# TABLE OF CONTENTS

**PHILOSOPHY, GOALS, AND OBJECTIVES FOR CLINICAL EDUCATION**  
Introduction  
Concepts  
Assertive types of Behavior  
Matriculation  
Procedures of Scheduling Clinical Assignments  
Information for New Students in Clerkship  
What makes a student perform well?  
Health insurance and Malpractice insurance

**EFFECTIVE LEARNING IN THE CLINICAL SCIENCE PROGRAM**  
General Information  
Case Reports and Recordings  
Student Rules for clerkships  
Responsibilities of Preceptors  
Responsibilities & Duties of Clinical Clerks  
Regulations and Procedures  
Humanistic Qualities of Physicians

**HOSPITAL HYGIENE AND PROCEDURES**

**YOUR MEDICAL PERFORMANCE**

**THIRD AND FOURTH YEAR CLINICAL CLERKSHIPS**  
Third year Clerkships  
Procedures and Experiences of a Third and Fourth Year Student  
Fourth Year Elective rotations

**Appendix A - BOOKLIST**

**Appendix B – CLERKSHIP OUTLINES**  
Obstetrics and Gynecology Clerkship  
Internal Medicine Clerkship  
Pediatric Clerkship  
Surgery Clerkship  
Psychiatry Clerkship  
Family Medicine Clerkship

**Appendix C- USMLE POLICIES**
### Appendix D - DATA FOR:
- Hospital Education Office
- Visa Application
- Certificate of Immunization

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix 1</td>
<td>Surviving and Loving Third Year</td>
<td>57</td>
</tr>
<tr>
<td>Appendix 2</td>
<td>Clinical clerkship grading guidelines</td>
<td>77</td>
</tr>
<tr>
<td>Appendix 3</td>
<td>Clinical student evaluation form</td>
<td>82</td>
</tr>
<tr>
<td>Appendix 4</td>
<td>Student Evaluation Form of Each Rotation</td>
<td>87</td>
</tr>
<tr>
<td>Appendix 5</td>
<td>Clinical Rotations Completion Form</td>
<td>89</td>
</tr>
<tr>
<td>Appendix 6</td>
<td>Clinical Case Documentation From: Internal Medicine</td>
<td>92</td>
</tr>
<tr>
<td>Appendix 7</td>
<td>Clinical Case Documentation From: Surgery</td>
<td>98</td>
</tr>
<tr>
<td>Appendix 8</td>
<td>Clinical Case Documentation From: Psychiatry</td>
<td>102</td>
</tr>
<tr>
<td>Appendix 9</td>
<td>Clinical Case Documentation From: Obstetrics/Gynecology</td>
<td>104</td>
</tr>
<tr>
<td>Appendix 10</td>
<td>Clinical Case Documentation From: Pediatrics</td>
<td>107</td>
</tr>
<tr>
<td>Appendix 11</td>
<td>Clinical Case Documentation From: Family Medicine</td>
<td>110</td>
</tr>
<tr>
<td>Appendix 12</td>
<td>Clinical Case Documentation From: Neurology</td>
<td>113</td>
</tr>
<tr>
<td>Appendix 13</td>
<td>Clinical Case Documentation From: Radiology</td>
<td>116</td>
</tr>
<tr>
<td>Appendix 14</td>
<td>Clinical Case Documentation From: Ophthalmology</td>
<td>118</td>
</tr>
<tr>
<td>Appendix 15</td>
<td>Clinical Case Documentation From: Ears, Nose &amp; Throat Surgery</td>
<td>120</td>
</tr>
<tr>
<td>Appendix 16</td>
<td>Clinical Case Documentation From: Dermatology</td>
<td>123</td>
</tr>
<tr>
<td>Appendix 17</td>
<td>Clinical Case Documentation From: Generic Form</td>
<td>126</td>
</tr>
</tbody>
</table>
PHILOSOPHY, GOALS, AND OBJECTIVES FOR CLINICAL EDUCATION

The philosophic framework of clinical education and training at St. Martinus University, Faculty of Medicine is that of preparing students to pursue a career in medicine. The program will educate students to become competent physicians who clearly recognize their roles as providers of comprehensive healthcare to the individual, to the family as a unit, and to communities. Physicians must be able to function in the role of leader of the healthcare team to bring about needed change from the level of the individual to the level of the community. The ultimate intent of the program is to prepare physicians who will impact positively on the quality of healthcare and healthcare delivery systems and will improve access to health care for individuals and their families.

In today's healthcare environment, physicians are integral to the efficient functioning of the healthcare system. Student’s attitudes and learning will be directed toward understanding the role of the medical manager, while recognizing the need for consultation with other medical specialists when appropriate.

We believe the physician must assume a leadership role not only in the medical community, but in the broader community, in which he/she serves. Community leadership is an integral part of improving the healthcare of the community as a whole; thus, physicians must be motivated toward the prevention of illness, the promotion of a healthy life style, and avoidance of high-risk behavior.

INTRODUCTION
The Clinical Medicine program at St. Martinus University consists of the third and fourth years of medical education (fifth through eighth semesters). The clinical clerkships are provided at hospitals and specialized clinical facilities in the United States and abroad where St. Martinus University has established formal affiliations. The Clinical Clerkship curriculum consists of two academic years, totaling 72 weeks. It is divided into the following areas:

Required Clinical Clerkships

CORE CLINICAL SCIENCES 48 Weeks
- Internal Medicine = 12 weeks
- Obstetrics and Gynecology = 6 Weeks
- Pediatrics = 6 Weeks
- Primary Care/family Medicine/preventive Medicine = 6 Weeks
- Psychiatry = 6 Week
- Surgery (including maximum 4 weeks of Subspecialty surgery) = 12 weeks
- Surgical Subspecialty 4 Weeks*

Total 48 weeks
Elective Clinical Clerkships 24 Weeks

(A) Medicine Subspecialties

(B) Surgical Subspecialties

(A) Recommended Internal Medicine Subspecialties: Neurology, Cardiology, Gastroenterology, Intensive Care Unit, Emergency Medicine, Infectious Disease, Pulmonary Medicine, Hematology, Nephrology, Oncology, Rheumatology, Endocrinology, Rehabilitation Medicine, Occupational Medicine, and others.

(B) Recommended Surgical Subspecialties: Surgical Intensive Care Unit, Thoracic Surgery, Orthopedics, Plastic Surgery, Otorhinolaryngology (ENT), Surgical Oncology, Anesthesiology, Dermatology, and others.

CONCEPTS
In pursuit of the goal of excellence, the St. Martinus University, Faculty of Medicine clinical curriculum is a challenging blend of the traditional and innovative, designed with these concepts:

a. Foster the analytic and problem-solving skills requisite for physicians involved in disease prevention, diagnosis, and treatment in individual patients, in families, in communities, and in populations at large.

b. Ensure the acquisition of basic clinical knowledge and clinical skills essential to care for patients of different ages and of different cultural backgrounds.

c. Develop an understanding of contemporary health care delivery issues in order to effectively utilize health system resources to provide optimal health care.

d. Cultivate effective physician-patient interpersonal and communication relationships based upon integrity, respect, and compassion.

e. Develop and maintain high ethical and professional standards.

ASSESSIVE TYPES OF BEHAVIOR
During two years of clinical education, students will observe and analyze how the physician is able to:

a. Demonstrate clinical excellence utilizing current biomedical knowledge in identifying and managing the disease process.

b. Provide continuing and comprehensive care to individuals and families.

c. Demonstrate the ability to integrate the behavioral / emotional / social / environmental factors of individuals and families in promoting health and managing disease.

d. Recognize the importance of maintaining and developing the knowledge, skills, and attitudes required for medical practice in a rapidly changing world and pursue a regular and systematic program of lifelong learning.

e. Recognize the need and demonstrate the ability to use consultation with other medical specialists while maintaining continuity of care.
f. Share tasks and responsibilities with other health care professionals.
g. Be aware of the findings of relevant research; understand and critically evaluate this body of research; and apply the results of the research to medical practice.
h. Serve as an advocate for the patient within the healthcare system.
i. Assess the quality of care provided to each patient and work actively to correct gaps in health care services.
j. Recognize community resources as an integral part of the health care system; participate in improving the health of the community.
k. Inform and counsel patients concerning their health problems, recognizing and respecting differences in patient and physician backgrounds, beliefs, and expectations.
l. Develop mutually satisfying physician-patient relationships to promote effective problem-identification and problem-solving.
m. Use current medical knowledge to identify, evaluate, and minimize risks for patient and family.
n. Balance potential benefits, costs, and risks in determining appropriate interventions.

MATRICULATION
In order to enter the Clinical Science program, a student must:
- Have successfully completed all the Basic Science course requirements with a 2.0 grade point average and have passed the USMLE Step I Examination within one year of starting clinicals. If over a year has lapsed, the admissions committee will have the prerogative to require a semester to include Physical Diagnosis, Clinical Science and possibly other courses defined on an individual basis.
- Meet all the financial obligations for the 5th semester and all previous semesters.
- Have all required admissions and other administrative documentation on file.
- Receive a letter of clearance from St. Martinus University prior to matriculation, and must have immunization records updated.
Whenever possible, students will be placed at medical centers which provide services in all major clinical departments and subspecialties. To achieve a broad-based experience in medical practice, students may also be assigned to clerkships in hospitals with established educational programs. As much as possible, students will be placed in clinical rotations and hospitals taking into consideration, geographic, career and academic preferences, plus lodging, family considerations and other personal needs. There is no rigidly established schedule or sequence of clinical clerkships. Each student will be notified in writing of their entry into a given hospital rotation by the Clinical Science Department. Any student who wishes to obtain a clerkship on his/her own must do so in collaboration with an authorized representative from the office of Clinical Sciences at St. Martinus University. In all cases, necessary documentation must be COMPLETED before the student may begin a clerkship.

Documentation will normally include:
- A description of the intended clerkship dates and duties.
- An agreement from the program coordinator, and all necessary paperwork communicated in the appropriate time frame.
PROCEDURES OF SCHEDULING CLINICAL ASSIGNMENTS:
The St. Martinus University Clinical Coordinator will provide each student with a schedule of required clerkships projected for reasonable periods once passing USMLE Step I scores are received by the Office of Clinical Science. This schedule can only be made with the joint approval of the Dean of Clinical Sciences at St. Martinus University.

INFORMATION FOR NEW STUDENTS IN CLERKSHIP
The Clinical Science program at St. Martinus University is designed to provide a comprehensive overview of medical practice, including an understanding of the interrelationships among the different levels of practice and areas of specialization. There will be ample opportunities to integrate basic science knowledge into clinical practice and develop the skills necessary to enter a residency program and practice the profession of medicine. See appendix 1

In preparing to enter the Clinical Science program, there are some extremely important points to keep in mind. First, the transition from learning in the classroom to the clinical setting may seem bewildering. To some extent, there is similarity between the clinical environment and the physical diagnosis course; however, in comparison with the clerkship assignments, the physical diagnosis experience was highly structured. To a great extent the scope and extent of learning during Clinical Science will depend upon how fully and effectively you apply yourself. Ask questions, read up on pathological conditions encountered, be available to help out, participate in or volunteer when help would be beneficial to the team.

WHAT MAKES A STUDENT DO WELL IN CLERKSHIP?
A clinical medicine student or “clerk” is a member of an interdisciplinary health care team. The effectiveness of a team depends on each person doing his/her part. It is important that you function as a responsible team member. Your appearance will reflect on your relationships with staff members and patients. Dress appropriately and maintain good grooming habits. Be punctual, reliable, and courteous to all those you encounter: allied health personnel, floor nurses, family members and patients. Read about the subject matter at home and in the hospital library; arrive for clerkship early, to take on your responsibilities.

HEALTH INSURANCE AND MALPRACTICE INSURANCE
Students participating in the Clinical Clerkship program of St. Martinus University, Faculty of Medicine must be properly insured. Both health and malpractice insurance are required. SMU has arranged for a both health and malpractice insurance programs and included the cost in the fees charged to the student; however, it remains the student's responsibility to properly register for each insurance program and thereby indicate (a) where the student is residing and (b) in which hospital the student is participating in the clinical clerkship. When a student moves from one hospital to a another, or one location to another, this has to be properly recorded with the insurance company in order for insurance to remain valid. Students can obtain details on how to insure with the office of the Dean of Clinical Sciences.
EFFECTIVE LEARNING
IN THE CLINICAL SCIENCE PROGRAM

General Information
Patients are the main source of learning in the clinical program. It is from the patients you encounter that you will develop your clinical knowledge and skills. Be assertive in searching out new learning opportunities. You may be able to “get by” with a passing grade by doing no more than what is directly assigned to you, but you will be cheating yourself by not taking advantage of opportunities to further develop your clinical skills. Seize every opportunity to observe the signs and symptoms of any condition with which you have not had previous experience. For assigned patients you will be expected to do a thorough physical examination, take and record a medical, personal, and family history, make a differential diagnosis based on all the available information including laboratory findings, develop a management plan, and follow the patient through to discharge. Keep in mind that a thorough knowledge of your patients is important. Learn about their family, social, occupational and economic situations. Be aware of their emotional state since a patient's emotional state will affect the rate and degree of recovery.

Selective Study
While in your clinical clerkship, you will not have the same amount of time for reading that you had during the basic science program. To gain the most from your clinical clerkships, you will have to focus your energy selectively to the specific problems of patients you see, with particular emphasis on assigned patients. Through this approach you will learn to integrate basic science knowledge with experiential learning which comes from participating in the care of patients. Additional textbook and journal readings will prepare you for discussing assigned patients with residents and other supervisors. Following your review of pertinent literature, it is good practice to re-assess the accuracy and completeness of the patient's history, examinations, and laboratory findings to determine whether information recorded needs to be supplemented or modified.

Case Reports
A major purpose of requiring you to prepare a complete “case report” on assigned patients is to help you develop a thorough methodical approach to patient management. Ultimately, this approach will make you a competent clinician.

Helpful Hints in Case Recording
Use only abbreviations that are generally accepted. Keep in mind that some commonly used abbreviations have multiple meanings (MG = Magnesium, Myasthenia gravis etc.). Unless the context in which the abbreviation is used insures that it will be correctly interpreted, spell it out. Write all entries legibly. If your written entries are illegible, they are at best useless, at worst dangerous. If you need to correct an entry, draw one line through the middle of the discarded entity, insert the correction and initial the correction. Your case presentations will be based upon your case reports, which include a history, physical examination, laboratory
findings, and differential diagnosis. These case presentations are to be as succinct as possible unless you are directed to do otherwise. During your clinical clerkships you will relate to a variety of individuals with diverse roles, expectations, and degrees of authority. When in doubt, ask a senior member of your team such as the attending physician or the senior resident.

Confidentiality and tact are very important. When introducing yourself to patients, you will find that most patients will accept your introduction as a medical student who is assisting the doctor by gathering some preliminary information. You should never discuss patients in public areas. Considerable harm can occur as a result of well-meaning, casual comments made in such areas as elevators, cafeterias, and hallways. Standards of Conduct: Students are expected to abide by the hospital rules in all cases. Courteous treatment of all staff is expected as well as mature conduct. Scheduled hours in the hospital as well as on-call times are determined by your preceptor and the director of medical education. Any absences must be cleared by your preceptor. No vacation time is to be scheduled during any rotation. 100% attendance is expected. Tardiness or failure to report to your clerkship during assigned hours will be reported to the Office of Clinical Sciences for corrective action.

**THE MOST IMPORTANT THING TO KNOW ABOUT YOUR CLINICAL CLERKSHIP IS THAT WHAT YOU GET OUT OF YOUR CLINICAL PROGRAM WILL BE PROPORTIONAL TO WHAT YOU PUT INTO IT.**

**STUDENT RULES FOR CLERKSHIPS**

1. Any student in clinical rotations who receives a grade of F (failure) will be reviewed by the committee with the possible result of the committee recommending that the student be placed on academic probation. If a second grade of F (failure) is earned by the student while on academic probation, the student will be reconsidered by the committee and the student is at risk of a recommendation of dismissal.

2. Academic probation will be in effect for one year.

3. The Dean of Clinical Sciences will determine whether a grade of C should be reviewed by the Promotions Committee for consideration of placement on academic probation.

4. The Dean will determine whether any remedial program will be required of the student, e.g. additional weeks of rotation in the discipline.

**RESPONSIBILITIES OF CLINICAL CLERKSHIP PRECEPTORS**

Supervise aspects of the student’s clinical education in accordance with stated St. Martinus University, Faculty of Medicine objectives and program requirements. Learning objectives are provided to structure the student's readings.

- Ensure that students attend all required lectures and complete assigned readings.
- Facilitate the students’ exposure to relevant clinical experiences.
- Review the students' patient care logbook every one to two weeks.
- Review the students’ patient H & P.
- 10 -

- Meet with members of St. Martinus University Clinical Sciences program periodically to review and evaluate the clinical program by using the faculty evaluation form. Furnish an evaluation of each student’s performance in each of the clerkship by completing the St. Martinus University Clinical Science Evaluation Form via grade and detailed narrative in a timely manner and being available for direct communication by phone etc with the Clinical Dean or designee.

RESPONSIBILITIES AND DUTIES OF CLINICAL CLERKS
The student will be responsible to the personnel in charge of the unit involved at all times. In addition, all students will be expected to comply with the general rules established by the hospital or clinic at which the clerkship takes place. All problems or difficulties should be communicated to the Medical Education Office and a follow up to the Dean of Clinical Sciences at SMU. Students should attend all hospital conferences related to their clerkship. In addition, students should attempt to attend any other hospital conferences or educational programs of interest as long as it does not interfere with their clerkship responsibilities. A schedule of the hospital educational programs should be obtained from the Director of Medical Education. Morning report attendance is mandatory. Any time spent away from the hospital during regular duty hours for lectures, conferences, and other programs conducted at outside hospitals or universities must be approved by the supervising physician of the clerkship. If attendance at these programs will affect assigned hospital duties such as histories and physical, this matter will have to be cleared with the Director of Medical Education (DME) or clerkship preceptor. Although patient care responsibilities take precedence over lectures and conferences, the hospital and attending physicians are encouraged to allow the students to attend scheduled lectures.

As stated previously, St. Martinus University, Faculty of Medicine believes in the importance of an educationally sound, realistic policy pertaining to clinical clerks doing histories and physicals (H & P’s) in the affiliated hospitals. Ideally, the H & P policy should be the same for all clinical clerks. However, the sovereignty of affiliated hospitals is recognized. St. Martinus University, Faculty of Medicine policy must be integrated with individual hospital policy. Ideally, the student should complete an average of one history and physical per day on the assigned service. The histories and physicals should be critiqued by appropriate personnel with feedback to the student. The student should have time and opportunity for patient follow-up. The office of the DME or coordinator is responsible for the H & P policy for each hospital. If a clinical clerk has a problem or question concerning them, he/she should contact the DME’s office of the affiliated hospital. The DME for each specific hospital will make available to the clinical clerk what the written policy is in regard to writing medical orders. It is to be remembered that a clinical clerk is not a licensed physician. All activities (orders written or given, any patient care, progress notes, etc.) in a hospital are under the direction and supervision of an attending physician who assumes responsibility for the clinical clerk. Neither the hospital or any of its staff or affiliates nor any student may partake in any form of research without the written permission of the SMU Clinical Dean or designee.
SPECIFIC REGULATIONS AND PROCEDURES

1. The study and training of each clinical clerk during assignment to a training institution shall be governed by the following regulations:
   a. Clinical clerks must be supervised by a licensed physician.
   b. Clinical clerks shall assume responsibility and perform assigned duties in accordance with the training institution regulations.

2. Clinical clerks shall not be permitted to accept financial compensation or any form of gratuity for rendering patient care.

3. Students should be assigned to specific patients. History and physical examination should be completed on those patients whom clerks will be following on the service to which they are assigned. Histories and physicals should be signed by the clinical clerk as well as reviewed and signed by the supervising physician according to the rules and regulations of the training institution. Enter time and date for all chart notes.

4. The histories and physicals done by the clinical clerks should be reviewed by the supervising physicians and feedback given to the clinical clerk. An H & P must be countersigned by the supervising physician or resident.

5. Progress notes may be written by the clinical clerks only under the direct supervision of the supervising physician. Progress notes must be countersigned within the time required by the rules and regulations of the training institution. Clinical clerks shall not order any examinations, tests, medications, or procedures without consulting and obtaining the prior approval of the supervising physician. Clinical clerks shall not write prescriptions for medicine, devices, or anything requiring the authority of a licensed physician.

6. Attendance by clinical clerks is required at all conferences, discussions or study sessions, and any other programs of an educational nature designed specifically for clinical clerks. Attendance should be documented on an attendance record. In addition, clinical clerks should be encouraged to attend lectures for interns, provided these do not interfere with the clinical clerk's own program.

7. Clinical clerks shall learn and perform procedures under appropriate and proper supervision, in those areas where the training institution regulations permit such instruction. Every effort should be made to counsel and assist those clinical clerks having difficulty in a particular service. Clinical clerks who are particularly prepared in a specific service should be given additional opportunities to learn at the discretion of the appropriate supervising physicians and the Director of Medical Education in accordance with hospital or clinic regulations. Clinical clerks are to conduct themselves in a courteous and professional manner and shall respect the dress code of the training institution and University at all times. Clinical clerks should be familiar with the Patient's Bill of Rights. This will be in accordance with the training institution rules and regulations and applicable state and federal regulations. Complete history and physical examination in one hour or less is encouraged. Make sure you wash your hands before and after examining patients. Write a complete record of your history and physical exam legibly in the patient's chart. It should include a brief summary statement which demonstrates that you have synthesized the historical and
physical exam data. Note: If you dictated the H & P stated your findings and note what time you performed the H & P. You should keep a summary of cases that you are following. Orally present the patient’s data and your synthesis in 7-10 minutes in a logical, sequential fashion, demonstrating your understanding of the patient’s basic disease process and its manifestations in your patient. If you are allowed to write on the patient’s chart, state a S.O.A.P. (subjective findings, objective findings, assessment, and plan of treatment) apply basic medical knowledge in synthesizing a differential diagnosis and plan of management to address the patient’s problems. You must be able to:

a. Generate a clear problem list.
b. Develop a plan of action.
c. Review the pertinent literature in regard to the problem.
d. Identify indicated laboratory tests.
e. Suggest a therapeutic plan of treatment.
f. Define patient education objectives and assess the patient’s understanding of his/her problems.
g. Perform as an effective member of the health care team and as your patient’s primary physician.
h. Gather patient information and data, and offer an interpretation of the data with regard to the patient’s problems.
i. Report these data on rounds and possibly in the progress notes. Progress notes should be objective.
j. Acquire sufficient knowledge and skill concerning your patient’s problem.
k. Try to be “the local expert” on your health care team. Read! Read! Read!

8. Demonstrate and develop the following affective (attitudes, feelings) and behavioral characteristics:

a. Work with patients in a respectful, compassionate, caring, and empathetic manner.
b. Develop a professional attitude and demeanor in working with patients, peers, faculty, house staff, health care professionals and other persons in the health care setting.
c. Identify and emulate appropriate role models among attendings and house staff who develop rapport and positive communication with patients, faculty, house staff, and other health care professionals.

**SUMMARY**

Demonstrate the following professional behaviors:

- Reliability and dependability
- Self-awareness
- Emotional stability
- Integrity and honesty
- Initiative and enthusiasm
• Punctuality
• Self-education

HUMANISTIC QUALITIES OF PHYSICIANS
Essential humanistic qualities required of physicians are integrity, respect, and compassion.

• INTEGRITY is the personal commitment to be honest and trustworthy; this includes evaluating and demonstration of one's own skills and abilities.
• RESPECT is the personal commitment to honor other's choices and rights regarding themselves and their medical care.
• COMPASSION is an appreciation that suffering and illness engender special needs for comfort and help without evoking excessive emotional involvement. Note: Please review the medical psychology lecture on Kubler Ross's Five Stages of a patient who is dying.
  1. Denial and Isolation
  2. Anger
  3. Bargaining
  4. Depression
  5. Acceptance

In broad terms, these words propose the qualities of mind and feeling that physician should bring to the profession of medicine. They enforce non-orthodoxy. They do not establish a hierarchy of values or issue imperatives. They do not force the varied facets of each physician's personality into a right mold. These words describe a good relationship between patient and physician, a relationship in which the dignity and freedom of both parties are respected, and their expectations and needs are acknowledged. This description can be interpreted in many ways; its application to different styles of personality and to different situations is variable. With your health care medical team, demonstrate attention to these concepts: a commitment to carrying out professional responsibilities and adherence to ethical principles, and sensitivity to diverse patient population.
HOSPITAL HYGIENE AND PROCEDURES

Diseases You Can Catch in the Hospital or Office (dangerous places if you are not careful)

(A) Needle sticks and Blood and Body Fluid Exposures
   1) Hepatitis B
   2) Hepatitis C
   3) HIV

(B) Aerosol and Droplet Exposures
   1) TB
   2) Measles
   3) Chickenpox
   4) Meningococcus
   5) Pertussis
   6) Influenza
   7) Rubella
   8) Lassa fever, etc.

(C) Fecal Transmission
   1) Salmonella
   2) Shigella
   3) Cryptosporidiosis
   4) Enterovirus
   5) Adenovirus
   6) Hepatitis A, etc.

(D) Direct Inoculation
   1) Herpes Simplex
   2) S. Aureus
   3) Group A Streptococcus
   4) EKC (Pink Eye)
   5) Syphilis
   6) Scabies, etc

Diseases You Can Transmit to Patients or Other Healthcare Personnel - Do not be a Vector

(A) Respiratory Route
   1) TB
   2) Influenza
   3) Measles
   4) Chickenpox
5) Rubella

(B) Direct Contact
1) Herpes Simplex
2) EKC (Pink Eye)
3) Enteric Infections
4) Gram-Negative Bacilli
5) S. Aureus
6) Drug Resistant Bacteria
7) Hepatitis B
8) Group A Strep Clostridia

Precautions:

1. Wash Your Hands
   a. Hands washed without scrub will not significantly reduce the numbers of resident organisms (Corynebacteria equi, Corynebacteria acnes, etc.) but is effective in removing transient flora such as gram-negative bacilli and S. Aureus. Antiseptic agents such as chlorhexidine are probably more effective.
   b. Always wash between different patients as well as between “clean and dirty” sites on the same patient.
   c. Always wash hands and glove before inserting or manipulating an intravascular device or any other device, which will enter a sterile body site.

2. Observe Isolation Procedures
   a. Isolation procedures are based on a large body of scientific work. They come from the CDC, and are based on recommendations from people who are smarter than most of us. They are rational.
   b. Each isolation category specifies whether gloves, gowns, masks, or goggles are necessary when in close contact with the patient or even entering the room.
   c. Isolation is intended for appropriate patients whether they are alive or dead. This also includes patients and specimens derived from patients. All specimens taken from isolated patients must be designated as isolation specimens and placed in the appropriate protective bags. The lab must be aware that a specimen is from an isolation patient as body fluids can be hazardous when spilled, splattered or aerosolized in the lab.
   d. There is a copy of the infection control manual and the isolation category cards at every nursing station refer to them or the Hospital Epidemiology Department when you have questions.

3. If you are ill, do not be a vector.
   a. Consult a physician.
   b. Wear a mask if you have a respiratory illness; go home if you think you have influenza
c. Wash your hands a lot.
d. If you have a contagious disease or have been exposed to one, we need to know.
   Report it to your supervisor for the particular rotation.

4. Be Careful with Needles.
   a. Do not attempt to recap them.
   b. Dispose of them (used or un-used) only in the red plastic containers.
   c. Know where the container is located BEFORE using needles.
   d. Do not use needle cutters, and do not try to bend or break them yourself.
   e. Be careful when you are cleaning up after LP’s, Thoracentesis, bone marrow, etc.
      Do not hide needles under drapes if the nurses are going to clean up for you.
   f. During blood culturing, there is no need to change needles between the patient and
      the blood culture bottles.
   g. Occasionally while in the hospital or clinic, a student is accidentally stuck with a
      needle potentially contaminated by infectious material. Should this occur you should
      thoroughly clean the wound immediately and stimulate bleeding. As soon as possible
      you should inform your supervisor for the particular rotation. An incident report
      should be filed at the nursing station and a note made in the patient’s chart.

5. Generic Blood and Bodily Fluid Precautions
   a. Follow Universal Precaution for Body Fluid Exposure at all times.
   b. Use disposable, non-sterile gloves whenever you handle blood, urine, sputum, etc.
      from any patient. Also whenever you change dressings or manipulate an IV or a
      catheter.
   c. Studies have shown that efforts to identify patients with + HBsAg fail miserably. Over
      90% of positive samples are missed.

6. Hepatitis B Vaccine
   a. Safe and Efficacious
   b. Both Engerix and Recombivax are derived from yeast via gene cloning and are
      absolutely free of infection risk.
   c. HBIG (serum derived) required if exposed without prior vaccine.
   d. Vaccine required at this point too.
   e. Single needle stick exposure to HBeAG+ person will result in 40% chance of clinical
      Hepatitis B or seroconversion (nearly 108 IU/mL serum).
   f. Sequelae of Chronic Carriage
   g. Chronic Hepatitis
   h. Cirrhosis
   i. Delta Virus Super infection
   j. Hepatoma
   k. Vasculitis
   l. Risk of Transmission, practice limitation if transmission documented
7. HIV/AIDS
   a. Increasing in incidence and prevalence in the population.
   b. HIV transmission has been documented due to occupational exposure, but is unusual. The risk from a needle stick is about 1:300.
   c. In prospective studies of 1000 mucous membrane or skin exposures, there has been no documented transmission.
   d. No HIV transmission with casual contact, no transmission with fairly intimate but not sexual or parenteral exposure. Recommended isolation procedures are no doubt adequate, but be careful.
   e. If you are pregnant, or think you are, no special precautions are needed outside of standard isolation procedures. In general, this would be a situation where generic blood and body fluid precautions would be quite desirable. The same goes for CMV.

8. Vaccination/Prevention
   a. In addition to Hepatitis B vaccine, you should receive yearly influenza vaccine.
   b. Measles and rubella serologies are indicated and vaccine is indicated if you are not immune.
   c. Yearly tuberculin tests.
   d. If you have BCG: yearly CXR (Chest X-Ray).
YOUR MEDICAL PERFORMANCE

**Students are required to complete the following on each patient and to obtain a thorough medical history to include the following:**

a. Place emphasis on the major conditions, including the pertinent “negatives” analyze contributory conditions
b. Describe incidental conditions (standard summary of past medical conditions and review of systems).

**Do a thorough physical examination, to include the following:**

a. Place emphasis on the major condition, including pertinent “negatives”
b. Describe contributory and incidental findings

Assess and describe social and environmental factors which may be responsible for or which may contribute to the core condition, including the following:

- Social factors
- Occupational factors and implications
- Economic factors
- Family dynamics
- Personal habits, including sexual preference
- Psychodynamics

**Laboratory assessments to include:**

a. Perform or observe an appropriate complete blood count, urinalysis, stool examination, spinal fluid analysis and other relevant laboratory procedures.
b. Under supervision, observe and perform laboratory procedures, to include bacteriologic, electro and echocardiograms, hematologic, pulmonary function, and other studies as deemed appropriate.
c. Under supervision, interpret laboratory results, to include: radiographic, ultrasonic and other specialized diagnostic methods.

**Differential diagnosis including:**

a. Make a comprehensive listing of reasonable diagnostic possibilities for the presenting and contributory conditions, formulate an analysis of the relative likelihood or differential diagnosis probabilities.

**Case write-ups including:**

a. Prepare a clear, comprehensive, and legible report in standardized clinical format, to include history, physical examination findings, initial laboratory information, listing of clinical conditions in descending order of severity, differential diagnosis and formulation of diagnostic and therapeutic approaches.
b. Have the report reviewed, critiqued, and countersigned by the clinical instructor, preceptor or resident physician responsible for supervision.

**Personal log management to include:**

a. Maintain a personal logbook in which you enter complete case write-ups, summaries of special tests, and follow-up information.
b. Document the procedures you are involved in actively or as an observer.

**Case presentations:**

a. Prepare a brief, accurate, and logical case description for oral presentations.

**Pathologic analysis:**

a. Examine all tissues obtained from biopsy, aspiration, excision, or autopsy, to include gross and microscopic analysis (when applicable).

**Interdisciplinary Team Management:**

a. Review methods and practices of working with nurses, social workers, and other medical-health care personnel providing care to the patient, to include recording and processing physician’s orders, dispensing of drugs, and nonpharmacologic interventions.

**Follow-up:**

a. Review patient’s condition at appropriate intervals.
b. Maintain periodic progress notes in log.
c. Continue follow-up of patient throughout the hospital stay and, when appropriate, in the outpatient clinic, home, or special community facility.
d. Observe and participate in rehabilitation interventions.

**Review of literature:**

a. Prepare an updated summary of pertinent aspects of the core condition, citing sources of information.
b. Prepare a summary of special aspects of the core condition in relation to contributory or associated conditions.

**Special considerations to include:**

a. Ethical dilemmas.
b. Legal implications.
THIRD AND FOURTH YEAR CLINICAL CLERKSHIPS

CLINICAL CLERKSHIPS
LENGTH: 72 WEEKS

Required:
Internal Medicine 12 weeks
Obstetrics/Gynecology 6 weeks
Pediatrics 6 weeks
Family Medicine 6 weeks
Psychiatry 6 weeks
General Surgery 12 weeks
Surgical Subspecialties 4 weeks

Electives: 24 weeks

PROCEDURES AND EXPERIENCES EXPECTED OF A THIRD and FOURTH YEAR MEDICAL STUDENT

Procedures:
- Perform an arterial blood gas puncture.
- Insert an intravenous needle/catheter and state the principles of care for an indwelling venous catheter.
- Handle body cavity fluids correctly so that they can be properly examined, cultured and processed.
- Use a direct or indirect laryngoscope.
- Insert an endotracheal tube.
- List the indications for and be able to do a circulation time.
- Insert a urinary catheter.
- Remove earwax.
- Examine sputum with Gram’s or Wright’s stain.
- Draw blood properly for aerobic and anaerobic culture.
- Insert a nasogastric tube.
- Take an electrocardiogram as well as be able to recognize frequent technical problems in doing and EKG.
- Give an intramuscular injection
- Do fungal scraping of skin lesions.
- Obtain throat, nasal, and cervical cultures.
- Examine stool for blood and ova/parasites.
- Take a Pap smear.
- Perform venipuncture.
- Removal and insertion of sutures
• Basic Instrument sutures and hard ties when appropriate
• Sterile technique in preparing minor procedures
• Changing dressings

Evaluating Basic and Advanced Diagnostic Procedures
Examine systematically:
• Chest film
• KUB
• EKG
• Blood Smear
Recognize normal (or normal variant) from abnormal in the chest film, EKG and blood smear.
Familiarity with interpretation of CT scans and MRI imaging

Take a Urinalysis
Given a series of slides representing abnormal findings in the urine sediment, the clerk will be able to recognize each abnormality. Given a series of statements or examples, representing normal/abnormal data from the areas below, the clerk will be able to identify the finding(s) as normal or abnormal. For each abnormality, the clerk will be able to list the common causes and outline the appropriate next diagnostic step(s).

FOURTH YEAR ELECTIVE ROTATIONS
LENGTH: 14 WEEKS

Medical and Surgical subspecialty rotations will be discussed with the Dean of Clinical Sciences. Minimum Suggested Time for each Elective: Three Weeks.

Purpose:
Four different electives will be allowed in the fourth year. Students will have the opportunity to select rotations and attain knowledge and skills in areas of special medical interest. All students, regardless of residency orientation, are required to enroll in elective rotations. Elective rotations will allow students to begin making judgments about the quality of continuing education experiences that would enhance their professional development and performance as future physicians. Electives include any medical or surgical specialty or subspecialty and/or a special elective of interest to the individual student. Emergency Medicine and other electives will provide good foundation material. Students are strongly encouraged to utilize this time to strengthen areas of weakness and/or obtain a well-rounded education and not to concentrate in one specific area of medicine. Consideration should also be placed on future residency plans and electives planned accordingly.

Program Outlines and Book List
Program details are to be found in appendix B to this handbook. Required and recommended reading is to be found in appendix A to this handbook and appendix 1.
ST. MARTINUS UNIVERSITY, FACULTY OF MEDICINE

CLINICAL HANDBOOK
APPENDIX A

CLINICAL SCIENCE BOOKLIST
2014-2015
**OBSTETRICS AND GYNECOLOGY**

**Suggested Texts**
Essentials of Obstetrics and Gynecology: Textbook with Downloadable PDA Software (Paperback)
- By: Neville Hacker, J. George Moore, Joseph Gambone
- Publisher: Saunders;

OR

Obstetrics and Gynecology (Paperback)
- By: Charles R. B. Beckmann (Editor), Frank W. Ling (Editor), Roger P. Smith
- (Editor), Barbara M., Ph.D. Brzansky (Editor), W. N. Herbert (Editor),
- Publisher: Lippincott Williams & Wilkins.

**Recommended Readings**
Pocket Guide to Fetal Monitoring and Assessment
- By: Susan Martin Tucker
- Publisher: Mosby; 5 edition

Current Clinical Strategies: Gynecology and Obstetrics: With ACOG Guidelines (Current Clinical Strategies Medical Book Series) (Paperback)
- By: Paul D., M.D. Chan, Christopher R., M.D. Winkle
- Publisher: Current Clinical Strategies Publishing;

Pocket Companion to Accompany Obstetrics: Normal and Problem Pregnancies (Paperback)
- By: Steven G. Gabbe, Jennifer R. Niebyl, Joe Leigh Simpson
- Publisher: Churchill Livingstone.

**INTERNAL MEDICINE**

**Suggested Texts**
Cecil Essentials of Medicine (Paperback)
- By: Thomas E. Andreoli, Charles C. J. Carpenter, Robert C. Griggs, Joseph L. Loscalzo
- Publisher: Saunders;

Practical Guide to the Care of the Medical Patient (Spiral-bound)
- By: Fred F. Ferri (editor).
- Publisher: W.B. Saunders Company.

Washington Manual of Medical Therapeutics, (Spiral-bound).
- By: Gopa B. Green (Editor), Ian S. Harris (Editor), Grace A. Lin (Editor), Kyle Moylan (Editor).
- Publisher: Lippincott Williams & Wilkins.

**Recommended Readings (Useful for all rotations)**
Rapid Interpretation of EKG's, (Paperback)
- By: Dale Dubin
- 24 -

- Publisher: Cover Publishing Company

Kochar's Concise Textbook of Medicine
- By: Kesavan Kutty (Editor), Ralph M. Schapira (Editor), Jerome Van Ruiswyk, Mahendra S. Kochar
- Publisher: Lippincott Williams & Wilkins Office and Bedside Procedures (Spiral-bound)
- By: Mark S. Chestnutt, Thomas N. Dewar, Richard M. Locksley
- Publisher: McGraw-Hill/Appleton & Lange

Primer of Water, Electrolyte, and Acid-Base Syndromes (Paperback)
- By: Jeffrey M. Brensilver, Emanuel Goldberger
- Publisher: Oxford University Press, USA

Baum's Textbook of Pulmonary Diseases (Textbook of Pulmonary Disease-(Baum))
- By: Jeffrey, M.D. Glassroth, Joel B. Karlinsky, Talmadge E. King,
- Gerald L. Baum (Editor), James D. Crapo (Editor)
- Publisher: Lippincott Williams & Wilkins

PEDiATRICS

Suggested Texts
Nelson Essentials of Pediatrics
- By: Robert Kliegman, Karen Marcdante (Unknown), Hal Jenson (Unknown), Richard Behrman
- Publisher: Saunders

Pediatric Pearls: the Handbook of Practical Pediatrics (Paperback)
- By: Beryl J. Rosenstein, Patricia D. Fosarelli, M. Douglas Baker
- Publisher: Mosby

The Harriet Lane Handbook: A Manual for Pediatric House Officers
- By: Jason Robertson (Editor), Nicole Shilkofski (Editor)
- Publisher: Mosby

Recommended Readings
Pediatric Primary Care: Well-Child Care (Core Handbooks in Pediatrics) (Paperback)
- By: Raymond C., M.D. Baker (Editor)
- Publisher: Lippincott Williams & Wilkins

Pediatrics: A Primary Care Approach (Paperback)
- By: Carol D. Berkowitz
- Publisher: Saunders; 2 edition
GENERAL SURGERY

Suggested Texts
Essentials of Surgery: Scientific Principles and Practice (Paperback)
- By: Lazar J. Greenfield (Editor), Michael W. Mulholland (Editor), Keith T., MD Oldham (Editor), Gerald B., M.D. Zelenock (Editor), Keith D. Lillimoe (Editor)
- Publisher: Lippincott Williams & Wilkins

Sabiston Essentials of Surgery (Paperback)
- Publisher: W.B. Saunders Company
- By: David C. Sabiston, H. Kim Lyerly (Editor)

The Washington Manual of Surgery
- Publisher: Lippincott Williams & Wilkins
- By: Washington University School of Medicine Department of Surgery

Recommended Readings (Useful for all rotations)
Principles of Surgery, Single Volume (Hardcover)
- By: Seymour I. Schwartz
- Publisher: McGraw-Hill Professional

A Manual of Laboratory and Diagnostic Test (Manual of Laboratory and Diagnostic Tests) (Paperback)
- By: Francis Talaska Fischbach, Marchall, Ill Dunning
- Publisher: Lippincott Williams & Wilkins

PSYCHIATRY / BEHAVIORAL SCIENCES

Suggested Texts
Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry (Paperback)
- By: Benjamin J. Sadock, Virginia A. Sadock
- Publisher: Lippincott Williams & Wilkins

Desk Reference to the Diagnostic Criteria from DSM-IV-TR (Desk Reference to the Diagnostic Criteria from Dsm) (Spiral-bound)
- By: American Psychiatric Association
- Publisher: American Psychiatric Publishing

Recommended Readings
Clinical Psychiatry for Medical Students (Paperback)
- By: Alan Stoudemire
- Publisher: Lippincott Williams & Wilkins

Handbook of Psychiatric Drug Therapy (Paperback)
- By: George W. Arana, Steven E. Hyman, Lawrence A. Labbate, Maurizio Fava, J. F. Rosenbaum (Editor)
- Publisher: Lippincott Williams & Wilkins
ST. MARTINUS UNIVERSITY, FACULTY OF MEDICINE
CLINICAL HANDBOOK

APPENDIX B

REQUIRED CLERKSHIPS – THIRD AND FOURTH YEAR
Total 72 Weeks

INTERNAL MEDICINE
Twelve-Week Rotation

OBSTETRICS/GYNECOLOGY
Six-Week Rotation

PEDIATRICS
Six-Week Rotation

PSYCHIATRY
Six-Week Rotation

FAMILY MEDICINE
Six-Week Rotation

GENERAL SURGERY
Twelve-Week Rotation

SURGICAL SUBSPECIALTIES
Two, Four-Week Rotation

ELECTIVE ROTATIONS (4 electives) – Fourth Year
Total 24 Weeks
SURGICAL SUB-SPECIALTY ELECTIVES

SUGGESTED:

Internal Medicine Subspecialties: Neurology, Cardiology, Gastroenterology, Intensive Care Unit, Emergency Medicine, Infectious Disease, Pulmonary Medicine, Hematology, Nephrology, Hematology, Oncology, Rheumatology, Endocrinology, Rehabilitation Medicine, Occupational Medicine, and others.

Surgical Subspecialties: Surgery Intensive Care Unit, Thoracic Surgery, Orthopedics, Plastic surgery, Otorhinolaryngology (ENT), Surgical Oncology, Anesthesiology, Dermatology and others.
REQUIRED CLERKSHIP – THIRD AND FOURTH YEAR:
OBSTETRICS/GYNECOLOGY
Six-Week Rotation

SECTION I

PURPOSE: Obstetrics/Gynecology will include both inpatient and outpatient clinical experience. Related outpatient clinical experiences will be periodically integrated into the rotation to provide students with an understanding of routine OB/GYN care performed in the physician’s office. The outpatient experiences may be in a clinic or a preceptor’s private office. Students will perform selected technical skills necessary to provide antepartum, post-partum, and pre- and postop care of gyn-surgical patients. They will practice skills and techniques to do normal uncomplicated deliveries and will participate in the management of more complex problems in obstetrics. Emphasis will be placed on pelvic exams and identifying pathology. Attention will be directed to the psychosocial impact of pregnancy and gynecologic disease on the female patient and the family unit.

GOALS: Goals of the rotation include students being able to:
1. Evaluate the various stages of labor in the pregnant patient.
2. Evaluate, diagnose, and treat the complications of pregnancy.
3. Develop basic skills relative to the delivery of an infant and care of the newborn.
4. Evaluate and manage the post-partum patient.
5. Evaluate, diagnose, and treat a variety of gynecologic problems within the hospital setting.
6. Recognize importance of regular pre-natal care and prevention, counsel patients about appropriate measures.

LEARNING OBJECTIVES: Learning objectives for Obstetrics/Gynecology will be variable depending upon the training institution. However, the following learning objectives represent minimal learning requirements:

1. Examination of the Female Patient
   a. When assigned a patient, obstetric or gynecologic, take a complete history, particularly menstrual and pregnancy related.
   b. Do a general physical examination and a pelvic examination. Male students should request presence of female staff for assistance.
   c. Display proper technique of proper insertion of a speculum, performing a Pap smear, evaluating a vaginal discharge and cervical mucus, etc.
   d. Perform clinical pelvimetry and an evaluation of the pregnant uterus and fetus in utero.

2. General Obstetric Care
   a. Describe symptoms, signs, and various diagnostic aids to confirm pregnancy.
b. Describe the significant changes in the reproductive organs, gastrointestinal tract, cardiopulmonary and renal functions.

c. Describe the functional anatomic structure of the placenta, the transport mechanisms for gas exchange and important nutrients, and fetal mechanisms for the production of amniotic fluid.

d. Discuss the importance of prenatal care and the procedure of following pregnant women; describe the nutritional requirements and the content of prenatal education programs and the programs of educated childbirth.

e. Describe the correlation between fetal, placental, and maternal compartments; assess fetal growth and maturation by history and physical examination, the interpretation of hormone assays as well analysis of amniotic fluid, ultrasound scanning, oxytocin challenge test as an indicator of fetal status.

f. Describe various factors that influence the occurrence of multiple gestations, the differentiation of monozygotic and dizygotic twins, the diagnosis of multiple gestation, and the management of multiple pregnancies.

g. Describe the changes occurring in the reproductive system as well as circulatory system in the postpartum period, the mechanisms for lactation and hormonal changes during the postpartum in relation to the time of resumption of ovulation.

3. Management of Labor and Delivery

a. Describe the structural and functioning changes of myometrial activity during pregnancy, the changes in the cervix, the definition of the different stages of labor, and advantages of performing an episiotomy. List the various drugs effecting the myometrial contractions and drugs used for the induction of labor.

b. List the different methods of delivering an infant (spontaneous delivery, forceps delivery, breech extraction, and Cesarean section).

c. Determine if a patient's labor is normal or abnormal, interpret the progress of labor in order to conclude it as dysfunctional, interpret the monitoring of fetal heart tones, and uterine contractions, and identify etiological factors in dysfunctional labor.

d. Describe the immediate care of the newborn at delivery, the pathophysiologic aspects of fetal respiration and asphyxia and the emergency management of the newborn; score the infant's condition according to the APGAR score system.

e. Describe the methods for pain relief (particularly paracervical block and other regional anesthesia and analgesia), and the palpation of fetal and neonatal effects secondary to the analgesic and anesthesia during labor and delivery.

4. High Risk Pregnancy

a. Define immaturity, prematurity, term, and postmature pregnancies; dysmaturity and the etiologies of dysmaturity and abnormal maturity during pregnancy.

b. Make a differential diagnosis between placenta previa, placental abruption and other placental complications by describing the incidence and classical symptoms.
c. Describe the mechanisms of developing isoimmunization and the steps of following such patients as well as management; identify which patients are candidates to receive Rh (D) immune globular called Rho-Gam at the termination of a pregnancy.
d. Define the risks factors and management of preeclampsia in pregnancy.
e. Identify other high-risk conditions such as infections during pregnancy, hypertension, diabetes, heart disease, thyroid disease, thromboembolic disorders, chronic anemia, etc., and describe the clinical functional classifications and steps of following these patients, and formulate the therapeutic management of different conditions.

5. Benign Gynecological Problems
   a. Advise frequency for preventive gynecologic examination and Pap smear and breast examination.
   b. Identify the epidemiologic aspects of venereal diseases and other sexually transmitted diseases.
   c. List clinical features of benign uterine lesions such as leiomyoma, adenomyosis, endometriosis, and endometrial polyps.
   d. Describe a differential diagnosis of various adnexal masses and their incidences, identify growth and microscopic appearance of benign ovarian lesions, and functional aspects of these tumors as well as general principle of treatment of benign ovarian enlargements.
   e. Discuss current knowledge concerning the frequency, etiology and pathogenesis of ectopic pregnancy as well as clinical signs and symptoms, describing the steps of diagnosis and treatment of ectopic pregnancies.
   f. Describe the common surgical procedures and their indications such as D&C, biopsies of various organs, laparoscopy and operations for pelvic relaxation and urinary stress incontinence, vaginal and abdominal hysterectomies and other procedures involving the fallopian tubes and the ovaries.

6. Family Planning and Control of Fertility
   a. Discuss the basic aspects of reproduction, describing the process of fertilization and implantation as well as demographic aspects of population control.
   b. Describe the various methods of temporary and permanent fertility control currently available, and the effectiveness of various methods of preventing pregnancy.
   c. Identify appropriate management for patients with unwanted pregnancy.

7. Reproductive Endocrinology and Infertility
   a. Describe the control mechanisms in the differentiation of the gonad, internal, and external genital organs.
   b. Name various sex hormones (natural and synthetic, estrogens, progesterone and androgens).
   c. Describe the basic pathology of the hypothalamic-pituitary-ovarian axis and apply this knowledge to identify the etiologies of primary and secondary amenorrhea, the
functional basis of dysfunctional uterine bleeding, and the syndromes consisting of amenorrhea and galactorrhea.

d. Discuss the various conditions causing hyper-androgenic manifestations and the current concept of evaluating endocrinology aspects of hirsutism and virilization in the female.
e. Discuss the diagnosis and management of intersexual problems and hypogonadism, identifying hormonal profile in the various clinical conditions.
f. Describe the incidence and definition of infertility and the major cases of male and female infertility; tell how to interpret semen analysis; and outline the basic steps of evaluating and managing the infertile couple.

OBSTETRIC & GYNECOLOGY CLERKSHIP ROTATION

SECTION II

UNIT I - HISTORY AND PHYSICAL EXAMINATION

The student will perform a history and physical examination on each patient with special attention to the reproductive history and the pelvic and breast portions of the examination. The student will demonstrate knowledge of appropriate diagnostic tests to order for specific conditions including laboratory tests, sonograms, and mammograms.

UNIT II - NORMAL PREGNANCY AND DELIVERY

The student will demonstrate a thorough understanding of the physiologic changes in pregnancy to include:

- Normal maternal physiologic changes in the first, second and third trimester
- Placental development and physiology
- Fetal development and physiology

The student will be familiar with the routine monitoring and care of a normal pregnancy. The student will know all stages of normal labor and delivery. The student will demonstrate familiarity with fetal monitoring techniques as well as obstetric and anesthesia alternatives. The student will demonstrate proficiency in routine postpartum care and breastfeeding.

UNIT III - ABNORMAL PREGNANCY AND DELIVERY

The student will be familiar with identification of the high-risk perinatal patient. The student will demonstrate proficiency in the diagnosis and treatment of medical complications in pregnancy to include hypertension, diabetes, heart disease, thyroid disease and anemias. The student will demonstrate proficiency in the diagnosis and treatment of the following conditions:

- Ectopic pregnancy
- Abortion
- Preeclampsia
- Rh disease
- Maternal substance abuse
- Gestational trophoblastic disease
• Antepartum bleeding
• Premature labor
• Abnormal fetal heart rate

The student will be familiar with indications for operative obstetric intervention to include sound clinical criteria for a Cesarean section.

UNIT IV - GYNECOLOGY

The student will know all phases of the normal menstrual cycle and the diagnosis and treatment of abnormal menstrual conditions.
The student will practice family planning counseling with several patients and their spouses.
The student will be familiar with the diagnosis and treatment of complications of menopause.
The student will be familiar with the diagnosis and treatment of infertility.
The student will demonstrate proficiency in the diagnosis and treatment of sexually transmitted diseases.
The student will be able to discuss the diagnosis and treatment to common gynecologic tumors including:
  a. Carcinoma of the vagina, cervix and endometrium.
  b. Carcinoma of the breast.
  c. Myomata uteri.

SECTION III
PROCEDURES

When possible, the student will gain basic proficiency in the performance of the following procedures:
  a. IV Line setup.
  b. Venipuncture.
  c. Examination of patient in various stages of labor with supervision
  d. Assistance in delivery including suction, cutting of umbilical cord, and collection of umbilical cord blood samples.
  e. Scrub techniques and appropriate assistance with attending for surgical interventions.
REQUIRED CLERKSHIP – THIRD YEAR:
INTERNAL MEDICINE
Twelve-Week Rotation

SECTION I

PURPOSE: The internal medicine rotation will consist of 12 weeks during the base hospital rotation. The student should emphasize the development of skills in performing thorough history and physical examinations focusing upon the history (chief complaint) and appropriate objective signs. This information should then be integrated with the results of laboratory data, x-ray studies, and other diagnostic tests and modalities. Based upon these findings and with an understanding of alternations in anatomy and physiology, the clinical clerk should be capable of constructing and discussing a complete and differential diagnosis and plan of management. The following educational objectives in the disciplines on Internal Medicine should serve as guidelines for student learning during the medicine clerkship. The text suggested on the book list along with supplemental readings should provide a better understanding of those disease entities that are not specifically reviewed during formal lecture or medicine rounds. It should also be understood that a subspecialty rotation would be expected to provide more detailed information regarding the outlined educational objectives.

INTERNAL MEDICINE ROTATIONS
SECTION II

UNIT I - HISTORY AND PHYSICAL EXAMINATION
The student will take a thorough patient history to include:
- Identifying data
- Chief complaint
- History of present illness (its' intensity and severity)
- Past medical history
- Family medical history
- Social History (education, employment, sexual, drugs, alcohol)
- Review of Systems

The student will perform a thorough physical examination on each patient to include:
- Head and Neck
- Thorax (Pulmonary/Cardiovascular)
- Abdomen/Pelvis
- Extremities
- Neurological exam

The history and physical examination will be performed in an accurate, timely manner (one hour) and presented in a logical, legible form.
The student will be able to present pertinent findings from the history and physical examination to establish a provisional differential diagnosis. The student will demonstrate awareness of initial laboratory diagnostic procedures to be order for common medical conditions.

UNIT II - CARDIOVASCULAR DISEASES
The student will demonstrate a thorough understanding of the structure and physiological function of the normal heart and blood vessels.
The student will demonstrate proficiency in the examination of the cardiovascular system and be able to report normal and abnormal findings.
The student will be able to discuss diagnostic testing and procedures used in the evaluation of patients with cardiovascular disease.
The student will demonstrate proficiency in the basic interpretation of normal and abnormal ECG patterns.
The student will be able to discuss the evaluation, diagnosis and treatment of patients with the following cardiovascular disease processes:
  a. Circulatory failure to include CHF, shock and high-output states.
  b. Common congenital heart defects.
  c. Common acquired heart defects.
  d. Angina and myocardial infarction.
  e. Common arrhythmias.
  f. Tumor, trauma and pericardial disease.
  g. Common vascular problems (aortic and peripheral).

UNIT III DISEASES OF THE RESPIRATORY SYSTEM
The student will demonstrate a thorough understanding of the structure and physiological dynamics of pulmonary and tissue gas exchange. The student will demonstrate proficiency in evaluation of pulmonary status through the physical examination and evaluation of diagnostic findings such as arterial blood gasses, pulmonary function tests and imaging procedures. The student will be able to discuss the evaluation, diagnosis and treatment of patients with the following pulmonary disease processes:
  a. Obstructive airway disease to include asthma, COPD, bronchiectasis and cystic fibrosis.
  b. Diffuse infiltrative lung diseases to include pneumoconioses, collagen vascular disease, sarcoidosis, pneumonia and hypersensitivity disorders.
  c. Pulmonary vascular disease to include embolism and pulmonary hypertension.
  d. Adult respiratory distress syndrome.
  e. Carcinoma of the lung.
  f. Disorders of the pleural space, chest wall and mediastinum.
  g. Disorders related to inhalational and environmental injury.

UNIT IV - RENAL DISEASE
The student will demonstrate a thorough knowledge of renal anatomy, physiology and normal homeostatic functions as well as the pathophysiology of major fluid and electrolyte disorders.
The student will review renal assessment techniques to include urinalysis and renal imaging studies.

The student will be able to discuss the evaluation, diagnosis and treatment of patients with the following major renal disease processes:

a. Glomerular diseases to include acute nephritic syndrome, rapidly progressive glomerulonephritis and nephrotic syndrome.

b. Acute Renal Failure.

c. Chronic Renal Failure.

d. Hypertension and vascular disorders of the kidney.

e. Cystic diseases, obstruction and renal neoplasms.

**UNIT V - GASTROINTESTINAL DISEASE**

The student will demonstrate knowledge of major gastrointestinal structures and the assessment of common presenting GI clinical symptoms. The student will be familiar with current gastrointestinal assessment techniques to include radiography, ultra-sonography and endoscopic procedures. The student will be able to discuss the evaluation, diagnosis and treatment of gastrointestinal diseases to include:

a. Common diseases of the esophagus, stomach and duodenum to include disorders of motility, reflux, PUD and Zollinger-Ellison Syndrome.

b. Inflammatory bowel disease.

c. Common neoplasms of the gastrointestinal system.

d. Pancreatic disease.

**UNIT VI - DISEASES OF THE LIVER AND BILIARY SYSTEM**

The student will review basic hepatic and biliary anatomical structures and discuss pertinent laboratory tests and imaging techniques. The student will review the pathophysiology of common presenting symptoms such as jaundice and biliary pain. The student will be able to discuss the evaluation, diagnosis and treatment of common hepatobiliary diseases such as:

a. Acute and chronic hepatitis.

b. Cirrhosis of the liver.

c. Hepatic neoplasms.

d. Biliary disease to include cholecystitis, choledocholithiasis, acute cholangitis and neoplasms.

**UNIT VII - RHEUMATOLOGICAL DISEASES**

The student will be thoroughly familiar with the evaluation of hematological data to include a hemogram, bone marrow studies, iron indices etc. The student will be able to discuss the evaluation, diagnosis and treatment of the following hematologic disease states:

a. Hypochromic, megaloblastic and hemolytic anemias.

b. Leukocyte disorders.

c. Hematologic malignancies to include leukemias and lymphomas.

d. Coagulation disorders.

e. Blood product therapy and complications.
UNIT VIII - METABOLIC AND ENDOCRINE DISEASES
The student will review the biochemical origins and discuss the evaluation and treatment of common metabolic diseases to include:
   a. Hyperuricemia and gout.
   b. Hyperlipidemias.
   c. Various disorders to include Wilson's disease, Fanconi's syndrome, Marfan's syndrome, Hurler's syndrome, McArdie's Disease.

The student will demonstrate a thorough knowledge of the physiology of the hypothalamic-pituitary axis and common disease states to include hyperprolactinemia, acromegaly, and SIADH. The student will discuss the normal physiology of the thyroid and adrenal glands and be familiar with the evaluation, diagnosis and treatment of:
   a. Disease states of hyperthyroidism and hypothyroidism.
   b. Thyroiditis and thyroid carcinoma.
   c. Syndromes of adrenocortical insufficiency and hypofunction to include Addison's and Cushing's diseases and pheochromocytoma.

The student will review common conditions related to androgen and estrogen deficiency. The student will demonstrate a thorough knowledge of the evaluation, diagnosis and treatment of Type I and Type II Diabetes Mellitus as well as the causes and treatment of hypoglycemia.

UNIT IX - DISEASES OF BONE, MUSCLE AND CONNECTIVE TISSUE
The student will review the physiology of bone growth and mineral metabolism and be familiar with the evaluation, diagnosis and treatment of:
   a. Hypercalcemia and hypocalcemia.
   b. Osteomalacia, rickets, osteoporosis and Paget's disease of bone.
   c. Rheumatoid arthritis, SLE, Sjögren's syndrome, scleroderma, polymyositis.
   d. Vasculitides to include polyarteritis nodosa, Wegner's granulomatosis, polymyalgia rheumatica and giant cell arteritis.
   e. Osteoarthritis, ankylosing spondylitis, Reiter's syndrome and psoriatic arthritis.

UNIT X - INFECTIOUS DISEASES
The student will review the normal physiology of the human immune system. The student will be thoroughly familiar with laboratory methods to evaluate common infectious processes. The student will demonstrate detailed knowledge of the causes and treatment of febrile illnesses, bacteremia and septicemia. The student will be familiar with the diagnosis and treatment of common infectious diseases of the following organ systems:
   a. Head and neck, especially ear and throat infections.
   b. The chest to include lower respiratory tract pneumonias, rheumatic fever and bacterial endocarditis.
   c. Skin and soft tissue infections.
   d. Acute infectious diarrhea, peritonitis and intra-abdominal abscesses.
   e. Sexually transmitted diseases.
f. HIV infection, AIDS and infections of the immunocompromised host.
g. Bone and joint infections.

UNIT XI - DIAGNOSIS AND TREATMENT OF NEUROLOGIC DISEASES
The student will demonstrate the ability to perform a detailed, thorough neurologic examination. The student will demonstrate knowledge of the indications and interpretation of diagnostic tools to include the lumbar puncture, CT scan and MRI, and electrophysiologic studies. The student will demonstrate a thorough knowledge of the evaluation, diagnosis and treatment of common neurologic disorders to include:
   a. Pathologic disorders of consciousness to include coma.
   b. Dementia and delirium.
   c. Cerebrovascular disease and lesion localization.
   d. Intracranial neoplasms.
   e. Epilepsy.
   f. Peripheral neuropathies.
   g. Chronic pain syndromes.
   h. Motor disorders to include muscular dystrophy, myasthenia gravis, Parkinson's disease and Huntington's chorea.
   i. Headache.

UNIT XII - PRINCIPLES OF ONCOLOGIC DISEASE
The student will be familiar with epidemiological distribution and basic principles of cancer therapy of all common carcinomas. He/She will be able to describe the clinical signs and symptoms of carcinoma and order appropriate diagnostic tests. As well as being able to discuss frequently applied forms of cancer therapy including risk/benefit factors, side effects and prognosis. The student will be able to discuss these factors in a clear, understandable form with patients and their families.
REQUIRED CLERKSHIP – THIRD YEAR: PEDIATRICS
Six-Week Rotation

SECTION I

PURPOSE: Pediatric medicine in its current practice involves primarily outpatient treatment but should include a schedule for inpatient rounds. Students will apply concepts of diagnosis and management to infants and children with either normal or pathological physiologic process. In addition, students will gain knowledge about normal growth and development of the pediatric patient. During the inpatient experiences, students will complete history and physical examinations on pediatric medical admissions. Students should have pertinent lab data, physical findings, etc., available for thorough rounds with the Attending/Preceptor. Orders will be written when possible and appropriate. Discharge summaries may be required at the discretion of the attending. Students wishing further inpatient exposure will be encouraged to enroll in a fourth year elective in a Children’s Hospital or tertiary teaching center. Outpatient experiences, generally in private offices, will be guided by schedules of the pediatric faculty preceptors. The outpatient experience will also include having students spend time in the following types of settings: Well Baby Clinic; Women, Infant, and Children (WIC) Nutrition Centers; and School Health Programs. The goal of the outpatient pediatric experience will be to assist the students to become both familiar and comfortable with routine and preventative aspects of the infant and childcare.

GOALS: Goals of the rotation include students being able to:
1. Develop the ability to acquire data from history and physical examination of pediatric patients and to assimilate, record and present those data in an orderly, complete, concise and professional manner.
2. Determine appropriate laboratory and other diagnostic studies for evaluating pediatric problems as well as to recognize alterations in results or interpretations that are age-related.
3. Acquire analytic and problem-solving skills necessary for the prevention, diagnosis and treatment of diseases in children and for the promotion of health throughout childhood.
4. Participate in the team approach to clinical patient care, supporting the medical, social and psychological needs of children and their families.

SECTION II

UNIT I - HISTORY AND PHYSICAL EXAMINATION
The student will demonstrate proficiency in taking a thorough history from children and adolescents and skillful use of collateral sources when the infant/child is unable to give a history.
The student will demonstrate proficiency in the performance of a physical examination on a neonate, young child and adolescent. The student will demonstrate knowledge of the differences between the physical examination of an adult and child. The student will demonstrate proficiency in the recognition of dysmorphic physical features.

UNIT II - NEONATOLOGY AND INFANCY
The student will demonstrate a thorough understanding of the normal growth and developmental milestones for neonates and infants to include:
   a. Assessment of gestational age.
   b. AGAR scores.
   c. Utilization of growth charts.
   d. Knowledge of nutrition to include feeding methods and failure to thrive.

The student will be familiar with neonatal problems and emergencies to include:
   a. Complications of delivery; prematurity, presence of meconium, cesarean delivery, and principles of neonatal resuscitation.
   b. Management of metabolic abnormalities, respiratory distress, infection, jaundice, hemolytic defects, cardiac failure, fluid and electrolyte imbalances, and drug dependent infants.

UNIT III - PEDIATRIC CARDIOVASCULAR DISEASE
The student will demonstrate thorough knowledge of the changes from fetal to neonatal cardiac structure and physiology. The student will demonstrate proficiency in the diagnosis and treatment of common cardiac structural defects to include PDA, ASD, VSD, Tetralogy of Fallot etc. The student will be able to discuss normal and abnormal ECG patterns in children and infants. The student will be familiar with the diagnosis and treatment of cardiac problems in pediatric patients to include congestive heart failure, common arrhythmias, high and low output states, rheumatic fever and Kawasaki disease.

UNIT IV - PEDIATRIC RESPIRATORY DISEASE AND OTOLARYNGOLOGY
The student will be familiar with the evaluation of pulmonary status in the infant and young child and the interpretation of diagnostic procedures such as arterial blood gasses, pulmonary function tests and imaging procedures. The student will be able to discuss the evaluation, diagnosis and treatment of Pediatric patients with the following disorders:
   a. Upper airway obstruction to include choking, foreign body aspiration, epiglottis, croup.
   b. Lower airway obstruction to include bronchiolitis, asthma, pneumonia and cystic fibrosis.
   c. The student will be familiar with the removal of foreign bodies from the nasal passages and the treatment of epistaxis. The student will be proficient in the diagnosis of otitis externa and acute/chronic otitis media.

UNIT V - PEDIATRIC RENAL/URINARY DISEASE
The student will be able to discuss the evaluation, diagnosis and treatment of the following common renal diseases in the pediatric population:
Acute renal failure.
Chronic renal failure.
Glomerular diseases to include nephritic syndrome, nephrotic syndrome.
Urinary tract infections.
Nocturnal Enuresis.

UNIT VI - GASTROINTESTINAL AND HEPATIC DISEASES
The student will be able to discuss the evaluation, diagnosis and treatment of common pediatric GI problems to include:
- Diarrhea: Viral, bacterial, parasitic.
- Chronic malabsorption syndrome.
- Abdominal pain.
- Constipation.
- Jaundice: Infectious, structural and metabolic causes.

UNIT VII - PEDIATRIC HEMATOLOGIC DISEASES
The student will demonstrate familiarity with the evaluation of hematological diseases to include a hemogram, bone marrow studies, iron indices etc. The student will be able to discuss the evaluation, diagnosis and treatment of the following common hematologic disease states in children:
- Anemia.
- Thalassemia syndromes.
- Sickle Cell disease.
- Coagulation Disorders.
- Leukemias/Lymphomas.

UNIT VIII - METABOLIC, GENETIC AND ENDOCRINE DISEASES
The student will review the biochemical origins and pathophysiology of common childhood metabolic diseases to include:
- PKU.
- Common Hepatic Storage Diseases.
- Other: Wilson's disease, Hurler's Syndrome, Fanconi's Syndrome.

The student will review the genetic abnormalities and pathophysiology of common childhood genetic disorders to include:
- Trisomy disorders.
- Downs Syndrome.
- Klinefelter's Syndrome.
- Turners Syndrome.
- Fragile X Syndrome.
The student will review the physiology of the hypothalamic-pituitary axis to include the pathophysiology of the following endocrine disorders:

- Acromegaly.
- Adrenal insufficiency.
- Juvenile Diabetes Mellitus.
- Causes of ambiguous genitalia.
- Thyroid Disease.

UNIT IX - INFECTIOUS DISEASES
The student will demonstrate thorough familiarity with the principles of immunization prophylaxis in children to include MMR, DPT, and Polio. The student will be familiar with the causes and treatment of the following:

- Sepsis.
- Congenital infections.
- Meningitis: Neonatal/Childhood.
- Encephalitis.
- Pneumonia.
- Gastrointestinal (Viral/Bacterial/Parasitic diarrhea).
- Infectious mononucleosis.

UNIT X - DIAGNOSIS AND TREATMENT OF NEUROLOGICAL DISEASE
The student will demonstrate familiarity with the indications and interpretation of diagnostic tools to include lumbar puncture, CT scan, MRI and EEG. The student will demonstrate thorough knowledge of the diagnosis and treatment of common pediatric neurological disorders to include:

- Seizure disorder and Status Epilepticus.
- Headaches in the pediatric population.
- Common tumors.
- Cerebral Palsy.
- Head Injury.

UNIT XI - OTHER PEDIATRIC MEDICAL EXPERIENCES
The student will demonstrate proficiency in the diagnosis and treatment of common Rheumatologic Diseases to include:

- Juvenile Rheumatoid Arthritis.
- Systemic Lupus Erythematosus.

The student will demonstrate proficiency in the diagnosis and treatment of common child and adolescent orthopedic problems to include:

- Congenital malformations.
- Scoliosis.
- Injuries
The student will be able to diagnose and treat common childhood poisoning to include the general management of salicylate and acetaminophen poisoning and inhalant intoxication. The student will be aware of the diagnosis and treatment of common childhood dermatologic conditions to include atopic dermatitis, bacterial infections of the skin, and the treatment of dermatitis, insect bites and lice.

The student will review common childhood and adolescent behavioral disorders to include:
   a. Enuresis and Encopresis.
   b. Eating Disorders-anorexia nervosa and bulimia.
   c. Child Abuse indicators-physical and behavioral.
   d. Mental Retardation.

The student will be aware of adolescent gynecological and sexual problems to include:
   a. Sexual History and Birth Control Counseling.
   b. Counseling about STDs with special emphasis on HIV prevention.
   c. Assessment and treatment of youthful sexual assault victims.

The student will gain basic proficiency in the performance of the following procedures:
   a. Neonatal resuscitation.
   b. Venipuncture; starting IV lines on infants and young children.
   c. Stool smear preparation.
   d. Throat Culture.
   e. Blood Culture.
   f. Principles of foreign body removal from ears and nasal passages.
REQUIRED CLERKSHIP – THIRD AND FOURTH YEAR:
GENERAL SURGERY
Twelve-Week Rotation

SURGICAL SUBSPECIALTIES – Four-Week Rotations

SECTION I

PURPOSE: The surgery clerkship consists of 12 weeks of general surgery. General surgery should include exposure to a variety of surgical topics and experiences, including minor surgery gastrointestinal, types of hernia repair, thoracic, gynecological, breast and trauma where possible. Exposure to the topics will be through reading, computer resources, lectures, seminars and hands-on experiences. Available learning activities will differ from hospital to hospital, both in kind and amount. The following are examples of learning activities you as a student should participate in when they are available at the hospital where you are doing your surgery rotation. Readings: Students are expected to read from the assigned texts as well as readings assigned by the preceptor. H&P Review: A major portion of your time will be devoted to conducting patient histories and physical examinations. These in themselves are excellent learning opportunities. You should make every effort to have your H&P’s reviewed by your supervisor or by an intern or resident. (Note: Certain H & P’s such as on children and young female patients may need to be performed with some type of supervision in the room). Scrubbing on surgeries: depending on the hospital where you will be a member of the inpatient and/or outpatient surgical team. This is usually based on how many interns and residents there are on the surgery service and their policy regarding students scrubbing on cases. If you are aware you will be scrubbing on a surgery, prepare for it by reading and/or discussing it with your supervisor or an intern or resident. You will be introduced to scrubbing during the orientation period. Morning Report: Morning report programs are directed as providing up-to-date information on topics in various medical and surgical disciplines, as well as updating house staff and attendings on recently admitted patients. If your hospital has a morning report program, you are expected to attend. Lectures: Lectures on various topics are usually given at noon at least once a week. They are intended to provide up-to-date information on clinical and research findings and techniques in various fields. They may be given by a guest speaker who is an expert on the topic. If your hospital has a noon or other regular lecture program, you are expected to attend.

SECTION II

UNIT I - PRE-SURGICAL HISTORY AND PHYSICAL
The student will perform a thorough pre-surgical history and physical according to the preceptor’s instructions. The history will be performed in an accurate, timely manner and will be presented in a logical, legible form in both written and verbal presentations. The student will identify preoperative risk factors and be able to discuss their management prior to surgical intervention.
UNIT II - MANAGEMENT PRINCIPLES OF THE SURGICAL PATIENT
The student will understand the major homeostatic changes that take place during surgical procedures or as a result of trauma including:
   a. Endocrine and Metabolic changes.
   b. Mediators of the injury response.
   c. Methods of attenuating the catabolic response to injury and surgery.

The student will understand the causes of shock, the clinical evaluation of the patient in shock and the management of circulatory collapse in the surgical patient to include:
   a. Shock due to decreased preload including hypovolemic, septic and neurogenic causes.
   b. Shock due to compromised cardiac function to include compressive shock and cardiogenic shock.

The student will demonstrate a thorough understanding of the physiology of fluid and electrolyte balance in the normal patient as well as the pathophysiology of fluid and electrolyte balance in the surgical patient.

The student will be knowledgeable of the principles of blood transfusions and the management of surgical bleeding disorders to include:
   a. Normal hemostatic mechanisms.
   b. Laboratory evaluation of hemostatic disorders.
   c. Transfusion therapy of the surgical patient

The student will understand the principles of nutritional support of the patient after trauma or surgical intervention.
The student will understand the principles of burn management to include:
   a. Burn classification and initial therapy.
   b. Long term wound care and complications of severe burns.

The student will demonstrate knowledge of the principles regulating operative surgical procedures to include:
   a. Aseptic procedures in the operating room and adherence to universal precautions.
   b. Principles of anesthesia.
   d. Diagnosis and management of post-surgical infections.

The student will be able to discuss initial management of traumatic injuries to various parts of the human body.

The student will be able to address the management of special surgical patient population to include:
   a. Diabetes mellitus.
   b. Acquired Immune Deficiency Syndrome.
c. Management of transplantation
d. Acute Renal Failure.
e. Pediatric patients

UNIT III - GENERAL PRINCIPLES OF NEOPLASTIC DISEASE
The student will be able to discuss the general principles of surgical oncology to include diagnosis and treatment. The student will be able to discuss the epidemiology, diagnosis and surgical management of common forms of neoplasms to include:

- Carcinoma of the breast.
- Colorectal cancer.
- Carcinoma of the lung.
- Carcinoma of the liver, pancreas and biliary system.
- Carcinoma of the urogenital systems.
- Hepatic malignancy.
- Carcinomas of the skin.
- Carcinoma of the larynx.
- Neoplasms of bone.

UNIT IV - SURGICAL INTERVENTION ON COMMON ORGAN SYSTEMS
The student will be familiar with the diagnosis and management of common surgical disorders of the endocrine system to include:

a. The thyroid and parathyroid glands.
b. Multiple endocrine neoplasms.
c. The pituitary and hypothalamus.
d. The adrenal glands

The student will be able to discuss the diagnosis and management of common surgical disorders of the digestive system to include:

- The esophagus.
- The acute abdomen.
- The stomach and duodenum.
- The small intestine and acute appendicitis
- The colon and rectum.
- The liver, biliary system.
- The pancreas and spleen.
- Diagnosis and treatment of hernias.

The student will demonstrate knowledge of the general principles for the management of fractures and dislocations of the musculoskeletal system to include:

a. Classification of fracture.
b. Evaluation and treatment of major bone and joint structure injuries.
The student will demonstrate knowledge of the diagnosis and surgical treatment of major urogenital disorders to include:
   a. Abnormalities of voiding.
   b. The kidney and bladder.
   c. The prostate.
   d. The penis and testis.

The student will demonstrate thorough knowledge of the diagnosis and surgical treatment of major disorders of the lung, pleura and chest wall to include:
   a. Pleural effusion.
   b. Pneumothorax and hemothorax.
   c. Infections.
   d. Benign neoplasms.
   e. Pulmonary embolism.

The student will demonstrate thorough knowledge of the major disorders of the lymphatic system to include:
   a. Lymphedema.
   b. Tumor and malformation.

The student will have thorough knowledge and understanding of the surgical diagnosis and treatment of major disorders of the cardiovascular system to include:
   a. Venous disorders; varicose veins, acute thrombophlebitis.
   b. Arterial disorders; aneurysm, ischemia, aortic dissection.
   c. Major congenital cardiac disorders.
   d. Acquired cardiac disease; coronary artery disease, ventricular aneurysms, valvular disease.
REQUIRED CLERKSHIP – THIRD YEAR:
PSYCHIATRY
Six-Week Rotation

SECTION I

PURPOSE: Psychiatry ideally will include both inpatient and outpatient contacts. Through these experiences, students will acquire the knowledge and skills to treat emotional and behavioral problems that commonly present in a primary care office, paying particular attention to the stress factors that are contributing to emotional dysfunction. The curriculum for this rotation will focus on the importance of the family in the relation of individual behavior and the ability to identify stressing conflicts and communication problems within the family. Students will gain knowledge and experience to deal with common psychiatric disorders and substance abuse disorders. Students will have opportunities to generate diagnoses and plans of treatment based on their understanding of the dynamics of the behavior seen under supervision of the attending psychiatry faculty.

GOALS: Goals of the rotation include students being able to:
1. Describe basic elements of the mental status examination, and acquire a working knowledge of methods for using this data for formulating a differential diagnosis.
2. Discuss the major categories of psychopharmacologic agents, their indications, contraindications, side effects, and toxicities.
3. Define and describe the major psychiatric diagnostic categories and be able to discuss inclusion or exclusion of each of these categories in a differential diagnosis.
4. Describe the elements of psychiatric interview, and effectively conduct an interview to gather clinical data.
5. Recognize physician's role in the multidisciplinary therapeutic milieu of psychiatric/behavioral care of patients.
6. Identify the difference between substance abuse and substance dependency
7. Gain proficiency in screening for major substance abuse/dependence categories
8. Demonstrate knowledge of the medical detoxification procedures for major substances including alcohol, opioids, sedatives, hypnotics and anxiolytics

SECTION II

UNIT I - MENTAL STATUS EXAMINATION
The student will gain mastery in the performance of a mental status examination on patients with a wide variety of common disorders.

The student will be familiar with the use of psychological testing as well as laboratory tests used to discriminate organic and functional disorders
UNIT II - COMMON DSM IV-TR DISORDERS
The student will be familiar with the diagnostic criteria for the following common Axis I psychiatric disorders:

a. Schizophrenia (Including Subtypes).
b. Bipolar Affective Disorder (major subtypes).
c. Unipolar Depression.
d. Organic Disorders: Dementia, Delirium, Mood (secondary to substance abuse; chronic medical disorders etc.)
e. Anxiety Disorders.

The student will gain basic knowledge of common Axis II disorders:

b. Cluster B: (Borderline, Antisocial dynamics).

The student will be familiar with the management of psychiatric emergencies to include:

a. Suicide.
b. Violence.
c. Acute substance intoxication

The student will be familiar with common Psychoactive Substance Abuse Disorders to include:

a. Alcohol Abuse and Dependence.
b. Cocaine Abuse and Dependence.
c. Opioid Abuse and Dependence.
d. Sedative, Hypnotic and Anxiolytic Abuse and Dependence.
e. Abuse and Dependence of Cannabis, Amphetamines, Hallucinogens.

UNIT III - PSYCHOPHARMACOLOGY
The student will be proficient in the therapeutic indications and side effects of major groups of psychotropic medications to include:

a. Antipsychotic Medications.
b. Antidepressant Medications.
c. Mood Stabilizing Medications.
d. Judicious use of Anxiolytics and Sedative Hypnotic medications in acute/chronic patients.

UNIT IV - THERAPEUTIC INTERVENTIONS
The student will have broad exposure to therapeutic interventions:

a. Attendance at Treatment Team.
b. Group and Individual Therapy observation when appropriate.
c. Exposure to outpatient management (if available, 2-4 hrs. a week).
REQUIRED CLERKSHIP – FOURTH YEAR:
FAMILY MEDICINE
6- Week Rotation

PURPOSE: All the St. Martinus University fourth year students are required to enroll in a four-week primary care or family medicine rotation. Fundamentals of primary care medicine are introduced in the basic sciences during the Integrated Clinical Medicine course. The emphasis on ambulatory care and community based care and the related experiences in clinics and home health care lay a foundation for the clerkship experience. The purpose of the primary care/family medicine clerkships is to foster a full understanding and appreciation of an integrative approach to the care of patients and families in a community based setting. The community experience may be in an urban, mid-sized community or rural setting in a family practice program or a primary care medicine program where the primary care/family medicine physician is a resource to the local population.

Students will use knowledge and skills gained in the five core rotations in the third year and learn to adjust their experiences to the philosophy and demands of a primary care/family medicine clinic. A majority of this rotation will be in an ambulatory setting although students should round with family physicians at inpatient setting such as hospitals, nursing home and hospice facilities when appropriate.

GOALS:
1. To develop an appreciation of the approach to a variety acute and chronic health problems commonly presented by patients and families in an ambulatory setting.
2. To familiarize students with the basic principles of primary care medicine; including the provision of continuous and comprehensive care to a diverse patient population.
3. To promote an understanding of the effect of the family and community to different states of health and disease.
4. To enable the student to understand the physician’s role and responsibility in the prevention of disease through patient education and community involvement.
5. To foster sensitivity to the psychosocial, cultural, environmental and economic issues that affect patients and their families.
6. To promote an appreciation for the role of the primary care and family physician in the referral and use of community resources.

OBJECTIVES: Upon completion of this rotation, the student will be able to:
1. Take a history, perform a complete physical examination using enhanced communication and interviewing skills.
2. To provide comprehensive assessments of common acute, chronic and undifferentiated presentations seen in primary care medicine.
3. Accurately identify patient problems, develop a differential diagnosis and formulate a realistic management plan.
4. Working with nursing, home health care providers, social service, and providers to interpret basic diagnostic information and formulate a realistic longitudinal treatment plan.
5. To provide focused case presentations and complete concise, clear medical record documentation.
6. To assume the role of the primary care physician in the coordination of care of outpatients and families with community resources.
7. To understand the multidisciplinary nature of outpatient care, the medical office and the importance of working with members of the community health care system.
8. To understand the impact of psychosocial and community factors on the understanding and acceptance of health care by patients and families.
9. To understand the multidisciplinary nature of outpatient care in medical office setting and to experience of psychiatric care.
10. To understand the decision-making process that is involved in admitting a patient into a hospital and to understand alternatives to acute and chronic care.
11. To become familiar with end-of-life issues, including advanced directives, DNR decisions and the withdrawal of care and how to communicate these issues in an appropriate manner to patients.
12. To equip medical students with critical thinking and problem solving abilities to foster better patient care, medical decision making and self-directed learning.
13. To foster health promotion and disease prevention through risk identification and counsel patients in such areas as well child care, contraception, safe sex, tobacco use, obesity, substance abuse and family violence.

TARGET SKILLS AND PROCEDURES:
1. Pelvic Examination.
2. Pap Smear, cervical cultures and chlamydia test.
4. Testicular examination.
5. Rectal Examination.
6. Venipuncture.
7. Injections: subcutaneous, intramuscular and IV.
8. Examination of the well baby.
9. Examination of the latency age child.
10. Examination of the adolescent.
11. Examination of young and middle age adults.
12. Examination of the elderly patient.
14. Basic laboratory techniques, including wet mounts, urine cultures, office Gram-stains (gonococcus).
15. Obtaining a U/A, throat swabs, pregnancy tests, rapid strep etc.
USMLE POLICIES FOR CLERKSHIP STUDENTS

1. Students who have successfully completed the Basic Science curriculum are expected to sit for the USMLE Step 1 within six (6) months of completing of Basic Science.
2. Students who are not US citizens or do not have a green card and wish to take a similar examination in Canada, UK or other countries are permitted to take that exam at the completion of their clinical years.
3. A student may participate in psychiatry, pathology, or radiology clerkship rotation while awaiting the results of his/her USMLE Step 1 scores, only with permission of the Clinical Dean.
4. A student with a failing Step 1 score will complete that clerkship (psychiatry, pathology, or radiology) he/she is currently in. Prior to the completion of the rotation, a leave of absence must be filed for the purpose of study and re-taking of the Step 1 exam within 3 months. Rotations will not be approved until passing Step 1 Scores are received.
5. A student failing the USMLE Step I or Step II will be reviewed by the Promotions Committee and automatically placed on academic probation
6. The student failing Step I or Step II for the second time is expected to put in writing, addressed to the Promotions Committee, his/her detailed plans for passing on the third attempt. The student may include in this letter any extenuating circumstances.
7. After a third Step I or Step II fail, the student will be reviewed again by the Promotions Committee for possible dismissal from St. Martinus University, Faculty of Medicine or other action.
8. The Promotions Committee will review each student on a case-by-case basis taking into consideration Basic Science performance, personal attributes, recommendations from faculty or preceptors and the student’s own written materials.
9. Students have the right to appeal any adverse decision to the Deans within 30 days of receiving written notification. In this case the Dean and two (2) academic officers of the University will review the appeal and ensure due process has been provided to the student.
10. Students are not permitted to take Step 2 CK OR Step 2 CS without first passing Step 1 as well as completion of core requirements.
11. ALL score reports must be submitted, by the student, to the Registrar and the Office of the Clinical Dean immediately upon receipt.
ST. MARTINUS UNIVERSITY, FACULTY OF MEDICINE

CLINICAL HANDBOOK
APPENDIX D

IMPORTANT INFORMATION FOR STUDENTS PARTICIPATING IN
THE CLERKSHIP PROGRAM
DATA NECESSARY FOR THE DIRECTOR OF MEDICAL EDUCATION
AND VISA APPLICATION
TO BE SENT TO THE CLINICAL COORDINATOR

1. Photo ID either Passport or St. Martinus ID (you will need to take that with you)
2. Your USMLE results when you get them (both pages).
3. Your Curriculum Vitae.
4. Report of a physical examination
5. Immunization record including Hepatitis panel; if you do not have a record of immunization you will need to get titers of everything and a full course of Hepatitis B shots.
6. TB test/results.
7. Report of a chest x-ray
8. You will need an ophthalmoscope/ otoscope set, (Welsh Allen type, do not need the best or biggest, but with rechargeable battery...and check on voltage....Holland 220v something not too big). A good stethoscope, (Littman classic II or whatever) tuning forks, 128, 256, 512, Patella hammer preferably the long one with a disc on the end; tomahawk is convenient but lousy, need something long and sl. flexible. A short, waist length, long sleeve white coat.
9. Take your St. Martinus ID with!

Visa application: B1/B2 US visa:

Form: download from the web.
DS 156 fill out no empty spots-N/A.
(DS 157 for males).

5x5cm passport photo full face no coverings 2 ears showing

Letters to mention:
1) letter from the bank or sponsor stating finances sufficient to cover stay in USA,
2) activity in the US, educational only,
3) plans to leave the USA after completion of rotations.
4) A letter from the hospital stating dates of rotations and no salary, education only,
5) letter of support from the university.
CERTIFICATE OF IMMUNIZATION
St. Martinus University - Faculty of Medicine

PLEASE SCAN AND E-MAIL

clinicals@martinus.edu
TO EXPEDITE MAIL SERVICE TO CURACAO, SEND ORGINAL TO:
U.S. Office 8716 N Mopac Expressway, Suite 200
Austin, TX 78759
Tel: (877) 681 4768
Fax: (718) 841 7682

Name _______
SS # _______
Address _______
State/Country _______
Date of Birth _______
Phone # _______
Email _______

General Health -- ☐Excellent ☐Good ☐Fair ☐Poor
If poor, please explain

Immunization History
DT/Td within 10 years date ____________
Measles (2 doses at least one month apart, after 12 months age)
Date # 1 ____________ Date # 2 ____________
Mumps (1 dose) Date
or proof of immunity (mumps titre ) Date & Results ________________________________
Rubella (German measles, 1 dose) Date
or proof of immunity (rubella titre) Date & Results ________________________________
History of having had Chickenpox (Please check one)    Yes ☐               No ☐
*PPD (Mantoux) Date & Results ____________________________________________
(must be within one year and updated annually) Chest x-ray is required if tested positive.
Positive PPD Test Dates _______________________________________________________

BCG Vaccine & Chest X-ray (Non U.S.)
For those individuals having direct patient contact or any possibility of contact with blood or bodily fluids, Hepatitis series or declination is required.

**Hepatitis B Vaccine** Dates #1 #2 #3

HBSAB following series--Date & Results

Declination signed and on file Date

Health Care Provider Signature

______________________________

Date

______________________________
ST. MARTINUS UNIVERSITY, FACULTY OF MEDICINE

CLINICAL HANDBOOK
APPENDIX 1
SURVIVING AND LOVING THIRD YEAR
SURVIVING AND LOVING THIRD YEAR
-the do's and don’ts of the required rotations

INTRODUCTION
Welcome to the best year of medical school thus far! You’re finally out of the basic sciences! This year will be very exciting, rewarding, and generally more interesting than the first two. This guide has two parts. First, we take you through general suggestions for being a third year student, including your role, learning opportunities, behavior, organization, time management, notes and presentations, write-ups, studying, evaluations and grades, resources for the whole year, and some concluding thoughts. We also present information specific to each rotation, including tips and general information, and resources to use for studying.

GENERAL SUGGESTIONS
Your Role as a Third Year Student:

• Admit what you don’t know. You will learn to say “I don’t know” a lot this year. But at the same time, begin to understand yourself as a doctor in the making. Contrary to what you might think, 3rd years have a lot of responsibility. You will actually be considered a very valuable part of the team if you want to be (and sometimes on busy services you’ll be amazed how much you are relied upon.)

• Many patients will actually call you “Doctor” and consider you as their doctor, since you will spend by far the most time with them. Try to form relationships—spend an extra five minutes with them in the afternoon when things are slow on the floor- it will be noticed by your team if your patients like you.

• Know your boundaries of sharing information, but don’t be afraid to teach what you know to your patients and their families. Go back and ask them if there is anything they don’t understand, frequently no one else has the time for this very important step. Draw things when you explain.

• Similarly, share knowledge with your team. Remember, you’ve studied all that USMLE 1 minutiae the most recently of everyone, and people do respect that. Don’t be afraid to bring in relevant articles or useful charts for the team (within reason). They really appreciate it.

• Get very involved in all aspects of your patient’s care: ask if it would be appropriate for you to call a consult or follow-up with one, call the family or nursing home, etc. These things may not be spontaneously suggested, but they are nearly always appropriate activities for us. The social worker on the floor will be your ally in this regard if you make friends and volunteer to help.

• Realize your strengths as a student: book knowledge, time to spend with patients (letting you glean those extra bits of info/psychological insight that the rest of the team may miss), and enthusiasm!
- 59 -

- Realize that different people will have different expectations of you as a third year medical student. This can be one of the more frustrating aspects of third year - by the time you have mastered one resident/attending clerkship’s methods you are moving onto the next site or clerkship. So be flexible and prepared to do the most that may be expected of you, and then adjust accordingly.

**Learning Opportunities:**
- Don’t wait for learning opportunities to come to you. Go after them, and share them with the others in your rotation group. If, for example, your patient has a really good heart exam, tell others (after asking permission from your patient) in your group so that they can check it out. Force yourself to do things you’re uncomfortable with (e.g. arterial sticks).
- Talk to the consultants - they are experts in their field and are usually happy to spend some time teaching you about your patient.
- Find something that interests you about every patient and learn more about it. Your enthusiasm and “extra effort” will help you shine for your residents, and it’s a good way to make a repetitive or dull rotation more exciting. You will be surprised how much you will have already picked up when it’s time to study for the shelf examination.
- Make each rotation your own. If you’re interested in ID, try to get yourself placed on the HIV floor during medicine. If you’re interested in ortho, ask to follow all the fracture cases during Pediatrics.
- Be sure to approach each rotation with an open mind. Take every rotation seriously, even those rotations you think you could never like. You may surprise yourself, and even more importantly, you will learn important things for the future.
- As you do each rotation, observe the residents and attendings to appreciate what that particular field is really like. Don’t judge a prospective career solely by your experience as a third year medical student!!
- Do make your interests and goals known – for example, if you really want practice with blood draws or IVs, tell your team (several times, if necessary!).
- Always be safe! When learning procedures become familiar with the equipment and protocol first, choose your patient carefully and then proceed; NEVER be pressured to do something that makes you uncomfortable - your safety and that of your patient is most important. You can ask to observe and do it the next time.

**Behavior:**
- Be a team player. Don’t turn into one of “those” students! Residents were students very recently—they will see right through the gunner trying to outshine the others.
- Don’t withhold info from other students--always communicate with everyone to make sure you’re all on the same page. Don’t say things that will prove other people wrong intentionally. Don’t ever examine your classmates’ patients behind their backs, jump in during their presentations to correct them, or bring up data you found out but didn’t share. (All of these are true examples!)
Third year is the time you learn how to work with other professionals and within a hierarchy. Be mindful of and avoid negative interactions and always maintain a professional and courteous demeanor towards everyone.

Even the most enthusiastic student will find something to complain about, but under no circumstance should you whine or complain to, or in front of, your intern/resident, e.g. about how late you are there.

Never lie. This seems obvious, but on rounds when you’re being pressed for something, it can get very tempting. If you don’t have a lab value or piece of info regarding your patient, better to simply say “I don’t know, but I will find out,” than to jeopardize the patient’s care to save your image.

Always introduce yourself to everyone. Shake hands, say your name, and ask how they would like to be addressed.

Be up-front about being a med student. You will hardly ever lose opportunities over it.

Realize that potentially everyone may evaluate you, and that you are absolutely guaranteed to cross paths with the most unlikely people even long after your rotation is finished—avoid alienating anyone!

Be very nice (some might even say “suck up”) to the nurses. Try to do little things to help them out, and always clean up after yourself. Ask them before you do a blood-draw on their patient (at least at some hospitals.)

BE VISIBLE and act interested!! Even if there is nothing for you to do, hang around and offer to help. NEVER act bored. You are often graded more on your effort and enthusiasm than what you already know.

Organizing yourself:

Try early to develop an info-organizing system that works for you. You can use whatever style of notebook/clipboard/flashcards/palm pilot clicks with your working style. Often students have a clipboard or binder for patient info sheets, and then a separate pocket-sized notebook for all their personal numbers and notes, scribbles, thoughts, or whatever (this one is extremely useful because it can go everywhere with you, so you never waste down-time. You can write-down high-yield notes you pick up on rounds, and quick reference facts that are frequently used on your rotation.) You also need a way to organize your patients’ information. For some, patient flow sheets or lab logs can be helpful, while others use an index card or just a piece of paper for each one.

Sometimes you have to try out a few different systems before one sticks—just as long as you keep yourself organized, you'll do great!

- Get these programs for your Palm: Epocrates, Eponyms, MedCalc (BMI calculator, ABG analyzer, regular calculator, unit convertor, etc), Pregnancy Wheel, Diagnosaurus, PalmEKG.
- Make use of the Diagnosis Tracker on your Palm. Enter your patients as you see them. You'll be happy not to have to do it all at once at the end of the rotation!
- Consider carrying a Maxwell's and/or a Sanford guide.
Time Management:

- Be on time for everything!! (early if is possible.) Tardiness is noticed, and NOT appreciated. Learn to manage your time well.
- Trying to find reading/library time during the day is a tricky subject. On certain rotations, with certain residents, it’s acceptable if there’s down-time to leave the floor or just sit at a computer or desk and read. (The latter is obviously more acceptable to even the hard residents.) If you do leave the floor, give the resident/intern your pager/cell-phone, but don’t expect them to call you if something interesting arises, as they are busy. Periodically touch base with them to see what is going on. Other residents/interns frown on trying to get out of scut-work or down-time, and figure you should find something to do having to do with your patient or the team’s patients. You have to feel this out for every resident. It’s part of what makes that first day on a new rotation so interesting!
- Pre-round early! It’s basically NOT OK to say that you didn’t have enough time (unless you are at the mercy of a shuttle) before rounds begin. The interns will say it but typically they have triple the number of patients as you.

Notes:

- Read First Aid for the Wards book the night before starting a new rotation and copy down all pertinent note skeletons (or get books which have them). This way you will at least be able to write some sort of note on the first day, and then you can ask the residents what they want more specifically.
- Keep in mind that your H&P has two underlying purposes—to determine the severity of the patient’s illness, and its underlying etiology. Both of these lines of questioning will be running simultaneously. Keeping this scheme in mind can keep you from getting lost in reams of information.
- Memorize the categories of the patient history / write-up (CC, HPI, etc.) for when you are admitting a new patient. Remember that your HPI may draw info from all of these categories, depending on the CC and the patient’s particular disease, but the content of the other categories is more or less fixed.
- Strategies for developing the HPI: construct a story of how the CC unfolded, including time course, treatments/procedures and response, any associated symptoms, impairment of function. You can sweep up at the end with ROS, both for the associated symptoms and to catch anything that you might have missed.
- For SOAP notes in the morning, when you pre-round, do not forget line check!
- Notice and examine all lines and tubes, noting the type of line, location, the amount and color of drainage, and any inflammation or trouble at the line site. (Please see Medicine section for a thorough guide to pre-rounding). Also check the color of their urine if they have a Foley catheter.

Presentations:

- Morning presentations at rounds end up being a substantial part of how residents and attendings evaluate you. Therefore, do ask residents how they would like them done, and study their model. Always shoot for more rather than less formal, at least at first.
• With attendings and preceptors, always read up on the patient’s disease beforehand and be prepared to answer some basic questions or give a one-minute spiel on the disease.
• Pre-round early enough that your SOAP note is done and you can give a polished, focused presentation.
• During morning rounds, an intern will likely have seen your patient as well. Don’t be afraid to remind your intern that you saw them earlier and will present if they forget that you were following them.
• Don’t forget general appearance! This actually matters, especially if you’re noting a difference from one day to the next.
• Always give vital signs. Some residents prefer the range over the last shift, or 24 hours, while some just want the latest VS. If the patient has a condition that requires certain parameters be controlled give the range (e.g. patient with a-fib give range of HR)
• Don’t forget to check the chart for any consult or attending notes (you’ll say, ah-ha! So that’s what we’re going to do!). Also don’t forget to check for any new lab values/imaging reports. If you present facts such as test results, know what they mean, because you will be asked!
• Know what medicines the patient is on (at least, have it written on your piece of paper.) You don’t necessarily have to say it out-loud, but sometimes someone will ask, and if you know, it shows you’re thorough about your patient.
• Whenever you present any patient to anyone, always formulate in your head an assessment and plan. No matter how little you know or how lame you think it sounds, it will make you look energetic and prepared (even if completely off-base. It happens. You get used to it!). Plans can either be a problem list or system based so find out your resident’s preference.
• Pimping: If you are getting pimped on the steps of a work-up, remember that the very first step always consists of “H&P!” (Do not jump straight to lab tests!) Mention especially the PMHx and vital signs (for some reason they love to catch us on this!). When none of your medical factoids are bailing you out, take a mental step back towards the same common sense you would use at a cocktail party. More often than not, that common-sense type of answer is what they’re looking for.

Write-ups:
• A very important, often overlooked part of your Medicine, OB/GYN, Pediatrics, and Psych rotations, a thorough, polished write-up is a great way to let your knowledge shine— especially if you are someone who tends towards the quiet side on the wards. Preceptors will definitely notice the student who takes this “busy-work” seriously and puts earnest effort into including relevant aspects of the H&P, developing a thoughtful differential, and taking a stab at the treatment plan.

Studying:
• Buy a question book at the beginning of clerkship and start doing questions from the very beginning. This will give you a good idea of what areas you’ll need to focus on and allow you to maximize your study time.
• When you’re studying, initially (1) focus on the basics, and avoid getting lost in the minutiae of rare diseases unless, (2) your patient has that disease…then read all you can about it.
• Try to develop a consistent format in which to take notes about diseases—it can really lower your stress!
• Shelf exams: many questions deal with diagnosis and work-up, so don’t neglect these areas in your studying (one favorite question is, “What is the next test that should be done in the evaluation?”). Treatment is also big. Shelf exams all consist of 100 questions in 120 minutes, so really push your self to go fast! This is especially important if you’re normally a slower test-taker.

Evaluations and Grades
• Most rotations (read all the details about grades on each orientation day) allow anyone to get honors. Even if this weren’t the case, consider the following reason why not to step on toes and do “gunner” things:
• Residents often say that groups of students tend to perform similarly, and when they shine, they shine together. They are more likely to give all three students honors or give all three pass than they are to give one person honors and another pass. What this means is that never in your life have you needed to be a team player more than now! Help your fellow students, make them smarter, do them favors, and it will help the lot of you do well.
• The single best way to get a good grade is to know your patient inside and out, know their disease inside and out, and be committed to everything having to with them. Get to know them personally, and be invested in their well-being. For instance, be the first to collect their lab data (check for results frequently). Give your pager/number to the nurses so they can update you. Talk to the social worker about the patient. Know the details of their hospital course, including any previous antibiotics regimens, etc.
• If you’re disappointed in your final grade, do make an appointment to talk about it with the clerkship director. Ask ever so politely and diplomatically if anything can be done, gently argue any arguable point, and make sure all your residents evaluated you who were supposed to! It just might be possible to wiggle your grade up a category.

Don’t be extreme though; this meeting is probably most important in whatever field you want to go into, and would certainly be ridiculous to do throughout the year.
• Remember that while grades do matter for getting into certain residencies (especially in the rotation you’re interested in), learning matters more than your grades, because in the end, we’ll all be doctors, and it’s our job to know the nuances of medicine. In addition, a lot of the most important memories you will make in third year are related to personal experiences that have nothing to do with your grade, like spending time with a patient after the work is done, or bonding with the tortured interns during an all-night surgery call. Remember: “Character is what you do when nobody is watching.”
• The Golden Rule of third year: If you work hard during a given rotation, you might get Honors. But if you don’t work hard, you definitely won’t.
General Resources

- First Aid for the Wards is a handy text to read before you start a rotation. It breaks down each rotation, and explains some general tips, the players, the notes, and an outline of the diseases you should be familiar with. If you read it before you start, you will do well on pimping on the first day. But it’s expensive, and not that useful throughout the rotation, so see if you can share it with someone.
- First Aid for Step II is not useful for the rotations- it is too simple.
- Hold onto certain books from second year that you know well in order to remind yourself of pathophysiology. And make use of all the notes you just put into your First Aid for Step I book.

Concluding Thoughts:

- Mentors: Look out for attendings with whom you can form a relationship. They can provide valuable career guidance and additional learning opportunities (electives, research, etc.), and write those all-important recommendations for your residency applications.
- In the beginning of the year, most of you may feel uncomfortable just walking into a room of a patient you don’t know, but remember that your white coat is going to give you many privileges. Use it to help you learn as much as you can, but never forget that it is a privilege and respect it.
- Remember that the first few days or week of every new rotation will feel very uncomfortable, no matter where you are in the year. Accept it and try to deal—you’ll settle in quickly.

A few more things:

Sleep.
Look nice.
Shower.
Smile.

ENJOY YOURSELF!!

This might be the only time in your life you get to deliver a baby, or assist in an appendectomy, or listen to a geriatric patient tell you crazy details about their life, or really talk to schizophrenics, or… or…. This is what you came to school for!

Finally, take some time out for yourself. Third year can be overwhelming but remember that there is a life outside the hospital! Don’t spend all your time away from the hospital.
sleeping/studying. Take the opportunity during your some of your “free” time to be with friends, family, doing the things that you like to do.

INTERNAL MEDICINE

Tips:

- Be enthusiastic! Of course, avoid being overly enthusiastic to the point of annoyance.
- Ask questions. But be careful—there are certain stupid questions (like obvious things that you could look up – drug doses, etc). You’ll find out what your resident is like. He or she will probably tell you to look something up if they think you should, so don’t be too worried about this. It shows you’re interested. Also, come up with a plan and offer treatment suggestions. It may surprise you that our simple way of thinking often comes up with something that no one else has even thought of, which may actually help the patient.
- Get to know your patients. This is the key to this clerkship. Obviously, you should try to know every aspect of their pathology, medications, and hospitalization course. You’ll see that the intern doesn’t have nearly enough time to follow every patient to the level that you can follow yours. The intern will appreciate your lightening of his or her load.
- The world of being scutted out….Everyone will probably tell you something different. Some people will tell you to turn scut work into an academic experience (e.g. go get the X-ray for them, but ask them to go over it with you when you get back). Other scut may actually be exciting in the beginning—the procedures (like blood draws) that you don’t have experience with. Also, it’s a good idea to practice these procedures now, before you become an intern. And remember, the intern may be evaluating you; being part of the team (i.e. doing scut) counts big toward your grade.
- Use your down time wisely. Sleep is important, so do some reading during the day. However, be careful of the fine line between disappearing for too long versus breathing down the intern’s neck. Maybe read on the floor in the team room or the nurse’s station, so it doesn’t look like you left forever. Ultimately, most people understand that you are a student and have a lot of academic responsibility outside of floor work. However, most of them also believe that you learn a lot by being around and seeing what happens….so use your discretion.
- Try to get teaching…you will quickly assess who likes to teach and who doesn’t. The resident (especially early in the year) is the key to learning on the floor. The interns can help a lot as well, but are definitely more limited in their availability. Take advantage of anyone who likes to teach!
- Know every aspect of their pathology, medications, and hospitalization course. You’ll see that someone will pimp you (although usually in a much more friendly way than certain other clerkships) about the disease, medications, laboratory values. Specific diseases that you are dealing with may warrant a little more detailed reading in a larger textbook than the review books you will use to get through the rest of the rotation.
- You can consider going to the literature (this is why you see the 3 years in the library all the time). Often you will be asked by your team to try and find an article for them about a
The format of your day on this clerkship:

1. It starts early. Depending on your site, you will have a set time for rounds with your resident each morning. Prior to that time, you need to come to the hospital and pre-round on your patients (the intern is doing this at the same time as you). So…what is pre-rounding? Seeing each of your patients (that means, waking them up [really do this!], examining them, checking their vital signs overnight [including Tmax and Tcurrent – the highest and current temperatures], and noting any new findings). Reading through the chart, look for any consults that wrote notes after you signed out the day before. Take note of their recommendations, because your resident will ask. Either talk to the nurse or read the nurses’ notes (on the computer or in the chart), to see if anything happened overnight. Check with the overnight team to see if there were any new developments. Check the orders to see if anything was changed by the covering team after you left. You are expected to know what medicines and doses your patient is on. Check any labs. It is crucial to keep track of your patients’ labs (either on a separate sheet or in whatever system you develop). You will frequently be asked questions like what the WBC count was on admission, or how much has the hemoglobin dropped. Check any diagnostic imaging. Depending on the hospital, you’ll learn the system on how to find the dictation or typed summary.

2. Now you actually round (the entire purpose of pre-rounding). The resident, intern and you will go from patient to patient on your service. A little blurb about the patient will occur outside each room. It’s your opportunity to practice an abbreviated presentation, because you’ll do it for the people you’re following (tactfully fight for this if the intern wants to run over your moment). Basically, it’s the typical SOAP note, although you’ll see that certain residents will have little variations on the same theme. S= subjective. What happened overnight. Any new consult recommendations. Anything the patient is complaining of this morning when you saw him/her. O=objective. Vitals first, then the physical examination. Then any new lab values and/or radiographic findings. AP=assessment and plan. This varies from resident to resident but at the very least they like to hear what you think should happen that day (e.g. increase/decrease/stop the IV

- Read in general. Most of the basic knowledge will come from a more abbreviated source (review books, UpToDate etc). Look in the New England Journal of Medicine, Lancet and other journals for topic reviews for the high yield areas- the reviews tend to be at the right level for third year.

- You will always have seminars to prepare for, and you can probably use this as a guide to keep up with reading. There is a lot to know, and you also never know what your next admission will be.
3. fluids; any changes in medications; any diagnostic imaging, labs, or consults that you want).

4. Usually attending rounds follows this. It’s typically time with the attendings on service when an interesting admission is presented from the night before. If you were on call the night before and admitted the patient, it’s a good idea to go over your H&P, because there is a good chance you will be asked to present the case. It’s unlikely early in the year, but definite towards the end of the year. Although frightening in the beginning, you’ll see that most of these sessions are totally benign, with most people interested in learning and practicing the skill of differential diagnosis. Cultivate these attendings.

5. Now is the time for doing the work of the day. Most of this responsibility falls on the intern, but as the year progresses, you will pick up more of the jobs. Examples include: blood draws at some sites, calling consults, following up on tests performed, writing your daily progress note (a more formal SOAP note), accompanying your patient to a test if you think it will be educational, getting labs drawn earlier in the day, doing any procedures with the intern that need to be done.

6. In some hospitals, you will have lectures almost every day. You’ll see how it works.

7. Preceptor sessions occur at various times throughout the day. These will become the most annoying part of your year, because it requires the formal write-up of your H&P and a presentation to the other students on your rotation. Don’t blow these off, however, because you’ll find that these attendings can become important in your evaluation process even though they don’t see you clinically at all.

8. Afternoon sign-out: usually it occurs first as a team (informally, not walking around from bed to bed) reporting to the resident. Then it’s time to tell the on call team about all of your patients and any outstanding issues for the day. It’s resident-dependent whether or not you will present here. The presentations are abbreviated and almost bullet-like, and as we aren’t that good at the process yet, it usually delays the entire sign out. Again, try to tactfully insist, but don’t take it personally if they don’t let you do it.

9. Home….to do all of the things for the next day.

Books
- As your year progresses you will figure out which books you like and which don’t fit your style. Here are the basic ones that most people use:
  - **Cecil’s Essentials**: the official recommended text. Some like it, some find it lacks detail, others think it has too much pathophysiology and not enough clinical relevance. They think you have time to read it cover to cover. Highly unlikely. In your very motivated stage it might be an alternative to reading **Harrison’s** about your patients.
  - **Current Medical Diagnosis and Treatment**: Thick, costly and if you are very lucky it will be online in the library. Ask the Librarian. It is excellent for a quick synopsis of whatever disease your patient just got admitted with. Well referenced.
  - **Up-to-Date Online**: The single greatest gift if the library has it. This is a summary of the best clinical evidence which dictates the current standard of care for almost anything you can think of. This is the resource that most of your residents will probably be using to
manage patients on the floor, so it is only to your advantage to be familiar with the info. Sometimes, however, you don't get a real synopsis of all the points about a given disease entity. In that case, turn to www.emedicine.com.

- St. Francis Guide to Internal Medicine: full of helpful mnemonics. Doesn't really explain pathophysiology, but helps with the differential diagnosis of a specific complaint and helps you figure out what positives and negatives to include in your H&P. Many consider it a must-have.
- Medicine recall: the question and answer, typical pimping questions series. Fairly useful.
- Blueprints: if you like the series, some people recommend it. It assumes a knowledge base and doesn't always explain things.
- First Aid for Medicine: New book, very useful reference, especially if you are used to using First Aid style books. You will need to supplement it with something more substantial.
- NMS Medicine: most people will tell you they read this. Pretty detailed although still a review book. Much more than you need to know for the shelf but about the right level for pimping and management on the floor. It is written in outline form – try before you buy.
- Harrison's: you will never have time to read it cover to cover, but it’s available online for reference. Great for detailed descriptions of all the diseases you will likely encounter and many you never will.
- Casebook in Internal medicine by Schreier: case format with great questions. Very helpful!
- Questions Books: The same typical series as everything else:
- MKSAP: Some find it too complex and detail-oriented for the shelf exams, but if you can hang with these questions you should have no problem with the shelf.
- NMS: both the medicine review book with chapter questions and a comprehensive test, as well as the NMS for Step II.
- Kaplan's Q-book: good practice
- Pre-test: the new editions follow the shelf format. Pre-test is generally a must for all the clerkships.
- Harrison's question book: VERY difficult. It is written for the internal medicine boards. But, if you can do these, you will sail through the shelf. Can also be found online (for all the other clerkships, too).
- Appleton and Lange: a little harder than the shelf, but good practice.

SURGERY

Tips:
Before the clerkship starts:
- Try to relax. Almost everyone is nervous before beginning this clerkship. Just try to keep in mind that 1-2 days into the clerkship, you will be acclimating well, working hard and
probably really enjoying yourself. Plus, you’ll have tons of good stories for family and friends.

- Be able to write “brief operating notes” and post-op notes (see the Maxwell’s guide for a template), because you’ll probably be the one expected to write them.
- Get stuff for your pockets – stethoscope, penlight, trauma scissors, something to keep track of patients with (index cards, clipboard), tape, 4x4’s, and surgery book.
- Practice tying knots early on in the rotation – they’ll show you how. When you think you’ve got it, put on a pair of latex gloves and try again.
- Buy granola bars, power bars or whatever your fancy. Eat when you can and always hit the bathroom before a new case starts. Then learn to hold off on urinating for 12 hour period.

During the clerkship:

- Abide to the general rules of any clerkship – teamwork, enthusiasm etc. Laziness and complaining are REALLY noticed and unappreciated in this rotation!!
- When assigned to a case in the OR, go to the holding area in the PACU before it is supposed to start. Introduce yourself to the patient and try to find out about their history in case you get asked by your resident or the attending. You can also help put the patient at ease by talking to him or her. The cases don’t totally follow the schedules, so stay on top of when your case is “going” and don’t be late.
- Introduce yourself to everyone in the OR. Be friendly and most of the scrub nurses will help you out. Never give in to the temptation to mouth off to a scrub nurse—it will not go well for you.
- Get your gloves for the scrub nurse before scrubbing in, and open them for him/her.
- Once you get used to the OR and the surgeons, you’ll be able to expedite the prepping for the operation by putting in Foleys, shaving patients, putting on venodyne boots, positioning patients and prepping them (creating a sterile field).
- Make sure you’ve read your Surgical Recall (or equivalent book) about the patient’s condition and its surgical treatment and complications. You’re likely to be asked questions about this info.
- When you’re not in the OR, DON’T JUST DISAPPEAR!! Offer to help the interns with floor work. If there is nothing to be done, hang out in the team room and read so you’re available when needed.
- Follow all the patients whose cases you scrub in on. This may mean you are following more patients than usual, but your extra work will be noticed.

Books:

- Surgical Recall: almost everyone gets this book to prepare for pimping. It’s perfect to read in those 15 minutes you’ve got before your case starts. Get that short-term recall going.
- Attending Rounds: Very helpful for the oral exam as it walks you through cases, with questions. Almost everyone uses this book, too.
- 70 -

- **First Aid for Surgery:** Very useful book, especially if you are used to First Aid style books. You will need to supplement with something more substantial.
- **NMS:** If you like outline format. Lots of info, probably more than you need or time for.
- **Surgical Intern’s Pocket Survival Guide:** little book, more for interns, with skeletons for writing specific notes. Check it out, but not a necessity.
- **Review some internal medicine before your shelf!** If you took it before surgery, thumb through your medicine text or notes and remind yourself of the categories of anemias, pathophysiology of endocrine disease, ABGs etc, because you will see medicine on your surgery shelf.

**Questions:**
- **Pre-test:** good question book with explanations of answers. Questions are harder than A&L.
- **Appleton and Lange:** good question book with explanations. It is a bit easier than pre-test, but still the right level. You’ll definitely need to choose at least one of these books to do, and some people try to do both of them.

**OBSTETRICS AND GYNECOLOGY**

**Tips:**
- If you’re looking for honors: the SHELF and clinical evaluations are key!
- If you’re not going into OB-GYN, some take-home messages: learn how to conduct a good GYN history (including sexual/physical abuse), GYN exam with pap smear and breast exam, and at least one delivery!! And never forget to do a pregnancy test on any woman in the ER with abdominal anything!!
- For some odd reason, it may be hard to get the opportunity to do H&Ps and pap smears in clinic. Specifically ask to go to the general GYN clinic (as opposed to GYN surgery clinics, which see pre- or post-op patients) to practice these things.
- Most importantly--remember to enjoy yourself and, regardless of what you may be made to feel, your major job is to learn!
- Grades are based largely on shelf exam (usually the deciding factor), clinical evaluation (from your residents, who may confer with your interns), preceptor evaluations. Use whatever time you are not on the floors to study for the shelf.

**Tools:**
Pregnancy wheel, stethoscope, pen, templates for various notes (Mg note, post-partum check, etc) and your personal pocket notebook to jot down the occasional OB/GYN pearl. The OB/GYN clerkship is usually divided into two distinct pieces, OB and GYN, so Typical Day on Labor & Delivery (L&D):

1. Get to the hospital around 6:30am (some earlier, some later, depending on the site). Visit and write notes on patients that you picked up by helping with either their C-section or delivery.
2. Sign-out/Morning rounds with the overnight on-call team, where you find out who is waiting to deliver and where they are in the process. You will either be assigned a
delivery or be expected to choose a patient who may be delivering soon (don't worry, you will learn how to predict this!).

3. The day is then broken down into conferences and floor work: admitting women in labor, helping out at deliveries or C-sections, doing tasks such as starting IVs, and waiting around (a.k.a. reading time). In truth you are supposed to actually perform at least one delivery, so be assertive and don't be afraid to ask. It is really quite amazing!!

Typical GYN day:
* Prepare for a flashback from surgery!!! This means early days and sometimes late nights with some time in between for reading, (depending on your site).
* Also during the GYN portion: colposcopy clinic, terminations (abortions), general GYN clinic, etc. You should ask to be exposed to most or all of these.

Ask your chief resident what their expectations are of you, early i.e. how you can best be of assistance during morning work rounds. Ask for feedback from your chief residents during gynecological surgery Books:

**Blueprints:** A great overview, nice and short. It was recommended for us to use, and you should really read all of it.

**Beckman:** Fantastic!!! The questions at the end of the chapters are very similar to the ones you'll see on the shelf examination.

Recall: Don't waste your $$$!!! Way too specific for a 3rd year clerkship (thicker than Surgery Recall! That's bizarre). Many people said it was very little help for the shelf examination. The best pocket reference is the OB/GYN Clinical Strategies. Has a great, concise section on birth control. But many people who bought it rarely used it. You will find that bringing Blueprints or whatever text you are using will be handy to have during the many times you'll be just sitting around and waiting, particularly on L&D.

**Any question book (Pre test was great!)**

Don't bother with any large textbook even if you want to go into OB/GYN. A new edition may come out when you really need to get one and won't you be upset if you have the old edition that you never ever actually opened to begin with!!

**PEDIATRICS**

**Tips:**

- Niceness counts, especially in Pediatrics. This is the time to learn how to do creative physical exams, know your popular kids' shows and Nintendo games. Buy a sparkly toy for your stethoscope, or put stickers on your ID—these are great to break the ice (or you can simply give a kid your stethoscope to play with, pretend to "blow out" the light of your otoscope like a candle, etc.) White coats are usually not worn.
- Be playful with the kids (the inpatients especially often need some cheering up), but be responsible. Realize that they may get attached to you in even a short time - take it seriously.
- H&P: Pay attention to the special categories of the pediatric H&P, such as birth history, immunizations, developmental history, dietary history, and so on. Remember that your history will be taken on two levels: from the child, and from the (often anxious) parents. This is a great opportunity to practice relating to parents, educating them and their kids about health, reassuring them. There is a lot of psychiatry in Pediatrics!

- When writing progress notes presenting at rounds, give all vitals as the max and min over the previous 24 hours (or whatever time range your residents specify). For example, blood pressure was “110 to 118 over 70 to 78.”

- Obtain a copy of the sample final oral exam cases and start on them early! Otherwise they can really stress you out at the end.

Team structure: the teams in Pediatrics typically consist of 2 residents, 4 interns, and some number of med students. Try to attach yourself early to an intern and take all your calls with him/her, as the interns and the residents usually evaluate you.

This is a serious rotation with a substantial amount of new material—don't be lulled into blowing it off, just because it's supposed to be “easier” than Medicine! Also realize that, as any kind of doctor, you will always encounter nervous parents keen to grill you on their kids' health issues.

Books:
- Blueprints: A very good overview of the major topics—read it all.
- Rudolph’s Fundamentals: a comprehensive textbook, the one many use as their main textbook.
- Nelson’s Essentials: a comprehensive, readable text, an acceptable alternative to Rudolph’s. Compare them in the bookstore and pick the one you like better.
- NMS: relatively complete, but dense. Not the best of the series.
- Zitelli’s Atlas of Pediatric Physical Diagnosis: great pictures! Don’t buy it, but look in the one in the library for reference. You might consider buying a smaller visual pediatric atlas—they have some in the bookstore.

Question Books:
- Pre-test: some good questions, some way out there. You gotta do them, though, as with all Pre-tests!

PSYCHIATRY
- The psychiatry clerkship can be a lot of fun. Enjoy your free time, but take the clerkship seriously when you are in the hospital.
- Recognize that psychiatric conditions are often a symptom of a systemic disease. Medicine residents will appreciate your knowledge of psychiatry and vice-versa.
You may get weekends off!

Do:

* Memorize the daily mental status exam – this should be your goal for the first week. There is no physical exam as the mental status exam is their substitute. This is psych’s version of a progress note, which evaluates General impression, Motor Behavior, Speech, Affect, Mood, Thought Process, Thought Content, Insight, Judgment, and Impulse Control. The psychiatric interview can be wild, which means you have to keep focused. Make sure you get all the standard questions answered in the first five minutes. This is great practice for other clerkships and for the oral exam. Take advantage of any interview sessions. It makes for great practice and for constructive criticism in preparation for the oral exam.

* Learn the vocabulary of psychiatry. Learn how to evaluate and describe behavior in their words--do not make up your own terms.

* Know your drugs!! It seemed like whenever promoting did occur, it centered on mechanism and side effects.

* Work with the team. The psychiatry team includes nurses, social workers and occupational therapists. Find out what they are doing, what they have learned from your patients, and how you can get more involved.

* Become interested. Psychiatry is often seen by anyone not going into it as a waste of time. Nothing could be further from the truth. You’ll encounter all of the diseases you see on the psych ward in whatever you do as an M.D. Psychiatry is also a great place to impress with medical knowledge from previous rotations, as patients will most often also have some psychiatric issues.

* Work hard on your presentation if that is part of your rotation. The presentation may be a written report and will form a substantial part of your grade. Ask the house staff for help-most of them are very eager to teach and help suggest topics, articles, places to search, etc. Ask to practice your presentation with your house staff as well; it gives you the opportunity to teach (which shows your initiative) and practice for the real thing.

* Go out, relax, read a book, get back into exercising, start training for triathlons, etc.

Don't:

* Leave early! Your recommendations are the most important part of your grade, and your residents will want to see that you take the rotation seriously. The psychiatrist's day is typically 9am-4pm; not much of a burden compared to the rest of third year. If you are bored, go to the residents’ didactics, or talk to more patients.
* Don’t blow off ER calls; the psych ER attendings evaluate you too, but you DON’T have to stay until midnight; you can generally leave when they switch shifts.

* Worry about the shelf! After speaking to many classmates, it’s generally considered one of the easiest you’ll encounter.

/Resources:

* Didactics: The departmental lectures are sometimes excellent, sometimes mediocre.

* ER: A good experience if you take it seriously. Use your time on call to read up if there is nothing going on.

* Pocket DSM IV: This is a cute silver book you can keep in your pocket—use it to learn the inclusion and exclusion criteria for various psych diagnoses. Don’t go crazy trying to memorize criteria for everything; focus on what’s common as that is what you’ll be pimped on – mainly schizophrenia, depression, and mania.

* Review book: First Aid for Psych!!! Get yourself First Aid for Psych!!! Many people use this and love it. It’s only ~ 150 pages of relatively light reading compared to most rotations. First Aid includes everything you need to know, but lacks practice questions. Others include BRS or NMS. Most people prefer BRS because it has less detail, while NMS is good for questions.

* Questions: NMS, Pre-test, Kaplan and Sadock's review book (on reserve in the library), Appleton & Lange a must-do.

**FAMILY MEDICINE**

**Tips:**

- Although we generally think of Family Medicine as the "touchy-feely" part of fourth year, do not equate that with being easy. This is one of the easier clerkships to do well in. Take it seriously and you will be rewarded.

- This clerkship is one of your few outpatient rotations in fourth year. While the patients are less sick than those in the inpatient units, the challenge comes in gathering the relevant information, organizing it into a logical presentation, and coming up with a plan for the attending - all in a limited amount of time. Generally, the attending physician see patients in 10 or 15 minute slots, so you should feel comfortable with doing all the above and performing a focused physical in that time.

- Be prepared for lots of management of chronic medical conditions, thick split charts, and well-child visits. Common things happen commonly; you should feel very comfortable with managing hypertension, diabetes, high cholesterol, etc.
• Early in the year, this rotation will be a good preview of Medicine, Pediatrics, and OB/GYN; later, it will be a great review. However, you basically need to be prepared to take all-comers in the Family Practice setting, so arm yourself with as much broad-based knowledge as possible.

During the Clerkship:
* You are likely to work with a wide variety of students and residents. If possible, try to work with the same resident at least 2-3 times during the clerkship so they can vouch for your improvement/progress. Otherwise, you risk an evaluation based on 15 first impressions which doesn't usually work in your favor. At other sites, you will more likely be working with attending physician 1 to 1.

* These residents are usually stressed out with busy patient loads and not much time to spend with each patient. If you can work efficiently and lighten their loads, they will definitely notice and appreciate it. The best way to become a super-efficient student is to familiarize yourself with the organization of the chart so you will be able to rapidly determine if a patient's health maintenance is up-to-date, what meds they are on, and what their big issues are.

* Don't ignore the formal sessions, as these are an important part of your learning experience in the clerkship (and your oral presentation is an important part of your grade!)

* Be on the lookout for a good patient from day one so that you can gather all the relevant information to make a comprehensive presentation. The small group case presentation is worth a significant part of your grade (five times more than the community health project!!!). Put an appropriate amount of time and effort into this!

Because your presentation will also be evaluated by social worker, be prepared to discuss the psychosocial aspects of the case in detail (living conditions, history of abuse, sexual history, etc).

* You may have to follow up with one patient (your "continuity of care" patient). Pick this patient early and figure out when he/she will return to clinic. If you miss the patient's second visit, tracking him/her down by phone can be tricky.

Books:

* The Family Medicine Essentials text

* Do the questions CD that comes with the book. It contains 100 “sample questions” from the 800 question bank that the exam is made from. Do the math and that's ~10% of the questions you will have had already seen.
ELECTIVES e.g.:  

NEUROLOGY  

Tips:  
- Neurology is a student-friendly rotation. The hours are good, the subject matter is limited, the pace is (generally) relaxed, and the people are nice. Since the rotation is short, no one expects you to be a neurologist by the end. Enthusiasm for the topic and initiative with regard to your patients goes a long way.  
- Make the full neurological exam your top priority for the first week—all else flows from this. Be prepared to present patients on rounds and in morning report. This is an intellectual specialty—use your brain.  
- Warning: don't fall behind on reading and studying— you have very little time before the shelf, and it's a doozy.  

Books:  
- **Lange Neurology:** the recommended text, long but easy reading with lots of pictures and Clinical Handbook Faculty of Medicine tables, a good resources for presentations, etc.  
- **High-Yield Neuroanatomy:** it will save your life again; best quick resource for anatomy and the major neurological disorders; don't leave home without it.  
- **Neurology Recall:** like others in the series, this is a good source for shelf exam prep, but it's quite long and you may not have time for it. Some used only this book.  
- **Neurology House Officer Series:** pocket book, beloved by many but really geared for interns and residents. Lots of lists, not much explanation or background.  
- **Neurology section in NMS Medicine:** it's all there in outline form, but no pictures or tables.  
- **Neuro section in Cecil's:** an alternative to NMS  

Questions: (Do LOTS of 'em)  
- Pre-Test, Appleton & Lange, etc. (Did we mention how hard the shelf was?) GOOD LUCK WITH THIRD YEAR!!!! You will make it through, and even have fun! Don't hesitate to contact the Clinical Dean by e-mail or phone at any point for any advice you may need along the way!  

The latest for rotation First Aid Books suggested:--  
CK Exam: First Aid for CK  
Medicine: Step Up for Medicine  
Surgery: Surgical Attending Rounds  
OB/GYN: First Aid series  
Pediatrics: First Aid Series.
ST. MARTINUS UNIVERSITY, FACULTY OF MEDICINE

APPENDIX 2

CLINICAL CLERKSHIP GRADING GUIDELINES
TO BE USED BY CLINICAL PRECEPTORS
DURING THE ROTATIONS
St. Martinus University Faculty of Medicine

Clinical Clerkship Grading Guidelines
To Be Used By Clinical Preceptors During the Rotation:

GRADING GUIDELINES

60-69%--F Fails to meet the criteria as outlined by a grade of “70.”
70-79%--C Below to slightly below average performance as specified in the stated criteria as indicated by the fact that the student meets some of the criteria for both a grade of “70” and perhaps some “80”.
80-89%--B An average and above average performance by a third year medical student reflecting a performance with the student meeting some of the criteria for both a grade of “80” and perhaps some “90.”
90-100%--A A clear above average performance; is significantly greater than criteria as outlined for a grade of “90”

NOTE: Please provide written documentation in the comments section for any grades below 70 and above 90.

Clinical Rotation Categories

RELATIONSHIP WITH FACULTY, STAFF AND FELLOW STUDENTS
C - The student maintains only marginal relationship with patients and staff. The student has little empathy for the patient or sees them only as diagnoses.
B - The student maintains a pleasant relationship with both patients and staff. The student is accepted as an important member of the treatment team.
A - The student is clearly perceived as a valuable member of the treatment team by both patients and staff. The student is asked about by the patients when absent and clearly empathizes with patients.

COMMUNICATION ABILITY AND ETHICS WITH PATIENTS
C – The student demonstrates a poor ability to connect with the patient and ethics and behavior may be quite inappropriate at times.
B - The student is able to connect well with patients and behavior to patients and the medical system is in keeping with standard medical ethics.
A - The student is at ease and has excellent communication ability with patients. He or she clearly demonstrates the highest standards of medical ethics.

RELIABILITY, MATURITY AND ABILITY TO HANDLE CRITICISM
C - The student is frequently absent or late to scheduled activities or is sometimes hard to find. The student may not carry out his/her clinical duties in an expected manner. The student has major problems accepting criticism.
B - The student is regular in attendance, works cheerfully as directed and carries out assigned duties in a timely manner. The student will take on extra responsibility if so asked and has no significant problem being corrected.
A - The student is totally dependable and does more than is asked. The student takes the initiative to make sure that things get done. The student may stay overtime when necessary and has no difficulty with criticism.

**DETAILED HISTORY**
C - By the end of the rotation, the student continues to be somewhat awkward, fails to put patients at ease, asks questions in a mechanical or “interrogating” manner, and fails to follow-up on expected leads.
B - By the end of the rotation, the student has learned to put patients at ease, asks open-ended questions at times, and is able to obtain most necessary information within a reasonable time period.
A - By the end of the rotation, the student has learned to put most patients at ease and maintain a smooth and flowing conversational interchange. The student can flexibly change style or line of questioning in response to the patient's needs or can adapt their style easily for different types of patients.

**PHYSICAL EXAMINATION**
C - The student shows limited knowledge of his or her patients and relies on the resident or attending physician’s workup rather than their own physical exam. The student seldom seeks additional information or there are gaps in the physical examination.
B - The student relies on the resident workup, but also uses his or her own exam. The student also reads old charts and contacts outside sources with Encouragement; the physical exam is adequate.
A - The student has a reliable confident method and does an excellent physical Examination and obtains information from multiple sources with minimal encouragement.

**WRITTEN RECORD**
C - The student is occasionally careless about charting and may use stereotyped phrases or jargon. The student may also write nonobjective notes and express his or her own attitudes about a patient’s condition rather than using objective criteria. The student needs to be prompted to write progress notes.
B - The student writes all progress notes in a timely fashion and keeps comments concise and objective. The student writes notes daily without prompting.
A - The student writes very accurate and descriptive notes which give a clear picture of the treatment goals and the patient's progress.

**CASE PRESENTATION**
C – The student is unsure of himself or herself, cannot present the case in the correct order and is somewhat incoherent with the differential diagnosis.
B – The student is confident and presents a coherent history and physical exam with clear relevance to the differential diagnosis.
A – The student presents a fluid concise and succinct history and physical with the appropriate positives and negatives to clearly support the differential diagnosis.

DIFFERENTIAL DIAGNOSIS
C - The student uses vague terminology applying to the disease process, but has difficulty defining these terms or equates symptoms and signs with diagnosis.
B - The student is able to distinguish diagnostic categories for the most common disease processes and provides at least half the diagnostic criteria for a given diagnosis. The student can also formulate additional differential diagnoses.
A - The student is able to distinguish diagnostic categories and provide the needed diagnostic criteria to support all proposed diagnoses. The student can discuss the differential diagnoses of the common disorders in depth with little or no preparation.

PHARMACOTHERAPY
C - The student knows only global concepts of pharmacological treatment. The student cannot explain the rationale for choosing a particular treatment modality.
B - The student can discuss specific treatment modalities and knows major classes of pharmacology medication. The student can discuss subtypes of at least one modality – being able to outline the typical method of use, indications, dosage range, and what is considered an adequate trial.
A - The student can discuss subtypes of all major therapeutic treatment modalities in great detail. The student can also discuss which types of treatment are most useful in a given patient.

INTEGRATION OF SIMPLE LAB TEST
C - The student has difficulty with the interpretation and integration of lab tests in defining the diagnosis.
B - The student is able to interpret and integrate the lab and special studies in differentiating the possible diagnoses.
A – The student is able to interpret laboratory tests and is able to suggest and interpret appropriate special studies.

ABILITY TO THINK, INTEGRATE AND LEARN INDEPENDANTLY
C - The student shows limited enthusiasm for the rotation, does only what is required, and shows little interest in learning more.
B - The student shows active interest, reads about his/her patients, and asks pertinent questions.
A - The student shows more than average interest; he or she may read outside articles or books and look up topics in medical literature. The student does extra work without encouragement.
CONSCIENTIOUSNESS, INITIATIVE AND ENTHUSIASM
C - The student takes a passive role in treatment. The student carries out the directions of the resident or attending, but assumes no overall direction of the patient’s case. The student may get over-involved, and have difficulty setting boundaries, seeing him or herself as the patient’s friend, confidant, or advocate against the physician or staff).
B - The student takes a moderately active role in treatment. The student seeks out the patient for regular encounters without encouragement. The student asks for direction and occasionally has suggestions for the treatment team to consider.
A - The student takes an active role in developing and carrying out the treatment plan. The student monitors progress daily and reports to the team. The student is available in crises and consults with the team.

DEPTH OF KNOWLEDGE AND ABILITY TO INTEGRATE INTO CLINICAL PRACTICE
C - The student demonstrates limited understanding of pathophysiology and disease mechanisms. The student has difficulty discussing particular patients and integrating basic science into the disease process and the case at hand.
B - The student has at least some understanding of the pathophysiological disease process and is able to discuss major factors that are impinging on a particular patient.
A - The student demonstrates a clear understanding of disease process in several types of patients and is readily able to integrate the basic science concepts with clinical data.

OVERALL GRADE AND COMMENTS
AS IN ALL SECTIONS A GRADE AND NARRATIVE OF THE STUDENT’S PERFORMANCE IS REQUIRED OF THE EVALUATING PHYSICIAN. A DETAILED NARRATIVE IS MOST IMPORTANT AS THIS DATA WILL BE USED FOR THE STUDENT’S ‘DEAN’S LETTER’ OR MEDICAL STUDENT PROFILE EVALUATION (MSPE); WITHOUT DETAILS THE DEAN’S LETTER WILL BE POOR DESPITE THE STUDENT’S PERFORMANCE SO TAKING THE TIME TO GIVE A DETAILED NARRATIVE IS VITAL TO THE STUDENT’S SUCCESS. THE ATTENDING IS ALSO OBLIGED TO CALL THE CLINICAL DEAN AT THE TIME OF THE EVALUATION TO DISCUSS HIS/HER REPORT DIRECTLY TO THE DEAN SO AS TO FACILITATE THE CONTENT OF THE “DEAN’S LETTER”. TO THIS END HE/SHE MUST PROVIDE A PHONE NUMBER OR EMAIL ADDRESS TO FACILITATE FEEDBACK IF NECESSARY.
ST. MARTINUS UNIVERSITY, FACULTY OF MEDICINE

APPENDIX 3

CLINICAL STUDENT EVALUATION FORM
Clinical Student Evaluation Form

Student Name: ______________________________________________________
Hospital: ___________________________________________________________
Hospital Address: ___________________________________________________
Rotation Name: ______________________________ □ Core □ Elective
Dates: From __________ through __________

Please e-mail results. To expedite mail service to Curacao, send originals to:
U.S. Office
8716 N Mo Pac Expressway, Suite 200
Austin, TX 78759
Tel: 1.718.841.7682
Fax: 718-732-2503

Email: clinicals@martinus.edu

Supervising Physician is to complete this form, the grade, and most importantly, the narrative. In addition, the Clinical Dean must be called directly by telephone at 1.718.841.7682 discuss this student's performance.

Grade Key: A=90-100%  |  B=80-89%  |  C=70-79%  |  F=<70%

1) Relation ship with faculty, A  B  C  F  staff, and fellow students:
Comments: ...........................................................................................................
2) Communication ability A  B  C  F  and ethics with patients:
Comments: ...........................................................................................................
3) Reliability, maturity, and A  B  C  F  ability to handle criticism:
Comments: ...........................................................................................................
4) Detailed history: A  B  C  F
Comments: ...........................................................................................................
5) Physical examination:  A  B  C  F
Comments: .................................................................

6) Written record:  A  B  C  F
Comments: .................................................................

7) Case presentation:  A  B  C  F
Comments: .................................................................

8) Differential diagnosis:  A  B  C  F
Comments: .................................................................

9) Pharmacotherapy:  A  B  C  F
Comments: .................................................................

10) Interpretation of simple  A  B  C  F  lab tests:
Comments: .................................................................

11) Ability to think, integrate  A  B  C  F  and learn independently:
Comments: .................................................................

12) Conscientiousness:  A  B  C  F  Initiative and enthusiasm:
Comments: ................................................................

Inspired by Excellence
13) Depth of knowledge and A B C F ability to integrate into clinical practice:
Comments:
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ST. MARTINUS UNIVERSITY, FACULTY OF MEDICINE

APPENDIX 4

STUDENT EVALUATION OF EACH ROTATION
St. Martinus University, Faculty of Medicine

Rotation Evaluation (student): from: to:

Physician & Hospital: ____________________________

Was the rotation worthwhile:

Was your learning expectations achieved:

Were you treated appropriately by the hospital staff:

How would you like to see the rotation changed for the next incoming group:
e.g. teaching style, attention given, hands on experience, time /study expectations, should this rotation /program be scrapped....positive/helpful suggestions please!

Signed(optional):

Clinical Handbook
2017 – 2018
Revision 1.0
ST. MARTINUS UNIVERSITY
FACULTY OF MEDICINE

CLINICAL ROTATIONS FORM

<table>
<thead>
<tr>
<th>NAME: ________________________________</th>
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</table>

<table>
<thead>
<tr>
<th>ROTATION</th>
<th>Location / Hospital / from</th>
<th>Date to</th>
<th>Name Clinical Supervisor / Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine</td>
<td>______________________ /</td>
<td>______ /</td>
<td>__________________ / ______</td>
</tr>
<tr>
<td>12 weeks</td>
<td>______________________ /</td>
<td>______ /</td>
<td>__________________ / ______</td>
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<tr>
<td>General Surgery</td>
<td>______________________ /</td>
<td>______ /</td>
<td>__________________ / ______</td>
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<tr>
<td>12 weeks</td>
<td>______________________ /</td>
<td>______ /</td>
<td>__________________ / ______</td>
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<tr>
<td>Surgical Subspecialties</td>
<td>______________________ /</td>
<td>______ /</td>
<td>__________________ / ______</td>
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<tr>
<td>4 weeks</td>
<td>______________________ /</td>
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<tr>
<td>Pediatrics</td>
<td>______________________ /</td>
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<tr>
<td>6 weeks</td>
<td>______________________ /</td>
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<tr>
<td>Psychiatry</td>
<td>______________________ /</td>
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<tr>
<td>6 weeks</td>
<td>______________________ /</td>
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<td>__________________ / ______</td>
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<tr>
<td>Obstetrics / Gynecology</td>
<td>______________________ /</td>
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<td>__________________ / ______</td>
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<tr>
<td>6 weeks</td>
<td>______________________ /</td>
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<td>__________________ / ______</td>
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<tr>
<td>Family Medicine</td>
<td>______________________ /</td>
<td>______ /</td>
<td>__________________ / ______</td>
</tr>
<tr>
<td>6 weeks</td>
<td>______________________ /</td>
<td>______ /</td>
<td>__________________ / ______</td>
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</table>

48 weeks total
Elective rotations *highly recommended* - 24 weeks:

Each Elective must not be less than 3 weeks and no more than 4 weeks.

<table>
<thead>
<tr>
<th>ROTATION</th>
<th>Location / Hospital / from Date to / Name Clinical Supervisor / Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurology</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>4 weeks</td>
</tr>
</tbody>
</table>
Appendix 6
CLINICAL CASE DOCUMENTATION FROM:
INTERNAL MEDICINE
St. Martinus University, Faculty of Medicine

**Student Rotation Register**

**Internal Medicine**: (please document patient initials of cases seen/ category, to max 10/Dx)

**Student Name**: ____________________

CORE rotation from __________ to __________ Hospital; ________________ Duration 12 weeks

ELECTIVE from __________ to __________ Hospital; ________________ Duration 4 weeks

General objectives:
- Be able to take a detailed history.
- Perform a complete physical examination.
- Set up a list signals and problems noticed in a patient.
- Make a differential diagnosis.
- Set up a therapeutic plan.
- Know relevant pharmacotherapy, interactions and pharmacotherapeutic risks in the elderly and patients with liver and renal disorders.
- Know how to write a prescription.
- Know how to write a letter of discharge.
- Know how to perform and interpret simple laboratory tests in blood and urine, such as ESR, Hb etc.
- Know how to interpret some more complex explorative lab tests such as serology, thorax x-rays etc.

Participating departments: Internal Medicine, Cardiology, Pulmonary Medicine, Gastroenterology, Endocrinology, Rheumatology, Hematology/ Oncology, Infectious diseases, Nephrology.

Please document e.g. (Please document pt. initials of cases seen/ category, to max 10/Dx)

<table>
<thead>
<tr>
<th>Cardiovascular system</th>
<th>Clinical Evaluation</th>
<th>Case Write-up</th>
<th>Discussion/Lecture</th>
<th>Total seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart valvular diseases</td>
<td>HM, SE GD. BF. _____</td>
<td>SE, GD, BF. _____ WR, GB, SA _____</td>
<td></td>
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<tr>
<td>Mitral stenosis, _____</td>
<td>FD, HS, _____ FG, HS _____</td>
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</tbody>
</table>
### Internal Medicine:

<table>
<thead>
<tr>
<th>Cardiovascular system</th>
<th>Clinical Evaluation</th>
<th>Case Write-up</th>
<th>Discussion/Lecture</th>
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</thead>
<tbody>
<tr>
<td><strong>Total seen</strong></td>
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<tr>
<td>Heart valvular diseases</td>
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<tr>
<td>Mitral stenosis,</td>
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<tr>
<td>Mitral insufficiency</td>
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<tr>
<td>Aortic stenosis</td>
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<tr>
<td>Aortic regurgitation</td>
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<tr>
<td>Mitral valve prolapse</td>
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<tr>
<td>Bacterial Endocarditis</td>
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<tr>
<td>Congestive Heart Failure</td>
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<tr>
<td>Angina Pectoris</td>
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<tr>
<td>Myocardial Infarction</td>
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<tr>
<td>Rhythm disturbances</td>
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<tr>
<td>Atrial Fibrillation</td>
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<tr>
<td>Atrial Flutter</td>
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<tr>
<td>Ventricular Fibrillation</td>
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<tr>
<td>AVblock</td>
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<tr>
<td>Hypertension</td>
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<tr>
<td>Aortic Aneurysm</td>
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<tr>
<td><strong>ECG: understanding and learning to read</strong></td>
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<td><strong>C.P.R.</strong></td>
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</tbody>
</table>

### Respiratory System (Pulmonary Medicine)

| Chronic Obstructive Pulmonary Diseases |                     |               |                    |
| Asthma                                |                     |               |                    |
| Bronchitis                            |                     |               |                    |
| Pneumonia                             |                     |               |                    |
| Tuberculosis                          |                     |               |                    |
| Pleural Effusion                      |                     |               |                    |
| Pulmonary Embolism                    |                     |               |                    |
| Bronchiogenic carcinoma               |                     |               |                    |
| Knowing how to approach patients with: wheezing, cough, hemaoptysis, hyperventilation, dyspnea, orthopnea, stridor | | | |
| Lung Function Tests                   |                     |               |                    |

### Blood and vascular systems

<table>
<thead>
<tr>
<th>Clinical Evaluation</th>
<th>Case Write-up</th>
<th>Discussion/Lecture</th>
<th>Total seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia (pernicious, iron deficiency, B12 and Folate deficiency, hemolytic)</td>
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<tr>
<td>Hemophilia</td>
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</tbody>
</table>
Bleeding disorders
Thrombo-embolic disorders
Hemoglobinopathies (sickle-cell anemia, G6PD deficiency, thalassemia)
Varicose veins
Polycythemia
Occlusive diseases of the leg vessels (DVT)

<table>
<thead>
<tr>
<th>Hepatobiliary system</th>
<th>Clinical Evaluation</th>
<th>Case</th>
<th>Write-up</th>
<th>Discussion/Lecture</th>
<th>Total seen</th>
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</thead>
<tbody>
<tr>
<td>Hepatitis (including Hepatitis B)</td>
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<tr>
<td>Liver cirrhosis</td>
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<tr>
<td>Cholecystitis</td>
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<tr>
<td>Jaundice</td>
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<tr>
<td>Pancreatitis</td>
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<tr>
<td>Gall stones</td>
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</tbody>
</table>

| Endocrinology | | | | |
|--------------|------|----------|-----------------|
| Thyroid function test | | | |
| Hypo- and hyperthyroidism | | | |
| Hyperprolactinemia | | | |
| Diabetes insipidus | | | |
| Diabetes Mellitas | | | |
| Osteoporosis | | | |
| Graves Disease | | | |
| Cushing’s syndrome | | | |

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<thead>
<tr>
<th>Oncology</th>
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<tbody>
<tr>
<td>Leukemia</td>
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<tr>
<td>Lymphoma (Hodgkin’s, non-Hodgkin)</td>
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<tr>
<td>Multiple myeloma</td>
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<tr>
<td>Gastrointestinal carcinoma</td>
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<tr>
<td>Carcinoma from other sources</td>
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<tr>
<td>Breast cancer</td>
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<tr>
<td>Prostate cancer</td>
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<tr>
<td>Biopsies (bone marrow aspiration, needle biopsy, thyroid, bronchoscopy, pleural aspiration and biopsy)</td>
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<thead>
<tr>
<th>Rheumatology</th>
<th>Clinical Evaluation</th>
<th>Case</th>
<th>Write-up</th>
<th>Discussion/Lecture</th>
<th>total seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Osteoarthritis</td>
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<tr>
<td>Gout</td>
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<tr>
<td>Paget’s disease</td>
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<tr>
<td>Rheumatoid arthritis</td>
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<tr>
<td>SLE</td>
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</tbody>
</table>
Ankylosing spondylitis  
Psoriatic arthritis  
Carpal Tunnel syndrome  
Low back pain  
Joint pain, swelling, crepitus, deformities  

**Gastroenterology**  
Peptic ulcers  
Gastritis  
Bleeding in the GI tract  
Carcinoma of the GI tract (esophagus, stomach, colon)  
Irritable Bowel syndrome  
Crohn's disease  
Ulcerative colitis  
Diverticulosis  
Polyposis Coli syndrome  
Diarrhea / gastroenteritis  
Constipation  
Gastro-enteral reflux  
Hemorrhoids  
Intestinal obstruction  
Appendicitis  

**Infectious diseases**  
AIDS  
STD (gonorrhea, syphilis, chancroid, etc)  
Tetanus  
Toxic shock syndrome  
Streptococcal infections (pharyngitis, post-strep glomerulonephritis)  
Meningitis  
Osteomyelitis  
Malaria  
Typhoid  
Protozoal infections (Amebiasis, Giardiasis etc.)  
Worm infections (Ascariasis etc.)  
Candidiasis  
Herpes infections  
Salmonella / E.coli  
Immunization and preventive care  
Measles  
Rubella  
Chicken pox  

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**Inspired by Excellence**
<table>
<thead>
<tr>
<th>Renal system (Nephrology)</th>
<th>Clinical Evaluation</th>
<th>Case Write-up</th>
<th>Discussion/Lecture</th>
<th>Total seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renal failure</td>
<td></td>
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<tr>
<td>Nephritic syndromes</td>
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<tr>
<td>Nephropathies</td>
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<tr>
<td>Pyelonephritis</td>
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<tr>
<td>Urinary tract infections</td>
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<tr>
<td>Orchitis</td>
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<tr>
<td>Epididymitis</td>
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<tr>
<td>Urinary incontinence</td>
<td></td>
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<tr>
<td>Kidney and urinary stones</td>
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</tr>
<tr>
<td>Hydrocele</td>
<td></td>
<td></td>
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<tr>
<td>Benign prostatic hyperplasia</td>
<td></td>
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<tr>
<td>Prostatism</td>
<td></td>
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<tr>
<td>Micturition difficulties</td>
<td></td>
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<tr>
<td>Diabetic and hypertensive Nephropathy</td>
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Additional Cases:

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Appendix 7

CLINICAL CASE DOCUMENTATION FROM: SURGERY
St. Martinus University, Faculty of Medicine

Objectives of the Clinical Curriculum per Clinical Rotation

Surgery

Student’s Name: ______________________________

Required rotation from Hospital:_________________ Duration: 12 weeks
to Hospital:_________________
Surgical Subspecialties to Hospital:_________________ Duration: 8 weeks
from

General objectives:

To acquire knowledge regarding:
- Taking emergency measures in a surgical patient with signs of acute abdomen, blunt trauma of thorax or abdomen, fractures and other trauma.
- Most common problems in out-patients clinic in the field of surgery.
- Pre-operative screening and patients support.
- Some surgical techniques important for the support of patients.
- Most common post-operative complications.

Specific objectives:
Urology: Acquire knowledge of general surgical and urologic principles of urogenital infections, micturition problems, urolithiasis, prostate hypertrophy and prostate tumors. Acquire knowledge of more specific urogenital disorders especially in pediatric urology, andrologic and oncologic aspects

Orthopedic surgery: Acquire knowledge of congenital abnormalities in growth disorders, traumata, posttraumatic deformities, degenerative disorders, inflammation of the musculoskeletal system, tumors of the musculoskeletal system. Know conservative and surgical therapy of above mentioned disorders. Participating departments: General Surgery/ Urology, ENT, Ophthalmology, Orthopedic Surgery

General Surgical: diseases/ procedures to cover:
### Check off cases seen clinically/ Discussed in clinical conference

| 1. ___ | Upper and lower endoscopy |
| 2. ___ | Laparoscopy |
| 3. ___ | Hydrocele |
| 4. ___ | Abdominal pain / acute abdomen |
| 5. ___ | Hydrocele |
| 6. ___ | Achalasia |
| 7. ___ | Hernia |
| 8. ___ | Bowel obstruction |
| 9. ___ | Blunt / penetrating trauma |
| 10. ___ | Gallbladder / biliary diseases |
| 11. ___ | Anorectal diseases |
| 12. ___ | Breast diseases |
| 13. ___ | Abdominal aortic aneurysm |
| 14. ___ | Carotid occlusive disease |
| 15. ___ | Skin lesions |
| 16. ___ | Thyroidectomy (parathyroid) |
| 17. ___ | Venous diseases |
| 18. ___ | Surgical infections |
| 19. ___ | Gangrenous infections |
| 20. ___ | Appendectomy |
| 21. ___ | Incision and drainage |
| 22. ___ | Suturing |
| 23. ___ | Abdominal paracentesis |
| 24. ___ | Joint drainage |
| 25. ___ | Venipuncture |
| 26. ___ | Femoral line placements |
| 27. ___ | Arterial line placements |
| 28. ___ | Jugular line placement |
| 29. ___ | Foley catheter placements |
| 30. ___ | Catheterization |
| 31. ___ | Injections (IV, IM, SC, IC) |
| 32. ___ | PAP smear |
| 33. ___ | Heel stick |
| 34. ___ | Tube placement |

| 1. ___ | Peptic ulcers |
| 2. ___ | Gastritis |
| 3. ___ | Bleeding in the GI tract |
| 4. ___ | Carcinoma of the GI tract (esophagus, stomach, colon) |
| 5. ___ | Appendicitis |
| 6. ___ | Irritable Bowel syndrome |
| 7. ___ | Crohn's disease, ulcerative colitis |
| 8. ___ | Diverticulosis |
| 9. ___ | Polyposis Coli syndrome |
| 10. ___ | Hemorrhoids |
| 11. ___ | Intestinal obstruction |
| 12. ___ | Diarrhea / gastroenteritis |
| 13. ___ | Constipation |
| 14. ___ | Gastro-enteral reflux |
| 15. ___ | Orchitis |
| 16. ___ | Epididymitis |
| 17. ___ | Urinary incontinence |
| 18. ___ | Kidney and urinary stones |
| 19. ___ | Hydrocele |
| 20. ___ | Prostate cancer |
| 21. ___ | Benign prostatic hyperplasia |
| 22. ___ | Prostatism |
| 23. ___ | Occlusive diseases of the leg vessels (DVT) |
### Ear, Nose and Throat

1. ___Hearing evaluation  
2. ___Otitis externa and media  
3. ___Cerumen, pruritus  
4. ___Hearing loss  
5. ___Vertigo  
6. ___Tinnitus  
7. ___Epistaxis  
8. ___Allergic rhinitis  
9. ___Nasal congestion, nasal exudate  
10. ___Nasal polyps  
11. ___Sinusitis  
12. ___Glossitis  
13. ___Oral candidiasis  
14. ___Stomatitis aphtosa  
15. ___Epiglottitis  
16. ___Pharyngitis  
17. ___Tonsillitis  
18. ___Peritonsillar  
19. ___Laryngitis  
20. ___Squamous cell carcinoma of larynx  
21. ___Dysphagia

### Ophthalmology

1. ___Conjunctivitis / keratitis  
2. ___Glaucoma, closed and open angle  
3. ___Cataract  
4. ___Ptosis  
5. ___Hordeolum  
6. ___Pingueculum  
7. ___Pterygium  
8. ___Chalazion  
9. ___Corneal ulcer  
10. ___Exophthalmia / endophthalmia  
11. ___Strabismus  
12. ___Blindness  
13. ___Vision and refraction anomalies  
14. ___Retinal detachment (ablatio retinae)  
15. ___Diabetic and hypertensive retinopathy  
16. ___Congenital disorders of the eye
ST. MARTINUS UNIVERSITY, FACULTY OF MEDICINE

APPENDIX 8

CLINICAL CASE DOCUMENTATION FROM: PSYCHIATRY
Objectives of the Clinical Curriculum per Clinical Rotation

Psychiatry

Student Name: ________________________

REQUIRED rotation from ___________________ to Hospital: ____________ Duration: 6 weeks
ELECTIVE from ___________________ to Hospital: ____________ Duration: 4 weeks

General objectives:
• Acquire skills necessary for providing basic psychomedical care, i.e. on the level of a basic MD know how to solve basic psychiatric and psychosocial problems.

Specific objectives:
- Recognize a pattern of complaint as coming from psychological / psychomental health problem.
- Make a psychiatric diagnosis in conformity with international criteria.
- Learn to set up a therapeutic plan and/or know how to adequately combine 1st and 2nd line care.
- Learn how to evaluate psychiatric/psychomedical interventions.

Examples of Psychiatric diseases to cover:
Check off cases seen clinically/ Discussed in clinical conference
1. ___Psychosis
2. ___Schizophrenia
3. ___Major depression,
4. ___Bipolar I disorders
5. ___Bipolar II disorders
6. ___Somatoform disorders
7. ___Eating disorders: bulimia, anorexia
8. ___Manias
9. ___Phobias
10. ___Stress and adjustment disorders
11. ___Substance abuse
12. ___Violent patients
13. ___Suicidal patients
14. ___Medical induced psychosis
15. ___Personality disorders
16. ___Sleep disorders
17. ___Delirium and dementia
18. ___Anxiety disorders
19. ___Mini mental status exam
20. ___Psychological tests
21. ___CT / MRI in psychiatric patients
22. ___EEG
23. ___Psychotherapy / psychopharmacology

Competence with:

- ___Mini mental status exam
- ___Psychological tests
- ___CT / MRI in psychiatric patients
- ___EEG
- ___Psychotherapy / psychopharmacology
St. Martinus University, Faculty of Medicine

Objectives of the Clinical Curriculum per Clinical Rotation

Obstetrics / Gynecology

Student Name: ____________________________

CORE rotation from ________ to ________ Hospital: ________________ Duration: 8 weeks
ELECTIVE from ________ to ________ Hospital: ________________ Duration: 4 weeks

General objectives:
- Apply the basic sciences acquired in the first stage of the medical study in the field of anatomy, physiology, pathophysiology, and the pathology of the conception in a patient who presents herself with a normal physiological pregnancy and/or with abnormalities of (a) reproductive organ(s).
- Learn about and learn to deal with the physiological and pathological conditions and abnormalities of the reproductive organs and consequences on other organ systems in several categories of age of the female.
- Know how to deal with the social and psychological consequences of these types of abnormalities

Specific objectives:
Acquire knowledge and skills regarding to:
- Prenatal care (organization, advices, recognize risk factors, take obstetric history) and the most important and most common problems in pregnancy.
- A normal delivery and most complications.
- The postpartum period and most common problems in the post-partum period.
- The examination and monitoring of the neonate.

Acquire knowledge and skills regarding several gynecological problems such as abnormal vaginal blood loss, abnormal menstrual cycle and menstrual disorders in different age groups, vaginal discharge, abdominal pain, tumors in the abdomen, decreased fertility and contraception. Participating disciplines Obstetrics, Gynecology, delivery room

Examples of the OB/Gyn diseases to cover:
Check off cases seen clinically/ Discussed in clinical conference

1. __ Management of normal pregnancy.
2. ___Prenatal and postnatal care.
3. ___Abortion types.
4. ___Pre-eclampsia and Eclampsia.
5. ___Hydatiform mole.
6. Choriocarcinoma.
7. Management of complicated pregnancy:
   b. Fever, abdominal pain.
8. Management of maternal complications during pregnancy:
   a. Asthma, Diabetes Mellitus, AIDS, seizures, Herpes, anticoagulant use.
   b. Anemia, Thyroid problems, hepatitis, syphilis, gonorrhea, Chlamydia.
   c. Other infections during pregnancy e.g. rubella.
11. Normal labor.
12. Premature labor.
15. Postnatal bleeding.
17. Puerperal mastitis / puerperal fever.
19. Infertility.
20. Premenstrual syndrome.
22. Delayed menarche.
24. Neoplasia of female genital tract:
   b. Endometriosis.
   c. Genital prolapse.
   d. PID.
   e. Contraception (and types eg. IUD).
25. Breast disorders:
   a. Fibrocystic disease, fibroadenoma, carcinoma.
   b. Pain, swelling, nipple retraction, erythema, Gynecomastia.
ST. MARTINUS UNIVERSITY, FACULTY OF MEDICINE

APPENDIX 10

CLINICAL CASE DOCUMENTATION FROM:
PEDiatrics
St. Martinus University, Faculty of Medicine

Objectives of the Clinical Curriculum per Clinical Rotation

Pediatrics

Student Name: ______________________

CORE rotation from to Hospital: __________________ Duration: 6 weeks
ELECTIVE from to Hospital: __________________ Duration: 4 weeks

General objectives:
- Acquire insight in the world of a child and the pediatric care.
- Acquire knowledge in the most important diseases in children in all age groups and skills necessary to take a history from the children and/or caretakers. Learn how to examine a pediatric patient, make a differential diagnosis and set up a therapeutic plan.

Specific objectives:
- Learn about most common complaints and pediatric diseases, learn how to recognize, diagnose and treat them.
- Know how to interpret developmental signs and abnormalities.

Examples of Pediatric diseases to cover:

Check off cases seen clinically/ Discussed in clinical conference
1. ___ Growth charts.
2. ___ Prematurity / Dysmaturity / Low Birth Weight.
3. ___ Failure to thrive.
4. ___ Neonatal Nutrition, calorie calculations.
5. ___ Respiratory Distress Syndrome.
6. ___ Neonatal jaundice.
7. ___ Developmental disorders.
8. ___ Pyloric stenosis.
9. ___ Vomitus.
10. ___ Gastro-enteral reflux.
11. ___ Abdominal pain.
12. ___ Asthma, stridor.
13. ___ Allergies.
14. ___ Apnea.
15. ___ Respiratory infections.
16. ___ Immunizations.
17. ___ Anemia.
18. ___ Vitamin deficiencies, nutritional disorders.
19. ___Meningitis.
20. ___Cystic fibrosis.
21. ___Juvenile diabetes mellitus.
22. ___Attention Deficit disorders.
24. ___Dehydration, rehydration.
25. ___Genetic disorders.
26. ___Down syndrome.
27. ___Marfan’s syndrome.
28. ___Klinefelter’s disease etc.
29. ___Chromosomal disorders.
30. ___Croup.
31. ___Epiglottitis.
32. ___Otitis.
33. ___Umbilical hernia etc.
ST. MARTINUS UNIVERSITY, FACULTY OF MEDICINE

APPENDIX 11

CLINICAL CASE DOCUMENTATION FROM:
FAMILY MEDICINE
St. Martinus University, Faculty of Medicine

Objectives of the Clinical Curriculum per Clinical Rotation

Family Medicine

Student Name: ______________________

CORE rotation from to Hospital: _____________ Duration: 6 weeks
ELECTIVE from to Hospital: _____________

General objectives:
Give the medical student the chance to get in contact with patients under supervision and independently, to get experience in problem-solving in general practice of family medicine. Acquire insight into different patterns of complaints, morbidity, attitudes of patient management and treatment. Learn how to formulate a diagnostic problem, how to set up a plan for further investigation, treatment and management in the short and long term.

Specific objectives: As for all disciplines but limited to most common of these diseases

Examples of Principles of Family Medicine diseases to cover

Check off cases seen clinically/ Discussed in clinical conference
1. ___ Fluid and Electrolyte disorders.
2. ___ Acid base disorders.
3. ___ Hypertension / hypotension.
4. ___ Shock.
5. ___ Acute respiratory failure.
6. ___ Hypo- and hyperglycemia.
7. ___ Evaluation and management of fever and malaise.
8. ___ Evaluation and management of pain.
9. ___ Management of acute (cardiac or bronchial) asthma.
10. ___ Management of acute bleeding (traumatic, gastrointestinal etc).
11. ___ Management of arrhythmia’s and heart block.
13. ___ Anaphylaxis / acute allergy.
14. ___ Poisoning.
15. ___ Head trauma/spine injuries.
16. ___ Fractures.
17. ___ Foreign bodies.
18. ___ Burns.
19. ___ Heat stroke.
20. ___ Electric shock.
21. ___Drowning.
22. ___Substance abuse.
23. ___How to deal with ethical issues Reporting of medical cases.
24. ___Obesity.
25. ___Weight loss, cachexia.
ST. MARTINUS UNIVERSITY, FACULTY OF MEDICINE

APPENDIX 12

CLINICAL CASE DOCUMENTATION FROM:
NEUROLOGY
St. Martinus University, Faculty of Medicine

Objectives of the Clinical Curriculum per Clinical Rotation

Neurology

Student Name: __________________________

Recommended rotation  from  to  Hospital: ____________ Duration: 4 weeks

General objectives:
- Acquire knowledge and skills about the most common neurological problems and diseases.

Specific objectives:
- Know how to deal with problems such as headache, vertigo, balance disorders, coma, intermittent loss of consciousness, pain in the back, legs and arm, central and peripheral paralysis, trauma of the head neck and vertebral column, dementia, meningeal irritation, symptoms of increased intracranial pressure, retardation, extrapyramidal disorders, visual disorders, neurological abnormalities in internal disorders.

Examples of the Neurological diseases to cover:

Check off cases seen clinically/ Discussed in clinical conference
1. ___Headache
2. ___Convulsions
3. ___Epilepsy
4. ___TIA
5. ___Syncope
6. ___Strokes
7. ___Subarachnoid bleed
8. ___Aneurysms
9. ___Subdural bleed
10. ___Cerebral hemorrhage
11. ___Cerebral trauma
12. ___Brain tumors
13. ___Brain abscesses
14. ___Tremors
15. ___Parkinson’s disease
16. ___Multiple sclerosis
17. ___Bell’s palsy
18. ___Carpal tunnel syndrome
19. ___Myasthenia gravis
20. Nystagmus
21. Vertigo
22. Tinnitus
23. Balance disorders
24. Cerebellar diseases
25. Paresthesias
26. Peripheral neuropathy
27. Myelopathy
28. Gait disorders
29. Cramps
30. Tetany
31. Myopathy
32. Hyper- and hypotonia
33. Pareses, paralysis
34. Dysarthria
35. Dyslexia
36. Neuromuscular disorders
37. Dementia
38. Alcohol abuse
39. Memory loss
ST. MARTINUS UNIVERSITY, FACULTY OF MEDICINE

APPENDIX 13

CLINICAL CASE DOCUMENTATION FROM:
RADIOLOGY
St. Martinus University, Faculty of Medicine

Objectives of the Clinical Curriculum per Clinical Rotation

Radiology

Required rotation  
Duration: 4 weeks

General objectives:
  • Learn about all diagnostic radiological tools and how to look and interpret the radiological findings.

Specific objectives:
  • Learn about making and looking at X-rays, ultrasound radiography, MRI, CT scan.
  • Reading, radiological recordings and setting up a diagnosis from these recordings

Examples of Radiological disorders to cover:
  • From the most common diseases of all disciplines.
APPENDIX 14

CLINICAL CASE DOCUMENTATION FROM:
OPHTHALMOLOGY
St. Martinus University, Faculty of Medicine

Objectives of the Clinical Curriculum per Clinical Rotation

Ophthalmology

Student Name: _______________________

Recommended surgical subspecialty from to Hospital: _____________ Duration 4 weeks

General objectives:
- Know how to reach a (differential) diagnosis based on history and examination (ophthalmoscope / split lamp) of the eye
- Know which disease can be treated by a general practitioner and which should be referred to the ophthalmologist
- Know about the diagnostic and therapeutic (medications) possibilities in ophthalmology

Specific objectives:
- Acquire knowledge into the basic medical relevant ophthalmologic disorders such as traumata, infections, glaucoma, retinal abnormalities, strabismus, cataract, retinal ablatio, corneal transplantations, refraction abnormalities, contact lenses.
- Know to improve skills such as: funduscopy, split lamp examination to look at the anterior eye chamber, examine, recognize or evaluate refraction disorders

Examples of the Ophthalmological diseases to cover:

Check off cases seen clinically/ Discussed in clinical
1. ___ Conjunctivitis / keratitis
2. ___ Glaucoma, closed and open angle
3. ___ Cataract
4. ___ Ptosis
5. ___ Hordeolum
6. ___ Pingueculum
7. ___ Pterygium
8. ___ Chalazion
9. ___ Corneal ulcer
10. ___ Exophthalmia/entophthalmia.
11. ___ Strabismus
12. ___ Blindness
13. ___ Vision and refraction anomalies
14. ___ Retinal detachment (ablatio retinae)
15. ___ Diabetic retinopathy
16. ___ Hypertensive retinopathy
17. ___ Congenital disorders of the eye
ST. MARTINUS UNIVERSITY, FACULTY OF MEDICINE

APPENDIX 15

CLINICAL CASE DOCUMENTATION FROM:
EAR, NOSE, AND THROAT SURGERY
St. Martinus University, Faculty of Medicine

Objectives of the Clinical Curriculum per Clinical Rotation

Ear, Nose & Throat Surgery

Student Name: __________________________

Recommended surgical subspecialty rotation
Duration: 4 weeks

General objectives:
- Know how to make a diagnosis in the ENT area based on history and examination.
- Know how to handle simple ENT instruments.
- Know about the modern diagnostic and therapeutic methods in the ENT area.

Specific objectives:
Acquire knowledge and insight into:
- Anatomy and physiology of the ear, nose and sinuses.
- Abnormalities of the external, middle and internal ear.
- Sanitizing and reconstructive ear surgery.
- Vertigo, tinnitus, Meniere’s disease, neurinoma of the acoustic nerve, problems of the facial nerve.
- Rhinitis, sinusitis, atopia, vasomotoric rhinitis.
- Traumata, anatomical abnormalities and operation techniques of the nose.
- Specific ENT problems in children.
- Diseases of the mouth and pharynx.
- Sore throat and laryngeal problems.
- Oncology of head and neck.
- Endoscopy of ENT region.

Examples of ENT diseases to cover:

Check off cases seen clinically/Discussed in clinical conference

Hearing evaluation
1. ___ Otitis externa and media
2. ___ Cerumen, pruritus
3. ___ Hearing loss.
4. ___ Vertigo.
5. ___ Tinnitus.
6. ___ Epistaxis.
7. ___ Allergic rhinitis.
8. ___ Nasal congestion, nasal exudate.
9. ___ Nasal polyps
10. Sinusitis.
15. Pharyngitis.
16. Tonsillitis.
17. Peritonsillar abscesses.
18. Laryngitis.
20. Dysphagia.
ST. MARTINUS UNIVERSITY, FACULTY OF MEDICINE

APPENDIX 16

CLINICAL CASE DOCUMENTATION FROM:
DERMATOLOGY
St. Martinus University, Faculty of Medicine

Objectives of the Clinical Curriculum per Clinical Rotation

Dermatology

Student Name: __________________________

Recommended ELECTIVE from to Hospital: ____________ Duration: 4 weeks

General objectives:
- Learn how to make a morphologic diagnosis based on dermatologic efflorescences. Know how to apply the most basic and essential dermatotherapy.
- Acquire knowledge about diagnostic, therapy, monitoring and contact tracing in STD’s.

Specific objectives:
- Know how to perform certain skills such as preparing and interpreting Gram stained plates, KOH preparation, trichogram.
- Apply elastic compressive bandages.
- Basic principles of most common dermatologic histodermatopathology.
- Psychomedical, social and arbomedical aspects of common dermatologic disorder.
- Introduction to allergologic lab and specialized dermatologic repertoire of treatment.

Examples of Dermatological diseases to cover:

Check off cases seen clinically/ Discussed in clinical conference
1. __ Skin infections: Abscess, impetigo, cellulitis, folliculitis, furuncle, carbuncle, tinea, candidiasis.
2. __ Psoriasis.
3. __ Dermatitis, several types of, seborrhoic, atopic etc.
4. __ STD.
5. __ Acne.
6. __ Syphilis.
7. __ Pityriasis rosea.
8. __ Keratosis actinic.
9. __ Paget’s disease.
10. __ Herpetic skin infections: simplex, zoster, chicken pox.
11. __ Pediculosis, scabies.
12. __ Insect bites.
13. __ Alopecia.
14. __ Nail disorders.
15. __ Folliculosis.
16. __ Intertrigo.
17. __ Warts and corns.
18. Molluscum contagiosum.
22. Pruritus.
23. Photosensitivity.
ST. MARTINUS UNIVERSITY, SCHOOL OF MEDICINE

APPENDIX 17

CLINICAL CASE DOCUMENTATION FROM:
GENERIC FORM
Clinical Objectives of Student’s exposure to Clinical practice.

General objectives:
- Be able to take a detailed history.
- Perform a complete physical examination.
- Set up a problem list noted in a patient.
- Make a differential diagnosis.
- Set up a therapeutic plan.
- Know relevant pharmacotherapy, interactions and pharmacotherapeutic risks in general and in specific situations e.g. in the elderly and patients with liver and renal disorders.
- Know how to write a prescription.
- Know how to write a letter of discharge.
- Know how to perform and interpret laboratory tests in blood and urine, such as ESR, Hb etc.
- Know how to interpret some more complex explorative lab tests such as serology, thorax x-rays, EKG etc.

Professional Interaction/ The pointers on which the student will be evaluated:
(Students will be evaluated throughout, and formally, at the conclusion of their clinical rotation).
- The professional and interpersonal approach to a patient and colleague.
- The ability to communicate with a patient and colleague; with clear and understandable diction and the ability to communicate effectively and politely, even in difficult circumstances, so as to transfer information which is succinct and easily understood at whatever level of education the patient or colleague may be.
- The ability to produce a written record of the evaluation, in appropriate form, so as to conform to a standard medico-legal communication.
- The ability to present orally a patient evaluation; to convey clearly and succinctly the history, physical exam and the approach to the differential diagnosis along with an outline of management and treatment.
- The depth of knowledge of the subject/s at hand.
- The willingness and appropriate behavior in the learning process; learning what to say, and what not to say, when and how and the ability to deal with being corrected.

Case Documentation:
- Keep a record on this form or in a notebook which you keep with you at all times, to jot down the initials and Diagnosis of every patient you see. **You will need to fill in the specific rotation form with these patients, checking off the specific diagnosis needed** but after that you will need to just list the remainder of the cases you saw in any order, to supplement the list or just list the cases in a rotation with no specified form.
Scan and e-mail the list after each rotation to the Dean of Clinical Sciences

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<th>Student Name:</th>
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**Rotation:** ______________  **Dates:** ______________

**Cases Seen:**

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