completion of the MSPE.

As stipulated earlier, all students satisfactorily passing the MD5 semester must begin clinical rotations within three (3) months. If a student exceeds the 3-month mark and has no leave of absence in place, the student will be placed before the committee.

Students may not take breaks after each clinical rotation unless there is a justifiable reason given to the Associate Dean - Clinical (such as traveling back to country, sickness, financial, etc.). A break is defined as more than 1 week. Any student not following guidelines by the Associate Dean - Clinical may be dismissed.

Students may file a Leave of Absence (LOA) request or send an email to the Associate Dean - Clinical for periods longer than one week. These must be filed and approved before the student begins their leave. If approved, the maximum time that a student may take is 3 (three) months (1 clinical semester).

HOUSING/TRANSPORTATION

Students are responsible for their own housing and transportation throughout the Clinical Clerkship. AUB will provide assistance and contact information for independent student housing coordinators or realtors. Students must keep AUB's Clinical coordinator and Associate Dean - Clinical informed of their current residence and telephone numbers. In case of a change of address, phone number or email address, students must notify Deans office and the Associate Dean - Clinical within 24 hours. Please be advised that, with prior notice of 4 weeks, students may be asked to relocate for a given rotation.

RECOMMENDATIONS & ADVICE

- Do not write in patient charts unless permitted to do so by your preceptor physician. Please ask your attending physician about the hospital/clinic policies on medical students prior to making entries in patient charts.
- Punctual attendance always. Arriving late is inexcusable. If you are going to be late or sick you should call the preceptor physician's office as early as possible. Arriving early, staying late and volunteering will all earn you respect. Do not leave the rotation site until you have been told to do so by your preceptor physician.
- Wear comfortable professional shoes.
- Stay in contact with the Associate Dean - Clinical regularly.
- Check your school email account and voicemail daily.

➤ Inform the Associate Dean - Clinical immediately of any changes in address, phone number or email address.

➤ If the patient has a disorder, use your references and read up about it before you present the patient. If a lab is abnormal, try to figure out the meaning in relation to the disorder. Always have a differential for clinical signs and symptoms.

➤ If you are given an assignment, do it immediately. Doing a thorough job or doing more than is expected earns you respect and acknowledgment from the preceptor. This goes for oral and written presentations as well.

➤ Treat the preceptor's staff very well - from the head nurse to the janitorial staff.

Be aware that nurses often have their own work space, so do not intrude. Arrogant students and residents seem to have the roughest call nights.

➤ An argument or power struggle with a preceptor will have negative consequences. You do not have to like or agree with someone to learn from them.

➤ Never say you know something or can do something if it is not true. Preceptors know you are students and do not expect you to know everything. Do not lie – you will be found out.

➤ Treat all patients with courtesy and respect. Do not laugh or tell jokes at their expense, even if you hear others doing it. Be mindful at all times of patient confidentiality and hospital non-fraternization rules.

➤ Comments your preceptor makes on your evaluation will go into your MSPE, which goes with your residency application. Try and get a letter of recommendation prior to leaving a rotation if you did particularly well. Send copies of all letters of recommendation to the Dean/Associate Dean - Clinical to place in your file. The Dean will place evaluation narratives as part of your MSPE.

CORE CLERKSHIP IN INTERNAL MEDICINE

This course teaches the basic competencies of Internal Medicine pertinent to the care of patients in a clinical setting. Students develop skills for the admission and management of acutely ill patients admitted to the hospital as well as coordinating care in the hospital and discharge planning. Students will be provided with opportunities to develop a problem-oriented method of patient evaluation and develop a differential diagnosis based on the history, physical examination, laboratory results, and clinical judgement.

GUIDELINES FOR CLINICAL CLERKSHIPS IN INTERNAL MEDICINE

Length: 12 weeks

Site: In-hospital medical wards and outpatient/emergency facilities.

Description:

Under the supervision of their assigned preceptor, who has the responsibility to monitor and assess student performance as they progress during clinical clerkship, students

- take night, weekend, and holiday calls with their assigned teams,
- attend rounds at least 3-4 times per week.
- have a full schedule of teaching including
 - grand rounds,
 - subspecialty conferences, and
 - didactic sessions pertinent to the needs of the students. This includes case presentations by students, bedside rounds and critique write-ups given to the student by the preceptor.

Evaluations:

- A minimum of 8 clinical write-ups per student to include complete data base and problem list, assessment, diagnostic, therapeutic, educational plans, and a written essay by the student on an aspect of each case studies. This will require considerable supplementary reading.
- Mid clerkship evaluation where Chair/preceptors discuss the performance/progress of the first half of clerkship with each student. Students are advised by the chairs/preceptors of any weakness or areas that need improvement.
- Students must maintain patients' logs as a summation of all the patients with whom the student has had a significant involvement. Patient logs will be verified by the Chair particularly with

respect to the student's ability to perform specific aspects of a clinical examination. These logs will be periodically inspected by the Associate Dean- Clinical and/or Dean to ensure a reasonable mix of patients.

- A final oral/OSCE examination to evaluate clinical competencies.
- NBME Comprehensive Clinical Science Self-Assessment at the end of each Core clerkship to assess the educational achievement of students in the subject area.
- Each Chair will also complete the evaluation form at the end of clerkship and send it to the Clinical Dean.

Special emphasis will be placed on developing student skills such as history taking, physical examination, diagnostic planning, treatment determination, and written and oral case presentations. Students will also be guided in the development of their understanding of the pathophysiology of disease and in creating a list for differential diagnoses.

EDUCATIONAL OBJECTIVES OF INTERNAL MEDICINE CLERKSHIP

- To use efficient communication skills to extract pertinent medical history information from a patient.
- To synthesize information into an informative, concise and complete written and oral narrative.
- To recognise symptoms unrelated to each other that may represent multiple clinical problems.
- To demonstrate the skills involved in a physical examination and to learn the importance and meaning of abnormal findings.
- To express an understanding of mechanisms of disease and pathophysiology.
- To identify the relevance and indications for interpretation of the major laboratory tests.
- To read in depth about the symptoms and signs which lead to the recognition of various organ dysfunction and the clinical course, management and prognosis of major disease entities.
- To discuss the mechanisms of actions, toxicity, and proper use to the major pharmacological agents used in Internal Medicine.

- To observe demonstrated procedures such as venipuncture, lumbar puncture, thoracentesis, arterial puncture, insertion of intravenous lines, and urinary bladder catheterization.
- To demonstrate professional and compassionate doctor/patient relationships and develop the skills necessary for this.
- To explore and describe techniques of educating patients to improve patient compliance and patient participation in their own care.

CORE CLERKSHIP IN SURGERY

The surgical clerkship is an integrated, Clinical experience designed to introduce the student to the basic concepts of surgical practice. This clerkship encompasses both inpatient and outpatient clinic experience based on a student-resident-attending physician teaching team. The goal of the rotation in surgery as an integral part of the treatment of a patient. The emphasis during the rotation is not on surgical technique but on the understanding of the pathophysiology of disease, the use of surgical intervention, and the management of pre- and post-operative problems.

The overall goal of the surgical clerkship is to introduce the student to the broad aspects of the field of surgery, including the major surgical sub-specialties. Through work in this clerkship, the student becomes familiar with proper consultative practices and understands the basic routines and sub-routines of surgical management. Finally, the surgical clerkship serves to introduce the student to the fundamental aspects of surgical practice as a profession.

Length: 12 weeks.

Site: Predominately general surgical wards with inclusion of ICU, OPD, ER experience and sub-specialty experiences.

Description:

Under the supervision of their assigned preceptor, who has the responsibility to monitor and assess student performance as they progress during clinical clerkship, students,

- take night, weekend, and holiday calls with their assigned teams,
- attend rounds at least 3-4 times per week.
- have a full schedule of teaching including,
 - grand rounds,
 - subspecialty conferences, and
 - didactic sessions pertinent to the needs of the students. This includes case presentations by students, bedside rounds and critique write-ups given to the student by the preceptor.

With a greater emphasis on the development of skills in this rotation, students are not only responsible for the work-up of surgical patients, but they must be familiar with the pre- and post-operative care. They must also attend surgery on their patients. Some of the skills will utilize tools such as mannequins.

The 12-week General Surgery rotation will include exposure to the sub-specialties of Anesthesiology, Urology, Orthopedics, and others that are available, including ENT and Ophthalmology.

In the care of cancer patients, the multi-disciplinary approach will be emphasized.

Students will be responsible for ensuring efficient knowledge of Gross and Micro-Anatomy, Pathology and Physiology of all relevant sections.

Evaluations:

- A minimum of 8 clinical write-ups per student to include complete data base and problem list, assessment, diagnostic, therapeutic, educational plans, and a written essay by the student on an aspect of each case studies. This will require considerable supplementary reading.
- Mid clerkship evaluation where Chair/preceptors discuss the performance/progress of the first half of clerkship with each student. Students are advised by the chairs/preceptors of any weakness or areas that need improvement.
- Students must maintain patients' logs as a summation of all the patients with whom the student has had a significant involvement. Patient logs will be verified by the Chair particularly with respect to the student's ability to perform specific aspects of a clinical examination. These logs will be periodically inspected by the Associate Dean- Clinical and/or Dean to ensure a reasonable mix of patients.
- A final oral/OSCE examination to evaluate clinical competencies.
- NBME Comprehensive Clinical Science Self-Assessment at the end of each Core clerkship to assess the educational achievement of students in the subject area.
- Each Chair will also complete the evaluation form at the end of clerkship and send it to the Clinical Dean.

EDUCATIONAL OBJECTIVES SPECIFIC TO THE GENERAL SURGERY CLERKSHIP

- To recognise illnesses or clinical presentations that require urgent intervention and care.
- To devise plans for investigations such as imaging, laboratory tests and physical examinations to justify their rationale for the differential diagnosis.
- To demonstrate a level of competence in the performance of basic clinical skills such as suturing of wounds (see details in expected clinical observation and/or practice listed below).

- To demonstrate an understanding of the principles of care at each level namely, pre, peri and post-operative.
- To write a discharge summary.

Some of the topics covered include

Appendectomy
Assessment of surgical risks
Breast biopsy
Cholecystectomy
Colectomy
Debridement of wounds, burns, infections,
Haemorrhoidectomy
Healing, wound care and pain
Inguinal hernia repair
Mastectomy
Metabolism, nutrition, and surgery
Pre-, peri- and post-operative care
Prophylaxis
Skin lesions, tumors and melanomas

CORE CLERKSHIP IN PEDIATRICS

Pediatric ambulatory and in-patient services provide the clinical student with the opportunity to observe the more serious medical and surgical disorders of a patient beyond the newborn period. Admission histories and physical examinations teach the student how to approach the patient and family. The student must learn additional skills (to those learned in Medicine and Surgery) to interview parents and pediatric patients and to examine children from infancy through adolescence. The adequacy as well as accuracy of the students is checked by the resident physicians and preceptors. Fundamentals of pediatric management are learned from the resident staff. Attendance at lectures, seminars, and conferences expands the student's view of the sick child.

GUIDELINES FOR CLINICAL CLERKSHIP IN PEDIATRICS

Length: 6 weeks

Site: Outpatient and Pediatric specialty clinics. (In-patient or adolescent/general pediatric unit, ambulatory care unit, and normal newborn nursery, ER/urgent care).

Description:

Under the supervision of their assigned preceptor, who has the responsibility to monitor and assess student performance as they progress during clinical clerkship, students,

- take night, weekend, and holiday calls with their assigned teams,
- attend rounds at least 3-4 times per week.
- have a full schedule of teaching including,
 - grand rounds,
 - subspecialty conferences, and
 - didactic sessions pertinent to the needs of the students. This includes case presentations by students, bedside rounds and critique write-ups given to the student by the preceptor.

EDUCATIONAL OBJECTIVES SPECIFIC TO THE PEDIATRICS CLERKSHIP

- To evaluate infants and children with acute (often febrile) illness.
- To identify normal development based on considerations of the milestones of growth and development.
- To observe and assist with common procedures such as the administration of immunizations.

- To observe the management and progression of serious and chronic conditions in the pediatric setting.
- To document pediatric patient encounters.
- To write a prescription for medication with consideration of the patient's age and weight with respect to the formulation and the dosage of the medication.

In the well child outpatient services, the student learns the milestones of growth and development, infant feeding, child nutrition, preventative pediatrics including immunisation, and the common minor ailments of childhood. In the pediatric specialty clinics, the student observes the management and progression of a wide variety of serious and chronic illnesses.

Emergency department and urgent care experience permits the student to be the first to evaluate infants and children with acute (often febrile) illness, respiratory issues, asthmatic attacks, otitis, and similar problems. Anxiety & depression cases are also discussed.

The initial management of the newborn is learned in the delivery room. In the nurseries, the student practices the examination of the newborn and learns about the initiation of feeding, neonatal physiological changes, and minor difficulties. In the newborn intensive care unit, the student is an observer of the management of the premature and term infant with serious or potentially serious ailment.

Patient logs should be verified by the Chair that the student can perform specific aspects of a clinical examination e.g. full CNS examination, developmental assessment, examination of the heart and lungs and abdomen, comment on gait, use of Ophthalmoscope and stethoscope etc. These logs will be periodically inspected by the Clinical Deans and/or Dean to ensure a reasonable mix of patients.

The department of pediatrics places special emphasis on developing student skills in clinical problem solving, interviewing techniques, presentations and physical examinations.

CORE CLERKSHIP IN OBSTETRICS & GYNECOLOGY

The Obstetric and Gynecologic core clerkship is designed to provide clinical experience in both obstetrics and gynecology. This didactic and clinical experience will be in an academic atmosphere which includes residents, house officers, and faculty attending.

GUIDELINES FOR CLINICAL CLERKSHIPS IN OBSTETRICS AND GYNECOLOGY

Length: 6 weeks.

Site: Labor and Delivery suite, operating room and OPD; inclusion of postpartum and postoperative wards and ED.

Description:

Under the supervision of their assigned preceptor, who has the responsibility to monitor and assess student performance as they progress during clinical clerkship, students,

- take night, weekend, and holiday calls with their assigned teams,
- attend rounds at least 3-4 times per week.
- have a full schedule of teaching including,
 - grand rounds,
 - subspecialty conferences, and
 - didactic sessions pertinent to the needs of the students. This includes case presentations by students, bedside rounds and critique write-ups given to the student by the preceptor.

Evaluations:

- A minimum of 8 clinical write-ups per student to include complete database and problem list, assessment, diagnostic, therapeutic, educational plans, and a written essay by the student on an aspect of each case study. This will require considerable supplementary reading.
- Mid clerkship evaluation where Chair/preceptors discuss the performance/progress of the first half of clerkship with each student. Students are advised by the chairs/preceptors of any weakness or areas that need improvement.
- Students must maintain patients' logs as a summation of all the patients with whom the student has had a significant involvement. Patient logs will be verified by the Chair particularly with respect to the student's ability to perform specific aspects of a clinical examination. These logs will be periodically inspected by the Associate Dean- Clinical and/or Dean to ensure a reasonable mix of patients.
- A final oral/OSCE examination to evaluate clinical competencies.
- NBME Comprehensive Clinical Science Self-Assessment at the end of each Core clerkship to assess the educational achievement of students in the subject area.
- Each Chair will also complete the evaluation form at the end of clerkship and send it to the Clinical Dean.

Special emphasis shall be placed on the development of certain skills so that the student, at the end of six weeks, shall be able to discuss the course of normal labor, perform a spontaneous vaginal vertex delivery under supervision, act as a second surgical assistant, and render routine postpartum post-operative care under supervision.

EDUCATIONAL OBJECTIVES SPECIFIC TO THE OBSTETRICS AND GYNECOLOGY CLERKSHIP

1. Obtain an Ob/Gyn focused patient history:
 - a. Details: Train students to conduct a comprehensive and sensitive Ob/Gyn history, including menstrual history, obstetric history, sexual history, contraception use, and gynaecologic symptoms. Emphasize the importance of building rapport and maintaining patient confidentiality, especially when discussing sensitive topics such as sexual health, sexually transmitted infections, and intimate partner violence. Provide instruction on how to ask open-ended questions and follow up with specific queries to gather detailed information about symptoms, lifestyle factors, and risk behaviours. Encourage practice through role-playing and clinical encounters, with feedback on communication skills and history-taking techniques.
2. Recommend screening and prevention strategies to women at various age groups:
 - a. Details: Educate students on age-appropriate screening and prevention strategies, including Pap smears, HPV vaccination, mammography, bone density screening, and screening for sexually transmitted infections. Teach students to assess individual patient risk factors, such as family history, lifestyle, and comorbid conditions, to tailor screening recommendations. Discuss preventive strategies such as smoking cessation, safe sex practices, and dietary and exercise advice for bone health. Provide guidelines on counselling patients about the benefits and limitations of screening tests, and how to address concerns or misconceptions.
3. Recognize when common diagnostic and screening tests are required such as ultrasound, UPT, CBC with differential, UA, STD panel, β -hCG, cervical or urine cultures:
 - a. Details: Offer instruction on the indications for ordering and interpreting common diagnostic and screening tests in Ob/Gyn practice. Include training on the use of ultrasound for evaluating pregnancy, pelvic masses, and abnormal bleeding, as well as the interpretation of urinalysis, complete blood count, and pregnancy tests. Teach students to recognize the clinical scenarios where these tests are necessary, such as suspected ectopic pregnancy, abnormal vaginal bleeding, or suspected infection. Emphasize the importance of integrating test results with clinical findings to develop a diagnostic plan.
4. Utilize data from a surgical or obstetrical patient to devise a prioritized working plan:
 - a. Details: Educate students on how to gather and analyse data from a patient's history, physical examination, laboratory results, and imaging studies to formulate a prioritized management plan. Provide instruction on surgical decision-making, including pre-operative assessment, intra-operative considerations, and post-operative care. For obstetrical patients, teach students to assess foetal well-being, recognize signs of labour,

and manage common complications such as preeclampsia and gestational diabetes. Encourage the use of case-based learning to develop critical thinking and problem-solving skills in complex clinical scenarios.

5. Differentiate between normal and abnormal bleeding:
 - a. Details: Provide comprehensive education on the causes and evaluation of abnormal uterine bleeding across different life stages, including menorrhagia, metrorrhagia, and postmenopausal bleeding. Teach students to differentiate between normal menstrual patterns and those that require further investigation, such as bleeding due to hormonal imbalances, fibroids, polyps, or malignancy. Include instruction on the appropriate use of diagnostic tools such as pelvic ultrasound, endometrial biopsy, and hysteroscopy. Discuss the management options for abnormal bleeding, including medical therapy, surgical intervention, and patient counselling.
6. Discuss the evaluation of infertility:
 - a. Details: Educate students on the causes of infertility and the basic principles of infertility evaluation, including a detailed reproductive history, semen analysis, ovulation assessment, and evaluation of tubal patency. Provide instruction on the appropriate use of diagnostic tests such as hysterosalpingography, ovarian reserve testing, and hormone levels. Discuss the psychosocial impact of infertility on patients and couples, and the importance of compassionate communication and patient support. Include information on the role of assisted reproductive technologies (ART) and the ethical considerations involved.
7. Formulate a differential diagnosis of the acute abdomen and chronic pelvic pain:
 - a. Details: Offer instruction on the causes of acute abdomen and chronic pelvic pain in women, including gynaecologic conditions such as ovarian torsion, ectopic pregnancy, endometriosis, and pelvic inflammatory disease. Teach students to perform a focused physical examination and recognize the signs of acute surgical emergencies. Provide guidance on the appropriate use of diagnostic imaging, laboratory tests, and referral to specialists. Encourage students to consider non-gynaecologic causes of pelvic pain, such as gastrointestinal or urinary tract conditions, in their differential diagnosis.
8. Classify common breast conditions and outline the evaluation of (or evaluate) breast complaints:
 - a. Details: Educate students on the classification of common breast conditions, including benign breast disease (e.g., fibrocystic changes, fibroadenomas), inflammatory conditions (e.g., mastitis), and breast cancer. Provide instruction on the appropriate evaluation of breast complaints, including clinical breast examination, mammography, ultrasound, and biopsy techniques. Teach students to assess patient risk factors for breast cancer and to counsel patients on breast self-examination, mammography screening, and lifestyle modifications. Discuss the management of benign breast conditions and the referral process for patients with suspicious findings.

Some of the topics covered include

Childbirth (normal, c-section, breach)
Common risks during pregnancy such as Type II diabetes mellitus and hypertension
Complications of childbirth
Eclampsia
Medications and pregnancy
Normal fetal developmental milestones
Prenatal and postnatal care
Presentation of labor
Prevalent obstetric and gynecological conditions
Routine laboratory and imaging tests

Ob/Gyn specific skills

- physical examination
- ultrasound
- observe birth

CORE CLERKSHIP IN FAMILY MEDICINE

A major goal of this rotation is to impress upon students the contexts in which a family medicine physician provides care for both acute and chronic illness while emphasizing the value of prevention and wellness. Students are expected to assist in the management of adult, pediatric and geriatric patients.

The Family Medicine rotation provides exposure and experience in the clinical setting of the normal and abnormal conditions encountered by Family Physicians. Attention is devoted to the recognition and management of common problems typically seen by primary care physicians as well as conditions which may be less common with critical thinking of the problem to conclusion of treatment.

GUIDELINES FOR CLINICAL CLERKSHIPS IN FAMILY MEDICINE

Length: 6 weeks.

Site: Inpatient and outpatient settings.

Description:

Under the supervision of their assigned preceptor, who has the responsibility to monitor and assess student performance as they progress during clinical clerkship, students,

- take night, weekend, and holiday calls with their assigned teams,
- attend rounds at least 3-4 times per week.
- have a full schedule of teaching including,
 - grand rounds,
 - subspecialty conferences, and
 - didactic sessions pertinent to the needs of the students. This includes case presentations by students, bedside rounds and critique write-ups given to the student by the preceptor.

Students may perform the breadth of evaluation and management, write notes in the medical record and assist with common minor office procedures. If the Clinic or Hospital policy does not allow the student to document in the permanent record, the student will be expected to write a note and orders separate from the chart and ask the preceptor to critique it.

Evaluations:

- A minimum of 8 clinical write-ups per student to include complete database and problem list, assessment, diagnostic, therapeutic, educational plans, and a written essay by the student on an aspect of each case studies. This will require considerable supplementary reading.
- Mid clerkship evaluation where Chair/preceptors discuss the performance/progress of the first half of clerkship with each student. Students are advised by the chairs/preceptors of any weakness or areas that need improvement.
- Students must maintain patients' logs as a summation of all the patients with whom the student has had a significant involvement. Patient logs will be verified by the Chair particularly with respect to the student's ability to perform specific aspects of a clinical examination. These logs

will be periodically inspected by the Associate Dean- Clinical and/or Dean to ensure a reasonable mix of patients.

- A final oral/OSCE examination to evaluate clinical competencies.
- NBME Comprehensive Clinical Science Self-Assessment at the end of each Core clerkship to assess the educational achievement of students in the subject area.
- Each Chair will also complete the evaluation form at the end of clerkship and send it to the Clinical Dean.

EDUCATIONAL OBJECTIVES OF FAMILY MEDICINE CLERKSHIP

By the end of the rotation the student will

- diagnose a defined set of common problems cared for by family physicians.
- manage the problems commonly cared for by family physicians.
- apply the principles of evidence-based medicine as it applies to common ambulatory problems and health care maintenance.
- show familiarity with medical informatics resources and be able to access resources at the point of care.
- explain the concept of continuity of care.
- recognise the presentations of the patient within the context of relevant biological, social, familial, environmental, psychological, cultural, and genetic factors in health or illness.
- identify the principles and practice of disease prevention and health maintenance.
- recognise how a family physician works with other professionals in facilitating and coordinating patient care.
- identify the family physician’s role in facilitating cost effective medical care.
- explain the lifestyles and community roles of the family physician.

Some of the common ambulatory care topics that will be covered:

Acute Problems associated with dizziness such as labyrinthitis, vertigo, benign positional vertigo, syncope
Arthritis (gout, OA, rheumatoid, psoriatic, pseudogout)
Breast history and exam
Cardiac Problems (CHF, CAD, Angina, MI, chest pain, arrhythmia)
Chronic non-communicable diseases such as Diabetes Mellitus, Type II and hypertension
Chronic Pain (chronic back pain, fibromyalgia, polymyalgia rheumatica)
Ear Problems (otitis media, cerumen impaction, otitis externa)
Family Planning (contraception and fertility, IUD, abortion counseling)
Gastrointestinal Problems such as abdominal pain, constipation, GI bleed, irritable bowel syndrome, Crohn’s and GERD

General PE/Well adult Check (work physicals, pre-op physicals, disability physicals)
Geriatric assessment
Gynecological Problems (amenorrhea, DUB, menopause, abnormal vaginal bleeding, vaginitis)
Headache (migraine, tension, cluster)
Health Maintenance, Well Child Check/School Physicals/Sports Physicals
Lipid Disorder (hypercholesterolemia, hypertriglyceridemia, hyperlipidemia)
Musculoskeletal Problems (sprain, strain, fracture, acute joint pain, acute back pain)
Pre- and post-operative care
Psychiatric Problems (depression, anxiety, bipolar, dementia, delirium, ADHD, adjustment d/o)
Pulmonary Problems (bronchitis, pneumonia, chronic cough, rhinosinusitis, asthma, COPD, bronchiectasis)
Respiratory problems (URI, influenza pharyngitis)
Skin Problems – Infectious and Non-Infectious
Thyroid Problems (hypothyroidism, hyperthyroidism, thyroid nodule, thyroiditis)
Urinary Tract Infection (UTI, cystitis, prostatitis, pyelonephritis)
Vaccinations

LIST OF FAMILY MEDICINE SKILLS

- Geriatric assessment
- ABG interpretation
- EKG interpretation
- DKA management
- Breaking bad news
- Family conference
- Decision-making/DNR/DNI

CORE CLERKSHIP IN PSYCHIATRY

The clerkship in Psychiatry familiarizes the student with the psychological aspects of human behavior in health and disease, and the diagnosis and management of psychiatric interviews and on performing mental status examinations. The student observes interviews and conducts psychiatric examinations under supervision. During the clinical rotations, students spend allotted time on an inpatient psychiatric service where they apply the training received under supervision of house staff and clinical faculty.

GUIDELINES FOR CLINICAL CLERKSHIP IN PSYCHIATRY

Length: 6 weeks

Site: General psychiatric wards with, where available, exposure to geriatric and chronic care facilities, alcohol and drug abuse programs, outpatient services, day hospitals, consultation services on general medical and surgical patients, community mental health programs emergency services and programs for the mentally retarded.

Description:

Under the supervision of their assigned preceptor, who has the responsibility to monitor and assess student performance as they progress during clinical clerkship, students,

- take night, weekend, and holiday calls with their assigned teams,
- attend rounds at least 3-4 times per week.
- have a full schedule of teaching including,
 - grand rounds,
 - subspecialty conferences, and
 - didactic sessions pertinent to the needs of the students. This includes case presentations by students, bedside rounds and critique write-ups given to the student by the preceptor.

Students may perform the breadth of evaluation and management, write notes in the medical record and assist with common minor office procedures. If the Clinic or Hospital policy does not allow the student to document in the permanent record, the student will be expected to write a note and orders separate from the chart and ask the preceptor to critique it.

Evaluations:

- A minimum of 8 clinical write-ups per student to include complete database and problem list, assessment, diagnostic, therapeutic, educational plans, and a written essay by the student on an aspect of each case study. This will require considerable supplementary reading.
- Mid clerkship evaluation where Chair/preceptors discuss the performance/progress of the first half of clerkship with each student. Students are advised by the chairs/preceptors of any weakness or areas that need improvement.
- Students must maintain patients' logs as a summation of all the patients with whom the student has had a significant involvement. Patient logs will be verified by the Chair particularly with respect to the student's ability to perform specific aspects of a clinical examination. These logs

will be periodically inspected by the Associate Dean- Clinical and/or Dean to ensure a reasonable mix of patients.

- A final oral/OSCE examination to evaluate clinical competencies.
- NBME Comprehensive Clinical Science Self-Assessment at the end of each Core clerkship to assess the educational achievement of students in the subject area.
- Each Chair will also complete the evaluation form at the end of clerkship and send it to the Clinical Dean.

EDUCATIONAL OBJECTIVES OF PSYCHIATRY CLERKSHIP

- To recognise the prevalence of depression in patients with acute and chronic medical conditions.
- To assess risk of depression in adults particularly those with comorbidities.
- To evaluate a patient for suicidal thoughts.
- To recognise the signs and symptoms of conditions such as schizophrenia and bipolar disorders.
- To assess a patient for eating disorders.

Students are encouraged to take advantage of special opportunities available at different institutions to be exposed to special psychiatric situations and services, including commitment procedures, jails, chronic hospitals, domiciliary visits, community support facilities, social work services, and visiting psychiatric nurses.

Some of the topics covered include

anxiety disorder
bipolar
core morbidity with substance abuse
depression
eating disorders
mania with and without psychosis
mood disorders
obsessive compulsive disorder
schizophrenia
secondary compulsive disorder

LIST OF PRESENTING CONDITIONS/CASES

The conditions below are colour-coded. For each rotation students are required to complete a minimum of 3 cases for each of their cases coded for that rotation. For example, for the **General Surgery** rotation, students are required to report on a minimum of 3 cases for the conditions colour-coded **pink**. The colour codes for each rotation are noted as follows: **Obstetrics and Gynecology**, **General Surgery**, **Pediatrics**, **Family Medicine**, **Internal Medicine**, **Psychiatry**. Students can report on conditions colored black in any rotation.

Abnormal uterine bleeding	Depression	Pain
Acute conditions	Dizziness	Pelvic inflammatory disease
Acute illness	Eating disorders	Personality disorders
Addictive behaviours	Eating disorders	Pneumonia
Addictive behaviours	Family planning	Pre-, peri- and post-operative care
Amenorrhea	Fever	Problems with ear nose or throat
Anxiety disorders	Fibroids	Prophylaxis
Appendectomy	Gastrointestinal problems	Prostatitis
Assessment of surgical risks	Healing, wound care and pain	Renal issues
Asthma	Hearing issues	Respiratory problems
Autoimmune disease	Hemorrhoidectomy	Rheumatic conditions
Breast biopsy	Hypertension	Schizophrenia
Bronchitis	Immunizations	Shortness of Breath
Cardiovascular problems	Infectious diseases	Sight issues
Charting milestones of growth & development	Infertility	Sinusitis
Cholecystectomy	Inguinal hernia repair	Skin conditions – infectious
Chronic conditions	Initiation of feeding and feeding postures	Skin conditions – non-infectious
Chronic illnesses	Investigations of nutrition	Skin lesions, tumours and melanomas
Chronic non-communicable diseases	Lifestyle modifications	Smoking cessation
Colectomy	Lipid disorders	Syncope
Common minor ailments of childhood	Management of the premature infant	Thyroid conditions
Common Inpatient issues	Management of the term infant	Type II diabetes mellitus
Common surgical procedures	Major psychiatric disorders	Urinary Tract conditions
Contraception education and care	Mastectomy	Urinary tract infections
Cough	Metabolism, nutrition, and surgery	Vaginitis
Counselling	Neonatal physiological changes	Vertigo
Cystitis	Orchitis	
Debridement of wounds, burns, infections	Otitis	

LIST OF PROCEDURES/SKILLS

The Procedures and Skills below are colour-coded. For each rotation students are required to complete each of the procedures/skills listed for that rotation. Students must indicate their role that is if they have **Performed, Observed or Assisted**. For example, for the **General Surgery** rotation, students are required to report on procedures colour-coded **pink**. The colour codes for each rotation are noted as follows: **Obstetrics and Gynecology, General Surgery, Pediatrics, Family Medicine, Internal Medicine, Psychology**. Students can report on conditions colored black in any rotation.

ABG interpretation

Psychiatric nurses visits

"Request" and interpret laboratory results

Act as a second surgical assistant

Admission and management of acutely ill patient

Auscultation

Breaking bad news

Clinical problem solving

Chronic hospital visits

Comment on gait

Commitment procedures,

Community support facilities

Coordinating care in the hospital

Decision-making/DNR/DNI

Developmental assessment

Differential diagnosis

Discharge planning

Discuss the course of normal labor

DKA management

Domiciliary visits

Echocardiogram

EKG interpretation

Endotracheal intubation

Examination of the heart and lungs and abdomen

Family conference

Full CNS examination

Geriatric assessment

Interviewing techniques

Intravenous infusion

Jail visits

Lumbar puncture

Manage the progression of illness

Naso-gastric tube placement

Neonatal resuscitation

Observe the process of informed consent

Operative reports in the health record

Ophthalmoscope

Palpation

Perform a supervised spontaneous vaginal vertex delivery

Perform as a first or second assistant to operating surgeons

Phlebotomy

Physical examinations

Placing and removing sutures

Postoperative orders in the health record

Presentations

problem-oriented surgical research topic

Progress notes in the health record

Render supervised postpartum post-operative care

Scrub, gown and glove

Social work services

Sphygmomanometer

Stethoscope

Ultrasound

Umbilical vessel catheterization

Urethral catheterization

Use the problem-oriented method of patient evaluation

Venipuncture