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Welcome!

You are joining a unique group of students at the College of Medicine (CMED) at Central Michigan University (CMU) who will be among the first clerkship students. The College of Medicine places great emphasis on meeting its mission which is provided below:

MISSION STATEMENT

The CMU College of Medicine will prepare diverse, culturally-competent physicians focused on improving access for all to high-quality health care in Michigan with an emphasis on rural and medically underserved regions. Our graduates will aspire to excellence in providing patient-centered and evidence-based care to their patients and their communities. We will engage physicians in leading health care transformation, lifelong learning, and team-based education.
Who we are

Linda Perkowski, PhD  Senior Associate Dean of Faculty and Administration

Dr. Perkowski has more than 25 years’ experience in medical education, curriculum development and evaluation of institutional programs. She came to CMU from the University of Minnesota Medical School where she served as associate dean for curriculum and evaluation. A former Michigan resident, Dr. Perkowski received her undergraduate degree from the University of Texas in Austin, master’s degree from Texas A&M University, and doctorate in preventive medicine and community health from the University of Texas Medical Branch in Galveston. In addition to several national medical education leadership roles, her academic efforts have focused on student assessment, program evaluation, faculty educator development and accreditation.

Steve Vance, MD  Associate Dean of Clinical Education

Steve joined CMU in November 2011 where he currently serves as Associate Dean for Distributed Campus-Region 2 and Director of the CMU SYNAPSE Simulation Center. A Saginaw native, Steve attended Alma College and subsequently received his MD degree from Michigan State University College of Human Medicine. After completing his Emergency Medicine residency in Grand Rapids, he returned to Saginaw in 2004.

At CMED, Steve has served a key role in the selection, integration and deployment of many teaching and administrative technologies, including new simulation centers in both Mount Pleasant and Saginaw. His goal at CMU is to foster the creation of innovative, effective educational opportunities for medical students, residents and faculty.

Elizabeth Palmer, MD  Director, Comprehensive Community Clerkship

Dr. Elizabeth Palmer is a board-certified family physician practicing at University Health Services at CMU, treating students, staff, and faculty. She also is an Assistant Professor of Medical Disciplines in the College of Medicine. Palmer has served as the co-director for the Foundational Sciences of Medicine and Essentials of Clinical Skills courses in the past.

Dr. Palmer graduated from the University of Michigan with a Bachelor of Science in Biology. She attended medical school at Michigan State University, College of Human Medicine. Dr. Palmer completed her Family Medicine Residency at Sparrow Hospital in Lansing, Michigan. Before joining CMED, she practiced in her hometown of Ithaca.
Who we are

Rebecca Molter  Coordinator, Comprehensive Community Clerkship
Rebecca.Molter@cmich.edu
(989) 774-3320

Rebecca Molter is the CCC Coordinator. She has earned a Bachelor of Social Work and a Master of Science in Administration with a concentration in Health Services Administration from Central Michigan University. Rebecca joined the College of Medicine in 2014 and worked as the Standardized Patient Training Coordinator. Prior to joining the College of Medicine, Rebecca worked as a PCMH Coach and Short-Term Rehab Social Worker for MidMichigan Health. Rebecca brings over 5 years of experience in patient centered care and coordination.

Juliet Nicholls  Coordinator, Distributed Clinical Education
juliet.nicholls@cmich.edu
(989) 746-7505

Juliet supports the delivery of various clinical programs for the College of Medicine, as well as being a focal point for Clerkship Directors, faculty and students. Juliet has over fifteen years of experience in corporate and industrial training coordination and learning management system administration for multinational corporations.
Who we are

William Starbird, MD
Assistant Clerkship Director, Thumb Region
sstarbird@mrhc cares.org
(810) 688-3048

Dr. Starbird has been practicing family medicine in North Branch for 26 years. He is Board Certified in Family Medicine and a fellow of the American Academy of Family Physicians. He is the Chief Medical Examiner for Sanilac County and the Medical Director for Sanilac Medical Control. Dr. Starbird is a graduate of the Wayne State University School of Medicine. He completed his residency in Family Medicine at Oakwood Hospital.

Sandra Starbird, MS (HAS), MT (ASCP)
Staff Assistant, Thumb Region
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(810) 688-3048

Sandra holds a bachelor of science in Medical Technology and a master of science in Health Services Administration. She has 26 years of experience as a Medical Office Manager, four years of experience as an IT Clinical EMR Support and nine years of experience as a Medical Technologist. She currently both the Office Manager at North Branch Family HealthCare and IT Clinical EMR support for Marlette Regional Hospital.
Who we are

Michael Schmidt, DO
Assistant Clerkship Director, Central Core
drmmps Schmidt@gmail.com
(989) 725-6101

Dr. Schmidt is a 1984 graduate of Western University of Health Sciences, College of Osteopathic Medicine of the Pacific. He is board certified in orthopedic surgery and maintains a clinical practice in Owosso, Michigan, where he has been in practice continuously since 1992. Dr. Schmidt is a member of the active medical staffs at Memorial Healthcare in Owosso and Sparrow Clinton Hospital in St Johns, Michigan. In addition to his clinical practice, Dr. Schmidt serves in multiple capacities in both medical staff leadership and hospital governance at Memorial Healthcare. He is a clinical examiner for the American Osteopathic Board of Orthopedic Surgery.

Beth Long
Staff Assistant, Central Core
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Beth Long serves as the staff assistant to Michael P. Schmidt, DO, Regional Assistant Clerkship Director, CMU College of Medicine. As Medical Staff Coordinator for Memorial Healthcare, Beth is a member of the Medical Staff Services Department and assists with credentialing and in the overall business and departmental functions of the Medical Staff. Beth holds extensive experience as an educator and as an administrative professional.
Who we are

Steven E. Minnick, MD, MBA
Assistant Director, CCC/Hospital Clerkships, St. John Hospital & Medical Center
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Steven Minnick, M.D., M.B.A. is the Director of Medical Education and ACGME Designated Institutional Official for St. John Hospital and Medical Center in Detroit, Michigan. He is Board certified in Internal Medicine and received his M.D. and M.B.A. from the University of Michigan in Ann Arbor. Dr. Minnick has served on numerous national organizations involved in graduate medical education and continuing medical education. He is a past-Chair of the Education Commission for Foreign Medical Graduates (ECFMG), has served as Chair of the Accreditation Council for Continuing Medical Education (ACCME) and is a previous President of the Association for Hospital Medical Education (AHME).

Jennifer Donnelly
Lead Student Coordinator, Transitional Year Coordinator, & CMU Student Coordinator, St. John Hospital and Medical Center
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(313) 343-7843

Jennifer Donnelly started as a Student Coordinator at St. John Hospital & Medical Center in 2009. She was promoted to Lead Student Coordinator and Transitional Year Residency Coordinator in 2012. Jenn has 6 years of experience working with Medical Students and Graduate Medical Education. She is happy to be assuming the additional role of CMU Student Coordinator and looks forward to welcoming the CMU Medical Students to St. John Hospital & Medical Center.
The Clinical Education Program of the CCC

A Comment on the CCC from a Student in the Inaugural Class:

“I grew up in a tight little community in the Thumb with a small high school class — I like the way that feels — I recognize the need for better access to healthcare in that area — we (they) need the help and I would be ecstatic if I could do my training in the Thumb and return to practice there.”

Overview

The Comprehensive Community Clerkship (CCC) is a 6 month (24 week) clinical immersion experience based in a large rural or small urban community in central or northern Michigan and Detroit. Following successful completion of the first two years of the MD program, students are based in primary care practices for the CCC. Students will live in and experience the communities to which they are assigned. Rather than learning the major generalist specialties of medicine in separate rotations, the learning experience is integrated in that they are learned in parallel based on the practices in which the students are located. The CCC is based upon specific learning objectives from each of the major generalist specialties and disciplines including obstetrics/gynecology, surgery, psychiatry, pediatrics, internal medicine and family medicine. Students are required to track specified patient encounters, as identified by the faculty, throughout the clerkship.

During the CCC students are assigned to a single primary care provider, usually a family physician or internist. From the practice, students will be assigned a panel of acute and chronic care patients for which they will share in the provision of health care over the course of the clerkship. Students will follow these patients if they are referred to other specialists or health care providers. This provides students with an opportunity to follow the course of a patient’s illness and to understand the context in which the patient lives in their community. This continuity of care opportunity is an important core principal in the CCC.

The physicians’ practices are located in or surrounding a community that includes a hospital. Each hospital meets the International Classification of Diseases (ICD)-9 requirements of CMED — i.e. they all have the required patient base and variety of clinical presentations.

The Comprehensive Community Clerkship is a direct logical clinical education application or extension of the CMED mission with an emphasis on improving access to health care in rural and medically underserved regions of Michigan. The key underlying concepts and approaches are:
• Generalist focus on Family Medicine; General Internal Medicine; General Surgery; General Pediatrics; General Psychiatry and Mental Health; and Women’s Health are learned in parallel
• Longitudinal Patient Care – Patient Panel
• Initial Diagnosis Experiences
• Students Live and Learn “in Community”
• Learning is based in specific Competencies and Objectives
• Students are assessed on Clinical Skills and Problem Solving, Medical Content, Professionalism, Group Contribution and Case Presentation.

Our Communities

The CCC communities in which students are placed are carefully selected on the basis of ICD-9 categories to assure the correct mix of patients, presenting problems, and availability of appropriate health care facilities and health care providers. In the same careful way that communities are selected, physicians, health care providers, and specific physician faculty committed to assuming responsibility for medical student education are needed to ensure success of the program. Individuals involved in the teaching and learning activities for the students become CMED community faculty members and receive specific assistance by the Office of Medical Education (OME) in order to carry out their responsibilities. This assistance includes access to faculty development sessions, access to CMED library services, and a faculty appointment.

Curriculum Development

The curriculum of the Comprehensive Community Clerkship (CCC) is built upon a set of comprehensive learning objectives. These objectives represent the most common presenting problems in Family Medicine, Internal Medicine, Surgery, Pediatrics, Obstetrics/Gynecology, and Psychiatry. All objectives have been developed collectively by generalists in each area, and they specify the parameters of learning and assessment for each student. These objectives include those relevant to the basic medical sciences content required in the CCC.

Students are assigned to a physician practice and, under the supervision of their preceptor, the student has the opportunity to engage in taking a patient history from presentation to diagnosis, treatment, management, and follow-up. Patients are “unfiltered” as they enter the physicians’ practices. Patients that may be referred to another generalist, specialists and/or other health care providers are followed by the student. Students are introduced to these generalists’ areas in parallel rather than in the typical “silos” of traditional rotational clerkships. In this setting, students will also have an opportunity to better understand the impact of illness on the patient’s family and support group. Finally, the role of other health care providers in the community will allow for a deeper understanding and appreciation of inter-professional healthcare in the community setting.
Students will spend five half-days per week in a practice in which students obtain a specific panel of patients to follow in addition to other patients, as necessary. Students are also expected to participate in other hospital based care sessions such as emergency medicine, deliveries, and surgery. These sessions may occur after normal office hours and on the weekend. At least one half-day per week is scheduled for Specialty Sessions and two half-days per week as self-directed study time. This “typical week” is presented only to demonstrate the components in each week. It is anticipated and expected that activity other than Practice Case Presentation sessions on Tuesday will vary by practice.

**CCC TYPICAL WEEK SCHEDULE**

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Weekend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rounds</td>
<td>Rounds</td>
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<td>Rounds</td>
<td>Rounds</td>
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**Components of Typical Week**

The student weekly schedule will be designed by the preceptor(s) as appropriate to the practice. Other than the Practice Case Presentation Sessions, there is flexibility for all the other remaining weekly activities to be scheduled.

1. **Rounds:** Students are expected to round with their preceptor(s) as appropriate to the practice or with the hospitalists/Intensivists. If time doesn’t permit students to round with the Hospitalists/Intensivists regularly, students could spend 1 week at a time focusing the mornings on rounds, with the afternoons focusing on the other activities. This could be done several times during the CCC.
2. **Practice Case Presentations (PCP):** These are student lead case presentations via video online conference for the 8-9 students in their group. Students draw upon their own practices to present cases pertinent to the current module. These are facilitated by a faculty member. Students are provided with time during the week to prepare for their presentations. Didactics will take place at 11:00 a.m. on days of PCP sessions.

3. **Primary Care Sessions:** Students will spend 5 half-days in their assigned practice location. Students conduct independent research of their patient cases and present their information to preceptors. Students are assigned a panel of patients at the beginning of the CCC and they are required to follow these patients for the entire duration of the CCC.

4. **Specialty Sessions:** These sessions are designed to provide a specific focus on a specialty appropriate to the current module and to provide students with a wide range of clinical experiences in the core specialties. They may be hospital or community based. As noted, these sessions will vary from community to community. A list of those available in your community or region will be provided to the students at orientation. It is the responsibility of the student, in cooperation with the regional staff assistant, to arrange, schedule, and document these.

\[\text{Examples of hospital-based specialty sessions are:}\]
- Anesthesia
- Radiology
- Pathology
- Inpatient Pharmacy
- Gastroenterology Unit
- Inpatient Rehabilitation
- Inpatient Physical Therapy
- Obstetric Deliveries

\[\text{Examples of community-based specialty sessions are:}\]
- Diabetes Education
- Cardiac Rehabilitation
- Cardiac Testing Labs
- Breast Cancer Screening Clinics
- Health Departments
- Counseling Services
- Long Term Care Facilities

5. **Hospital Sessions:** These sessions are scheduled at times when students may be in the emergency room or operating room. They should occur an average of 2 times per month each and can occur during the workweek, evening, and/or weekend.

6. **Personal Study/Self-directed learning:** Two half-days per week are specifically scheduled to provide students with the opportunity to access references, develop case presentations, and prepare for group and team-based presentations and didactics.

7. **Bursts:** Burst clinical experiences are periods of short concentrated exposure to particular disciplines offered in CCCs. Burst experiences are made available to students to follow a
particular line of interest such as a future career path, education or research on prevalent medical disciplines but could be in anything related to health, such as public health, child health, or a short academic course. Burst experiences are a number of sessions in succession over the course of a few days up to a week. However, they can also be a consistent session over a set period of time to cover the different patterns of consultation to provide sufficient exposure, for example by visiting a specialist. Usually bursts are conducted with the same preceptor for the student throughout the period of time set for that burst.

**Practice Case Presentation (PCP) Sessions**

**CCC PROGRAM OBJECTIVES**

The overall (terminal) objectives for the clerkship and the objectives for each of the generalist specialties of Women’s Health, Internal Medicine, Surgery, Family Medicine, Mental Health and Pediatrics are provided in Appendix 1. These are specifically related to the Practice Case Presentation sessions and should guide your reading as you prepare for these sessions.

In addition, in year 1 and year 2 of the program, students are introduced to content relating to the Art of Medicine/Society and Community Medicine Continuum, Foundations and Organ Systems Continuum, and Essentials of Clinical Skills Continuum. Application of this knowledge is now required as students enter their clerkship years. Specifically:

**Art of Medicine / Society and Community Medicine Continuum:**
- Demonstrate knowledge and understanding of key concepts in epidemiology and biostatistics as they relate to the patient’s problems.
- Identify the important determinants of health that relate to the individual and his or her community.
- Identify the major risk factors for the diseases or conditions that are under consideration for the differential diagnosis.
- Demonstrate knowledge and understanding of health promotion and illness/disease prevention as it relates to the patient and/or community.

**Foundations and Organ Systems Continuum**
- Review any relevant Year 1/2 content required to understand the presenting complaint (e.g. anatomy, physiology, histology, biochemistry, immunology and microbiology).
- Describe the pathology and pathophysiology of the diseases identified for the differential diagnosis.
• Describe the mechanism by which abnormal laboratory findings relate to the pathophysiologic processes.
• For any diagnostic images, differentiate between images produced by normal processes (structure and function) and pathologic processes for the conditions in the differential diagnosis.
• Describe the mechanism of action, indications, contraindications and side effects for all drugs and/or drug classes used in the management of the conditions in the differential diagnosis.

**Essentials of Clinical Skills Continuum**

• For each of the presenting problems, develop an approach using the key features of the history, physical exam, and where appropriate investigations which will provide a framework for the formulation of a differential diagnosis.
• Justify which laboratory tests/imaging are appropriate for investigation of the presenting problem.
• Discuss in general terms the management (medical and surgical) of the most common/likely and/or life threatening conditions in the differential diagnosis.
• Discuss the factors that influence decision making around management of the patient’s problem.

The PCP sessions are presented over seven three-week blocks (21 weeks) throughout the Comprehensive Community Clerkship (CCC). Specific case topics have been selected by faculty for each three-week block. Students will be given their PCP schedule in advance of the start of the CCC in order for students to have some flexibility in the cases they will present to their peers. For each PCP, students will be working in groups of eight or nine. Student groups will be connected for these sessions through video conferencing. Students in advance of each block will pick one case and share the topics with the members of their group. The group must ensure that each topic is presented once during the block. Week 1 of each three-week block is dedicated to self-directed learning – i.e. students are provided this time to prepare for their PCP presentations. Weeks 2 and 3 of each block are dedicated to oral case presentations and discussions. See Appendix 3, **Schedule of PCP Sessions**.

Each PCP session is scheduled for 1 ½ hours on Tuesdays from either 8:00am – 9:30am or 9:30am – 11:00am. Students are asked to identify a patient from their personal CCC clinical experience whose primary presenting problem corresponds to the presenting problem assigned for that block. If no appropriate cases are available, students are to ask a physician they are working with to help them identify one of his or her patients or conduct a case review. Please remember that in order to respect patient confidentiality, the oral presentations must not contain any information that can lead to the identification of the patient.

The oral case presentations should follow the guidelines (Appendix 2) specified by the faculty. Students are asked to include any relevant patient/case information that is aligned with the
content from Art of Medicine/Society and Community Medicine Continuum, Foundations and Organ Systems Continuum, and Essentials of Clinical Skills Continuum course content.

**PCP SESSION FORMAT**

The first part of the PCP session consists of the oral case presentation. One student will present a case, while *one of his or her peers will evaluate the structure of the presentation using the checklist in Appendix 4*. The student evaluator will give comments to the student presenter about their presentation, and the other students in the group have the opportunity to ask questions about the case. The checklist is a formative evaluation tool and does not need to be turned in. The facilitator may also ask questions and/or give feedback about the case and the presentation. The student should email the case write-up to the group facilitator by the day before the session, but not to the other students. The case should not be displayed during the presentation. This allows the fellow students to practice listening to a case.

The second part of the PCP session is for the presenting student to lead a discussion of the pathology and pathophysiology of the most likely or life threatening conditions in the differential diagnosis. Explain how the pathophysiology produces the clinical and lab findings for each condition. For each of the most likely or life threatening conditions, describe the medical and/or surgical management. For all pharmaceuticals associated with these conditions, identify the mechanism of actions, indications, contraindications and side effects for that drug class. Students may choose to present this discussion using a PowerPoint or other presentation, and should feel free to share it during the session. The rest of the students will then have an opportunity to ask questions about the case, and answer questions posed by the facilitator. It is also helpful if the presenter includes one or more board-style questions related to the discussion for practice.

This two-step procedure is repeated for each case assigned for that particular block.

*As part of the overall CCC grade*, students will be evaluated by their PCP facilitator and their peers. The evaluations for the PCP sessions are shown in Appendix 5. Please note that students are not only evaluated on their case presentations, but on their participation during the sessions.
CLIPP Cases

Computer-assisted Learning in Pediatrics Program (CLIPP) cases are provided to students to enhance pediatric learning. All CLIPP cases are required to be completed either in the Pediatric Clerkship or the CCC, according to the table below:

<table>
<thead>
<tr>
<th>Pediatrics</th>
<th>CCC</th>
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<tbody>
<tr>
<td>#7 Newborn with respiratory distress</td>
<td>#1 Normal newborn</td>
</tr>
<tr>
<td>#9 2-week-old with lethargy</td>
<td>#2 Infant well child visit</td>
</tr>
<tr>
<td>#11 5-year-old with fever and swollen lymph nodes</td>
<td>#3 3-year-old well child exam</td>
</tr>
<tr>
<td>#12 10-month-old with a cough</td>
<td>#4 8-year-old well child exam</td>
</tr>
<tr>
<td>#15 Two siblings with vomiting</td>
<td>#5 16-year-old well child exam</td>
</tr>
<tr>
<td>#16 7-year-old with abdominal pain and vomiting</td>
<td>#6 Sports physical</td>
</tr>
<tr>
<td>#17 4-year-old who refuses to walk</td>
<td>#8 Jaundice in newborn</td>
</tr>
<tr>
<td>#19 16-month-old with a seizure</td>
<td>#10 6-month-old with a fever</td>
</tr>
<tr>
<td>#21 6-year-old with bruising</td>
<td>#13 6-year-old with a chronic cough</td>
</tr>
<tr>
<td>#22 16-year-old with abdominal pain</td>
<td>#14 18-month-old with congestion</td>
</tr>
<tr>
<td>#23 11-year-old with lethargy and fever</td>
<td>#18 2-week-old with poor feeding</td>
</tr>
<tr>
<td>#24 2-year-old with altered mental status</td>
<td>#20 7-year-old with a headache</td>
</tr>
<tr>
<td>#25 2-month-old with apnea</td>
<td>#26 9-week-old with failure to thrive</td>
</tr>
<tr>
<td>#28 18-month-old with developmental delay</td>
<td>#29 Infant with decreased muscle tone</td>
</tr>
<tr>
<td>#27 8-year-old with abdominal pain</td>
<td>#30 2-year-old with sickle cell disease</td>
</tr>
<tr>
<td>#31 5-year-old with puffy eyes</td>
<td>#32 5-year-old with a rash</td>
</tr>
</tbody>
</table>

Some CLIPP Cases are required pre-work for CCC Didactics, see the schedule for details.

To complete the CLIPP cases, go to: [www.med-u.org](http://www.med-u.org) and follow the prompts. The first time you visit the site, you will have to register using your CMICH email and password. You will also see many other types of cases on the website, such as fmCASES, WISE-MD, etc., which you are able to access. Several of these cases are listed as suggested pre-work for CCC Didactics to help guide your studying.
Clinical Encounters and Procedural Skills

The clinical encounters and procedural skills required in the CCC are listed in the Tables below.

Required conditions and procedural skills will be recorded by the student electronically online. The minimum number per condition or diagnosis is required to be recorded, however we encourage each student to continue to record each and every patient condition and procedure in which they participate. Students should only record conditions/procedures for which they observed, assisted or performed (including simulations). Students should not record conditions or procedures that are merely mentioned by the patient or found recorded in the chart. Progress in recording the required clinical skills and procedural skills will be monitored by faculty on a regular basis. Students will be notified of areas in which they may require assistance in meeting the requirements. In some cases, a simulated or virtual case may replace an actual clinical encounter and/or procedural skill.

For each clinical encounter and procedural skill, the faculty have identified an appropriate level of participation of the student as follows:

**O – Observing:** Student is on service and is involved in teaching and work rounds, but is not actively engaged in the care of the patient.

**A – Assisting:** Student is on service, is involved in teaching and work rounds, and participates indirectly in the care of patients (e.g. note writing, presentations at case conferences).

**P – Performing:** Student is active in care of patient through supervised H & P, daily interviewing and physical examination, writing progress notes, discharge, and case presentations on rounds or during case conferences.

**S – Simulation Case:** Computerized cases utilizing CLIPP, DXR, or other technologies may be used to satisfy requirements for less common conditions. Requires consent and oversight by faculty to utilize a simulated case.

**Sk – Skill Simulation:** Requires student to perform the skill or procedure in a simulated environment before performing on the patients. This may occur in the form of standardized patients, low or high fidelity models, or any other setting where the skill may be demonstrated in a controlled environment.

### Expected Clinical Conditions/Diagnoses to be Encountered in the CCC

<table>
<thead>
<tr>
<th>Conditions/Diagnosis</th>
<th>Level of Participation</th>
<th>Number</th>
<th>Clinical Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abnormal uterine bleeding</td>
<td>O/A/P</td>
<td>1</td>
<td>Ambulatory/Case Study</td>
</tr>
<tr>
<td>Adult preventive care visit</td>
<td>P</td>
<td>2</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>Anemia</td>
<td>P</td>
<td>1</td>
<td>Inpatient/Ambulatory</td>
</tr>
<tr>
<td>Back Pain/Neck Pain (acute/chronic)</td>
<td>P</td>
<td>1</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>Biliary tract disease</td>
<td>P</td>
<td>1</td>
<td>Inpatient/Ambulatory</td>
</tr>
<tr>
<td>Condition</td>
<td>Code</td>
<td>Frequency</td>
<td>Setting</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------</td>
<td>-----------</td>
<td>------------------</td>
</tr>
<tr>
<td>Breast disease/mass</td>
<td>O/A/P</td>
<td>1</td>
<td>Inpatient/Ambulatory</td>
</tr>
<tr>
<td>Cancer</td>
<td>O/A/P</td>
<td>1</td>
<td>Inpatient/Ambulatory</td>
</tr>
<tr>
<td>Cellulitis/Soft tissue infection</td>
<td>p</td>
<td>1</td>
<td>Inpatient/Ambulatory</td>
</tr>
<tr>
<td>Chest pain</td>
<td>P</td>
<td>1</td>
<td>Inpatient</td>
</tr>
<tr>
<td>Child abuse</td>
<td>O/A/P</td>
<td>1</td>
<td>Inpatient/Ambulatory</td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>O/A/P</td>
<td>1</td>
<td>Inpatient</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>O/A/P</td>
<td>1</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>Constipation</td>
<td>P</td>
<td>1</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>Contraception/Family planning</td>
<td>P</td>
<td>2</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>COPD</td>
<td>P</td>
<td>1</td>
<td>Inpatient/Ambulatory</td>
</tr>
<tr>
<td>Cough</td>
<td>P</td>
<td>1</td>
<td>Inpatient/Ambulatory</td>
</tr>
<tr>
<td>Dermatitis</td>
<td>P</td>
<td>1</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>P</td>
<td>2</td>
<td>Inpatient/Ambulatory</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>P</td>
<td>1</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>Dyslipidemia</td>
<td>P</td>
<td>1</td>
<td>Inpatient/Ambulatory</td>
</tr>
<tr>
<td>Dyspnea</td>
<td>P</td>
<td>1</td>
<td>Inpatient</td>
</tr>
<tr>
<td>Fatigue</td>
<td>O/A/P</td>
<td>1</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>Fever</td>
<td>P</td>
<td>1</td>
<td>Inpatient/Ambulatory</td>
</tr>
<tr>
<td>Headache</td>
<td>P</td>
<td>1</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>Hemorrhoids/Anorectal disorders</td>
<td>A/P</td>
<td>1</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>Hernia</td>
<td>O/A/P</td>
<td>1</td>
<td>Inpatient/Ambulatory</td>
</tr>
<tr>
<td>Hypertension</td>
<td>P</td>
<td>2</td>
<td>Inpatient/Ambulatory</td>
</tr>
<tr>
<td>Joint pain</td>
<td>P</td>
<td>1</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>Lactation</td>
<td>A/P/S</td>
<td>1</td>
<td>Inpatient/Case Study</td>
</tr>
<tr>
<td>Liver Disease</td>
<td>P</td>
<td>1</td>
<td>Inpatient</td>
</tr>
<tr>
<td>Lymphadenopathy</td>
<td>P</td>
<td>1</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>Menopause</td>
<td>P</td>
<td>1</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>Nutrition</td>
<td>P</td>
<td>1</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>Obesity</td>
<td>P</td>
<td>1</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>Otalgia</td>
<td>P</td>
<td>1</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>Pain management (chronic/acute)</td>
<td>P</td>
<td>2</td>
<td>Inpatient/Ambulatory</td>
</tr>
<tr>
<td>Peptic ulcer disease</td>
<td>P</td>
<td>1</td>
<td>Inpatient/Ambulatory</td>
</tr>
<tr>
<td>Peripheral arterial disease</td>
<td>P</td>
<td>1</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>P</td>
<td>1</td>
<td>Inpatient/Ambulatory</td>
</tr>
<tr>
<td>Premenstrual syndrome and Premenstrual dysmorphic disorder</td>
<td>O/A/P /S</td>
<td>1</td>
<td>Ambulatory/Case Study</td>
</tr>
<tr>
<td>Pre-operative evaluation</td>
<td>O/A/P</td>
<td>1</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>Renal failure</td>
<td>P</td>
<td>1</td>
<td>Inpatient/Ambulatory</td>
</tr>
<tr>
<td>Rhinorrhea</td>
<td>A/P</td>
<td>1</td>
<td>Inpatient/Ambulatory</td>
</tr>
<tr>
<td>Seizure disorder</td>
<td>P</td>
<td>1</td>
<td>Inpatient</td>
</tr>
<tr>
<td>Sexually dysfunction</td>
<td>P</td>
<td>1</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>Sexually transmitted infections</td>
<td>P</td>
<td>1</td>
<td>Inpatient/Ambulatory</td>
</tr>
<tr>
<td>Sinusitis</td>
<td>P</td>
<td>1</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>Condition</td>
<td>Setting</td>
<td>Level of Participation</td>
<td>Number</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>---------</td>
<td>------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Sore throat</td>
<td>A/P</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Sports physical evaluation</td>
<td>P</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Sprains/Strains</td>
<td>P</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Substance-related and addictive disorders</td>
<td>P</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Thyroid disease</td>
<td>P</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Urinary tract infection</td>
<td>P</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Vision screening</td>
<td>O</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td>P</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Vulvar and vaginal diseases</td>
<td>P</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Well child visit</td>
<td>P</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Wheezing</td>
<td>P</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Wound care</td>
<td>O/A/P</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Expected clinical skills were identified for the CCC, along with the level of participation expected of the student.

**Expected Procedural Skills to be Employed in the CCC**

<table>
<thead>
<tr>
<th>Assessments, Treatments, Procedures, and Skills</th>
<th>Level of Participation</th>
<th>Number</th>
<th>Clinical Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Examination- Screening</td>
<td>P</td>
<td>1</td>
<td>Ambulatory/Simulation</td>
</tr>
<tr>
<td>Demonstrate use of metered-dose inhalers and spacers</td>
<td>A/P</td>
<td>1</td>
<td>Ambulatory/Inpatient/Simulation</td>
</tr>
<tr>
<td>Digital Rectal/Prostate Examination</td>
<td>P</td>
<td>1</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>Drain Abscess</td>
<td>A/P</td>
<td>1</td>
<td>Ambulatory/Inpatient/Simulation</td>
</tr>
<tr>
<td>Interpretation of ECG</td>
<td>P</td>
<td>1</td>
<td>Ambulatory/Inpatient</td>
</tr>
<tr>
<td>Intradermal PPD (interpret)</td>
<td>P</td>
<td>1</td>
<td>Ambulatory/Simulation</td>
</tr>
<tr>
<td>Occult Blood Testing-Stool</td>
<td>P</td>
<td>1</td>
<td>Ambulatory/Inpatient</td>
</tr>
<tr>
<td>Peak Flow Measurement (pulmonary)</td>
<td>P</td>
<td>1</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>Pelvic Examination/PAP</td>
<td>P</td>
<td>1</td>
<td>Ambulatory/Simulation</td>
</tr>
<tr>
<td>Remove sutures/staples</td>
<td>A/P</td>
<td>1</td>
<td>Ambulatory/Inpatient/Simulation</td>
</tr>
<tr>
<td>Suture Laceration</td>
<td>A/P</td>
<td>1</td>
<td>Ambulatory/Inpatient/Simulation</td>
</tr>
<tr>
<td>Smoking Cessation Readiness assessment and Counseling</td>
<td>P</td>
<td>1</td>
<td>Ambulatory/Inpatient</td>
</tr>
<tr>
<td>Splint application</td>
<td>P</td>
<td>1</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>Testicular Examination</td>
<td>P</td>
<td>1</td>
<td>Ambulatory</td>
</tr>
<tr>
<td>Venous Blood Draw</td>
<td>P</td>
<td>1</td>
<td>Ambulatory/Inpatient/Simulation</td>
</tr>
</tbody>
</table>
Assessment of Student Performance in the CCC

**Background:** Traditionally, medical students have learned medicine in programs designed around the Flexner Model of medical education – i.e. two years of basic science followed by two years of hospital-based clinical learning in each of the major disciplines of practice.

With the advent of patient-centered medicine, evidence-based medicine, decreasing funding, and a shift towards a more integrated approach to clinical learning (traditionally Year 3 and Year 4), the Comprehensive Community Clerkship has become a component of many national and international medical school programs.

With this shift in the way medicine is taught and learned comes a need for assessment strategies to closely align with the way students are learning medicine, both in the pre-clerkship and clerkship years of the program. For the CCC this change in thinking about assessment requires an innovative approach, one that ensures comparability of the assessment of achievement for students enrolled in either the traditional or CCC model of education. Comparability also provides a way to encourage this newer approach to clinical education by demonstrating its efficacy.

**General Principles:** Assessment of student performance in the CCC should align with the integrated nature of student learning that occurs in this model of medical education. All assessment strategies must consider the following principles:

- Assessment should direct and enhance learning
- Assessment practices should provide early and periodic narrative feedback to students about their performance and achievement
- Expectations, standards and criteria for achievement should be explicitly defined and available for students to guide study and preparation
- Assessment of student performance should provide feedback about the effectiveness of curricular objectives to the Curriculum Committee
- Final marks are pass/fail (summative)
- Assessment data should be reviewed continually to help identify at-risk students

In order to ensure that diverse competencies – i.e. the knowledge, skills, behaviors, and attitudes reflective of our curricular values and the practice of medicine are assessed, a number of assessment approaches are necessary. As such, assessment approaches for the CCC will be tailored to each type of competency as follows:

- **Assessment of knowledge acquisition:** multiple choice examinations using specific NBME subject examinations
- **Assessment of skills acquisition:** OSCE
- **Assessment of clinical performance:** OSCE and formative and summative direct observation of clinical skills using the Periodic Direct Observation of Clinical Encounter (PDOC) form, and overall clinical performance using the Clerkship and Clinical Performance Evaluation (CPE)
- **Assessment of professional behaviors:** OSCE and formative and summative direct observation of clinical skills using the Periodic Direct Observation of Clinical Encounter form, and overall clinical performance using the Clerkship and Clinical Performance Evaluation (CPE)
<table>
<thead>
<tr>
<th>Assessment</th>
<th>Frequency</th>
<th>Formative/Summative</th>
<th>Content Assessed</th>
<th>Promotion Requirements</th>
</tr>
</thead>
</table>
| Periodic Direct Observation of Clinical Encounters (PDOC) | Students are required to complete a total of 12 PDOC encounters over the course of the 24 week CCC. Five specific domains have been identified for assessment as follows:  
- Physical examination - 3 required  
- History taking – 3 required  
- Counselling – two required  
- Communication skills – two required  
- Clinical reasoning – two required  
  ** Student’s professional behavior/comportment will be assessed during each PDOC session.** | Students must complete all 12 PDOC assessments – approximately one every two weeks during the CCC.  
Upon completion, students may choose five assessments to be considered for their summative grade. | - basic communication skills  
- basic history taking skills  
- basic physical examination skills  
- clinical decision making skills | Summative grade will be decided by clinical faculty after review of five PDOC submitted by the student.  
  **Students will be graded P/F.**  
  **Students must achieve a P in order to be successful in the CCC.** |
| Clinical Performance Evaluation (CPE)          | Preceptors are required to complete the Clinical Performance Evaluation on each student after weeks 4, 10, 16 and 22.  
Formative written feedback is provided to the student at this time. If there is an area/areas that the student is having difficulty in, an individualized remediation plan will be developed. Preceptors will have the ability to review all previous Clinical Performance Evaluations. The final CPE is summative. | Formative narrative feedback for the first three, and summative narrative feedback for the final. | - basic patient care/clinical skills  
- interpersonal and communication skills  
- medical knowledge  
- professionalism  
- systems-based practice | All CPEs are formative with the exception of the last one which is summative.  
  **Students will be graded P/F.**  
  **Students must achieve a P in order to be successful in the CCC.** |
<table>
<thead>
<tr>
<th>Assessment</th>
<th>Frequency</th>
<th>Formative/Summative</th>
<th>Content Assessed</th>
<th>Promotion Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation of Student in Small Group Sessions</td>
<td>Students, in groups of eight, will be required to participate in weekly Practice Case Presentations (PCP). Sessions are divided into seven “Blocks” – each block is three weeks in duration. Students will be formatively assessed at the end of Block 2 and 5, and summatively assessed at the end of Block 7.</td>
<td>Formative (at the end of Block 2 and 5) and summative (end of Block 7).</td>
<td>Students will be assessed on: -their participation -leadership skills -respect for others -critical thinking skills.</td>
<td>Students will be graded P/F. Students must achieve a P in order to be successful in the CCC.</td>
</tr>
<tr>
<td>Objectives Structured Clinical Examination (OSCE)</td>
<td>One eight station OSCE competed at the end of the CCC.</td>
<td>Summative</td>
<td>-basic communication skills -basic history taking skills -basic physical examination skills</td>
<td>Students must achieve 70% in this component to be successful in the CCC, with mandatory remediation of any station score &lt; 50%.</td>
</tr>
<tr>
<td>Patient Logs</td>
<td>Students must maintain updated patient logs, which will be regularly monitored by faculty. Logs must be accurate and up-to-date by the end of the CCC, as determined by the Clerkship Director.</td>
<td>Summative</td>
<td>-medical knowledge -basic patient care/clinical skills</td>
<td>Students will be graded P/F. Students must achieve a P in order to be successful in the CCC.</td>
</tr>
<tr>
<td>CLIPP Cases</td>
<td>Students must complete all CLIPP cases assigned to the CCC.</td>
<td>Summative</td>
<td>-medical knowledge -basic patient care/clinical skills</td>
<td>Students will be graded P/F. Students must achieve a P in order to be successful in the CCC.</td>
</tr>
</tbody>
</table>
According to the **Student Promotion in Years 3 and 4** policy at [http://med.cmich.edu/policy/ome/34promotion](http://med.cmich.edu/policy/ome/34promotion), failure to meet the College of Medicine passing performance for the Professionalism component will lead to No Pass, even if the student achieves Pass in the other required components.
As is the case with all CMED programs, the students will evaluate both their learning experiences in the clerkship and also the faculty and administration. The collection of data includes both written and focus group conversations, as a way to systematically obtain ways in which to improve the program. Forms used for this purpose will be provided online as part of the College’s accreditation requirements that students also develop an independent analysis of their medical college courses and experiences.
Medical Student Support Systems for CMED Students in Years 3 and 4

Overview:

The distributed nature of the College of Medicine (CMED) curriculum provides challenges in providing appropriate personal, career, and financial counseling opportunities for medical students in years three and four. In addition, mechanisms for dealing with academic and professionalism issues must be in place. In year three, there are a minimum of 12 sites including Comprehensive Community Clerkship and required hospital and elective sites ranging from under 50 to over 200 miles from the Mount Pleasant campus and similar distances from the Saginaw campus. The following describes the processes, programs, and professional resources in place, building upon, expanding and adopting best practices in current programs.

Current Programs:

The Office of Student Affairs (OSA) offers student support through a variety of services including career counseling, financial aid counseling, academic assistance, referrals to health and counseling services, advisement of student organizations, USMLE prep, residency application assistance, and student well-being. Some of the programs/services we oversee include: Faculty Advising Program (FAP), the Faculty Mentor Bank, a Wellness program, and Career programming that incorporates AAMC Careers in Medicine (CiM). The OSA staff refer students to CMU resources as needed, triaging to CMU’s Counseling Center, Health Services, Student Disability Services as well as the Psychology Training and Consultation center for learning disorder assessment. Expanded services for our Year 3 and 4 students are discussed in the following sections below.

We also assist with student compliance in terms of student health insurance, immunizations, TB testing, and universal precautions training.

Resources:

- Current Staff
  Assistant Dean of Student Affairs: Sarah Yonder
  Director of Student Affairs: Charmica Abinojar
  Senior Associate Director of Financial Aid: Chris Brown
  Senior Administrative Assistant: Candace Johnson
  Assistant Director of Student Affairs and Financial Aid: Michele Reynolds
  Director of Academic Success: Eron Drake, under Office of Medical Education

- Electronic delivery systems: Web conferencing, pod casts, CMED intranet/portal, email, and phone

Programs in Years 3 and 4:

The above programs extend to Years 3 and 4. Descriptions of the following programs for these years are below:

- Student Career Counseling
- Academic Support
Student Medical and Counseling Support
Student Disability Services
Financial Aid Counseling
Wellness
Addressing Student Concerns/Issues including Mistreatment and Professionalism

Student Career Counseling

Student Career Counseling continues into Years 3 and 4. Prior to the start of Year 3, students are assigned a clinical advisor. The advisors are CMED clinicians who have undergone training through the Office of Student Affairs (OSA). The faculty training includes an introduction to the Careers in Medicine program (CiM), resources, and the students’ career needs at this stage. Advising includes two mandatory meetings per semester, one of which is face to face. Other methods of communication for advising include email, phone, and Skype. The OSA communicates with advisors and students throughout the semesters to ensure the process is working. Each advisor reports to the Assistant Dean of Student Affairs twice a semester unless otherwise needed.

The Assistant Dean continues CiM presentations to Year 3 and 4 students via recorded panapto sessions for information delivery and student reference, and through email, phone, and skype sessions for further follow up as needed.

The CiM sessions are built into the Year 3 and 4 advising and information sessions and include:

- Workshop 5 - Choosing a Specialty (Fall/Spring M3)
- Workshop 6 - Getting into Residency
- Part 1: Residency and Match Timeline (Spring M3)
- Workshop 7 - Getting into Residency
- Part 2: Interviewing (Fall M4)

Currently, two advising information sessions are planned for Year 3 fall, two for Year 3 spring, two to three for Year 4 fall, and two for Year 4 spring.

A mentor “bank” is available for all students made up of faculty from Saginaw and the Mt. Pleasant campus as well as the surrounding communities. Each mentor profile includes their title, role at CMED, specialty area of practice, other professional interests, and contact information. The mentor bank can be found on the CMED website under Office of Student Affairs: www.cmich.edu/colleges/cmed/students/Pages/Faculty-Mentor-Bank.aspx.

Student Medical/Psychiatry and Counseling Support

The OSA coordinates with clinical sites and communities to identify general medical, mental health, and personal counseling providers.

The OSA provides students information on health care and personal counseling services for the communities in which the student is located.

Information provided includes office hours, after hours, and emergency contact information.
Since the majority of students will not be at any one site for more than a year, they may choose to keep a Primary Care Provider (PCP) from Mt. Pleasant, and utilize urgent care as needed or establish with a PCP in another locale if they choose.

Psychiatrists and counselors not involved with student training or evaluation are available at the Mt. Pleasant and Saginaw campuses. Likewise, psychiatrists and counselors not engaged in student training/evaluation are identified in the communities and other regional campuses. See below for more information.

**Student Disability Services**

CMU provides students with disabilities reasonable accommodations to participate in educational programs, activities or services. Students with disabilities requiring accommodations to participate in class activities or meet course requirements should register for services through Student Disability Services, 120 Park Library, 989-774-3018, [www.cmich.edu/ess/studentaffairs/SDS/](http://www.cmich.edu/ess/studentaffairs/SDS/).

Any student who requires accommodations during the clerkship should inform the Clerkship Director and the Associate Dean, Clinical Education at least 2 weeks prior to the clerkship start date. This notification should include letter from CMU Student Disability Services.

**Counseling/Wellness Resources**

As Year 3 and 4 students, no matter where students are in the state or country, they will have access to a similar resource to support them and their household members. The counseling service is offered through Encompass and they provide up to five face to face counseling sessions a year as well as unlimited phone/electronic access to their services. Encompass also offers web tools and resources for our students to continue cultivating health prevention and wellness.

Students are informed of these services by OSA early in the Year 3 fall semester and begin using them by calling the number for Encompass: 1-800-788-8630. They can also view their web services and tools at [www.encompass.us.com](http://www.encompass.us.com), user name: people.

**Financial Aid Support and Wellness**

Service will be provided in person and by electronic delivery method. Students will have remote access to OSA financial aid staff via e-mail, instant messaging and Web conferencing. Sites will provide access to private office space on site for 1:1 financial aid personnel meeting with students.

A required financial wellness curriculum along with optional activities is in place for students. Sessions during years 3 and 4 will be provided in person and by electronic delivery methods.

The Assistant Director for Student Affairs and Financial Aid will be located in Saginaw. This individual will assist Saginaw students with Financial Aid, Registrar, and Student Affairs issues. They will also travel to other sites to assist students outside of Saginaw.

**Wellness**

Wellness online tools and resources are part of the Encompass services for Year 3 and 4 students where ever they are stationed for clinical training, including out of state.
The College of Medicine Wellness website on the COM site is available to all students and includes healthy recipes, stress relieving tips, and resource links.

**Student Attendance in Years 3 and 4**

The College of Medicine policy on “Student Attendance in Years 3 and 4,” in this Handbook, as well as the main Student Handbook, details the number of allowed excuses during clinical rotations and the CCC as well as the procedures for requesting sick time, and other time off. If more time is requested, a Leave of Absence form (for a period of one month or longer, not to exceed one year), request is submitted to the Assistant Dean of Student Affairs who presents this to the SPCC. Details are in Section Three of the Student Handbook.

**Student Mistreatment**

Student Mistreatment should be reported. Students in the CCC, on rotation, at home or away electives may report to their immediate supervisor or to any of the following individuals:

- Assistant Dean of Student Affairs
- Senior Associate Dean of Academic Affairs
- Director of Student Affairs
- Dean of CMED
- Clerkship directors/CCC Director/Regional Assistant Director
- Preceptors
- CMU Human Resources
- Research Advisor
- Faculty Advisor (Years 1/2 and 3/4)

Students may also submit concerns via an anonymous link in the online handbook and College of Medicine website (under Student Section) as well as fill out and submit Praise/Concern Cards online.

Praise/Concern electronic link: [https://www.cmich.edu/colleges/cmed/students/Pages/Praise%20and%20Concern%20Cards.aspx](https://www.cmich.edu/colleges/cmed/students/Pages/Praise%20and%20Concern%20Cards.aspx)

To submit a concern without remaining anonymous, email: CMEDsecure@cmich.edu.

The procedures for Student Mistreatment found in Section Two of the Student Handbook apply to Years 1-4.

For mistreatment concerns or other issues, students may communicate with their direct faculty preceptor and/or their Clerkship Director/Regional Assistant Director for CCC. If further assistance is needed, the Clerkship Director/Regional Assistant Director will contact the Associate Dean for Distributed Campus or CCC Director respectively. Communication may go through the Director of Year 3 and 4 and up to the Office of Student Affairs (OSA) and/or Office of Medical Education (OME) if needed. Triage directly to the OSA and/or OME may occur at any time as needed.

The SPCC is involved with any conduct issues during all four years as described in the Handbook. The procedures for Student Misconduct, also in Section Two of the Handbook, apply to Years 1-4.
Professionalism will continue to be assessed during Years 3 and 4, and is part of student evaluations. Details of professionalism standards that apply to all four years are found in Section Two of the Student Handbook.

Regular Travel by OSA

To continually support our students, the OSA staff including the Director of Student Affairs, the Sr. Associate Director of Financial Aid, Director of Academic Success, Assistant Director of Student Affairs and Financial Aid, and Assistant Dean of Student Affairs conduct regular travel to the CMED communities and regional campuses. Visits may include presentations as well as office hours for groups or one on one student meetings. The travel schedule is posted in advance so students may set up appointments. The visits are made quarterly throughout the year. Each person from OSA visits a different location to make certain all regions are covered.

ACADEMIC ADVISING

The College of Medicine is committed to the academic and professional success of each of student. Thus, to promote a learner-centered environment, students are encouraged to take responsibility for achieving their goals by being self-directed and taking advantage of opportunities to engage with course directors, faculty, small-group leaders, peer tutors, and Academic Success programming and other resources as presented below.

<table>
<thead>
<tr>
<th>Academic Support</th>
<th>Individual(s) or Resource(s)</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Assistance with student learning objectives (SLOs), specific course or clerkship content, or questions about assigned readings or course requirements</td>
<td>Course or Clerkship Director, Faculty Member</td>
<td>Review the course syllabus for posted office hours and preferences for scheduling appointments.</td>
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<tr>
<td>Advice and support for content-related academic difficulties or challenging subject matter</td>
<td>Course or Clerkship Director The course or clerkship directors can advise and make appropriate referrals to other faculty, CMU resources, or Academic Success for Peer Tutoring assistance</td>
<td>Review the course syllabus for posted office hours and preferences for scheduling appointments.</td>
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<tr>
<td>Advice and strategies for enhancing team-based (PBL, TBL, CBL, etc.) learning processes and performance</td>
<td>Course Director, PBL facilitator, TBL facilitator, or the Director of Academic Success</td>
<td>Review the course syllabus for posted office hours and preferences for scheduling appointments for Course Directors and faculty. Contact the Director of Academic Success at <a href="mailto:drake1ee@cmich.edu">drake1ee@cmich.edu</a></td>
</tr>
<tr>
<td>Advice and strategies for learning and studying</td>
<td>The Director of Academic Success offers customized consulting for medical students on learning and</td>
<td>Eron Drake, Director of Academic Success,</td>
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<tr>
<td>Academic Support</td>
<td>Individual(s) or Resource(s)</td>
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<tr>
<td>study strategies, assessments on learning style preferences, reading and note</td>
<td>study strategies, assessments on learning style preferences, reading and note taking, time</td>
<td><a href="mailto:Drake1ee@cmich.edu">Drake1ee@cmich.edu</a> or 989.774.3338</td>
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<td>taking, time management, test-taking strategies, board exam preparations, and</td>
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<tr>
<td>Guidance related to required and elective curricular decisions</td>
<td>Members of the Office of Medical Education staff, including Course and Clerkship Directors,</td>
<td>Marie Matte, Associate Dean of Compliance, Assessment and Evaluation, <a href="mailto:Matte1mc@cmich.edu">Matte1mc@cmich.edu</a> or 989.774.3156</td>
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<tr>
<td>Members of the Office of Medical Education staff, including Course and Clerkship</td>
<td>are available to assist you with information and/or advice related to your progression</td>
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<td>Directors, are available to assist you with information and/or advice related</td>
<td>through the required and elective curriculum courses, clerkships, and electives. The</td>
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<td>to your progression through the required and elective curriculum courses,</td>
<td>Office of Medical Education staff can also provide assistance with contact information</td>
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<td>clerkships, and electives. The Office of Medical Education staff can also</td>
<td>required for registering to retake a board exam, if applicable.</td>
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<td>provide assistance with contact information required for registering to retake a</td>
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<td>board exam, if applicable.</td>
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<tr>
<td>Advice and strategies related to effective reading skills, goal setting, memory</td>
<td>The CMU Office of Student Success offers coaching and resources focused on providing</td>
<td>The Office of Student Success, <a href="mailto:oss@cmich.edu">oss@cmich.edu</a> or 989.774.3401</td>
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<td>enhancement, and transitions</td>
<td>assistance with the transition to the University, time management, study skills,</td>
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<td>prioritizing workloads, and/or test anxiety.</td>
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<tr>
<td>Assistance with developing and enhancing writing and proofreading skills and</td>
<td>The CMU Writing Center offers free resources for assistance with writing at any level,</td>
<td>Visit the Writing Center website for hours and locations across campus.</td>
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<td>strategies</td>
<td>including non-native speakers of English.</td>
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<tr>
<td>Assistance and resources for academic accommodations</td>
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<td>The Office of Student Disabilities Services assists students with disabilities</td>
<td>Student Disability Services, <a href="mailto:sds@cmich.edu">sds@cmich.edu</a></td>
<td>Student Disability Services, <a href="mailto:sds@cmich.edu">sds@cmich.edu</a></td>
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<tr>
<td>with academic accommodations and/or auxiliary aids necessary to ensure access</td>
<td>Voice: 989.774.3018 TTY: 989.774.2569</td>
<td>Voice: 989.774.3018 TTY: 989.774.2569</td>
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<td>to all university programs and activities. To learn more visit the Office of</td>
<td>Sarah Yonder, Assistant Dean, Office of Student Affairs, <a href="mailto:yonde1sa@cmich.edu">yonde1sa@cmich.edu</a> or 989.774.6877</td>
<td>Sarah Yonder, Assistant Dean, Office of Student Affairs, <a href="mailto:yonde1sa@cmich.edu">yonde1sa@cmich.edu</a> or 989.774.6877</td>
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<td>Student Affairs or contact the Office of Student Disabilities Services directly</td>
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<td>at <a href="mailto:sds@cmich.edu">sds@cmich.edu</a> or 989.774.3018.</td>
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</table>
| Advice and/or referrals for other personal or professional topics that may also affect academic success (e.g., anxiety, test-taking anxiety, depression, stress management, grief/loss, learning challenges or learning disabilities). | Contact the **Office of Student Affairs** if you are experiencing personal issues or learning challenges that may be interfering with your academic progress. The Office of Student Affairs staff can refer you to the appropriate **CMU resource, such as the Counseling Center, the Psychology Training and Consultation Center, or University Health Services.** | **Mount Pleasant area:** Charmica Abinojar, Director of Student Affairs, abino1cl@cmich.edu or 989.774.7880.  
**Saginaw area:** Michele Reynolds, Assistant Director of Student Affairs and Financial Aid, sanch3m@cmich.edu or 989.746.7508 |
| Resources for Non-native Speakers of English | **The Carls Center for Clinical Care and Education** provides services related to literacy, language usage, and/or pronunciation on a fee basis. | **Carls Center for Clinical Care and Education**, 1280 East Campus Drive, CMU, Mount Pleasant  
Karen Haskin, **Clinic Director**, carlscenter@cmich.edu or 989-774-3904  
*Telepractice sessions may be available. Please inquire.* |

Some academic performance concerns or issues may require more assistance than the course directors or other faculty can offer. In these cases, the students are referred to appropriate staff in the Office of Student Affairs in collaboration with the Director of Academic Success.

**ACADEMIC SUCCESS**

Academic Success is led by the Director of Academic Success in collaboration with staff from the Office of Student Affairs and the Office of Medical Education. The goal of Academic Success is to work with medical students and residents and to assist them in developing effective learning and study strategies in support of their academic and professional goals. By offering a variety of learner-centered programs, services, and resources, Academic Success strives to enhance students’ and residents’ academic and clinical learning experiences. Using research-based methods and strategies, educational opportunities include programs, confidential consultations, and online instructional resources focused on timely and relevant topics. Example topics include, but are not limited to, the following:

1. Creating a study plan and daily schedule
2. Developing an academic or educational learning plan
3. Developing study aids and tools (e.g., graphic organizers, flash cards, diagrams, tables)
4. Enhancing retrieval of essential concepts
5. Enhancing team processes and performance
6. Enhancing test-taking strategies (including how to read and answer NBME-style questions and how to enhance performance on standardized tests)
7. Enhancing intensive study approaches and plans for board preparations
8. Implementing evidenced-based learning and study strategies
9. Implementing strategies for effective use of question banks
10. Improving note-making approaches
11. Improving strategies for review and self-testing
12. Managing time effectively and efficiently
13. Organizing and synthesizing information
14. Prereading techniques
15. Reading strategies to enhance comprehension and speed
16. Reducing test anxiety
17. Studying during busy rotations
18. Transitioning to Medical School
19. Understanding learning style preferences and implications for learning
20. USMLE Step 1, 2, and 3 strategies and resources
21. Referrals to other CMED or CMU resources

CONSULTATIONS ON LEARNING AND STUDY STRATEGIES
Students are encouraged to contact the Director of Academic Success directly at drake1ee@cmich.edu to make an appointment or to stop by the office in 2421 CMED for a confidential consultation to explore strategies to enhance their academic performance. The Director typically meets with a student for about an hour to learn more about their academic goals, prior knowledge, approaches to learning, and current needs or interests. Then, depending upon the student’s goals, a customized learning plan is developed, which can include the identification of various faculty specialty experts, peer tutors, or other CMU resources. Consultations can occur face-to-face or by way of Skype for Business at a time that works best for students in consideration of their course and rotation schedules.

LEARNING AND STUDY STRATEGIES SELF-ASSESSMENTS
Learning and studying in medical settings can be very challenging. Due to this fact, it is important that students’ learning and study methods include strategies that ensure long-term retention of concepts and the ability to reason critically and clinically. To help students identify their interests and preferences for learning, we offer a variety of assessments and additional resources such as the Learning and Study strategies Inventory (LASSI) and the Myers Briggs Type Indicator (MBTI).

To schedule a self-assessment and/or to learn about additional assessments, contact the Director of Academic Success at drake1ee@cmich.edu or visit the Academic Success SharePoint site: Learning and Study Strategies Self-Assessments.

PEER TUTORING
Academic Success offers a free Peer Tutoring Program for students enrolled at any level in our medical school program. Through this program, students have the opportunity to work individually or within a small group setting with trained students who have a sincere interest in helping their colleagues and who have excelled in their coursework.
This program serves to supplement existing academic success and support services provided by Faculty, Course Directors, and Academic Success. In addition, this program provides the opportunity for tutors (who are also medical students) to reinforce their medical and clinical knowledge, enhance critical thinking, and improve leadership skills while simultaneously helping their peers to achieve similar goals.

In order to provide a quality experience for both tutors and tutees, prospective tutors are required to complete a training and information session to help them develop or reinforce their teaching skills. Tutees should expect tutors to strongly encourage them to utilize active learning and study strategies, conceptualize their understanding of science knowledge using graphic organizers and whiteboards, and practice recall and application of their knowledge utilizing practice questions. Tutoring sessions are typically scheduled weekly and may continue for most of a term, or last only a few weeks, depending upon need. Tutoring sessions are limited to a maximum of three hours per week.

_request a tutor_

Students may request a tutor at any time and are encouraged to do so proactively at the earliest indication of difficulty in a course by completing the Peer Tutor Request Form: ![Peer Tutor Request Form.docx](Peer Tutor Request Form.docx).

To learn more, visit the Academic Success SharePoint site: Peer Tutoring Program.

**Board Preparation Resources for the USMLE Step 1, Step 2 CK, and Step 2 CS**

The United States Medical Licensing Exam (USMLE) is a three-step exam required for medical licensure in the U.S. At the College of Medicine, students will have early and varied opportunities to practice for this exam including, but not limited to, USMLE-type exam questions within course assessments, opportunities to sit for the Comprehensive Basic Science Test (CBSE) within the first two years, experiences with standardized patient encounters, and the end-of-clerkship Objective Structured Clinical Exams (OSCEs). In addition, Academic Success and the Office of Student Affairs offer workshops, webinars, simulations, and online resources to support students as they prepare for these exams.

The following is an outline for the USMLE Steps:

- **Step 1** is taken near the end of Year 2 of medical school. It is a multiple choice exam which assesses if students can apply the scientific concepts from the first 2 years to medical practice.
- **Step 2** is taken in Years 3 or 4 of medical school. It is divided into two exams: Step 2 CK (Clinical Knowledge) and Step 2 CS (Clinical Skills). Step 2 CK is a multiple choice exam which assesses if students can apply knowledge they have acquired from their clinical work to medical practice. Step 2 CS is an assessment of students’ clinical skills via patient scenarios with standardized patients. Students are assessed on their clinical, communication, and interpersonal skills.
- **Step 3** is taken during at the end of the first year of residency.
For more information about the USMLE and all of its components, please refer to the following link: http://www.usmle.org/.

To learn more and to find online USMLE guides and resources, visit the Academic Success SharePoint site: USMLE Prep, Learning Resources, and Workshop Materials.

ONLINE RESOURCES ON LEARNING AND STUDYING
Visit the Academic Success SharePoint site to find information about upcoming events, learning and study resources, relevant research, workshop/webinar materials, information about the Peer Tutoring program and more. Please email at drake1ee@cmich.edu if you have questions about specific topics and/or recommendations for additional resources.
Standards of Conduct for the Teacher-Learner Relationship:
http://med.cmich.edu/policy/ome/standardsofconduct

Student Attendance Years 3 and 4:
http://med.cmich.edu/policy/ome/34attendance

Student Assessment and Grading in Years 1 – 4:
http://med.cmich.edu/policy/ome/assessment

Duty Hours:
http://med.cmich.edu/policy/ome/duty-hours

Reporting Allegations of Mistreatment of Students, Faculty and/or Staff:
http://med.cmich.edu/policy/ome/report-mistreatment

Medical Student Roles and Supervision:
http://med.cmich.edu/policy/ome/student-roles

Student Misconduct
http://med.cmich.edu/policy/osa/student-misconduct

Exposure to Infectious and Environmental Hazards
http://med.cmich.edu/policy/osa/exposure

Review of a Course Grade
http://med.cmich.edu/policy/ome/grade-review
A. General Pediatrics

In the discipline of General Pediatrics, students should gain a solid knowledge base and set of clinical skills relating to general pediatric care. The emphasis will be on acquiring the skills and knowledge required by a generalist physician to manage the more common pediatric conditions.

Students should be able to:

**Terminal Objectives**

1. Obtain and record a comprehensive, age appropriate, pediatric history from a parent, or child/adolescent, in conjunction with their family.
2. Perform a comprehensive, age appropriate physical examination of children of various ages including newborns, infants, children and adolescents.
3. Identify and describe normal growth, development, nutrition and behavior of infants, children and adolescents and describe the impact of illness on these domains.
4. Develop an approach to the assessment, diagnosis and management of common child health problems.
5. Synthesize data obtained from history, physical examination and initial laboratory findings in order to formulate a diagnostic and therapeutic plan for common childhood illnesses.
   - Explain the rationale behind the management plan for common childhood illnesses.
6. Present a complete, well organized, summary of the patient’s history, physical examination and proposed management plan that takes the patient’s situation into account and allows for effective communication with other health care professionals (e.g., consultant physicians, nurses, PT/OT and social workers).
7. Effectively deliver information regarding diagnosis/treatment to patients and their families in a manner that is easily understood and developmentally appropriate.
8. Outline the strategies of health promotion including injury prevention, immunizations, anticipatory guidance and adolescent issues (e.g. sexuality, birth control, substance use/abuse).
9. Correlate the influence that family, community and social values have to the health and well-being of children and show respect for these differences in beliefs and background.
10. Utilize the pediatric literature to research the diagnosis and management of clinical problems and be able to use scientific evidence in making clinical decisions.
11. Present a pediatric case orally and in written format.

**Enabling Objectives**

1. Describe and/or define the following:
   - Infant, child and adolescent growth and development – normal and abnormal
• Screening tools (e.g. Denver developmental)
• Behavior, ADD/ADHD, conduct disorder, oppositional defiant disorder
• Neonatal jaundice
• Breast feeding and infant and child nutrition
• Infant colic
• Eye problems (e.g., strabismus, absence of red reflex)
• Anemia
• Childhood immunizations
• Failure to thrive and short stature
• Fever in children
• Otitis externa/media
• Pharyngitis/streptococcal infections
• Reactive airways disease (e.g., asthma)
• Respiratory infections (e.g., pneumonia and bronchiolitis)
• Urinary tract infections
• Dermatitis and rashes (e.g., viral exanthems, atopic dermatitis, cellulitis)
• Abdominal pain (e.g., recurrent/functional abdominal pain, constipation, celiac disease)
• Limping/foot and leg deformities
• Enuresis
• Cardiac murmurs
• Seizures (e.g., febrile seizures)
• Headaches
• Prevention of illness and injury
• Genetics and congenital malformations
• Issues unique to adolescence (e.g., sexuality, substance abuse)
• Fluid and electrolyte management
• Child abuse
• Child advocacy

**Technical Skills**

1. Outline the technical aspects and list indications for the following procedures:
   - IV insertion and initiation of intravenous fluids
   - Bladder catheterization

**B. Women’s Health**

In the discipline of women’s health, students should gain a solid knowledge base and set of clinical skills relating to women’s health care. The focus will be on acquiring the skills and knowledge required by a generalist physician.

**Terminal Objectives**

1. Explain and summarize the pathophysiology, clinical presentation, and treatments of common women’s health problems.
2. Perform gender and age specific women’s health history-taking.
3. Present a women’s health case orally and in written format.
4. Perform a pelvic examination and a breast examination.
5. Outline age-appropriate prevention screening and health maintenance for women.

Enabling Objectives

1. Describe and/or define the following:
   - Gynecologic oncology:
     1. Cervical cancer
     2. Ovarian cancer
     3. Endometrial cancer
     4. Vulvar cancer
   - Menstrual disorders:
     1. Abnormal uterine bleeding
     2. Amenorrhea
     3. Dysfunctional uterine bleeding
     4. Dysmenorrhea.
   - Vulvar pruritus
   - Medical evaluation of female sexual dysfunction
   - Pelvic pain
   - Ectopic pregnancy
   - Vaginal discharge
   - Perimenopause, menopause
   - Fertility control, contraceptive options and counseling
   - Infertility
   - Unplanned pregnancy
   - Premenstrual syndrome/premenstrual dysphoric disorder
   - Gynecologic infections (STIs and pelvic inflammatory disease)
   - Infertility
   - Contraception
   - Endometriosis
   - Pelvic relaxation (prolapse and incontinence)
   - Polycystic ovarian syndrome.

Technical Skills

1. Outline the technical aspects and list indications for the following procedures:
   - Papanicolaou smear
   - Breast examination
   - Vaginal examination
   - Speculum examination
   - Pelvic examination
   - Bimanual examination
   - Rectal examination
   - Cervical cultures
• Contraceptive counseling

2. Describe and list indications for the following:
   • Colposcopy and biopsy
   • Cryosurgery, cautery of benign disease
   • Insertion and removal of an intrauterine device (IUD)
   • Hysterectomy (abdominal and vaginal)
   • Cystocele and rectocele repair
   • Dilation and curettage (D&C)
   • Tubal ligation
   • Endometrial ablation
   • Laparoscopy.

C. Family Medicine

In the discipline of family medicine, students should gain a solid knowledge base and set of clinical skills relating to care of the family medicine patient. The focus will be on acquiring the skills and knowledge required by a generalist physician.

Terminal Objectives

1. Perform focused, patient-centered interviews and examinations, and develop problem lists, assessments, differential diagnosis and management plans for common patient, family and community problems.
2. Use an integrated biopsychosocial approach with patients who present for a variety of different visit types, such as acute care, new patient, health care maintenance, and continuity of care, including chronic care and inpatient care.
3. Identify and study biologic, behavioral and population learning issues raised by encounters with patients seen in the clinical setting.
4. Use the techniques of evidence-based medicine (EBM) to study and discuss questions arising from cases seen in both the clinic practice setting and in the hospital.
5. Develop health care maintenance plans, including immunization, for patients of different ages and stages of the life cycle.
6. Describe how an office functions through interaction with office staff and other health care professionals.
7. Develop clinical and procedural skills relevant to primary care.
8. Present a family medicine case orally and in written format.

Enabling Objectives

Biomedical Ethics and Human Diversity

1. Describe and/or define the following:
   • Common ethical and legal issues in medicine
   • Communication skills
   • End-of-life and Do Not Resuscitate discussions
   • Futile care
• Approach to the difficult/non-compliant patient
• Financial, health care and religious beliefs that impact upon patient care
• Racial diversity
• Cultural diversity
• Gender issues
• Medical/Professional health organizations.

2. Demonstrate the application of the following:
• Basic principles of biomedical ethics: justice, beneficence, nonmaleficence and autonomy.
• Dealing with issues of biomedical ethics and human diversity in a sensitive manner.

**Health Promotion, Prevention and Intervention**

1. Describe and/or define the following:
   • Population determinants of health, including prevention of chronic diseases (e.g. obesity, tobacco dependence)
   • Encouraging compliance
   • Selection and interpretation of diagnostic tests and treatment
   • Periodic health examination and the role of screening
   • Estimating and communicating risk and prognosis
   • Choosing among treatment options and cost effectiveness
   • Travel advice.

**Technical Skills**

1. Outline the technical aspects and list indications for the following procedures:
   • Forming a clinical question
   • Performing a literature search
   • Identifying appropriate investigations based on test characteristics and cost
   • Medical conditions, encounters and events that require mandatory reporting

**Geriatrics**

1. Describe and/or define the following:
   • Elder abuse
   • Dementia and delirium
   • Urinary incontinence
   • Depression
   • Polypharmacy
   • Falls
   • Pressure ulcers

**Palliative Care**

1. Describe and/or define the following:
Appendix 1

- Management of chronic pain and palliative care
- Management of the complications of acute and chronic analgesia
- Management of common symptoms
- Management of concurrent symptoms in palliative patients
- Provision of appropriate wound and skin care to palliative patients
- Provision of end-of-life care in the patient’s home.

**Common Dermatoses**

1. Recognize classic presentations of the following:
   - Acne vulgaris
   - Psoriasis
   - Seborrhea
   - Seborrheic keratosis
   - Actinic keratosis and squamous cell carcinoma
   - Basal cell carcinoma
   - Benign lentigo
   - Malignant melanoma
   - Tinea capitis
   - Tinea corporis (ringworm)
   - Tinea versicolor
   - Impetigo
   - Candida
   - Herpes simplex
   - Herpes zoster
   - Warts
   - Molluscum contagiosum
   - Urticaria
   - Contact dermatitis
   - Eczema
   - Pityriasis rosea
   - Pruritus
   - Purpura
   - Urticaria and angioedema
   - Skin hydration: dry skin and excessive sweating
   - Rosacea
   - Alopecia
   - Bacterial skin infections (cellulitis, pyoderma)
   - Scabies and pediculosis
   - Skin ulceration

**Technical Skills**

1. Outline the technical aspects and list indications for the following procedures:
   - Injections (Intramuscular, subcutaneous, intradermal)
• Cryotherapy
• Cautery, including chemical, electrical with and without curettage
• Biopsy, including punch, shave, excisional
• Incision and drainage of abscess
• Treatment of ingrown toenails, including wedge resections, and complete resection with nail bed ablation
• Use of Wood’s lamp
• Comedone extraction
• Management of common wounds and application of dressings.

D. Internal Medicine

In the discipline of internal medicine, students should gain a solid knowledge base and set of clinical skills relating to general internal medicine and medical subspecialties. The focus will be on acquiring the skills and knowledge required by a generalist physician.

Terminal Objectives

1. Perform a history and physical examination on patients with medical problems.
2. Write a clinical note and prepare a complete admission note.
3. Write daily progress notes.
4. Write admission and daily orders.
5. Develop a problem list, differential diagnosis, diagnostic strategy and management plan.
6. Interpret test results.
7. Present an internal medicine case orally and in written format.
8. Act as a member of the medical team.

Cardiology

1. Describe and/or define the following:
   • Bacterial endocarditis and rheumatic fever prophylaxis
   • Ischemic heart disease
   • Chest pain
   • Asymptomatic murmurs
   • Peripheral vascular disease
   • Syncope and dizziness
   • Arrhythmias
   • Heart failure
   • Valvular heart disease
   • Cardiomyopathies
   • Pericardial disease
   • Leg edema and peripheral venous disease
   • Modification of cardiovascular risk factors and primary prevention of coronary artery disease
   • Cardiovascular rehabilitation and secondary prevention of coronary artery disease.
Technical Skills

1. Outline the technical aspects and list indications for the following procedures:
   • ECG set-up and interpretation
2. Describe and list indications and potential complications for the following:
   • Holter monitor
   • Temporary and permanent pacemakers
   • Angiography
   • Stress testing
   • Echocardiography
   • Radioisotope imaging
   • Electrophysiologic testing
   • Percutaneous transluminal coronary angioplasty
   • Coronary artery stenting
   • Coronary artery bypass surgery.

Endocrinology

1. Describe and/or define the following:
   • Glucose metabolism disorders
   • Obesity
   • Hirsutism
   • Gynecomastia and galactorrhea
   • Diabetes insipidus
   • Hyperthyroidism
   • Hypothyroidism
   • Thyroid nodules and thyroid cancer
   • Adrenal disorders
   • Pituitary disorders
   • Disorders of bone metabolism

Gastroenterology

1. Describe and/or define the following:
   • Abdominal pain
   • Nausea and vomiting
   • Gastrointestinal bleeding
   • Heartburn/gastroesophageal reflux disease
   • Peptic ulcer disease
   • Hepatitis
   • Jaundice
   • Asymptomatic and symptomatic gallstones
   • Asymptomatic elevation in liver enzymes
• Cirrhosis and chronic liver failure
• Pancreatitis
• Diarrhea/malabsorption syndromes and food intolerance
• Constipation
• Irritable bowel syndrome
• Inflammatory bowel disease
• Diverticular disease
• Colorectal cancer
• Anorectal complaints and management of hemorrhoids
• Nutrition

Technical Skills

1. Outline the technical aspects and list indications for the following procedures:
   • Anoscopy
   • Sigmoidoscopy

Genetics

1. Describe and/or define the following:
   • Genetic concepts and genetic testing
   • Identifying individuals and families who might benefit from genetic services
   • Making a referral
   • Iron overload and hemochromatosis
   • Cystic fibrosis
   • Alpha 1 antitrypsin deficiency
   • Hypercoagulable states, including protein C and S deficiencies, Factor V Leiden, and prothrombin gene mutations
   • Hemophilia.

Hematology

1. Describe and/or define the following:
   • Erythrocytosis (polycythemia)
   • Bleeding disorders
   • Thrombotic disorders
   • Anemias and thrombocytopenia
   • Lymphoma
   • Leukemia.
2. Identify and manage deep vein thrombosis and pulmonary embolism.
3. Describe and list indications and potential complications for the following:
   • Outpatient oral anticoagulant therapy.

Oncology
1. Describe and/or define the following:
   - Approach to the patient with metastatic tumor of unknown origin
   - Approach to staging and monitoring
   - Comprehensive care of the cancer patient
   - Principles of cancer drug therapy
   - Principles of radiation therapy
   - Management of chronic cancer pain and palliative care
   - Management of the gastrointestinal complications of cancer and cancer treatment
   - Complications of cancer, including oncologic emergencies and paraneoplastic syndromes.

**Infectious Diseases**

1. Describe and/or define the following:
   - HIV-1 infection/AIDS
   - Tuberculosis
   - Fever and fever of unknown origin
   - Lymphadenopathy
   - Sepsis
   - Cellulitis.

**Nephrology**

1. Describe and/or define the following:
   - Proteinuria
   - Hematuria
   - Electrolyte disorders
   - Acid-base disorders
   - Acute renal failure
   - Chronic renal disease
   - Dialysis
   - Renal transplantation
   - Glomerular disease
   - Tubulointerstitial disease
   - Renal vascular diseases
   - Renal effects of hypertension
   - Pyelonephritis
   - Polycystic kidney disease.

**Technical Skills**

1. Outline the technical aspects and list indications for the following procedures:
   - Urinalysis
   - Urethral catheterization.
2. Describe and list indications and potential complications for the following:
   - Renal dialysis (Hemodialysis and Peritoneal Dialysis).
Appendix 1

Neurology

1. Describe and define the following:
   - Headache
   - Dizziness
   - Focal neurologic complaints, including evaluation of nerve root and peripheral nerve syndromes
   - Tremor
   - Dementia
   - Seizure
   - Stroke thrombotic and embolic
   - Transient ischemic attack and asymptomatic carotid bruit
   - Carotid artery stenosis
   - Multiple sclerosis
   - Alzheimer’s disease and related dementias
   - Use of psychotropic drugs in the elderly
   - Parkinson’s disease
   - Bell’s Palsy (idiopathic facial mononeuropathy)
   - Reflex sympathetic dystrophy.

Technical Skills

1. Outline the technical aspects and list indications for the following procedures:
   - Lumbar puncture
   - Glasgow coma scale.

Pulmonology

1. Describe and/or define the following:
   - Occupational and environmental respiratory disease
   - Chronic dyspnea
   - Chronic cough
   - Hemoptysis
   - Pleural effusions
   - Solitary pulmonary nodule
   - Chronic obstructive pulmonary disease
   - Asthma
   - Interstitial lung disease
   - Acute bronchitis or pneumonia in the ambulatory setting
   - Pulmonary neoplasms.

Technical Skills

1. Outline the technical aspects and list indications for the following procedures:
   - Providing a prescription for home oxygen
   - Interpretation of chest X-rays
• Performing and interpreting pulmonary function testing.
• Interpret ABG

2. Describe and list indications and potential complications for the following: Bronchoscopy.

**Rheumatology**

1. Describe and/or define the following:
   • Acute monoarticular arthritis
   • Polyarticular arthritis
   • Back pain
   • Neck pain
   • Rheumatoid arthritis
   • Osteoarthritis
   • Gout
   • Fibromyalgia and chronic fatigue syndrome
   • Polymyalgia rheumatica or temporal arteritis
   • Vasculitis
   • Raynaud’s phenomenon
   • Osteoporosis
   • Repetitive strain injuries and tendonitis.

**Technical Skills**

1. Outline the technical aspects and list indications for the following procedures:
   • Joint aspiration/injection
   • Managing common fractures, sprains, strains and tendonitis:
     1. Splinting
     2. Slings

2. Describe and list indications and potential complications for the following:
   • Synovial fluid analysis

**E. Mental Health**

In the discipline of mental health, students should expand on the knowledge, skills and attitudes pertinent to mental health that were addressed in prior courses. Social, economic, cultural, and environmental variables acting as predisposing, precipitating and perpetuating factors to mental illness will be highlighted. Emphasis will be placed on the consolidation of the achievement of excellence in communication skills development, the utilization of a patient-centered approach in establishing a therapeutic patient/physician relationship, and the promotion of mental health wellness through advocacy at an individual, community, and systemic level.

**Terminal Objectives**

1. Develop interviewing skills, with an emphasis on process, to elicit clinical features specific to common mental illnesses.
2. Formulate a biopsychosocial outline of common presentations of mental illness using the multimodal approach presented in the Diagnostic Statistical Manual (American Psychiatric Association) to articulate a provisional diagnosis, elaborate a differential diagnosis and prescribe a treatment plan, including reporting where applicable.

3. Participate in the assessment and management of crises relative to mental illness.

4. Identify populations in mid and northern Michigan at higher risk for specific mental illnesses and disorders (e.g., fetal alcohol syndrome and substance abuse).

**Enabling Objectives**

1. Outline the epidemiology and etiology, and list clinical features of the major psychiatric disorders, including:
   - Mood disorders
   - Psychotic disorders
   - Anxiety disorders
   - Adjustment disorder
   - Personality disorders
   - Substance abuse
   - Cognitive disorders (e.g., delirium and dementia)
   - Developmental disabilities.

2. Describe components of a treatment plan for each of the major psychiatric disorders, based on biopsychosocial principles.

3. List clinical features and describe components of a treatment plan, including reporting and prevention where applicable, for the following:
   - Bereavement
   - Childhood disorders (including oppositional defiant disorder, attention deficit disorder with or without hyperactivity, specific learning disabilities, pervasive developmental disorders)
   - Chronic fatigue
   - Chronic pain
   - Domestic violence (including child abuse, abuse of the elderly and spousal abuse)
   - Eating disorders
   - Sexual assault
   - Sexual disorders
   - Sleep disorders
   - Somatoform disorders
   - Suicidal ideation
   - Tic disorders.

4. State the pharmacological effects, the clinical application, including indications, contraindications, major side effects and interactions of commonly used psychotropic medications.

5. Apply available data regarding the properties of psychotropic medication to the development of treatment plans for the major psychiatric disorders.

6. List and define the principles of supportive psychotherapy.

7. Summarize statutory and regulatory requirements relative to the provision of care to individuals with mental illness.

8. Demonstrate excellence in process communication skills.
9. Elicit and interpret pertinent historical events from the patient, family and other sources that are specific to common mental illnesses, as indicated.
10. Provide a clear and concise verbal and written presentation of a patient’s mental health history and mental status examination.
11. Select and interpret appropriate laboratory and diagnostic procedures that confirm the diagnosis, exclude other important diagnoses or determine degree of dysfunction.
12. Accept responsibility to:
   • Explore a patient’s beliefs, expectations of the origin, nature and management of mental illness
   • Offer empathy and compassion in the context of an individual’s ethnocultural and linguistic background.
13. Promote the development of a therapeutic alliance through understanding, empathy, the establishment of trust, and preservation of confidentiality.
14. Utilize self-reflection to assess and correct, when appropriate, the influence of one’s own perspectives on gender, race, lifestyle choices, and ethnocultural issues, in addressing clinical decision-making relative to mental health issues.
15. Participate in the assessment and management of mental health crises.
16. Commit to lifelong learning characterized by critical thinking and self-direction.
17. Recognize personal limitations and appropriately utilize psychiatric consultation referral mechanisms.

**Technical Skills:**

Outline the technical aspects and list indications for the following procedures:

- Perform an appropriate mental status examination
- Complete common legal forms pertinent to the assessment, diagnosis, and treatment of patients with mental illness.
- Perform a Mini-Mental Status Examination.

**F. Surgery**

In the discipline of surgery, students should gain a solid knowledge base and set of clinical skills relating to general surgery and surgical subspecialties. The focus will be on acquiring the skills and knowledge required by a generalist physician.

**Terminal Objectives**

1. Apply basic science knowledge to clinical situations and the interpretation of laboratory procedures.
2. Recognize surgically treated diseases and/or conditions.
   • Describe the normal physiology, pathophysiology and changes incurred by surgical treatment.
   • Describe the natural history of surgically treated diseases, and the normal physiology in individuals not affected.
3. Enhance problem-solving skills based on obtaining a complete history, performing a complete physical examination, and interpreting additional data, such as laboratory and X-ray results.
4. Recognize common surgical emergencies and the appropriate responses to these emergencies.
5. Develop basic technical skills required in the effective care of surgical and postoperative patients.
6. Present a surgical case orally and in written format.
Enabling Objectives

General:

1. Describe and/or define the following:
   - Colorectal cancer
   - Abdominal pain
   - Nausea and vomiting
   - Heartburn/gastroesophageal reflux disease
   - Jaundice
   - Gastrointestinal bleeding
   - Constipation
   - Anorectal complaints and management of hemorrhoids
   - Peptic ulcer disease
   - Asymptomatic and symptomatic gallstones
   - Inflammatory bowel disease
   - Diverticular disease
   - Wound management, operative and nonoperative

Technical Skills

1. Outline the technical aspects and list indications for the following procedures:
   - Digital rectal examination
   - Digital removal of fecal impaction
   - Suture techniques
   - Change of dressings
   - Removal of sutures or staples
   - Passage of nasogastric tubes.

2. Describe and list indications and potential complications for the following:
   - First assist in surgery.

Urogenital Medicine

1. Describe and/or define the following:
   - Sexually-transmitted infections
   - Prostate cancer
   - Asymptomatic bacteriuria and treatment of urinary tract infections
   - Screening for cancers of the lower urinary tract
   - Scrotal pain, masses, and swelling
   - Erectile dysfunction
   - Dysuria and urinary tract infections in women
   - Incontinence and other forms of lower urinary tract dysfunction
   - Nephrolithiasis
• Benign prostatic hyperplasia
• Acute and chronic prostatitis/epididymitis.

Technical Skills

1. Outline the technical aspects and list indications for the following procedures:
   • Male and female bladder catheterization
2. Describe and list indications and potential complications for the following:
   • Vasectomy
   • Renal ultrasound
   • Voiding cystourethrogram
   • Urodynamic studies
   • Vascular access/grafts for renal dialysis procedures.

Ophthalmology

1. Describe and/or define of the following:
   • Evaluation of the red eye
   • Impaired vision and common visual disturbances: flashing lights, diplopia, floaters, and other transient phenomena
   • Eye pain
   • Dry eye
   • Common conditions of lids, lashes and conjunctiva
   • Excessive tearing.

Technical Skills

1. Outline the technical aspects and list indications for the following procedures:
   • Ophthalmoscopic and funduscopic examinations
   • Recognizing ophthalmologic emergencies
   • Removing foreign bodies
   • Managing corneal abrasions
   • Managing eyelid abnormalities.

Otolaryngology

1. Describe and/or define the following:
   • Hearing loss – pediatric and adults
   • Epistaxis
   • Tinnitus
   • Sinusitis
   • Excessive snoring
   • Temporomandibular joint dysfunction
   • Otitis externa and media.
Technical Skills

1. Outline the technical aspects and list indications for the following procedures:
   - Removal of cerumen
   - Anterior nasal packing
   - Removal of various foreign bodies.
2. Describe and list indications and potential complications for the following:
   - Interpretation of audiograms.

Orthopedics

1. Describe and/or define the following:
   - Common fracture, dislocation, and ligament injury patterns in adults and children
   - Closed versus open fractures
   - Differences between subluxation and dislocations
   - Compartment syndrome
   - Acute and chronic osteomyelitis
   - Septic arthritis.

Technical Skills

1. Outline the technical aspects and list indications for the following procedures:
   - Splinting
   - Joint aspiration/injection
   - Neurovascular assessment
Practice Case Presentation (PCP) Guidelines for the Oral Report

In black are the major components of the history and written record. In red are the modifications needed to give an oral report.

Clinical Case Guidelines

Components of a history and physical
- Identifying information and chief complaint (CC)
- History of the present illness (HPI)
- Past medical and surgical history (PMH, PSH)
- Medications, complementary and alternative medicines (CAM), allergies, and substance use
- Family history (FH)
- Social history (SH)
- Review of systems (ROS)
- Physical examination
- Lab/data
- Assessment
- Plan

Consider your audience
If you’re in the hospital and have asked for an ophthalmology consult for a patient with an orbital fracture, the ophthalmologist is going to want to hear the most about the eye problem.
If you’re presenting a patient to your CCC preceptor, they will want to know all the details.
If you’re on hospital rounds, and the team already knows the patient’s history, then including new details will be most important.
As a medical student, it’s safe to include more information than less, because that is what’s expected of you, and you don’t yet have enough expertise to decide what information is or is not pertinent.

Identifying Information and Chief Complaint (CC)
This section should include the:
- Age and gender of the patient;
- Principal symptom with which the patient presented.

Opening statement:
-Age and gender
-Most important and/or active medical problems, OR statement of health.
-Chief complaint, including duration
(Nothing should be omitted that would help the listener understand what’s going on – don’t save any surprises.)
“Lilly Cartright is a previously healthy 3-year-old girl who presents with fever and cough that started yesterday.”

“Malcom Dillon is a 75-year-old man with diabetes who presents with a sore on his foot he noticed one week ago.” (It would be inappropriate to omit that he has diabetes, because that directly affects your differential diagnosis. It is significantly less important that he had a history of depression in his 40s that is now resolved, and shouldn’t be included in this opening statement.)

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**History of the Present Illness (HPI)**

- This is an organized and edited description of the patient's illness narrative written as a chronological, complete, and coherent history
- Give the time course of the problem.
- Describe all features - do not analyze.
- Include the location, quality, quantity or severity, timing, setting, aggravating and alleviating factors, and associated manifestations.
- Include pertinent positives, pertinent negatives, and risk factors for the most likely diseases associated with the chief complaint.
- Pertinent positives and negatives may also come from the patient's past history, occupational history, substance use history, and family history.
- Include patient’s perspective of the problem (relevant feelings, ideas, effect on function, expectations, beliefs/cultural considerations).

Start with a summary of the medical problem(s) that is/are directly related to the presenting problem, if applicable. For example, explain how long the patient has had diabetes and any complications from it so far.

Next describe the HPI in detail, starting with the pertinent positives, including risk factors, e.g. location, radiation, quality, severity, etc., and 30 pack-year history of smoking.

Next describe pertinent negatives, including risk factors, e.g. lack of fever/chills, no numbness in the extremities, and no history of IV drug use.

Finally, include any tests/evaluations the patient has previously had related to the problem, including whether the patient was transferred from another facility. “The patient has had no prior treatment for the sore.” Or, “The patient is being transferred from General Hospital ER for further evaluation.”

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**Past Medical and Surgical History (PMH, PSH)**

Include:
- Major childhood illnesses;
- Past medical problems including hospitalizations with dates;
- Past major operations, major trauma, transfusions, and significant complications include dates whenever feasible;
- Prior psychiatric history of note;
• Travel and occupational exposures of significance;
• Health maintenance and preventive care.

Medications, Complementary and Alternative Medicines (CAM), Allergies, and Substance Use
• Medication should be listed by generic name. Include dose, routes and intervals;
• List all medications to which the patient has reacted unfavorably, not just true allergic events. Describe the reaction for each poorly tolerated medication;
• Smoking history should include number of pack years - include alcohol and street drugs such as heroin, cocaine and marijuana. If the patient has quit, also list a stop date.

Family History (FH)
• Include one generation above and one generation below the patient. A list or genogram may be used.

Social History (SH)
Include:
• All relevant information including education, occupation, hobbies and personal interests;
• Marital status, number of children, current living situation, and social support network;
• List social items of concern to the patient.

List other past medical problems, surgeries, medications/OTC/supplements, family history, social history, sexual history. Remember – if it directly relates to the presenting problem, it should have already been covered in the beginning. Don’t repeat information that was already given. (As a third-year medical student, you will likely be expected to present all this information. As you advance, you will learn what information is not helpful to the listener and can be omitted from the oral case presentation.)

Review of Systems (ROS)
• This comprehensive head to toe checklist should include symptoms or complaints not already addressed in prior parts of the case report.
• Pertinent positives and negatives related to the patient's chief complaint belong in the HPI, not the ROS.
• Diagnoses belong in the medical history; symptoms belong in the ROS.
• The organ systems for the ROS should include the following: skin, HEENT, neck, breast, respiratory, cardiac, gastrointestinal, urinary, male genital, female genital, peripheral vascular, musculoskeletal, neurologic, hematologic/lymphatic, endocrine, allergic/immunologic, and psychiatric.

Information discovered during the ROS that is related to the HPI should be presented as pertinent positives and negatives in the HPI as described above. Don’t repeat the ROS in the oral presentation.
Physical Examination

- Physical findings should be descriptive – do not interpret.
- Include pertinent positive and negative signs.
- Listing a system as normal without identifying what portions of the exam were done is not acceptable (e.g. ‘Abdominal exam-normal’ is not acceptable)
- Include:
  - general appearance;
  - vital signs;
  - skin;
  - HEENT;
  - neck thyroid;
  - lymph nodes (or incorporate into head and neck/ breast/ genital exam);
  - breast;
  - chest and lungs;
  - heart and vascular;
  - abdominal;
  - genital and rectal;
  - extremities;
  - musculoskeletal;
  - neurological (mental status, cranial nerves, strength, reflexes, sensation, cerebellar function, and gait).

Start with general appearance and vitals. Then, going in order of body systems, list abnormal findings, followed by normal findings that relate to the presenting problem (but don’t use the word “normal”, instead describe your findings!). (As a third-year medical student you will typically be expected to present all exam findings.)

Lab/Investigations

- Present a summary of all investigations. Remove any identifying information.
- Presentation of the investigations should not include an interpretation of the results (e.g. Present the actual hemoglobin result and the MCV - do not state the patient has a microcytic anemia).

Start with all abnormal tests (and compare to previous tests, if applicable), then normal tests that are pertinent to the case. (As a third-year medical student, you may be expected to present all tests.)

Assessment

- Pertinent information should be summarized in approximately 2 to 3 sentences and should include all information most relevant in arriving at the diagnosis (or if not possible, the narrowed differential diagnosis).
Summarize the patient’s problem. If the diagnosis is uncertain, then give a symptom and offer a few of your top differential diagnoses (don’t say that the diagnosis is “rule out X”). List evidence from the history and physical to support and/or refute the diagnosis/differential diagnoses.

Plan
Include:
- Any further investigations needed
- Medical and/or surgical treatment plan, which may include referrals to specialists or other professionals
- Patient education, which may include prevention and health promotion
- Follow-up
- Legal, Ethical, Epidemiology: Include Reference to these themes as relevant to the specific case and going care.

List the 4 components of a plan. Be prepared to provide evidence-based reasons for the tests and treatments you are suggesting.
## Schedule of PCP Sessions (8-9:30 or 9:30-10) and Didactics (11-12:30):

### Block 1

<table>
<thead>
<tr>
<th>PCP Student Cases</th>
<th>Suggested Pre-work</th>
<th>Required Pre-work</th>
<th>Student Presenters July 19 and 26</th>
</tr>
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<tbody>
<tr>
<td>Red Eye</td>
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<tr>
<td>Acute Abdominal Pain</td>
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<td>Chest pain</td>
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<td>Hypertension</td>
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<td>New Onset Diabetes</td>
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<td>July 7</td>
<td>Orientation with Dr. Palmer, New Innovations training</td>
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<td>July 12</td>
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<td>July 19 – Peripheral Vascular Disease</td>
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<tr>
<td>July 26 – Biliary Tract Disease</td>
<td>CORE Case 6</td>
<td>FM Case 15 WISE Case cholecystitis</td>
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<td>CLIPP Case 3</td>
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<tr>
<td>August 9 – Bariatric Surgery</td>
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<td>August 16 – Sexually</td>
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<td>Cough (acute or chronic)</td>
<td>FM Case 13</td>
<td>CLIPP Case 13</td>
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<td></td>
<td>Fatigue, Insomnia, or Sleep d/o</td>
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<td>Head injury or Concussion</td>
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<td>Lower GI Bleeding</td>
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<td>September 6 – pediatric otitis, pharyngitis and sinusitis</td>
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<td>October 4</td>
<td>Self-directed learning time, preparing for presentations, pre-work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>October 11 – Abnormal Uterine Bleeding</td>
<td></td>
<td>FM Case 12</td>
<td>Faculty presentation</td>
</tr>
<tr>
<td>October 18 – Menopause</td>
<td></td>
<td>FM Case 17</td>
<td>Faculty presentation</td>
</tr>
</tbody>
</table>

### Block 6

<table>
<thead>
<tr>
<th>PCP Student Cases</th>
<th>Suggested Pre-work</th>
<th>Required Pre-work</th>
<th>Student Presenters Oct 25 &amp; Nov 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Cancer Diagnosis</td>
<td>FM Case 16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syncope</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abnormal Pap Smear</td>
<td>FM Case 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pelvic Pain or Sexual Dysfunction (male or female)</td>
<td>FM Case 20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer Screening including USPSTF recommendations</td>
<td>FM Case 2; CORE Case 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Didactics</strong></td>
<td>Suggested Pre-work</td>
<td>Required Pre-work</td>
<td>Presenter(s)</td>
</tr>
<tr>
<td>October 25</td>
<td>Self-directed learning time, preparing for presentations, pre-work</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
November 1 – Hospice Care | TBA | Faculty presentation
---|---|---
November 8 – Contraception and Family Planning | FM Case 32 | Faculty presentation

### Block 7

<table>
<thead>
<tr>
<th>PCP Student Cases</th>
<th>Suggested Pre-work</th>
<th>Required Pre-work</th>
<th>Student Presenters November 22 &amp; 29</th>
</tr>
</thead>
<tbody>
<tr>
<td>Altered Sensation</td>
<td>FM Case 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Disease and Comorbidities</td>
<td></td>
<td>CLIPP Case 30</td>
<td></td>
</tr>
<tr>
<td>Lymphadenopathy or Mass</td>
<td>CORE Case 19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight loss or appetite change</td>
<td>FM Case 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mood or Personality Disorders</td>
<td>FM Case 24</td>
<td>CLIPP Case 4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PCP Student Cases</th>
<th>Suggested Pre-work</th>
<th>Required Pre-work</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 15</td>
<td>Self-directed learning time, preparing for presentations, pre-work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>November 22– Child Abuse</td>
<td></td>
<td>CLIPP Case 25</td>
<td>Faculty presentation</td>
</tr>
<tr>
<td>November 29 – Addiction</td>
<td></td>
<td>Pre-test</td>
<td>Faculty presentation</td>
</tr>
</tbody>
</table>

Summary of cases for pre-work:

<table>
<thead>
<tr>
<th>CORE Cases</th>
<th>CLIPP Cases (required)*</th>
<th>FM Cases</th>
<th>WISE-MD Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 10</td>
<td>20 32</td>
<td>18 28 13 2</td>
<td>Appendicitis</td>
</tr>
<tr>
<td>6 13</td>
<td>4 26</td>
<td>20 12 3 32</td>
<td>Bariatric</td>
</tr>
<tr>
<td>3 7</td>
<td>22 10</td>
<td>8 17 26 10</td>
<td>Cholecystitis</td>
</tr>
<tr>
<td>14 2</td>
<td>14 13</td>
<td>6 1 22 5</td>
<td></td>
</tr>
<tr>
<td>9 19</td>
<td></td>
<td>15 20 23 7</td>
<td></td>
</tr>
</tbody>
</table>

|              |                         | 29 16 11 33 |              |

*See CCC Student Handbook page 15 for complete list of all CLIPP Cases required during the CCC.*
Checklist for oral case presentation – peer evaluation

Opening Statement contains:

☐ Age
☐ Gender
☐ Significant past medical history OR a statement of good health
☐ Leave out PMH that does not relate to the acute problem
☐ Chief complaint
☐ Duration
COMMENTS:

History of Present Illness:

☐ Narrative of patient’s illness
☐ Pertinent positives FOLLOWED by negatives (in this section only)
☐ Include prior workup for the current problem if applicable
☐ If the patient is in the hospital or in the ED, state whether transferred from somewhere else
COMMENTS:

Past Medical History

☐ PMH
☐ Medications
☐ Allergies
☐ Social History
☐ Family History
COMMENTS:

Review of Systems

☐ NOT listed, NOT repeated (anything pertinent should have been listed in the HPI)
COMMENTS:

Physical Exam

☐ Vitals listed first, not interpreted (e.g. state, “temp is 101”, NOT “the patient is febrile”)
☐ Exam listed by body system
□ Within each system, positive findings listed first, then negative findings
□ Does not use the word “normal” to describe findings

COMMENTS:

Lab/Investigations
□ Test results listed, not interpreted (e.g. state, “Hb is 11.1”, NOT “the patient is anemic”)
   (As skills/experience increase, medical students may report tests as “normal”, especially if there is a large list of test results)
□ Abnormal results listed first, normal results listed last

COMMENTS:

Assessment
□ Summarizes the problem
□ Lists differential diagnosis if applicable
□ Lists supporting and refuting evidence to back up diagnosis/differentials

COMMENTS:

Plan
□ Further Testing
□ Treatment
□ Patient Education
□ Follow-up

COMMENTS:
### CMED Practice Case Presentation Evaluation - Formative

**Behavior Categories**

*Timeliness and dependability (Maps to Educational Program Objective 12)*

<table>
<thead>
<tr>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occasionally late to class or with assignments; occasionally erratic e.g. may not be prepared for group.</td>
<td>Can be counted on; consistently timely</td>
<td>Gets things started: encourages others to be timely; someone you would select to lead the group in your absence.</td>
</tr>
</tbody>
</table>

*Completion of duties (Maps to Educational Program Objective 12,6)*

<table>
<thead>
<tr>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occasionally fails to fulfill assignments or other responsibilities or minimal completion.</td>
<td>Consistently and appropriately fulfills responsibilities.</td>
<td>Consistently fulfills responsibilities in exceptional fashion, e.g. accepts additional roles, volunteers for work.</td>
</tr>
</tbody>
</table>

*Participation (Maps to Educational Program Objective 17.5)*

<table>
<thead>
<tr>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation could increase in frequency, integration, insightfulness, initiative, etc.</td>
<td>Active participation: asks questions</td>
<td>Active participation: asks questions and provides insightful contributions.</td>
</tr>
</tbody>
</table>

*Leadership (Maps to Educational Program Objective 12)*

<table>
<thead>
<tr>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributes as &quot;required&quot; in interactions.</td>
<td>Consistently prepared prior to the session.</td>
<td>Takes leadership in interactions: actively solicits participation from others.</td>
</tr>
</tbody>
</table>

*Response to feedback (Maps to Educational Program Objective 12.1)*

<table>
<thead>
<tr>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not incorporate feedback into behavior.</td>
<td>Incorporates feedback into behavior.</td>
<td>Incorporates feedback into own behavior and provides feedback to others.</td>
</tr>
</tbody>
</table>

**Comments:**

Remaining Characters: 5,000

**Attitude Categories**

*Promotion of learning (Maps to Educational Program Objective 12.4)*
### Appendix 5

<table>
<thead>
<tr>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Conflict management (Maps to CMED Educational Program Objective 12.10)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Below Expectations</strong></td>
<td><strong>Meets Expectations</strong></td>
<td><strong>Exceeds Expectations</strong></td>
</tr>
<tr>
<td>Gives inappropriate comments, or is overly defensive and argumentative, that suggest improvement needed in conflict resolution skills</td>
<td>Helps to resolve conflicts in an appropriate manner.</td>
<td>Demonstrates professional maturity beyond that expected for level of training. If conflicts occur in group, acts as mediator.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Respect (Maps to CMED Educational Program Objective 18.2)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is respectful toward others at most times, but gives the sense that respect is irrelevant or done for the grade.</td>
<td>Consistently respectful toward peers and faculty.</td>
<td>Demonstrates evidence of value of all persons.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sensitivity to others (Maps to CMED Educational Program Objective 12.9)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>May behave in a manner less than considerate e.g., interruptions, denigration.</td>
<td>Behavior and language is generally in accord with others’ views or emotion.</td>
<td>Consistent behavior towards others, listens well and recognizes non-verbal communication.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tolerance of ambiguity (Maps to Educational Program Objective 12.8)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occasional evidence of inability to tolerate ambiguity or stress but often does okay.</td>
<td>Adapts to change: handles difficult and/or stressful situations appropriately.</td>
<td>Can tolerate high levels of ambiguity, in fact, sees these moments as learning and/or growth opportunities.</td>
</tr>
</tbody>
</table>

*Comments:*

Remaining Characters: 5,000

### Knowledge Categories

<table>
<thead>
<tr>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Information management (Maps to Educational Program Objective 10)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does not synthesize and integrate information.</td>
<td>Attempts to synthesize and integrate information.</td>
<td>Synthesizes and integrates information; uses summaries to teach others.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Critical thinking skills (Maps to Educational Program Objective 8)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reports facts without framing in a larger picture.</td>
<td>Attempts to apply critical thinking skills when talking about the material.</td>
<td>Consistently uses critical thinking skills when talking about the material.</td>
</tr>
</tbody>
</table>
Appendix 5

*Integration skills (Maps to Educational Program Objective 8)

<table>
<thead>
<tr>
<th>Below Expectations</th>
<th>Meets Expectations</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Treats each session and case in isolation.</td>
<td>Tries to find links to other areas of the curriculum e.g. lecture, laboratory, clinical teaching.</td>
<td>Consistently relates session and case content to other areas in the curriculum.</td>
</tr>
</tbody>
</table>

*Presentation (Maps to Educational Program Objective 15.10)

<table>
<thead>
<tr>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presents information superficially.</td>
<td>Presentations are of appropriate depth.</td>
<td>Presentations are of appropriate depth and student seeks to teach others.</td>
</tr>
</tbody>
</table>

*Comments:

Remaining Characters: 5,000

Please record the level that best reflects the student performance: the data recorded here are not used towards the student grade, but for internal OME purposes.

*Comments:

Remaining Characters: 5,000

CMED Practice Case Presentation Evaluation - Summative

[Subject Name]
[Subject Class]
[Rotation/Location]
[Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Class]

Listed below are the attributes of behaviors, attitudes and knowledge that students should be developing. Please check one box for each line.

It is recommended to the Facilitator to record specific comments after each session to help with the compilation of the final form. At the end of the course, comments are required on the final form when it is submitted.

Behavior Categories

*Timeliness and dependability (Maps to Educational Program Objective 12)

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<thead>
<tr>
<th>Below Expectations</th>
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</thead>
<tbody>
<tr>
<td>Occasionally late to class or with assignments; occasionally erratic e.g. may not be prepared for group.</td>
<td>Can be counted on; consistently timely</td>
<td>Gets things started: encourages others to be timely; someone you would select to lead the group in your absence.</td>
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</table>

*Completion of duties (Maps to Educational Program Objective 12.6)
## Appendix 5

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<tr>
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<tbody>
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*Participation (Maps to Educational Program Objective 17.5)*

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Participation could increase in frequency, integration, insightfulness, initiative, etc.</td>
<td>Active participation: asks questions and provides insightful contributions.</td>
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</table>

*Leadership (Maps to Educational Program Objective 12)*

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<td>Consistently prepared prior to the session.</td>
<td>Takes leadership in interactions: actively solicits participation from others.</td>
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</table>

*Response to feedback (Maps to Educational Program Objective 12.1)*

<table>
<thead>
<tr>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not incorporate feedback into behavior.</td>
<td>Incorporates feedback into behavior.</td>
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</tr>
</tbody>
</table>

Comments:

Remaining Characters: 5,000

### Attitude Categories

<table>
<thead>
<tr>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>May appear apathetic or disinterested or question utility of knowing material.</td>
<td>Displays enthusiasm for learning and contributes to an atmosphere conducive to learning.</td>
<td>Displays enthusiasm for learning: consistently reflects an interest in promoting the learning of others.</td>
</tr>
</tbody>
</table>

*Promotion of learning (Maps to Educational Program Objective 12.4)*

<table>
<thead>
<tr>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gives inappropriate comments, or is overly defensive and argumentative, that suggest improvement needed in conflict resolution skills</td>
<td>Helps to resolve conflicts in an appropriate manner.</td>
<td>Demonstrates professional maturity beyond that expected for level of training. If conflicts occur in group, acts as mediator.</td>
</tr>
</tbody>
</table>

*Conflict management (Maps to CMED Educational Program Objective 12.10)*

<table>
<thead>
<tr>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Respect (Maps to CMED Educational Program Objective 18.2)</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Below Expectations
- Is respectful toward others at most times, but gives the sense that respect is irrelevant or done for the grade.

### Meets Expectations
- Consistently respectful toward peers and faculty.

### Exceeds Expectations
- Demonstrates evidence of value of all persons.

*Sensitivity to others (Maps to CMED Educational Program Objective 12.9)*

**Below Expectations**
- May behave in a manner less than considerate e.g. interruptions, denigration.

**Meets Expectations**
- Behavior and language is generally in accord with other’s views or emotion.

**Exceeds Expectations**
- Consistent behavior towards others, listens well and recognizes non verbal communication.

*Tolerance of ambiguity (Maps to Educational Program Objective 12.8)*

**Below Expectations**
- Occasional evidence of inability to tolerate ambiguity or stress but often does okay.

**Meets Expectations**
- Adapts to change: handles difficult and/or stressful situations appropriately.

**Exceeds Expectations**
- Can tolerate high levels of ambiguity, in fact, sees these moments as learning and/or growth opportunities.

*Comments:*

Remaining Characters: 5,000

### Knowledge Categories

*Information management (Maps to Educational Program Objective 10)*

**Below Expectations**
- Does not synthesize and integrate information.

**Meets Expectations**
- Attempts to synthesize and integrate information.

**Exceeds Expectations**
- Synthesizes and integrates information; uses summaries to teach others.

*Critical thinking skills (Maps to Educational Program Objective 8)*

**Below Expectations**
- Reports facts without framing in a larger picture.

**Meets Expectations**
- Attempts to apply critical thinking skills when talking about the material.

**Exceeds Expectations**
- Consistently uses critical thinking skills when talking about the material.
Appendix 5

* Integration skills (Maps to Educational Program Objective 8)

Below Expectations  
Treats each session and case in isolation.

Meets Expectations  
Tries to find links to other areas of the curriculum e.g. lecture, laboratory, clinical teaching.

Exceeds Expectations  
Consistently relates session and case content to other areas in the curriculum.

* Presentation (Maps to Educational Program Objective 15.10)

Below Expectations  
Presents information superficially.

Meets Expectations  
Presentations are of appropriate depth.

Exceeds Expectations  
Presentations are of appropriate depth and student seeks to teach others.

*Comments:

Remaining Characters: 5,000

Please record the level that best reflects the student performance: the data recorded here are not used towards the student grade, but for internal OME purposes.

*Comments:

Remaining Characters: 5,000

CMED Peer Feedback of Student by Students (Years 3 and 4)

[Subject Name]  
[Subject Class]  
[Rotation:Location]  
[Evaluator]

[Evaluator Name]  
[Evaluator Class]

* indicates a mandatory response

The feedback you provide is anonymous.

Cooperative Learning Skills

Part 1: Quantitative Assessment

* Demonstrates a good balance of active listening and participation. (Maps to CMED Educational Program Objective 17.5)

Never  
Rarely  
Sometimes  
Often  
Always

* Asks useful or probing questions. (Maps to CMED Educational Program Objective 17.5)

Never  
Rarely  
Sometimes  
Often  
Always

* Shares information and personal understanding. (Maps to CMED Educational Program Objective 15.10)

Never  
Rarely  
Sometimes  
Often  
Always
<table>
<thead>
<tr>
<th>Appendix 5</th>
</tr>
</thead>
</table>

### Self-Directed Learning

<table>
<thead>
<tr>
<th>*Identifies references with relevant information. (Maps to CMED Educational Program Objective 8.2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
<tr>
<td>○</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*Helps team stay focused and on track. (Maps to CMED Educational Program Objective 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
<tr>
<td>○</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*Is well prepared for team activities. (Maps to CMED Educational Program Objective 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
<tr>
<td>○</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*Shows appropriate depth of knowledge. (Maps to CMED Educational Program Objective 8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
<tr>
<td>○</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*Identifies limits of knowledge. (Maps to CMED Educational Program Objective 12.8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
<tr>
<td>○</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*Shows confidence in areas of understanding.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
<tr>
<td>○</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*Demonstrates critical thinking in problem solving. (Maps to CMED Educational Program Objective 8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
<tr>
<td>○</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*Analyzes ethical issues and defends ethical choices. (Maps to CMED Educational Program Objective 18.1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
<tr>
<td>○</td>
</tr>
</tbody>
</table>

### Professional Behaviors

<table>
<thead>
<tr>
<th>*Arrives on time and remains with team during activities. (Maps to CMED Educational Program Objective 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
<tr>
<td>○</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*Gives instructive feedback. (Maps to CMED Educational Program Objective 12.1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
</tr>
<tr>
<td>○</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>*Accepts instructive feedback. (Maps to CMED Educational Program Objective 12.1)</th>
</tr>
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<tr>
<td>Never</td>
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<table>
<thead>
<tr>
<th>*Shows respect and concern for others. (Maps to CMED Educational Program Objective 18.2)</th>
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<tr>
<th>*Demonstrates integrity and accountability in team activities. (Maps to CMED Educational Program Objective 12.6)</th>
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<tr>
<th>*Interacts effectively and professionally with team members. (Maps to CMED Educational Program Objective 12.10)</th>
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<td>Never</td>
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### Part 2: Qualitative Assessment

<table>
<thead>
<tr>
<th>*What is the single most valuable contribution this person makes to your team?</th>
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<td>Remaining Characters: 5,000</td>
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<tr>
<th>*What is the most important thing this person could do to more effectively help your team?</th>
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<tr>
<td>Remaining Characters: 5,000</td>
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