

# Procedural Information and Policy Guide for the Clinical Curriculum

## Academic Year 2011-2012



Prepared for the Classes of 2012 & 2013

Prepared by

Committee for Undergraduate Medical Education (CUMED)

CUMED Sub-committee Years III and IV

Clerkship Directors

Office of Medical Education

Date

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## **Section I**

Overview of the Clinical Curriculum





### **Expectations for Students in the Third and Fourth Years**

The third-year Clinical Clerkships, Island Courses, fourth-year Neurology Clerkship **and** the Acting Internships provide the core of clinical training for students in the Penn State College of Medicine. Successful completion of all third-year Clinical Clerkships and third-year Island Courses is a prerequisite for advancement to the fourth year. All of the aforementioned courses must be successfully completed as a requirement for graduation from the College of Medicine.

Respecting the primacy of these core courses, it is expected that all students will approach and complete these requirements with responsibility, energy and professionalism. Expectations common to the Clinical Clerkships, Island Courses, and Acting Internships are detailed below.

Broad goals and objectives for the required courses are attached. Requirements for the Procedure Log are also attached. Additional expectations will be provided by individual courses, including specifics of the requirements for the Observed Examination Logs and the Patient Encounter logs. Students are expected to review and be familiar with the goals, objectives and expectations provided for each clinical rotation and Island Course.

A full listing of third- and fourth-year course requirements is included below. Additional required educational experiences that must be completed during the clinical years are described in Section II.

#### The Clinical Years

The third and fourth years are a continuum of clinical rotations. Students first take required core clerkships and one or two electives followed by required Acting Internships, Neurology, and electives.

#### The Third Year

The third year begins with a Transition to Clinical Medicine (TCM) course, and Island #701: Advanced Clinical Diagnostics. These two courses are designed to provide students with necessary basic skills to begin clinical work. The remainder of the third year includes a sequence of required core clinical clerkships in Internal Medicine, Family and Community Medicine, Psychiatry, Primary Care Medicine, Obstetrics and Gynecology, Pediatrics, Surgery and Islands #702 – Advanced Clinical Therapeutics and #704 – Improving Healthcare. Students also select third-year electives (exact listing can be found on the Student Affairs website)

#### The Fourth Year

The fourth year consists of elective rotations and four required advanced experiences, including acting internships in a medical discipline, a surgical discipline, a humanities selective, a Neurology clerkship and Island #705 – Transition to Internship. The humanities selective may be integrated with a clinical experience. The College of Medicine offers a wide variety of both clinical and research electives. There are many opportunities for clinical opportunities in rural and metropolitan locations across Pennsylvania, in other regions of the country, and abroad. (see reference to away-elective policy)

## **Required Courses in Years III and IV**

Required Courses in Years III and IV	Course #	# of Weeks	Course Directors	Semester/Year	Credits
Transition to Clinical Medicine	MED 706	1	Interdisciplinary Faculty	Summer, Year III	1.0
Advanced Clinical Diagnostics	MCLKS 701	1	Shou Ling Leong, M.D.	Summer, Year III	1.0
Advanced Clinical Therapeutics	MCLKS 702	1	Jennifer Goldstein, M.D.	Fall, Year III	1.0
Improving Healthcare	MCLKS 704	1	Margaret Kreher, M.D.	Spring, Year III	1.0
Internal Medicine Clerkship	MED 700	8	Philip Masters, M.D.	Fall/Spring, Year III	15.0
Family and Community Medicine Clerkship	FCMED 771	4	Dave Richard, M.D.	Fall/Spring, Year III	5.0
Psychiatry Clerkship	PSYCH 700	4	Randon Welton, M.D. and Aditya Joshi, M.D.	Fall/Spring, Year III	5.0
Primary Care Clerkship	PCMED 731	4	Patricia Gordon, M.D.	Fall/Spring, Year III	5.0
Obstetrics and Gynecology Clerkship	OB/GYN 700	6	Colin MacNeill, M.D.	Fall/Spring, Year III	10.0
Pediatrics Clerkship	PED 700	6	Deborah Kees-Folts, M.D.	Fall/Spring, Year III	10.0
Surgery Clerkship	SURG 700	8	Brian Saunders, M.D.	Fall/Spring, Year III	15.0
One four-week elective or Two two-week electives		4	Department-named Faculty Directors	Fall/Spring, Year III	5.0 / 2.5
Transition to Internship	MCLKS 705	1	Deborah Kees-Folts, M.D.	Spring, Year IV	1.0
Medicine Acting Internship		4	Department-named Faculty Directors	Fall/Spring, Year IV	5.0
Surgical Acting Internship		4	Department-named Faculty Directors	Fall/Spring, Year IV	5.0
Humanities Selective		4	Department-named Faculty Directors	Fall/Spring, Year IV	2.5
Neurology Clerkship	NEURO 740	4	Milind Kothari, M.D., and Gary Thomas, M.D.	Fall/Spring, Year IV	5.0
Elective		4	Department-named Faculty Directors	Fall/Spring, Year IV	5.0
Elective		4	Department-named Faculty Directors	Fall/Spring, Year IV	5.0
Elective		4	Department-named Faculty Directors	Fall/Spring, Year IV	5.0
Elective		4	Department-named Faculty Directors	Fall/Spring, Year IV	5.0



#### CLERKSHIP DIRECTORS AND CLERKSHIP COORDINATORS AY 2011-2012

CLERKSHIP	NAME	POSITION	TITLE	EXT.	FAX	MAIL	ROOM	E-MAIL	ASSISTANT
Family & Community Medicine	Dave Richard, M.D.	Director, Family and Community Medicine Clerkship	Professor, Family and Community Medicine	8736	5024	H154	C-1619	drichard@hmc.psu.edu	Wendy Willenbecher
Family & Community Medicine	Wendy Willenbecher	Coordinator, Family and Community Medicine Clerkship		8736	5024	H154	C-1619	wwillenbecher@hmc.psu.edu	
Medicine	Philip Masters, M.D.	Director, Medicine Clerkship	Professor, Medicine	8390	5831	H039	C-6860	pmasters@psu.edu	Deb Lutz
Medicine	Sue Glod, M.D.	Associate Director, Medicine Clerkship	Assistant Professor, General Internal Medicne	6263	4328	HU15	UPC2 4200A	sqlod@hmc.psu	Linda Helsey
Medicine	Deb Lutz	Coordinator, Medicine Clerkship		8390 (1464)	5831	H039	C-6860	dlutz@psu.edu	
Neurology	Milind Kotharl, D.O.	Co-Director, Neurology Clerkship	Professor, Neurology	283934	0384	EC037	30 Hope Drive - 2nd fl bidg A	mkothari@hmc.psu.edu	Renee Choyce
Neurology	Gary Thomas, M.D.	Co-Director, Neurology Clerkship	Assistant Professor, Neurology			EC037	30 Hope Drive - 2nd fl bidg A	qthomas@hmc.psu.edu	Evy Vanasdalan
Neurology	Renee Choyce	Coordinator, Neurology Clerkship		283934	0384	EC037	30 Hope Drive - 2nd fl bidg A	rchoyce@hmc.psu.edu	
Obstetrics and Gynecology	Colin MacNelli, M.D.	Director, Obstetrics and Gynecology Clerkship	Associate Professor, Women's Health	280271	0007	H103	H3516D	cmacnelli@hmc.psu.edu	Torle Roe
Obstetrics and Gynecology	Torie Roe	Coordinator, Obstetrics and Gynecology Clerkship		283519	0007	H103	H3516	troe@hmc.psu.edu	
Pediatrics	Deborah Kees-Folts, M.D	Director, Pediatric Clerkship	Professor, Pediatrics	5707	5708	H085	H-7512	dkees-folts@hmc.psu.edu	Veronica Clark
Pediatrics	Veronica Clark	Coordinator, Pediatric Clerkship		5707	5708	H085	H-7512	vciark@hmc.psu.edu	
Primary Care	Patricia L. Gordon, M.D.	Lead Co-Director, Primary Care Clerkship	Assistant Professor, Pediatrics	8414	0276	H085	C-7864	pqordon@hmc.psu.edu	
Primary Care	Diane Ferron	Coordinator, Primary Care Clerkship		1534	4353	H154	C-1613	dferron@psu.edu	
Psychiatry	Randon Welton, M.D.	Co-Director, Psychiatry Clerkship	Assistant Professor, Psychiatry	8338	6491	H073		rwelton@hmc.psu.edu	Pennsylvania Psychiatric
Psychiatry	Aditya Joshi, M.D.	Co-Director, Psychiatry Clerkship	Assistant Professor, Psychiatry			H073			
Psychiatry	Pat Donnelly	Coordinator, Psychiatry Clerkship		8136	6491	H073	C-5600	pdonnelly@psu.edu	
Surgery	Brian Saunders, M.D.	Director, Surgery Clerkship	Assistant Professor, General Surgery/Surgical Oncology	8815	0109	H149	C-4630A	bsaunders@hmc.psu.edu	Lana Helms
Surgery	Dan Galvan, M.D.	Associate Director, Surgery Clerkship	Assistant Professor, Trauma Surgery/Critical Care	3563	3784	H075	C-5523	dqaivan@hmc.psu.edu	
Surgery	Vanessa Galvan	Coordinator, Surgery Clerkship		4451	4729	H149	C-4635	vqalvan@hmc.psu.edu	

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#### **Quick Contact List**

Associate Dean for Clinical Education Eileen Moser, M.D., emoser1@hmc.psu.edu, 531-0003, ext. 285929

Campus Registrar – 3rd year Diane Gill, dgill@psu.edu, 531-4105

Campus Registrar (Assistant) – 4th year Lindy Plevelich, lplevelich@psu.edu, 531-4105

Career Development Services George F. Blackall, Psy.D., gblackall@psu.edu, 531-6148

Counseling Services George F. Blackall, Psy.D., gblackall@psu.edu, 531-6148

Disability Services Judy Chronister, <u>jzc6@psu.edu</u>, 531-8487

Financial Aid Joetta Bradica, Ed.D., jbradica@psu.edu, 531-7052

Learning Evaluations George F. Blackall, Psy.D., gblackall@psu.edu, 531-6148

Learning Support Services Carol Whitfield, Ph.D., cwhitfield@psu.edu, 531-8570

Office of Medical Education Lureye Myers, M.S., Lmyers1@psu.edu, 531-0003, ext 285134

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Ombudspersons Elizabeth Frauenhoffer, M.D., <u>efrauenhoffer@psu.edu</u>, 531-8246

Richard Levine, M.D., <u>rlevine@psu.edu</u>, 531-0003, ext. 287064.

Sexual Harassment & Domestic Violence Judy Walter, jjwalter@psu.edu, 531-5188

Student Health Beth Wallen, M.D., MPH, bwallen@psu.edu, 531-5998

Janice Mesarick, jmesarick@psu.edu, 531-5998



## **Section II**

Course and Procedural Policies





#### **Communication**

All announcements regarding all third- and fourth-year courses will be distributed via e-mail utilizing students' GroupWise e-mail accounts. Students must check their GroupWise e-mail frequently. Failure to check this e-mail account is not a valid excuse for missing important course information.

## **Schedule Change Requests**

Only under special circumstances, and at the discretion of the Associate Dean for Clinical Education, will changes to clerkship assignments be allowed. Changes for elective rotations in the third year and for fourth-year schedules are not allowed within eight (8) weeks prior to the start date of the rotation.



#### **Attendance**

- a. Students with requests regarding possible planned absences are expected to discuss their plans with the Clerkship Director, Acting Internship Director, or elective director at least 4 weeks prior to the onset of the course, so that schedules may be adjusted appropriately whenever possible. Students should note that approval of absences is only at the discretion of the course director.
- b. No absences are permitted during the one-week Island Courses. Students should be cognizant of the Island Course schedule and plan accordingly.
- c. All absences from Clinical Clerkships and Acting Internships must be discussed with the Clerkship or Acting Internship Director. Students may have no more than 1 day of excused absence from 4-week Clerkships (Family Medicine, Primary Care, Psychiatry, and Neurology) and Acting Internships, and no more than 2 days of excused absence (including illness) from each of the remainder of the Clinical Clerkships.
- d. In general, students may receive no more than 1 day of excused absence from 4-week elective courses. However, it is recognized that additional time may be required for residency interviews. For the purpose of residency interviews only, up to 5 days may be excused from a fourth year elective. The structure of some electives, however, may necessitate that fewer days of absence for interviews can be allowed; this is at the discretion of the elective course director. Students should discuss interview plans and seek approval for absences with the course director in advance of the beginning of the elective. Students should plan their interview time accordingly, and should not expect that multiple excused absences for residency interviews will be allowed during fourth year required courses (Acting Internships and Neurology Clerkship.)
- e. Unplanned absences (due to illness or family emergency) should be reported to the <u>Course Director</u>, <u>Course Coordinator</u> AND <u>the Office of Medical Education Curriculum Coordinator</u> when they occur. Students are not expected to participate in course experiences when they are ill; however, because of the importance of the required Clerkships and Acting Internship experiences to clinical training, it must be understood that time missed due to illness may need to be made up. Therefore, it is very important to discuss these absences and possible make-up requirements with the Clerkship/Acting Internship Director as soon as possible after the absence. The Office of Medical Education will track these absences across the year.
- f. When appropriate, the course director may assist students with arrangements to make up excused absences which exceed the allowed limit. However, planned absences must be reviewed and approved by the course director **in advance** of the beginning of the Clerkship.

- g. Certain sessions in each clerkship are mandatory; absences should not be planned during these sessions and will not be excused:
  - Clerkship orientation sessions
  - Shelf/final exams
  - Primary Care Clerkship Communication Seminar

Students should consult the clerkship schedule on ANGEL and/or contact the clerkship director to ensure that absences do not occur during these sessions. Students are expected to report on time to all orientation and examination sessions.

h. Students are expected to attend all scheduled conferences and participate in all of the clinical experiences scheduled in each Clerkship or Acting Internship. Students are expected to report promptly to all clinical assignments, whether in clinic, hospital wards, operating suites or lecture rooms.

#### **Course Evaluations & Use of New Innovations**

It is expected that students will complete all course evaluations and faculty evaluations in a timely manner. These evaluations will be distributed by the New Innovations system. Timely completion of evaluations is your professional responsibility and will be tracked by the Office of Medical Education.

Along with evaluations, New Innovations will also be used to log procedures required in your courses and log your duty hours. You will be expected to effectively use this system, print reports and submit information electronically. Additional information, including training documents, can be found on ANGEL under the Transition to Clinical Medicine course.



## Patient Care and Procedure Requirements (Case Logger/Faculty Observed Exams)

Expectations for third- and fourth-year students include demonstration of competency in obtaining patient histories and physical examinations, procedures, and experience in common clinical scenarios as documented in the Case Logger in New Innovations. In all rotations, students are expected to clearly, concisely and accurately document patient care encounters in written form in the medical record, and to develop organized and accurate oral case presentations.

- a. Students should be familiar with the requirements and procedures for completion of the Procedure and Patient Encounter logs, the third-year observed physical examination components, and fourth-year observed full histories and physical examinations.
- b. It is expected that students will log patient care experiences on a weekly basis, and will self-monitor to ensure that appropriate progress is made toward completion of the requirements. It is expected that students will take advantage of the opportunities provided in each clerkship to meet the patient care/procedure requirements.
- c. Completion of the Clerkship Required procedures listed in the Case Logger in the New Innovations database by the end of year III is a graduation requirement. The performance number chosen for each skill is based on the minimum standard the clerkship directors have deemed necessary to show competency in that given skill. Students should self-monitor their progress during each clerkship, and should contact the Office of Medical Education Year III/IV coordinator for advice in January of the third year if they have significantly fewer than half of the choice procedures complete. Students must notify the Office of Medical Education Year III/IV coordinator when they have completed all the Clerkship Required procedures listed in the New Innovations database for the third year. In the event of failure to complete the required procedures by the end of the third year, students will be required to meet with the Associate Dean for Clinical Education to plan a remediation schedule. Students who do not complete year III procedures by September 30 of Year IV will be required to take the appropriate clinical rotation to allow completion of the missing skills. This may result in forfeiture of an elective.
- d. Each site director should hold a mid-cycle feedback session with the students. During this time, the students are responsible for printing out a copy of their patient encounter and clerkship-specific procedure log and for bringing it to the session for discussion. During this session, the site director will discuss the students' plans for completing the required patient encounters/procedures.

At the conclusion of the clerkship, all students must complete 100% of the assigned patient encounters/procedures. The students must bring a printed copy of the encounters and procedures that were completed during the clerkship to the exam for review by the clerkship director. (Please see the New Innovations instructions for instructions on the proper format for printing.)

If all encounters and procedures are not completed, it is the students' responsibility to contact the Clerkship Director within two weeks of the end of the clerkship to determine a plan for remediation. If the student does not contact the director, he/she will not pass the course.

e. All fourth-year students at the Penn State College of Medicine must satisfactorily complete two history and physical examinations observed by a faculty member (including Chief Residents and Fellows.) These sessions should include a patient history and physical examination appropriate to the presenting problem, and will include observation of the history and physical examination, subsequent discussion of a differential diagnosis and plan, and a review with the student regarding performance on this exercise. (See Resources Section)

Observed history and physical exam sessions may occur in the in-patient or out-patient setting, in either elective rotations or acting internships. It is the responsibility of each student to seek out opportunities to complete these sessions in a timely fashion. Faculty of the Penn State College of Medicine and its affiliated teaching sites are likewise expected to respond positively whenever possible to student requests for observation.

These sessions may also occur at Affiliate locations, but a separate form (See Resources Section) in addition to the History and Physical Exam form must be completed by the faculty observing you complete this requirement. This additional Affiliate Site form is required to provide us with contact information for the Affiliate Site faculty member observing you during this encounter.

The 1<sup>st</sup> required Observed History and Physical Exam form must be completed by <u>October 31<sup>st</sup></u> of the fourth year. The 2<sup>nd</sup> required form must be completed by <u>January 31<sup>st</sup></u> of the fourth year. The Office of Medical Education will contact delinquent students to determine what assistance is needed. Students who have not completed this requirement by the end of January may also be required to meet with the Associate Dean for Clinical Education.

f. Completion and documentation of the above procedures, patient encounters, and observed examinations are graduation requirements for the Penn State College of Medicine.

NOTE: Directions for the use of New Innovations, including logging into the system, entering procedures, running reports, etc. can be found on the Transition to Clinical Medicine ANGEL site.



## Requirements and Policies for Successful Completion of Clerkships

- a. Successful completion of the NBME shelf exam or final exam is a requirement for a Pass grade in those clerkships that use this examination to assess the students' knowledge.
- b. For each required clerkship, students will be permitted to retake the shelf exam or final exam one time after an initial failure. Two failures of any shelf exam or final exam will result in a failing grade for the clerkship and a requirement to appear before the Academic Progress Committee.
  - NOTE: If a student is permitted to retake the shelf exam or final exam, the highest course grade that can be achieved following this retake is a PASS.
- c. Students must contact the clerkship director within two weeks of notification of shelf/final exam failure to discuss the shelf exam and make arrangements to retake the exam.
- d. Retake exams are only given on already established exam days for the 4-week, 6-week and 8-week rotations, as well as several Alternate exam days setup by the Office of Medical Education. Students should work with the Clerkship Director, Clerkship Coordinator and the Curriculum Coordinator to schedule your retake exam at an appropriate time. A 3-week notice is required to schedule these exams.
- e. NBME Shelf Exam failures must be remediated within four months of the notification of failure.
  - a. Remediation for the last two clerkship rotations may extend into the fourth year under specific time lines established by the Academic Progress Committee.
  - b. Students may request to meet with Associate Dean for Clinical Education for any special circumstances.
- f. Students should note that passing clinical evaluations and a passing score for the shelf examination are necessary to achieve a Pass grade for each Clerkship. Students should also be familiar with the individual grading criteria for each Clerkship, Island Course, Acting Internship and elective they take during the third and fourth years.
- g. Students have two months after receipt of their clerkship evaluation to discuss the content of their written evaluation for inclusion in the MSPE with the clerkship director. After this period, no changes will be made to the evaluation.



## **Progression into Year IV**

#### Requirements and Policies

- a. With only the following exception, all students must satisfactorily complete all the requirements for Year III before progressing to Year IV. Exception: In the situation when a student fails one or both of the last two clerkships, the student may proceed to Year IV while under the requirement to remediate the failure(s).
- b. Students who have not successfully completed all third-year requirements by Oct. 1 of the following (fourth) year will be withdrawn from all fourth-year courses until the third-year requirements are completed. This includes all third-year Clerkships, Islands, and successful completion of the end of the third-year OSCE exam.
- c. Remediation of a failed OSCE exam must be completed within 4 months of notification of failure.
- d. Students cannot enter fourth-year courses without having completed specific Year III requirements listed for that course. This specifically includes fourth-year acting internships; all third-year clerkships must have been passed to enter an acting internship.
- e. All students must take and PASS the USMLE Step 1 examination by July 31<sup>st</sup> following Year III. If a student has not passed Step 1 by then, they must take a Leave of Absence until Step 1 is passed.

## **USMLE Requirement**

All students must pass USMLE Step 1, USMLE Step 2 CK, and USMLE Step 2 CS in order to graduate from Penn State College of Medicine. In the event of a USMLE Step 1, USMLE Step 2 CK, or USMLE Step 2 CS failure, the student may repeat the examination twice. A failure on the third attempt will result in the students' dismissal from the College of Medicine



## GRADUATION REQUIREMENTS Class of 2012

- 1. Satisfactory completion of all Year I required courses
- 2. Completion of the Year I Objective Structured Clinical Examination (OSCE)
- 3. Satisfactory completion of all Year II required courses
- 4. Completion of the Year II OSCE
- 5. Satisfactory completion of all Year III required clerkships, the three Island courses, and one required elective month
- 6. Satisfactory completion of the Year III choice procedures by the end of Year III
- 7. Passing score on the Year III OSCE
- 8. Completion of the Medical Student Performance Evaluation (MSPE); a requirement for residency application
  - You must meet with Dr. Dwight Davis, Dr. Eileen Moser or Dr. Richard J. Simons in the late Summer or the Fall of Year IV to get this document completed.
- 9. Satisfactory completion of all Year IV required acting internships, Neurology clerkship, Year IV Island, the Humanities requirement, and four electives
- 10. Passing score on USMLE Step 1
  - You must receive a passing score before you may begin your 4<sup>th</sup> year of medical school.
- 11. Passing score on USMLE Step 2 Clinical Knowledge
  - You must take this exam before **January 1** of your 4<sup>th</sup> year of medical school.
- 12. Passing score on USMLE Step 2 Clinical Skills
  - You must take this exam before **January 1** of your 4<sup>th</sup> year of medical school.
- 13. Completion of the Medical Student Research Project (MSR)
  - The final deadline for receipt of the MSR report is **December 23, 2011**. Submitting your report after this date will jeopardize your graduation.

Note: This date does not apply if you were granted an exemption.

- 14. Observed History and Physical Examination
  - Completed during the acting internship or the electives taken during your fourth year of medical school
  - You must complete two (2) examinations, first one by <u>October 31, 2012</u>, second by <u>January 31, 2012</u>. These examinations must be signed off by an attending physician, chief resident or a fellow.
- 15. Completion of the AAMC Graduation Questionnaire
  - The Graduation Questionnaire consists of two sections: one section asks for personal and identifying information, the other section titled, "GQ Program Evaluation" is focused on your medical school experience. Although we encourage you complete both sections, we require completion of the "GQ Program Evaluation" section for graduation.
  - There is a token ID number that you need to complete this questionnaire. The Office of Student Affairs makes this announcement, and gives you the ID in January of the year you will graduate, so expect it in January 2012.
- 16. Return two pairs of scrubs to a scrub machine located on campus on or before May 11, 2012.
- 17. Return your PSU photo ID badge to Student Affairs Office, room C1802, on or before **May 11**, **2012.**
- 18. You are required to do the following on or before **April 30, 2012**:
  - Return your student mailbox key to Mail Services, room CG701.
  - Complete a Residency address form and return to C1802.
  - Clean out your Anatomy locker.
- 19. All Stafford and Graduate PLUS loan borrowers are required to complete an exit interview. Information regarding Federal requirements and the specific dates for completion will be sent directly from the Student Aid Office.
- 20. Full payment of any and all outstanding charges any payment made after April 13, 2012 must be with cash, money order or certified check. Reminders to this effect will be sent via e-mailed approximately one month prior to this date. No personal checks can be accepted after this date. The only exception would be any hospital charges (patient related). All students who have any balances due, with the exception of hospital charges, will be notified by the bursar's office via e-mail starting April 1.
  - Tuition/student account balances
  - Housing and rent charges
  - Outstanding hospital charges
  - Campus fines, e.g. parking, etc.



## **GRADUATION REQUIREMENTS**

## Class of 2012

#### **Student Name:**

Satisfactory completion of all Year I required courses     Completion of the Year I Objective Structured Clinical Examination (OSCE)     Satisfactory completion of all Year II required courses	
3 Satisfactory completion of all Year II required courses	
3. Calibration of all Teal in required courses	
4. Completion of the Year II OSCE	
5. Satisfactory completion of all Year III required clerkships, the three Island courses, and one required selective month	
6. Satisfactory completion of the Year III choice procedures by the end of the third year	
7. Passing score on the Year III OSCE	
<ul> <li>8. Completion of the Medical Student Performance Evaluation (MSPE); a requirement for residency application</li> <li>You must meet with Dr. Dwight Davis, Dr. Eileen Moser, or Dr. Richard J. Simons in the late Summer or the Fall of Year IV to get this document completed</li> </ul>	
9. Satisfactory completion of all Year IV required acting internships, Neurology clerkship, Year IV Island, the Humanities requirement, and four electives	
Passing score on USMLE Step 1     You must receive a passing score before you may begin your 4th year of medical school	
11. Passing score on USMLE Step 2 Clinical Knowledge  • You must take this exam before <b>January 1</b> of your 4th year of medical school	
12. Passing score on USMLE Step 2 Clinical Skills  • You must take this exam before <b>January 1</b> of your 4th year of medical school	
13. Completion of the Medical Student Research Project (MSR) • The final deadline for receipt of the MSR report is <b>December 23, 2011.</b> Submitting your report after this date will jeopardize your graduation. Note: This does not apply if you were granted an exemption.	



## **GRADUATION REQUIREMENTS**

## Class of 2012

#### **Student Name:**

Task To Be Completed	Check If Task Is Completed	Date Completed
<ul> <li>14. Observed History and Physical Examination</li> <li>Completed during the acting internship or the electives taken during your fourth year of medical school</li> <li>You must complete two (2) examinations first one by October 31, 2012, second by January 31, 2012. These examinations must be signed off by an attending physician, chief resident or fellow.</li> </ul>		
<ul> <li>15. Completion of the AAMC Graduation Questionnaire</li> <li>The Graduation Questionnaire consists of two sections: one section asks for personal and identifying information, the other section titled, "GQ Program Evaluation" is focused on your medical school experience. Although we encourage you complete both sections, we require completion of the "GQ Program Evaluation" section for graduation.</li> <li>There is a token ID number that you need to complete this questionnaire. The Office of Student Affairs makes this announcement, and gives you the ID in January of the year you will graduate, so expect it in January 2012.</li> </ul>		
16. Return two pairs of scrubs to a scrub machine located on campus on or before <b>May 11, 2012.</b>		
17. Return your PSU photo ID badge to Student Affairs Office, room C1802, on or before <b>May 11, 2012.</b>		
<ul> <li>18. You are required to do the following on or before April 30, 2012:</li> <li>Return your student mailbox key to Mail Services, room CG701.</li> <li>Complete a Residency address form and return to C1802.</li> <li>Clean out your Anatomy locker.</li> </ul>		
19. All Stafford and Graduate PLUS loan borrowers are required to complete an exit interview. Information regarding Federal requirements and the specific dates for completion will be sent directly from the Student Aid Office.		
20. Full payment of any and all outstanding charges – any payment made after April 13, 2012 must be with cash, money order or certified check. Reminders to this effect will be sent via e-mailed approximately one month prior to this date. No personal checks can be accepted after this date. The only exception would be any hospital charges (patient related). All students who have any balances due, with the exception of hospital charges, will be notified by the bursar's office via e-mail starting April 1.  • Tuition/student account balances  • Housing and rent charges  • Outstanding hospital charges  • Campus fines, e.g. parking, etc.		



#### **GRADUATION REQUIREMENTS**

#### Class of 2013

The requirements for your graduation from the Penn State College of Medicine on Sunday, May 19, 2013, are listed below:

- 1. Satisfactory completion of all Year I required courses
- 2. Completion of the Year I Objective Structured Clinical Examination (OSCE)
- 3. Satisfactory completion of all Year II required courses
- 4. Completion of the Year II OSCE
- 5. Satisfactory completion of all Year III required clerkships, the three Island courses, and one required elective month
- 6. Satisfactory completion of the Year III choice procedures by the end of Year III
- 7. Passing score on the Year III OSCE
- 8. Completion of the Medical Student Performance Evaluation (MSPE); a requirement for residency application
  - You must meet with Dr. Dwight Davis, Dr. Eileen M. Moser, or Dr. Richard J. Simons in the late Summer or the Fall of Year IV to get this document completed.
- 9. Satisfactory completion of all Year IV required acting internships, Neurology clerkship, Year IV Island, the Humanities requirement, and four electives
- 10. Passing score on USMLE Step 1
  - You must receive a passing score before you may begin your 4<sup>th</sup> year of medical school.
- 11. Passing score on USMLE Step 2 Clinical Knowledge
  - You must take this exam before **January 1** of your 4<sup>th</sup> year of medical school.
- 12. Passing score on USMLE Step 2 Clinical Skills
  - You must take this exam before **January 1** of your 4<sup>th</sup> year of medical school.

- 13. Completion of the Medical Student Research Project (MSR)
  - The final deadline for receipt of the MSR proposal is **August 31, 2011**.
  - The FINAL deadline for receipt of the MSR report is **December 23, 2012**.
  - Submitting your report after this date will jeopardize your graduation. Note: This date does not apply if you were granted an exemption.
- 14. Observed History and Physical Examination
  - Completed during the acting internship or the electives taken during your fourth year of medical school
  - You must complete two (2) examinations, first one by <u>October 31, 2013</u>, second by <u>January 31, 2013</u>. These examinations must be signed off by an attending physician, chief resident or a fellow.
- 15. Return two pairs of scrubs to a scrub machine located on campus on or before May 15, 2013.
- 16. Return your PSU photo ID badge to Student Affairs Office, room C1802, on or before **May 15**, **2013.**
- 17. You are required to do the following on or before May 2, 2013:
  - Return your student mailbox key to Mail Services, room CG701
  - Complete a Residency Address Form that's posted online at <a href="http://www.pennstatehershey.org/web/md/home/current/residencyaddressform">http://www.pennstatehershey.org/web/md/home/current/residencyaddressform</a>
  - Clean out your Anatomy locker.
- 18. All Stafford and Graduate PLUS loan borrowers are required to complete an exit interview. Information regarding Federal requirements and the specific dates for completion will be sent directly from the Student Aid Office.
- 19. Full payment of any and all outstanding charges any payment made after **April 19, 2013** must be with cash, money order or certified check. Reminders to this effect will be sent via e-mailed approximately one month prior to this date. No personal checks can be accepted after this date. The only exception would be any hospital charges (patient related). All students who have any balances due, with the exception of hospital charges, will be notified by the bursar's office via e-mail starting April 1.
  - Tuition/student account balances
  - Housing and rent charges
  - Outstanding hospital charges
  - Campus fines, e.g. parking, etc.

#### AAMC Graduation Questionnaire

Completion of the AAMC Graduation Questionnaire, although no longer a requirement for graduation, is highly encouraged so we may learn about your educational experience as a medical student in the College of Medicine. You can log into this single questionnaire using your AAMC ID number.



## GRADUATION REQUIREMENTS CHECKLIST

## **Class of 2013**

#### **Student Name:**

Task To Be Completed	Check If Task Is Completed	Date Completed
Satisfactory completion of all Year I required courses		
2. Completion of the Year I Objective Structured Clinical Examination (OSCE)		
3. Satisfactory completion of all Year II required courses		
4. Completion of the Year II OSCE		
5. Satisfactory completion of all Year III required clerkships, the three Island courses, and one required selective month		
6. Satisfactory completion of the Year III choice procedures by the end of the third year		
7. Passing score on the Year III OSCE		
8. Completion of the Medical Student Performance Evaluation (MSPE); a requirement for residency application  • You must meet with Dr. Dwight Davis, Dr. Eileen M. Moser, or Dr. Richard J. Simons in the late Summer or the Fall of Year IV to get this document completed		
9. Satisfactory completion of all Year IV required acting internships, Neurology clerkship, Year IV Island, the Humanities requirement, and four electives		
Passing score on USMLE Step 1     You must receive a passing score before you may begin your 4th year of medical school		
Passing score on USMLE Step 2 Clinical Knowledge     You must take this exam before January 1 of your 4th year of medical school		
Passing score on USMLE Step 2 Clinical Skills     You must take this exam before <b>January 1</b> of your 4th year of medical school		
<ul> <li>13. Completion of the Medical Student Research Project (MSR):</li> <li>The final deadline for receipt of the MSR proposal is August 31, 2011</li> <li>The FINAL deadline for receipt of your MSR report is December 23, 2012 Submitting your report after this date will jeopardize your graduation. (This does not apply if you were granted an exemption.)</li> </ul>		

# PENNSTATE HERSHEY College of Medicine

## **GRADUATION REQUIREMENTS**

## **Class of 2013**

#### **Student Name:**

Task To Be Completed	Check If Task Is Completed	Date Completed
<ul> <li>Observed History and Physical Examination</li> <li>Completed during the acting internship or the electives taken during your fourth year of medical school</li> <li>You must complete two (2) examinations, first one by October 31, 2013, second by January 31, 2013. These examinations must be signed off by an attending physician, chief resident or fellow.</li> </ul>		
15. Return two pairs of scrubs to a scrub machine located on campus on or before <b>May 15, 2013.</b>		
16. Return your PSU photo ID badge to Student Affairs Office, room C1802, on or before <b>May 15, 2013.</b>		
<ul> <li>17. You are required to do the following on or before May 2, 2013:</li> <li>Return your student mailbox key to Mail Services, room CG701</li> <li>Complete a Residency Address Form that's posted online at <a href="http://www.pennstatehershey.org/web/md/home/current/residencyaddressform">http://www.pennstatehershey.org/web/md/home/current/residencyaddressform</a></li> <li>Clean out your Anatomy locker.</li> </ul>		
18. All Stafford and Graduate PLUS loan borrowers are required to complete an exit interview. Information regarding Federal requirements and the specific dates for completion will be sent directly from the Student Aid Office.		
<ul> <li>19. Full payment of any and all outstanding charges – any payment made after April 19, 2013 must be with cash, money order or certified check. Reminders to this effect will be sent via e-mailed approximately one month prior to this date. No personal checks can be accepted after this date. The only exception would be any hospital charges (patient related). All students who have any balances due, with the exception of hospital charges, will be notified by the bursar's office via e-mail starting April 1.</li> <li>Tuition/student account balances</li> <li>Housing and rent charges</li> <li>Outstanding hospital charges</li> <li>Campus fines, e.g. parking, etc.</li> </ul>		
AAMC Graduation Questionnaire  Completion of the AAMC Graduation Questionnaire, although no longer a requirement for graduation, is highly encouraged so we may learn about your educational experience as a medical student in the College of Medicine. You can log into this single questionnaire using your AAMC ID number.		



#### **NBME Subject (Shelf) Examination Rules**

The Penn State College of Medicine strictly follows the NBME rules and procedures for all subject examinations in all clerkships. These NBME rules are read to the students before the examination. Some important rules to know before arrival to the testing site are listed below.

#### Personal Belongings in the Testing Room

All materials, except pencils and erasers must be deposited in the area designated for personal belongings (e.g. front of the lecture hall).

The following items **ARE NOT PERMITTED** in the seating area of the testing room:

- Personal Digital Assistants (e.g. palm pilots)
- Calculators
- Watches with alarms, computer or memory capability
- Electronic paging devices
- Cellular telephones
- Recording/filming devices
- Radios
- Reference materials (books, notes, paper)
- Backpacks, briefcases, luggage, coats, or brimmed hats
- Beverages or food of any type

#### Before the Examination

Permission to take the exam will be denied if an examinee arrives late

#### Conduct During the Examination Period

#### Use of Restrooms

An examinee must be escorted, one at a time, on all personal breaks taken during the examination. The test book and answer sheet will be collected and then returned when the examinee is ready to resume testing. \*\*No make-up time is allowed for time lost.

#### Early Dismissal

Examinees who finish early may leave the testing room one at a time after h/her test book and answer sheet are collected by the proctor. \*\*No one will be permitted to leave the testing room after the announcement of the ten-minute warning to end the test.

#### End-of-Exam Announcement

Any student found marking or erasing answers after the "end-of-exam" announcement is considered to be in direct violation of the timing regulations of this test. In this case, the NBME requires us to complete a report, identify the student, and send the information along with the results to the NBME.



### **Medical Student Duty Hours Policy**

- 1. Third-year medical students participating in clinical clerkships at the Penn State College of Medicine should have no more than 80 hours of clinical responsibilities during each week. Similar to residents, students who have taken overnight call should be excused from clinical responsibilities after appropriate patient sign-out the following morning. However, to allow adequate time for study, it is recommended that no more than half of the weeks of any individual clerkship should be at the maximum number of duty hours; in the remainder of the weeks the goal should be a 40-60 hours/week of clinical responsibilities.
- 2. Fourth-year medical students participating in an Acting Internship, similar to housestaff, should be limited to an 80-hour clinical work week. Similar to residents, students who have taken overnight call should be excused from clinical responsibilities after appropriate patient sign-out the following morning.
- 3. Duty hours during third-year clerkships and the neurology clerkship in Year IV are logged using New Innovations.



## Elective Requirements in Years III And IV Policy and Guidelines

- 1. To meet graduation requirements, students in the Penn State College of Medicine must successfully complete a total of at least five (5) four-week elective rotations during the clinical years (Years III and IV). To complete these 5-required electives:
  - a. Two (2) four-week blocks are available in the third year schedule. This time may be divided into elective and vacation time, or used entirely for elective rotations.
  - b. Multiple potential four-week elective blocks are available in the fourth-year schedule.
- 2. The majority of elective courses are available during either the third or fourth year of medical school. However, some elective rotations are specifically designed for third-year students or for fourth-year students.
  - a. Regardless of the year, any listed pre-requisites must have been successfully completed prior to beginning the elective.
  - b. Those electives that are designated as third-year electives have been specifically designed for third-year students and may only be taken during the third year of medical school.
  - c. Those electives that are designated as fourth-year electives have been specifically designed for fourth-year students and may only be taken during the fourth year of medical school.
  - d. Only one of the elective requirements may be completed as two (2) two-week elective courses. (Current two-week elective courses are all third-year electives and may only be taken by third-year students.)
- 3. Within the above criteria, students may satisfy the elective requirement of five (5) blocks with any combination of elective courses. (There is no minimum requirement for a specific number of "third year", "fourth year" or "general" electives.)

Created by: Maryellen E. Gusic, M.D.,

Associate Dean for Clinical Curriculum

Approved by: CUMED Sub-committee Years III/IV February 2, 2008
Approved by: CUMED Oversight February 25, 2008



## **Elective Choice Policy Form**

Name of Student (Print):	Class of
Name of Advisor (Print):	-
Date of meeting:	-
Please indicate if this meeting was (check all that apply):  ☐ Face-to-face ☐ Telephone ☐ Electronic communications	
Please confirm your meeting with the student:  I have met with this student to discuss their choice of electric that I have reviewed the attached list of possible courses	
Advisor Signature:	
Date:	

Please return this completed and signed form along with the list of courses to the

College of Medicine's Registrar

Room C-1802, Office of Medical Education

## REQUEST FOR 796 and 796A INDIVIDUAL STUDIES (RESEARCH) ELECTIVES

This form and supporting information must be filed with the Office of Medical Education at least two months prior to the start of the elective. Student Name: \_\_\_\_\_\_ PSU ID: \_\_\_\_\_\_
Title of Individual Studies Course: \_\_\_\_\_ Course number: \_\_\_\_\_ Duration of elective: 2 weeks ("A" courses for third year students only) \_\_\_\_\_4 weeks\_\_\_\_ Title of Course to be dropped \_\_\_\_\_\_ Start Date: \_\_\_\_\_ Institution/Location where elective will take place. (If the location is not HMC, please also complete the Away Non-LCME form). 796 Elective Faculty Supervisor: Name: \_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_ Fax: \_\_\_\_\_\_
Person who should be contacted regarding the student's evaluation (if different than from above) Please list contact information via which the College of Medicine may reliably reach you while during this rotation (cell number, email, phone where you will be staying, departmental phone, etc.; please list at least two, if possible): Please provide the following documentation. \_\_\_\_\_\_ Description of the research project that you will be doing (2-3 sentences). \_\_\_\_\_ Define the aspect of the research that you will complete during this elective (for example: project design, IRB application, patient recruitment and enrollment, data analysis, etc) Signature from the faculty supervisor attesting that she/he has reviewed the above description and expectations for the elective and that they represent a realistic description of the goals and expected outcomes for the 796 elective. Note: that it is the responsibility of the student to gather the above documents. Reviewing faculty member to complete. I have \_\_\_\_\_approved this 796 elective. I have \_\_\_\_\_ disapproved this 796 elective. Signature \_\_\_\_\_\_ Date: \_\_\_\_\_ If the 796 Individual Studies elective was disapproved, please list the reason(s) for disapproval. Office of Student Affairs to complete. Please Return Form to the Registrar's Office, mail code H060. Reviewed assigned to: \_\_\_\_\_\_\_Date: \_\_\_\_\_\_ Student Affairs Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_

Please contact the Associate Dean for Clinical Education if you have a question regarding the review process.

## **REQUEST FOR 797 SPECIAL TOPICS ELECTIVE**

This form and supporting information must be filed with the Office of Medical Education at least two months prior to the start of the elective.

Student Name:		PSU ID:
Title of Special Topics	Course	Start Date:
Title of Course to be di	opped	Start Date:
		e. (If the location is not HMC or one of the the Away Non-LCME form).
	ective Faculty Supervisor or	
Title:	Phone:	Fax:
Name:	contacted regarding the stu	udent's evaluation (ii different than from above)
Title:	Phone:	Fax:
etc.; please list at leas	, , <u>-</u>	here you will be staying, departmental phone,
Course Desc experiences which will	occur on the elective, and sta	ld include a detailed description of the educational attement detailing the number of hours the student
will spend weekly in cl Course goals A listing of the	s and objectives.	ional experiences during the elective. This listing
must include an individ	lual or individuals who will be	· •
that it is the responsib	oility of the student to gather	description of the 797 Special Topics elective. <b>Note r the above documents, but the description, goal</b>
		of the elective. If there is no existing course be developed through consultation with the
faculty supervisor.	and objectives, these mast s	to developed and ough compartation with the
Reviewing faculty mem	ber to complete.	
	oved this 797 Special Topics of	elective.
I have disap	proved this 797 Special Topi	cs elective.
Signature		Date:
If the Special Topics 79		Date:please list the reason(s) for disapproval.
Office of Student Affair		
		Date:
Student Affairs Signatu	ıre:	Date:
Please contact the Associate	e Dean for Clinical Education if you	u have a question regarding the review process.



## **Approval of Away Electives**

#### LCME Standard (MS-20)

If students are permitted to take electives at other institutions, there should be a system... to review students' proposed extramural programs prior to approval.

#### **Policy Statement**

- 1. Established electives at any LCME-accredited U.S. medical school will be automatically approved. However, students must complete the "Away Elective Form" and submit to the Office of Student Affairs at least two months prior to the beginning of the rotation.
- 2. Established electives at affiliate institutions of the Penn State College of Medicine will be automatically approved. However, students must complete the "Away Elective Form" and submit to the Office of Student Affairs at least two months prior to the beginning of the rotation.

Affiliate institutions at which electives are offered include:

Lebanon VA Hospital Lehigh Valley Hospital Mt. Nittany PinnacleHealth System Reading Hospital York Hospital

- 3. For away electives at any other site, students must also complete the "Away Elective Form" and submit to the Office of Student Affairs at least two months prior to the beginning of the rotation. In addition to the form, students must submit the following information.
  - a. Course Description. This document should include a detailed description of the educational experiences which will occur on the elective, and a statement detailing the number of hours the student will spend weekly in clinical work. Electives must include at least 40 hours weekly of work within the elective.
  - b. Course goals and objectives.
  - c. A listing of faculty responsible for educational experiences during the elective. This listing must include an individual or individuals who will be on site with the student.
  - d. A letter from the course director or supervisor attesting they he/she has reviewed the above documents and that they represent a realistic description of the elective. Note that it is the responsibility of the student to gather the above documents, but the description, goals and objectives should come from the organizers of the elective.

The entire packet of material must be reviewed for approval by the parallel course director at the Penn State College of Medicine. In the absence of a similar elective, the away elective will be reviewed by the Associate Dean for Clinical Education.

#### ELECTIVE ACTION FORM FOR ALL OFF-CAMPUS ELECTIVES

To make a schedule change, complete and return this form to the Lindy Plevelich, Office of Medical Education, Room C1802, MC H060 within the following timeframe **eight (8) weeks** prior to the start date of the elective.

Please refer to the Colle	ege of Medicine Elective	Book for further information.	
Name:	(Please print)	I	PSU ID:
Cell/Local Phone #	•		
Elective to be <b>drop</b>	<b>ped</b> from course sch	nedule:	
Course No	Title	Location	Start Date
Elective to be <b>adde</b>	<b>d</b> to course schedule	<b>:</b> :	
Course No	Title	Location	Start Date
The following infor	rmation <u>MUST</u> be co	ompleted:	
Is this an I CME ac	credited Institution?	Yes No	
		Off-Site Elective form mu	st be completed*
Student			
Signature:			Date:
HMC Dept.			
Signature:			
For Student Affairs	•	A manayya d	Danied
	elective	Approved Approved	Denied Denied
			Date:
Office of Sti	ıdent Affairs		
Office use: Check Books		ISIS	
Update Schedule Email Student			Department/Affiliate



#### REQUEST FOR AWAY ELECTIVE

This form and supporting information must be filed with the Office of Medical Education at least two months prior to the start of the elective.

Student Name	
Title of Elective	
Institution/Location where elective will take place (see reverse if the location is other than accredited U.S. Medical School or Penn State COM affiliate site.)	an LCME-
Elective Supervisor or Course Director	
Name	
Title	
Phone	
Fax	
Person who should be contacted regarding the student's evaluation (if different than above	)
Name	
Title	
Phone	
Fax	
Please list contact information via which the College of Medicine may reliably reach you vaway (e-mail, cell phone, phone where you will be staying, departmental phone, etc.; pleas two methods if possible)	

## For electives which are at locations other than LCME-accredited U.S. medical schools or Penn State College of Medicine affiliates, please provide the following documentation.

Course Description. This document should include a detailed description of the educational experiences which will occur on the elective, and a statement detailing the number of hours the student will spend weekly in clinical work.  Course goals and objectives.  A listing of faculty responsible for educational experiences during the elective. This listing must include an individual or individuals who will be on site with the student.  A letter from the course director or supervisor attesting they he/she has reviewed the above documents and that they represent a realistic description of the elective. Note that it is the responsibility of the student to gather the above documents, but the description, goals and objectives should come from the organizers of the elective.			
		Office of Student Affairs to complete.	
		Review assigned to:	Date
		Reviewing faculty member to complete.	
I haveapproved this elective.			
disapproved this elective.			
Signature	Date		
If the elective was disapproved, please list the reason(s)	for disapproval.		

Please contact the Associate Dean for Clinical Education if you have a question regarding the review process.



#### **Island Courses**

- a. Students must attend all components of each Island Session. In the event of unexpected illnesses/emergencies, students must contact the Island Director to report the absence, and to make arrangements to make up the session. All missed class activities must be made up.
- b. Each Island will be graded Pass-Fail. Components of the Island grade may include, but are not limited to:
  - Attendance at all components of the Island Course
  - Active class participation
  - Completion of all required assignments
  - Appropriate professional conduct
  - Successful completion of the Island post-test
- c. Students who fail the post-test for an Island Course may repeat it once.
- d. Students who do not successfully complete an Island due to test score or lack of participation will be required to remediate the Island Course; remediation must be discussed with the Island Director. At the discretion of the Director, remediation requirements may include repeating the Island Course during the fourth year.
- e. Students who do not remediate a failing grade for an Island Course will be required to appear before the Academic Progress Committee. Successful completion of all Island Courses is a graduation requirement for the Penn State College of Medicine.



### **Medical Student Research Project**

- a. In order to satisfy the requirements for a M.D. degree from The Pennsylvania State University College of Medicine, all students shall complete an approved Medical Student Research Project (MSR) or present qualifications for exemption. The selection of an MSR topic is the responsibility of each student who should consult his or her advisor, and other faculty members. MSR projects are usually initiated in the first two years.
- b. Students should check the MSR website for exact dates for deadlines in the third and fourth years. The MSR final report is listed on the <u>Graduation Requirements</u> page in this manual.
- c. Failure to meet the required date for the final report could jeopardize the student's graduation.
- d. Please refer to the MSR website (<a href="http://www.pennstatehershey.org/web/msr/home">http://www.pennstatehershey.org/web/msr/home</a>) for details and requirements for the project.



## Academic Integrity Academic Year 2011-2012

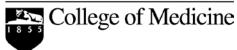
Academic Integrity at Penn State is defined by Faculty Senate Policy 49-20 as "the pursuit of scholarly activity in an open, honest, and responsible manner."

The University Code of Conduct states, "all students should act with personal integrity; respect other students' dignity, rights, and property; and help create and maintain an environment in which all can succeed through the fruits of their efforts. Academic integrity includes a commitment not to engage in or tolerate acts of falsification, misrepresentation, or deception. Such acts of dishonesty violate the fundamental ethical principles of the University community and compromise the worth of work completed by others."

Academic dishonesty (including, but not limited to cheating, plagiarism, or falsification of information) will not be tolerated and can result in academic or disciplinary sanctions such as a failing grade (F) in the course.

CUMED Approved January 6, 2003

## PENNSTATE HERSHEY



#### HONOR CODE

#### INTRODUCTION

As medical and graduate students of The Pennsylvania State University College of Medicine, we recognize the high moral and ethical standards that are demanded of those who enter the fields of medicine and research. We not only understand these demands, but also embrace them with the realization that our actions and attitudes during these academic years will lay the foundation for our professional careers. Therefore, this honor code was created to outline the basic principles of professionalism and integrity that are upheld by the student body of this institution.

#### **ACADEMICS**

- 1. I will strive to create an environment conducive to the education of myself and others in recognition of the collaborative nature of medicine and research.
- 2. I will take personal responsibility for the completeness of my own education because mastery of knowledge and skills determines the ability to which I may assist others and excel in my profession.
- 3. I will ensure that my work is my own in individual assessments.
- 4. I will recognize the limits of my knowledge and pursue life-long learning.

#### **PROFESSIONALISM**

#### Research

- 1. I will strive to be ethical when designing, conducting, and evaluating my research.
- 2. I will perform my experiments meticulously and report all findings truthfully and objectively.

#### Patient Care

- 1. I will practice strict confidentiality and exercise personal accountability for my actions.
- 2. I will show respect and compassion for patients in all interactions, recognizing that they are the central focus of medicine.
- 3. I will advocate for the best possible care for my patients.

#### **COMMUNITY**

- 1. I will conduct myself in a manner that upholds the integrity of both my school and my profession.
- 2. I will maintain a respectful and professional attitude in both my school and the greater community in which I live.
- 3. I will uphold the accepted standards of my profession and will encourage others in my profession to do the same.

We recognize that this honor code cannot and does not attempt to anticipate every possible ethical situation that may arise, but instead reinforces the commitment that students must personally make to ensure that honor guides their everyday professional behavior.

Established Spring 2009 by Student body



#### **Professionalism**

Students are expected to exhibit professional and altruistic behavior at all times, as outlined in the *Medical School Objectives at the Pennsylvania State University College of Medicine*. (This document is attached.) Additionally students are expected to demonstrate professionalism as outline by the AAMC, as detailed below.

- a. Students should exhibit honesty and integrity, including:
  - Forthright, truthful and trustworthy behavior.
  - Appropriate identification of status when participating in patient care.
  - Showing ethical behavior at all times.
- b. Students should demonstrate responsibility and reliability, including:
  - Punctuality and meeting deadlines.
  - Compliance with policies, rules, regulations and laws.
  - Attendance at required sessions.
  - Demonstration of appropriate prioritization between personal and professional life.
  - Demonstration of accountability, including appropriate assumption of responsibility and reporting of inappropriate behaviors.
- c. Students should demonstrate respect for others, including:
  - Respecting the authority and knowledge of other professionals.
  - Working well with and showing respect to all team members.
  - Showing appropriate grooming and cleanliness.
- d. Students should demonstrate altruism and empathy, including:
  - Showing appropriate concern for others.
  - Perception and acknowledgment of other people's physical, emotional and social needs
  - Demonstration of sensitivity and concern regarding those needs.
  - Maintenance of objectivity in difficult interactions with other individuals.
- e. Students should demonstrate commitment to competence and excellence, including:
  - Setting, achieving and reflecting on realistic goals.
  - Routinely seeking to develop additional knowledge and skills.
  - Striving for excellence rather than to meet minimum standards.

- f. Students should demonstrate responsibility for self-assessment and self-improvement, including:
  - Admission of errors and accepting responsibility for actions.
  - Seeking feedback, and implementing changes as a result of feedback.
  - Demonstration of appropriate self-confidence.
  - Asking for help when appropriate.
- g. Students should demonstrate respect for patients and their families, including:
  - Sensitivity to patients' beliefs, opinions, gender, race, culture, religion, sexual preference, and status.
  - Respecting patients' autonomy and right to choose.
  - Demonstration and maintenance of sensitivity to confidential patient information.



#### THE PENNSYLVANIA STATE UNIVERSITY

#### CODE OF CONDUCT

The Code of Conduct describes behaviors that are inconsistent with the essential values of the University community. Intentionally attempting or assisting in these behaviors may be considered as serious as engaging in the behavior. A person commits an attempt when, with intent to commit a specific violation of the Code of Conduct, he/she performs any act that constitutes a substantial step toward the commission of that violation. Many Code items are supported by University Policy Statements. The Code of Conduct Charge Codes can be found within the Judicial Affairs Reference and Training Manual at <a href="http://www.sa.psu.edu/ja">http://www.sa.psu.edu/ja</a>.

The Code of Conduct behaviors include, but are not limited to:

- 1. ABUSE/ENDANGERMENT/HAZING OF A PERSON: Physically harming or threatening to harm any person, intentionally or recklessly causing harm to any person or reasonable apprehension of such harm or creating a condition that endangers the health and safety of self or others, including through the facilitation of or participation in any mental or physical hazing activity (also see Policy Statement 8).
- 2. SEXUAL MISCONDUCT OR ABUSE: The University does not tolerate sexual misconduct or abuse, such as sexual assault, rape (including acquaintance rape) or other forms of nonconsensual sexual activity. Sexual misconduct and abuse can occur between acquaintances or parties unknown to each other. Sexual abuse is attempted or actual unwanted sexual activity, such as sexual touching and fondling. This includes the touching of an unwilling person's intimate parts (defined as genitalia, groin, breast or buttock, or clothing covering them), or forcing an unwilling person to touch another's intimate parts. Sexual misconduct includes, but is not limited to, sexual assault, rape, forcible sodomy or sexual penetration with an inanimate object, intercourse without consent, under conditions of force, threat of force, fear or when a person is unable to give consent because of substance abuse, captivity, sleep or disability (also see Policy AD-12).
- 3. HARASSMENT CREATING HOSTILE ENVIRONMENT AND HARASSMENT, OR STALKING OF ANY PERSON: Harassment creating a hostile environment is a violation of University policy. Such harassment is a form of discrimination consisting of physical or verbal conduct that (a) is directed at an individual because of the individual's age, ancestry, color, disability or handicap, national origin, race, religious creed, sex, sexual orientation, gender identity or veteran status; and (b) is sufficiently severe or pervasive so as to substantially interfere with the individual's employment, education or access to University programs, activities and opportunities.

To constitute harassment creating a hostile environment, the conduct must be such that it detrimentally affects the individual in question and would also detrimentally affect a reasonable person under the same circumstances. This harassment may include, but is not limited to, verbal or physical attacks, threats, slurs, or derogatory comments or threats of such conduct, that meet

the definition set forth above. Whether the alleged conduct constitutes prohibited harassment depends on the totality of the particular circumstances, including the nature, frequency and duration of the conduct in question, the location and context in which it occurs and the status of the individuals involved.

General harassment, stalking of any person is a violation of University policy. A person violates this section when, with intent to harass or alarm another, the person (a) subjects the other person or group of persons to unwanted physical contact or the threat of such contact; or (b) engages in a course of conduct, including following the person without proper authority, under circumstances which demonstrate intent to place the other person in reasonable fear of bodily injury or to cause the other person substantial emotional distress (also see Policy Statement 7, and Policies AD-41 and AD-42).

- 4. WEAPONS, FIREARMS, AND PAINTBALL DEVICES: The possession, storing, carrying, or use of any weapon, ammunition, or explosive by any person is prohibited on all University property except by authorized law enforcement officers and other persons specifically authorized by the University. No person shall possess, carry, or use any fireworks on University property, except for those persons authorized by University and local governments to discharge such fireworks as part of a public display. Paintball guns and paintball markers may only be used on the property of the University in connection with authorized University activities and only at approved locations.
- 5. FIRE SAFETY VIOLATIONS: Tampering with fire or other safety equipment or setting unauthorized fires.
- 6. ALCOHOL AND/OR DRUGS: Illegally possessing, using, distributing, manufacturing, selling or being under the influence of alcohol or other drugs. Use, possession or distribution of beverages containing alcohol on University property shall comply with the laws of the Commonwealth of PA and University Policies and Rules. Note: Anyone, including those under 21, serving alcohol to persons under 21 is in violation of both University regulations and state law. Also, simply being present in a residence hall room where a quantity of alcoholic beverages is present and/or being served implies possession. Public drunkenness occurs when a person appears in public when intoxicated to the degree that the person may endanger himself or other persons or property, or annoy persons in the vicinity. (also see Policies AD-18 and AD-33 and "Policy Statement on Beverages Containing Alcohol" in Policies and Rules).
- 7. FALSE INFORMATION: Intentionally providing false or inaccurate information or records to University officials or employees. Providing a false report of an emergency or University rule or Code violation. Knowingly providing false statements or testimony during a University investigation or proceeding.
- 8. THEFT AND OTHER PROPERTY OFFENSES: Stealing, vandalizing, damaging, destroying, or defacing University property or the property of others.
- 9. DISRUPTION OF OPERATIONS: Obstruction or disruption of classes, research projects, or other activities or programs of the University; or obstructing access to University facilities, property, or programs. Disruption is defined as an action or combination of actions by one or more individuals that unreasonably interferes with, hinders, obstructs, or prevents the operation of the

University or infringes on the rights of others to freely participate in its programs and services (also see Policy Statement 1).

10. ACADEMIC DISHONESTY: Academic integrity is the pursuit of scholarly activity in an open, honest and responsible manner. Academic integrity is a basic guiding principle for all academic activity at The Pennsylvania State University, and all members of the University community are expected to act in accordance with this principle. Consistent with this expectation, students should act with personal integrity, respect other students' dignity, rights and property, and help create and maintain an environment in which all can succeed through the fruits of their efforts. Academic integrity includes a commitment not to engage in or tolerate acts of falsification, misrepresentation or deception. Such acts of dishonesty violate the fundamental ethical principles of the University community and compromise the worth of work completed by others.

Academic dishonesty includes, but is not limited to, cheating, plagiarism, fabrication of information or citations, facilitation of acts of academic dishonesty by others, unauthorized possession of examinations, submitting work of another person or work previously used without informing the instructor, and tampering with the academic work of other students (also see Faculty Senate Policy 49-20 and G-9 Procedures).

- 11. FAILURE TO COMPLY: Failing to comply with reasonable directives from University officials when directed to do so. Failure to provide identification or to report to an administrative office or, when reasonable cause exists, failing to leave University-controlled premises or dangerous situations when directed to do so by properly authorized persons, including police and/or other University staff. This charge may be added to other charges, e.g., when a student fails to leave a residence hall during a fire drill and refuses to leave when directed to do so by a University official.
- 12. FORGERY/ALTERATION: Making, using or possessing any falsified University document or record; altering or forging any University document or record, including identification, meal or access cards. This includes but is not limited to; forging (signing another's name and/or ID number) or mis-signing key request forms, manufacturing IDs or tickets, altering permits, misuse of forms (letterhead stationery, University forms), and keys to mislead.
- 13. UNAUTHORIZED ENTRY OR USE: Unauthorized entry into or use of property facilities or University facilities including residence halls, classrooms, offices, and other restricted facilities. Unauthorized entry or use of facilities is referred to in University policy regarding the rights of individuals and the rights of the institution. Specifically, policy refers to an "obligation not to infringe upon the rights of all members of the campus to privacy in offices, laboratories and residence hall rooms, and in the keeping of personal papers, confidential records and effects, subject only to the general law and University regulations." The University also has the right to control use and entry into facilities for reasons of security, safety or protection of property. This includes closing facilities at specified times. It should also be recognized that an open or unlocked door is not an invitation to enter and use facilities. The same concept applies to computer entry or misuse.
- 14. DISORDERLY CONDUCT: Engaging in disorderly, disruptive, lewd or indecent conduct. The item includes but is not limited to: inciting or participating in a riot or group disruption; failing to leave the scene of a riot or group disruption when instructed by officials; disruption of programs, classroom activities or functions and processes of the University; creating unreasonable noise; or creating a physically hazardous or physically offensive condition.

15. VIOLATIONS OF UNIVERSITY REGULATIONS: Violating written University policy or regulations contained in any official publications or administrative announcements, including University Computer policies. University policies and regulations are contained in official publications, administrative announcements, contracts and postings (also see Policy AD-20 and Policy Statement 4).

16. VIOLATION OF LAW: Students are members of the campus, local and state communities. As citizens, students are responsible to the community of which they are a part, and the University neither substitutes for, nor interferes with the regular legal or criminal process. Students are also responsible for offenses against the academic community and in some instances student conduct that violates federal, state, or local law may affect a Substantial University Interest on the University community. Because the University expects students to conduct themselves in accordance with the law, student misconduct that occurs on or off the premises of the University that violates any local, state, or federal law will be reviewed by the University. Criminal or civil decision is not a necessary prerequisite for a disciplinary decision nor is it necessary that criminal or civil charges be lodged against the student either before or after a University decision. Therefore, action taken in a civil or criminal court does not free the student of responsibility for the same conduct in a University proceeding.



#### Academic Progress Committee Years III & IV Policy Academic Year 2011-2012

#### **Background**

Students in the College of Medicine have been carefully selected for the demands of medical study. However, some students, no matter how qualified, may experience difficulty in meeting the requirements of certain courses of study. If such difficulties arise, the matter is initially one of concern only to the student and the department or course director involved. A student who fails a course will be notified immediately by the department or course director. If a final course grade of Fail is transmitted to the Office of Medical Education, this grade will be considered by the Academic Progress Committee in relation to the student's overall performance.

#### **APC Responsibilities Years I and II**

The Academic Progress Committee (APC) Years I and II is responsible for the preclinical years and is composed of the basic science department chairs (voting members), and the Vice Dean for Educational Affairs, Associate Dean for Pre-Clinical Curriculum and Associate Dean for Clinical Education (ex officio members). The chair of this committee is elected by the committee.

The Academic Progress Committee acting for the entire faculty regularly evaluates and comprehensively reviews student performance. The APC meets at the conclusion of each semester, although other meetings may be called. The Committee concentrates on those students who have shown academic deficiencies. This review is detailed and includes an evaluation of performance in all courses. It is expected that a student will pass all required courses in Year I and II before entering Year III.

The Associate Dean for Pre-Clinical Curriculum may appeal to the Curriculum Evaluation Committee (CEC) to further investigate any course where there are a disproportionate number of students failing the course.

#### **APC Responsibilities Years III and IV**

The Academic Progress Committee Years III and IV is responsible for students in their clinical years and is composed of the clinical department chairs (voting members), and Vice Dean for Educational Affairs, Associate Dean for Pre-Clinical Curriculum and Associate Dean for Clinical Education (ex officio members). The chair of this committee is elected by the committee.

The APC Years III and IV regularly evaluates and comprehensively reviews student performance during the third and fourth years of medical school. (i.e. the required and elective clerkships).

The Associate Dean for Clinical Education may appeal to the Curriculum Evaluation Committee (CEC) to further investigate any clerkship or elective where there are a disproportionate number of students failing the course.

#### **Process for Deficiencies**

- 1. Students who receive a **final grade of fail** or who in a continuing course, i.e., a course that is given over several semesters, are doing failing work at the end of a particular academic period will be immediately notified by the department or course director concerned. The failing grade will also be transmitted to the Office of Student Affairs and placed on the student's transcript.
- 2. Students who receive a final course **failure** are placed on **academic probation**, a status that indicates to both the student and the faculty that the student's performance has not met the academic standards of the College of Medicine. Students who are failing a continuing course will be urged to obtain appropriate assistance and take necessary steps to overcome the academic deficiencies. Such a student may also be placed on academic probation. Any subsequent failing grades, either as a final grade or in a continuing course, may be cause for the recommendation for dismissal from the College of Medicine for academic reasons.
- 3. The APC may take other actions with respect to a failing grade:

**Years I and II** – These include, but are not limited to, requiring that a core course in the same subject be taken at another institution (SBMP only) possibly over the summer session, or requiring that the entire academic year be repeated. The Vice Dean for Educational Affairs must approve all decisions.

**Years III and IV** – Students who fail a required clerkship or elective will be required to meet with the APC to review his/her academic record and reasons for the failing grade.

Students who receive a **low pass evaluation in a required or elective clerkship** will be required to meet with the Vice Dean for Educational Affairs and may be required to meet with the APC to review his/her academic record and reasons for the marginal performance.

Students who receive a **low pass evaluation in two or more required or elective clerkships** will be required to meet with the APC. The APC may, but is not limited to, require that additional time be spent in a clinical clerkship discipline, decompressing the student's schedule.

- 4. Students who receive two documented incidences of **unprofessional behavior** or an **egregious violation of professionalism** as interpreted by the Vice Dean for Educational Affairs will meet with the Academic Progress Committee
- 5. A student being reviewed by the APC will be asked to appear before the Committee together with his or her advisor. The student is encouraged to bring their advisor with them. It is the student's responsibility to review their status with their advisor prior to the meeting. Course or clerkship directors may be invited at the discretion of the APC.

- 6. The student will receive at least five-calendar days notice prior to the interview with the APC. The student must meet with the Committee at the date, time, and location specified by the Office of Medical Education. Attendance is mandatory; exceptions will not be made.
- 7. The Committee's purpose in meeting with the student are to hear the student's view of his or her past performance and present situation. After hearing from the student, the committee will make a determination on a specific course of action for the student. In each case, a student's entire situation, past and present, will be reviewed by the APC, including the margins by which the student has failed or passed courses, the particular courses that he or she has failed, the student's personal situation, and other relevant considerations. The above are guidelines and not rules. The Committee will exercise its best judgment in each individual case.

#### Recommendations for Action, Other Than Suspension or Dismissal

Recommendations for **action**, **other than suspension or dismissal**, on a student's academic deficiency are communicated to the Vice Dean for Educational Affairs (or designate) who will discuss the decision with the student.

The student may request a further review of the decision by the APC by submitting a written request to the Chairperson of the APC.

- 1. The student can appeal in writing, to the Chairperson of the APC, within seven (7) calendar days of receipt of the Committee's decision. The correspondence must indicate why the student feels he/she should not complete the action recommended by the Committee.
- 2. The Committee may choose to meet with the student to listen to the appeal.
- 3. The Vice Dean for Educational Affairs will send out a follow-up letter notifying the student of the Committee's final decision.

Following further review by the APC, a student may appeal the decision to the Dean of the College of Medicine. (See – Student Appeal Process for Recommendations of Suspension or Dismissal)

#### **Recommendations for Suspension or Dismissal**

- 1. In the event that the APC recommends suspension or dismissal of a student from the College of Medicine, a written notice of this recommendation will be submitted to the Dean and the student. The Dean of the College of Medicine has the ultimate authority for separation of the student from the College of Medicine. The Dean will review all material relevant to the matter, and may meet with the student and or faculty. The Dean will notify the student of the final decision.
- 2. The probability of dismissal increases with the number and seriousness of course failures. A student who fails one course while on academic probation is at risk for dismissal.
- 3. A student who does not pass (either fails or is allowed to drop) as many as three required courses in the same year is at major risk for dismissal. A failure in as many as four required courses makes dismissal probable.

4. A student who fails the same course twice should expect dismissal. A student taking an approved course over the summer will be regarded as retaking "the same course." Continued failures in successive courses or over several semesters also increase the likelihood of recommendation for dismissal. In each case, a student's entire situation, past as well as present, will be reviewed by the APC, including the margins by which the student has failed or passed courses, the particular courses that he or she has failed, the student's personal situation, and other relevant considerations. The above are guidelines and not rules. The Committee will exercise its best judgment in each individual case.

#### Student Appeal Process for Recommendations of Suspension or Dismissal

In the event that the APC recommends suspension or **dismissal** of a student from the College of Medicine, a written notice of this recommendation will be submitted to the Dean and the student. The Dean of the College of Medicine has the ultimate authority for separation of the student from the College of Medicine.

- 1. The student may appeal the APC's recommendation. He/she must do so in writing to the Dean within seven (7) calendar days of receipt of the Committee's decision.
- 2. The student must write a letter to the Dean stating why he/she should not be dismissed.
- 3. The Dean may choose to meet with the student to listen to the appeal.
- 4. The Dean will send out a follow-up letter notifying the student of the final decision.

#### **Standards of Professional Behavior**

On occasion, students who are proficient at passing written and laboratory examinations do not display standards of professional behavior sufficient for effective patient care and/or maintaining public confidence in the medical profession. The faculty expects adherence to these standards of conduct in addition to course work performance. Failure to maintain such standards will be taken into consideration by the APC when making decisions concerning students. The following list provides students with examples of areas that form the basis for faculty assessment of their standards of professional behavior. The faculty will assist students as much as possible with known deficiencies. Students should recognize, before matriculation, that the faculty evaluation of overall student performance includes issues of this type:

- Displays personal honesty and integrity in academic and clinical responsibilities.
- Displays respect and sensitivity toward individuals and/or groups.
- Is not impaired in the performance of his or her professional duties by alcohol or other drugs not used for legitimate medical purposes.
- Develops interpersonal skills to form good physician/patient relationships leading to trust and excellent care and adheres to the principles in the Patient Bill of Rights.
- Meets assignments and responsibilities during clinical clerkships and displays judgment appropriate for current level of responsibility, including recognition of allowable actions and obtaining assistance when needed.
- Maintains confidentiality of information and records entrusted to the student.
- Displays a cooperative attitude that enhances patient care in both inpatient and outpatient settings.

Policy Revised 5/25/2010 lm



# Minimum Essential Standards for Matriculation, Promotion & Graduation

The education of a physician comprises a preparatory phase in college, a rigorous course of professional education leading to the M.D. degree, postgraduate or residency training, and lifelong continuing education after the conclusion of formal training.

The award of the MD degree signifies the individual has acquired a broad base of knowledge and skills requisite for the practice of medicine. The medical school educational process prepares an individual to be a physician - not a surgeon, psychiatrist, or any other specialist.

A broad medical education is prerequisite for good patient care and for entry into specialized postgraduate programs. Medical education requires the accumulation of scientific knowledge accompanied by the acquisition of professional skills, attitude, and behavior. It is in the care of patients that the physician learns the application of scientific knowledge. Faculties of medicine have responsibilities to students and patients and ultimately, to society, to graduate the best trained physicians.

Therefore, admission standards for medical school must be rigorous and exacting. Acceptance can be extended only to those who are best qualified to meet the performance standards of medical school.

Medical students must be able to communicate with and care for, in a non-judgmental way, persons whose culture, sexual orientation, or spiritual beliefs are different from their own. Students must be able to examine the entire patient, male or female, regardless of the social, cultural, or religious beliefs of the student.

A candidate for the M.D. degree must have demonstrable abilities and skills of five varieties: perception/observation; communication; motor/tactile function; cognition; and professionalism. Technological assistance is available to assist with a variety of disabilities and may be permitted to accommodate disabilities in certain areas. Under all circumstances, a candidate must be able to perform in a reasonably independent manner. A candidates' judgment must not be mediated by someone else's power of selection, observation and communication. Therefore, the use of an intermediary in the clinical setting is not permitted.

1. Perception/Observation - The candidate must be able to observe demonstrations and experiments in the basic sciences, including but not limited to physiologic and pharmacologic demonstrations, microbiological cultures, and microscopic studies of microorganisms and tissues in normal and pathologic states. A candidate must be able to observe a patient accurately at a distance and close at hand. Observation involves the functional use of the visual and somatic senses and is enhanced by the olfactory sense.

Students must be able to perceive, through the use of the senses and cognitive abilities, the presentation of information through:

- Small group discussions and presentations
- Large-group lectures
- One-on-one interactions
- Demonstrations
- Laboratory experiments
- Patient encounters (at a distance and close at hand)
- Diagnostic findings
- Procedures
- Written material
- Audiovisual material

Representative examples of materials/occasions requiring perceptual abilities in years 1 and 2 include, but are not limited to: books, diagrams, discussions, physiologic and pharmacological demonstrations, microbiologic cultures, gross and microscopic studies of organisms and tissues, chemical reactions and representations, photographs, x-rays, cadaver dissections, live human case presentations, and patient interviews.

Additional examples from years 3 and 4 include, but are not limited to: physical exams; rectal and pelvic exams; examinations with stethoscopes, otoscopes, fundoscopes, sphygmomanometers, and reflex hammers; verbal communication and non-verbal cues (as in taking a patient's history or working with a medical team); live and televised surgical procedures; childbirth; x-rays, MRIs, and other diagnostic findings; online computer searches.

- 2. **Communication** A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speaking but listening, reading, and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the health-care team, in order to:
  - Elicit, convey, and clarify information
  - Create rapport
  - Develop therapeutic relationships
  - Demonstrate competencies

Examples of areas in which skillful communication is required in years 1 and 2 include, but are not limited to: answering oral and written exam questions, eliciting a complete history from a patient, presenting information in oral and written form to preceptors, participating in small-group discussions/interactions, participating in group dissections, participating in pathology labs.

Additional examples of areas in which skillful communication is required in years 3 and 4 include, but are not limited to: participating in clinical rounds and conferences; documenting patient H&Ps (histories and physicals); making presentations (formal and informal) to physicians and other professionals; communicating daily with all members of the healthcare team; talking with patients and families about medical issues; interacting in a therapeutic manner with psychiatric patients; providing educational presentations to patients and families; participating in videotaped exercises; interacting with clerkship administrators; writing notes and papers.

3. **Motor/tactile function** - Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. A candidate should be able to perform basic laboratory tests (urinalysis, etc.); carry out diagnostic procedures (proctoscopy, paracentesis, etc); and read EKG's and X-rays. A candidate should be able to execute motor movements reasonably required to provide general care and emergency treatment to patients.

Students must have sufficient motor function and tactile ability to:

- Attend and participate in all classes, groups, and activities which are part of the curriculum
  - Read and write
  - Examine patients
  - Perform basic laboratory procedures and tests
  - Perform diagnostic procedures
  - Provide general and emergency patient care
  - Function in outpatient, inpatient, and surgical venues
  - Perform in a reasonably independent and competent way in sometimes chaotic clinical environments
  - Demonstrate competencies

Examples of emergency treatment reasonably required of physicians are cardiopulmonary resuscitation, administration of intravenous medication, application of pressure to stop bleeding, opening of obstructed airways, suturing of simple wounds, and performance of simple obstetrical maneuvers. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.

- 4. **Cognition** Students must be able to demonstrate higher-level cognitive abilities, which include:
  - Rational thought
  - Measurement
  - Calculation
  - Visual-spatial comprehension (written & diagrammatic)
  - Conceptualization
  - Analysis
  - Synthesis
  - Organization
  - Memory
  - Application
  - Clinical reasoning
  - Ethical reasoning
  - Sound judgment

Examples of applied cognitive abilities in years 1 and 2 include, but are not limited to: understanding, synthesizing, and recalling material presented in classes, labs, small groups, patient interactions, and meetings with preceptors; understanding 3-dimensional relationships, such as those demonstrated in the anatomy lab; successfully passing oral, written, and laboratory

exams; understanding ethical issues related to the practice of medicine; engaging in problem solving, alone and in small groups; interpreting the results of patient examinations and diagnostic tests; analyzing complicated situations, such as cardiac arrest, and determining the appropriate sequence of events to effect successful treatment; reaching a full understanding of genetic problems.

Additional examples of required cognitive abilities in years 3 and 4 include, but are not limited to: integrating historical, physical, social, and ancillary test data into differential diagnoses and treatment plans; understanding indications for various diagnostic tests and treatment modalities from medication to surgery; understanding methods for various procedures, such as lumbar punctures and inserting intravenous catheters; being able to think through medical issues and exhibit sound judgment in a variety of clinical settings, including emergency situations; identifying and understanding classes of psychopathology and treatment options; making concise, cogent, and thorough presentations based on various kinds of data collection, including web-based research; knowing how to organize information, materials, and tasks in order to perform efficiently on service; understanding how to work and learn independently; understanding how to function effectively as part of a healthcare team.

- 5. **Professionalism** A candidate must possess the emotional health required for full utilization of intellectual abilities, good judgment, prompt completion of all responsibilities attendant to the diagnosis and care of patients, and development of mature, sensitive, and effective relationships with patients. Candidates must be able to tolerate physically taxing workloads to function effectively under stress. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interest, and motivation are all personal qualities that are assessed during the admission and education processes.
- \*\* Students with questions about components of our Minimal Essential Standards requirements can contact the Office of Student Affairs at (717) 531-4398.
- \*\*\* Students with questions regarding accommodations for a disability should contact our Disability Contact Liaison, Judy Chronister, at jzc6@psu.edu. There are a number of accommodations that can be made for students with documented disabilities. For more information related to disabilities, please go to the following site: <a href="http://www.equity.psu.edu/ods/">http://www.equity.psu.edu/ods/</a>.



# Leave Of Absence *Policy and Procedure*

#### **DEFINITION**

A Leave of Absence (LOA) is authorized permission to take time off from formal studies.

#### **PURPOSE**

The purpose of the LOA is to allow students to interrupt continuous enrollment (usually for not more than one year) without having to <u>apply for re-enrollment</u> and without changing conditions and requirements of their academic program.

#### **TERMS AND CONDITIONS**

- Students may request a leave of absence (LOA) from the College of Medicine's educational program for personal, health or educational reasons (i.e. Away research)
- LOA requests will be granted or denied, at the discretion of the College of Medicine's Vice Dean for Educational Affairs
- Generally, LOA requests for medical students will not be granted for a period in excess of one year. Any "extensions" for a leave-of-absence must be approved by the Vice Dean for Educational Affairs.
- A student who fulfills the conditions of an approved LOA may register upon return without applying for re-enrollment. The student registers for courses according to the returning start dates for the courses or clinical learning experiences as applicable.
- The student will be expected to return to the College of Medicine according to the conditions of the approved leave set forth by the Vice Dean for Educational Affairs.
- If at the end of the Vice Dean for Educational Affairs' specified length for the LOA the student does not notify the Vice Dean in writing of his or her intentions to resume formal studies, it will be assumed that the student no longer wishes to continue in medical school and has withdrawn from the College of Medicine.
- Students requesting a LOA for health reasons must provide a written request from the physician involved in his/her care at the time the request is made. In addition, re-evaluation from the physician must be received by the Vice Dean for Educational Affairs prior to readmission. This evaluation must include the statement that the student is able from a medical standpoint to resume his or her studies.

#### **ACTION STEPS**

- 1. A student requesting a LOA must meet with the Vice Dean for Educational Affairs and must submit the request in writing.
  - a. The written request should include the reason for the LOA and the proposed duration of the leave.
- 2. If the LOA request is approved by the Vice Dean for Educational Affairs, the student will receive official approval in writing. This written approval will
  - a. Summarize any conditions pertinent to the individual student's leave
  - b. Set a date (60 days before the student is scheduled to return) by which time the student must notify the Vice Dean for Educational Affairs in writing of his or her intent to return as scheduled.
- 3. The student is responsible for getting all the signatures required on the LOA form.
  - a. The Registrar (the last required signature) will make a copy of the completed form for the student. The original will be placed in the student's academic folder.
  - b. The LOA status will become official when the completed LOA form for the student has been returned to the Registrar.
- 4. Sixty days prior to the date of return from the LOA, the student must notify the Vice Dean for Educational Affairs.

#### **COMPUTER ACCOUNT**

A student's <u>Penn State Access Account</u> is suspended at the beginning of the semester that his/her leave begins. The account (with the same account number and password) is automatically reactivated a few weeks prior to the student's scheduled return to school. Students, at any Penn State campus, who want to keep their accounts active while on an official leave of absence, should complete the <u>Penn State Access Account Extension for Student Leave of Absence</u> form. The completed form can be given to the Office of Student Affairs at C1802. A monthly fee is charged to the student's University account.



## **Section III**

## RESOURCES





### Principal Goals for Undergraduate Medical Education At the Pennsylvania State University College of Medicine

- To impart the essential knowledge, skills, attitudes and values that will lead to success in graduate medical education training and clinical practice.
- To matriculate and retain the best-qualified applicants for careers in medicine.
- To diversify the student body to reflect the society in which we live.
- To assist students in obtaining financial aid and identifying resources to meet their financial obligations.
- To identify student applicants with qualities that will lead them to choose a career in primary-care disciplines, and provide a curriculum and environment that will stimulate students to choose careers in primary-care medicine.
- To provide an appropriate academic environment that encourages students to match their interests and talents with societal needs in making career choices.
- To help meet the national need for more clinician/investigators by identifying and assisting students who have the aptitude and motivation for a combined M.D./Ph.D. program, by promoting the M.D./Ph.D. program, and by encouraging extramural financial support for this research-training program.
- To develop the students' appreciation for the scientific method in biological research and its application to the critical thinking process.
- To support excellence in faculty development and postgraduate residency training programs which enhances the educational environment for the medical students.
- To sensitize students to the importance of ameliorating pain and suffering, and promoting the well being of patients.
- To encourage students to volunteer in community-service activities and provide a forum for these students to share their experiences with other members of the institution.
- To foster the development of the students' humanistic behaviors and attitudes.
- To meet the standards for accreditation by the Liaison Committee on Medical Education.

### **Medical School Objectives**

#### Physicians must demonstrate altruism

Graduates will demonstrate an understanding of the following characteristic that will enhance their effectiveness as physicians::

- Compassion for patients
- Sensitivity and commitment to patients' or families' feelings, needs, or wishes that are in keeping with ethical practice regardless of one's own preferences
- A commitment to advocate at all times for patients' interests over one's own interests, market forces, societal pressures, administrative exigencies, or financial gain
- A commitment to advocate for patients within the healthcare system Integrity
- A commitment to provide care to patients who are unable to pay and to advocate for access to health care for underserved individuals and populations
- The ability to assist patients or families with ethical decisions when requested based on a knowledge of ethical decision making and major ethical dilemmas in medicine including those that arise at the beginning and end of life and those that arise with new technologies and advances

#### Physicians must be knowledgeable

Graduates will demonstrate:

- Knowledge of the normal structure, function and development of the human body
- Knowledge of the molecular, biochemical, and cellular mechanisms, as well as the integrated
  operation of organs and systems regulating homeostasis and organs and systems underlying the
  pathology of disease
- Knowledge of the therapeutic principles underlying the prevention and treatment of disease
- Knowledge of the processes to gather and organize information relevant to clinical problems
- Knowledge of scientific methods to investigate the causation of disease and evaluate efficacy of traditional and non-traditional therapies
- Knowledge of the important non-biological determinants of poor health and of the economic, psychological, social, and cultural factors that contribute to the development and/or continuation of disease
- Knowledge of the appropriate modalities to relieve pain and suffering
- Knowledge for promoting, maintaining and improving the health care of the individual and the population
- Knowledge of the neural mechanisms underlying perception, motivation, memory, and other key behavioral functions
- Knowledge of how human genetic content, information flow, inheritance, and variation serve as a context for disease
- An understanding for the need to engage in lifelong learning

#### Physicians must be skillful

Graduates will demonstrate the ability to:

- Perform an appropriate history (complete or focused) and physical examination of patients
- Formulate an appropriate diagnostic and therapeutic plan for specific patients
- Perform diagnostic and therapeutic procedures
- Interpret the results of common laboratory and radiology tests
- Effectively communicate with colleagues and consultants, members of the health-care team, patients, and their families
- Incorporate quantitative and qualitative methods to carry out biomedical research projects
- Critically evaluate the medical and scientific literature to make appropriate patient-care decisions

#### Physicians must demonstrate professionalism

Graduates will demonstrate:

- Responsibility in treating patients and interacting with other health-care professionals
- Truthfulness in representing actions and information
- Exemplary standards of ethical conduct
- Realization of self-limitations and strives for self-improvement
- Decision-making based on behalf of the patient and independent of self-interest
- Attitudes, character and spirit of the medical profession
- A capability to effectively function in environments that are emotionally charged and filled with uncertainty
- The ability to effectively function as a member of the health-care team
- Empathy
- Initiative

Prepared by: Curriculum Evaluation Committee (CEC)

Date: August 17, 2007

Amended by: Committee for Undergraduate Medical Education (CUMED) Oversight

Approved by: Faculty Organization



#### Goals for Years III and IV

#### Year III

#### **Overall Goals**

- To allow students to gain experience in patient care, focusing on the symptoms, physical signs, and management of common disease processes, as detailed in the "Clerkship Core Competencies" and "Clerkship Core Training Problems."
- To provide opportunity and instruction as students develop skill in obtaining both comprehensive and focused medical histories in both an inpatient and outpatient setting.
- To provide opportunity and instruction as students develop skill performing both complete and abbreviated physical examinations.
- To provide opportunity and instruction as students learn to formulate problem lists, differential diagnoses, and treatment plans for common presenting complaints.
- To provide opportunity and instruction to develop skill in selection and interpretation of basic diagnostic studies.
- To introduce students to aspects of patient care in a variety of common medical specialties.
- To introduce students to concepts of preventative health care.
- To instill respect for appropriate communication and professional behavior in all aspects of medical practice, and to allow students to demonstrate such behavior.

#### A. Third-Year Required Clerkships and Island Courses

 Goals for each Clerkship and Island are detailed in the information available for each of the specific courses.

#### **B.** Third-Year Selectives

- To provide students the opportunity to explore fields outside of the usual clerkship offerings, within a curriculum appropriate to the third year of medical school
- To allow students to hone skills and knowledge obtained in standard third-year clerkships (experience may be required before the selective is chosen)
- To allow students to develop an early relationship with a mentor in a discipline considered as a possible career choice.

#### Year IV

#### **Overall Goals**

- To allow students to continue to hone all of the knowledge and skills gained in Year III.
- To allow students to demonstrate increased assumption of responsibility for day-to-day patient care.
- To ensure that all students have the basic skills to provide initial evaluation and management of a critically ill patient.
- To ensure that all students have the opportunity to explore a variety of medical specialties.
- To allow students to obtain advanced knowledge within their specialty choice.
- To instill respect for appropriate communication and professional behavior in all aspects of medical practice, and to allow students to demonstrate such behavior.

#### Year IV

#### Overall Goals (continued)

- To allow and encourage students to explore topics in medical humanities.
- To ensure that each student has attained the basic skill set necessary to provide patient care as an intern.

#### A. Acting Internship

- To allow students to experience and demonstrate increased assumption of responsibility for day-to-day patient care similar to that of an intern.
- To allow students to demonstrate advanced skill in obtaining a history and physical examination.
- To allow students to demonstrate advanced skill in formulation of a differential diagnosis and creation and maintenance of a management plan.
- To allow students to demonstrate advanced skill in selection and interpretation of diagnostic studies.
- To provide students the opportunity to participate in procedures similar to that of an intern on service.
- To instill respect for appropriate communication and professional behavior in all aspects of medical practice, and to allow students to demonstrate such behavior.

#### **B.** Humanities

- To allow and encourage students to explore topics in the medical humanities.
- To allowed continued exposure to concepts including medical ethics, diversity and cultural competency and complementary and alternative medicine.
- To instill respect for appropriate communication and professional behavior in all aspects of medical practice, and to allow students to demonstrate such behavior.

#### C. Neurology Clerkship

• Goals for each Clerkship and Island are detailed in the information available for each of the specific

#### D. Fourth-Year Electives

- To allow students to continue to hone all of the knowledge and skills gained in Year III.
- To allow students to gain experience in their chosen fields of medical practice.
- To allow students to explore a variety of specialties in medicine.
- To instill respect for appropriate communication and professional behavior in all aspects of medical practice, and to allow students to demonstrate such behavior.

Prepared by: Committee on Undergraduate Education (CUMED) Years III/IV Subcommittee

Dates: June 2004, March 2005, May 2007



## Direct Observation of Clinical Skills (Required Clerkships) (MSIII)

Developed by the Clerkship Directors' Committee, April 2003 Approved, CUMED III/IV and CUMED Oversight, September 2003 Revised, Clerkship Director's Committee and CUMED III/IV, October 2007

LCME Standard: Institutions must develop a system of assessment which assures that students have acquired and can demonstrate on direct observation the core clinical skills, behaviors, and attitudes needed in subsequent medical training.

Clerkship students must be observed, by faculty members, performing focused histories and component physical exams. These observations will be recorded by the students in the New Innovations database, but also require "on paper" documentation with a faculty signature for each history or component physical examination completed. Clerkships will provide students and faculty with clear expectations of the clinical skills which should be demonstrated for each of the required observed histories or examinations. Each observation must be completed during the designated clerkship. It will be the students' responsibility to seek out the opportunity for the observed exam, but it is clearly expected that students will have the opportunity to be observed for specific examinations during the Clerkships as detailed below. Guidance regarding these opportunities will be provided during each clerkship orientation. Student responsibility in seeking out the experiences early in the rotation is expected and required.

#### **Required Clerkship Observations**

Focused History or Examination	Responsible Clerkship
Back Pain Assessment	Family Medicine
Cardiac Examination	Medicine
Pulmonary Examination	Medicine
Eye Examination	Neurology
Neurologic Examination	Neurology
Pelvic Examination	Obstetrics-Gynecology
Newborn Examination	Pediatrics
Developmental Assessment	Pediatrics
Mental Status Examination	Psychiatry
Head and Neck Examination	Surgery
Abdominal Examination	Surgery
Breast Examination	Surgery

(See also the policy for observation of full history and physical examinations during the fourth year.)



# Direct Observation of Clinical Skills (MSIV) Observed History and Physical Exam

The LCME has defined as a standard that "institutions must develop a system of assessment which assures that students have acquired and can demonstrate on direct observation the core clinical skills, behaviors, and attitudes needed in subsequent medical training."

In partial fulfillment of this requirement, all fourth year students at the Penn State College of Medicine must satisfactorily complete <u>two</u> separate history and physical examinations observed by a faculty member, including attending, fellow or chief resident. These sessions should include a patient history and physical examination appropriate to the presenting problem, and will include observation of the history and physical examination, subsequent discussion of a differential diagnosis and plan, and review with the student regarding performance on this exercise.

Observed history and physical exam sessions may occur in the in-patient or out-patient setting, in any approved clinical rotation (electives or acting internships.) It is the responsibility of each student to seek out opportunities to complete these sessions in a timely fashion. Faculty of the Penn State College of Medicine and its affiliated teaching sites are likewise expected to respond positively whenever possible to student requests for observation. The Office of Medical Education will send yearly reminders to faculty describing this evaluation process. The 1<sup>st</sup> required form must be completed by October 31<sup>st</sup> of the fourth year. The 2nd required form must be completed by January 31<sup>st</sup> of the fourth year. The Office of Medical Education will contact delinquent students to determine what assistance is needed. This is a graduation requirement for the Penn State College of Medicine.

An evaluation form for this exercise is included with this packet. The student will be evaluated on six competencies; Medical Interviewing Skills, Physical Examination Skills, Clinical Judgment, Communication Skills, Organization and Efficiency, and Humanistic Qualities and Professionalism. Each competency should be ranked as below, meeting, or exceeding expectations as detailed on the form. An overall performance "meeting expectations" defines successful completion of this examination. The final grade should reflect the sum of the individual competencies which were evaluated. Both sides of the form should be completed, including comments, and the evaluation should be discussed with the student. Faculty should rate the student in comparison to other students at a similar level of training.

The completed forms should be returned to the Office of Medical Education.

(See also the policy for observation of component history and physical examinations during the third year.)

# PENNSTATE HERSHEY College of Medicine

Student	Date
Evaluator	

2

2

2

#### 1. Medical Interview Skills

Below Expectations

information

Misses salient features of the presenting complaint and history; Inaccurate, incomplete or unreliable; Interactions with patient impede the flow of Meets Expectations
3
History contains presenting of

History contains presenting complaint and pertinent positives and negatives; Complete and accurate; Indicates knowledge of common diagnoses associated with presenting complaint; Effectively uses questions to obtain adequate information Exceeds Expectations

History is efficient but complete and appropriate; Tailored to presenting complaints; Exceptional accuracy; Questions reflect extensive knowledge of diagnoses associated with the presenting complaint, and reflect likely diagnoses; Facilitates the patient's telling of the story

#### 2. Physical Examination Skills

Below Expectations

Cannot independently perform exam components; Inaccurate, incomplete or unreliable; Fails to perform multiple expected components of the physical exam

Meets Expectations
3

Physical exam is complete, accurate and appropriate to presenting complaint;

Exceeds Expectations
5

Recognizes even subtle findings on physical exam; Sequence is efficient and logical, and focuses on problem at hand

#### 3. Communication Skills

Below Expectations

1

Presentations are disorganized and incomplete; Difficult to understand; Confrontational or demeaning; Fails to inform patient of next steps/plan

Meets Expectations

Presentations are organized and logical; Communicates clearly and respectfully; Keeps patient informed of next steps/plan Exceeds Expectations
5

Presentations are succinct and complete; Communicates easily and confidently. Discusses management plan fully and accurately

#### 4. Clinical Judgment

Below Expectations

1

Works by routine rather than considering differential diagnosis; Cannot interpret findings in the context the chief complaint/patient's condition; Reports date but unable to formulate a treatment plan; Lacks familiarity with common treatments and side effects

Meets Expectations
3

Chooses studies appropriate to the differential diagnosis; Able to interpret history, physical findings, common labs and studies in the context of the patient's clinical condition; Formulates a treatment plan which reflects the primary diagnosis; Familiar with common treatments and side effects

Exceeds Expectations
5

Plan includes cost-benefit analysis and/or reference to current literature;

Recognizes subtleties in the interpretation of history, physical findings, or diagnostic studies; Can integrate a management plan for a complicated patient with multiple problems

#### 5. Humanistic Qualities and Professionalism

Below Expectations

1

Lacks respect, compassion, integrity, honesty; Insensitive to patient's comfort and modesty; Fails to acknowledge shortcomings, unable to accept feedback. Overly casual or critical.

#### 6. Organization and Efficiency

Below Expectations

1

History, physical exam and presentation are extremely slow, or disorganized; Cannot prioritize plans for work-up or treatment Meets Expectations
3

Respectful and compassionate in patient interactions; Sensitive to patient's comfort and modesty; Accepts constructive criticism well. Interacts with preceptor in an appropriate manner.

Meets Expectations

History and physical exam move at an appropriate pace for a senior student; Presentation is structured in a logical fashion; Management plan recognizes most pressing needs

Exceeds Expectations
5

Respectful and compassionate in patient interactions; Sensitive to patient's comfort and modesty; Able to accept constructive criticism and incorporate feedback for self-improvement. Willingly acknowledges errors.

Exceeds Expectations

5

History and physical exam are complete but efficient; Presentation is appropriately succinct and very well-organized, Management plan reflects prioritization of immediate and long term patient needs and time constraints of the healthcare system

Please make sure that both sides of the form are completed

### **Penn State College of Medicine**

### **Year IV Observed History and Physical Examination**

Student			Date		
Evaluator					
Overall Performance Below Expectations 1	2	Meets Expectations 3	4	Exceeds Expectati 5	i <b>on</b> :
Patient Problem/Dx Setting					
Complexity	_Low!	Moderatel	High		
Time:	Observing:	Minutes	Providing l	Feedback:Minut	tes
Comments:					
Student Signature					
Faculty Signature					

Please make sure that both sides of the form are completed



Date:	Date: Observed History and Physical Examination Affiliate Site Form				
Institution Na	me:				
Clinical Supervisor	; Name and Title	e:			
Address:				Phone:	
				Fax:	
City:	St:	Zip:		E-mail:	
Lureye Myers, M.S.				ONTACT INFORMATION:	
Curriculum Coordina Office of Medical Edu	ucation, H176	1 IV	Phon Fax:	e: (717) 531-0003 (Ext. 285134) (717) 531-3925	
Penn State College of 500 University Drive Hershey, PA 17033	of Medicine			il: lmyers1@psu.edu	
Glenda H. Shoop, M. Director, Curriculum Office of Medical Edu Penn State College of 500 University Drive Hershey, PA 17033	Development an ucation, H176	d Evaluation	Fax:	e: (717) 531-6917 (717) 531-3925 il: gshoop@psu.edu	

Student Information						
Name:			Phone:			
Address:			Fax:			
			E-mail:			
City:	St:	Zip:				



## CLERKSHIP REQUIRED PROCEDURE DESCRIPTIONS Academic Year 2011-2012

CLERKSHIP REQUIRED PROCEDURE DESCRIPTIONS					
Procedure	Number Required	Best Rotation(s) for this Procedure	Alternative Options for this Procedure	Appropriate Supervision	Elements Required For Successful Completion
Blood Cultures	2 Sets	<ul><li>Internal Medicine</li><li>Surgery</li><li>Pediatrics</li></ul>	• ED	Attending     Resident/Intern	<ul> <li>Demonstrate sterile preparation technique</li> <li>Correct venous cannulation and blood draw</li> <li>Demonstrate sterile inoculation of culture media</li> <li>Appropriate handling and transport of specimen</li> <li>Demonstration of appropriate needle handling and disposal</li> </ul>
Electrocardiogram (EKG)	2	<ul><li>Internal Medicine</li><li>Family Medicine</li></ul>	<ul><li>ED</li><li>Pre-op evaluation (preadmission)</li></ul>	<ul> <li>Attending</li> <li>Resident/Intern</li> <li>EKG</li> <li>Technician</li> </ul>	<ul> <li>Understand the basic concepts of lead placement and generation of tracing</li> <li>Proper patient positioning and electrical isolation</li> <li>Proper lead placement</li> <li>Effective operation of EKG device</li> <li>Production of an adequate EKG tracing</li> </ul>
PPD Placement / interpretation	2	Family Medicine     Internal Medicine	• Pediatrics	<ul> <li>Attending</li> <li>Resident/Intern</li> <li>Nursing staff</li> </ul>	Placement  Identify appropriate site of injection (volar side of forearm, free of hair/lesions/tattoos/etc.)  Wash hands and put on gloves  Prepare the injection site using an alcohol wipe and allow to dry  Pull skin taut at injection site  Correctly insert needle immediately under skin surface (with bevel up, and at 10-15 degree angle)  Slowly inject PPD solution into dermis  Observe for appropriate wheal  Circle injection site with skin marker to identify  Interpretation  Determine appropriate time-frame after PPD placement for accurate interpretation (48-72 hours)  Correctly palpate the skin to determine borders of indurated area  Accurately measure induration with flexible ruler (in millimeters) and record findings

	CLERKSHIP REQUIRED PROCEDURE DESCRIPTIONS					
Procedure	Number Required	Best Rotation(s) for this Procedure	Alternative Options for this Procedure	Appropriate Supervision	Elements Required For Successful Completion	
IV Catheter Placement	3	<ul><li>Internal Medicine</li><li>Surgery</li><li>OB/GYN</li></ul>	<ul><li>Pediatrics</li><li>ED</li></ul>	<ul> <li>Attending</li> <li>Resident/Intern</li> <li>Member of IV team</li> </ul>	<ul> <li>Use a full range of needle gauges, including a 14 or 16 gauge large bore IV</li> <li>Properly retract the skin</li> <li>Properly administer local anesthesia</li> <li>Correctly complete the venipuncture with proper technique</li> <li>Successfully advance the catheter</li> <li>Properly withdraw the blood</li> <li>Demonstrate the ease of flow of an intravenous line</li> </ul>	
Nasogastric Tube Insertion	2	<ul> <li>Surgery – in OR before certain operations</li> <li>Internal Medicine</li> </ul>	• ED	<ul> <li>Faculty</li> <li>Resident/Intern</li> </ul>	<ul> <li>Properly position the patient</li> <li>Correctly pass the nasogastric tube through the nasopharynx</li> <li>Properly handle the gagging or retching that occurs with the passage of the tube</li> <li>Attend to patient discomfort with the use, perhaps, of Lidocaine gel</li> <li>Properly place the stethoscope over the left upper quadrant to listen for air entry sounds</li> <li>Correctly inject air through the nasogastric tube</li> <li>Identify the sounds as air is inserted through the tube and into the stomach</li> <li>Successfully withdraw gastric contents</li> </ul>	
IM Injection	3	<ul> <li>Internal Medicine</li> <li>Family Medicine</li> <li>Pediatrics</li> <li>These are common IM injections: IM vaccines, pain medication, some antibiotics</li> </ul>	OB/GYN	<ul> <li>Attending</li> <li>Resident/Intern</li> <li>Nursing staff</li> </ul>	<ul> <li>Identify appropriate site of injection</li> <li>Wash hands and put on gloves</li> <li>Prepare the injection site using an alcohol wipe, in a circular motion</li> <li>Choose appropriate needle size and length for age of patient and site of injection</li> <li>Correctly insert needle at 90 degree angle to the skin with quick thrust</li> <li>Inject contents into thickest part of muscle, using steady pressure</li> <li>Withdraw needle at angle of insertion</li> <li>Apply gentle pressure to injection site for several seconds</li> </ul>	

Subcutaneous Injection	3	<ul> <li>Internal Medicine</li> <li>Family Medicine</li> <li>Pediatrics</li> <li>These are common SQ injections: Insulin injection, Heparin injection, SQ vaccine</li> </ul>	Surgery     OB/GYN	<ul> <li>Faculty</li> <li>Resident/Intern</li> <li>Nursing staff</li> </ul>	<ul> <li>Identify appropriate site of injection</li> <li>Wash hands and put on gloves</li> <li>Prepare the injection site using an alcohol wipe, in a circular motion</li> <li>Properly pull up on subcutaneous tissue to avoid injection into muscle</li> <li>Correctly insert needle at 45 degree angle to the skin</li> <li>Inject contents into subcutaneous tissue using steady pressure</li> <li>Withdraw needle at angle of insertion</li> <li>Apply gentle pressure to injection site for several seconds</li> </ul>
Knot Tying/Suturing	6	• Surgery	Family Medicine (suturing only)	<ul> <li>Faculty (Plastic and Reconstructive Surgery)</li> <li>Residents (Plastic and Reconstructive Surgery)</li> </ul>	<ul> <li>Name the instruments</li> <li>Identify the suture – at least in terms of braided versus extruded substance</li> <li>Successfully perform         ⇒ 2 hand ties;         ⇒ Single-handed tie; and         ⇒ Knot tying using a needle driver</li> </ul>
Pelvic Exam	8	OB/GYN     Family Medicine	Internal Medicine	<ul><li>Attending</li><li>Resident</li><li>Nurse Practitioner</li><li>Nurse Midwife</li></ul>	<ul> <li>Understand the components of the pelvic exam</li> <li>Understand the indications for a pelvic exam as part of a patient evaluation</li> <li>Properly perform the pelvic exam</li> <li>Demonstrate gentle technique and proper communication</li> </ul>
Pap Smear	3	OB/GYN     Family Medicine	Internal Medicine	<ul> <li>Attending</li> <li>Resident</li> <li>Nurse Practitioner</li> <li>Nurse Midwife</li> </ul>	<ul> <li>Understand cervical cancer screening programs, and screening tests in general</li> <li>Properly perform the Pap Smear</li> <li>Properly perform cervical cultures (if indicated)</li> <li>Understand professional responsibility in following up laboratory tests</li> </ul>
Rectal Stool Guaiac Testing (includes rectal examination)	3	Internal Medicine     Surgery      (rectal exam should be done as part of admission H&P)	<ul><li>Family Medicine</li><li>OB/GYN</li><li>ED</li></ul>	<ul><li>Attending</li><li>Resident/Intern</li></ul>	<ul> <li>Discussion of procedure with patient and understanding of the potential sensitive nature of intervention</li> <li>Proper patient positioning</li> <li>Appropriate use of gloves and lubricant, with attention to safe handling of body substances and patient comfort</li> <li>Preparation of a stool guaiac card (including application of developer) adequate for interpretation</li> </ul>

Surgical Preparation	3	Surgery		<ul><li>Attending</li><li>Resident/Intern</li><li>Scrub Tech</li><li>Scrub Nurse</li></ul>	<ul> <li>Demonstrate sterile technique</li> <li>Be familiar with Prep Solutions, e.g., Betadine, Hibiclens, Alcohol</li> <li>Perform adequate prep of abdomen</li> </ul>
Throat Swabs	2	<ul><li>Family Medicine</li><li>Pediatrics</li></ul>	Internal Medicine	<ul><li>Attending</li><li>Resident/Intern</li><li>Nurse</li></ul>	Demonstrate a successful swab of the posterior pharynx
Urinalysis	3	Family Medicine     Internal Medicine		<ul> <li>Attending</li> <li>Resident/Intern</li> <li>Clinical Laboratory Technician</li> </ul>	<ul> <li>Understanding of clean sample collection technique</li> <li>Safe handling of body fluids</li> <li>Dipstick examination of urine with accurate recording of findings</li> <li>Centrifugation and preparation of an adequate urine slide specimen for microscopic examination</li> </ul>
Urinary Catheter Placement	2 male 2 female	<ul> <li>Surgery</li> <li>Internal Medicine</li> <li>OB/GYN</li> </ul>	• ED	Attending     Resident/Intern	Male  Properly handle the male penis and straighten the urethra in order to pass the catheter  Females  Properly cleanse the female urethra  Demonstrate sterile techniques in catheterizing females  General  Proper inflation of the balloon  Successful return of urine into the catheter  Correctly secure the catheter to the patient's skin
Venipuncture	3	<ul><li>Internal Medicine</li><li>Surgery</li><li>OB/GYN</li><li>Family Medicine</li></ul>	<ul><li>Clinical Lab</li><li>ED</li></ul>	<ul><li>Attending</li><li>Resident/Intern</li><li>Nurse</li><li>Phlebotomist</li></ul>	<ul> <li>Understanding of basic concept performing venipuncture</li> <li>Demonstrate sterile technique and safe handling of needle and blood</li> <li>Knowledge of appropriate vials for specific serologic tests</li> <li>Demonstrate proper labeling of specimen</li> </ul>
Wet Mount	3	OB/GYN     Family Medicine		<ul><li>Attending</li><li>Resident</li><li>Nurse Practitioner</li><li>Nurse Midwife</li></ul>	<ul> <li>Understanding the appropriate indications for wet mount, and the differential diagnoses</li> <li>Safe handling of body fluids</li> <li>Effective pH assessment and slide preparation, including application of reagent</li> <li>Proper interpretation of slide</li> </ul>

NOTE: Blood culture, venipuncture, IV insertion, IM injection, and subcutaneous injections are all separate procedures and cannot be counted multiple times. For example, performance of blood culture on an individual patient cannot count toward both blood culture and venipuncture.



# **Assessment of Clerkship Student**

Student		Block	Date			
Evaluator Name		Rotation Site		Clerkship		
1.	Medical Knowledge					
	1 2 Major deficits in fund of basic science and/or clinical knowledge. Unable to apply knowledge to clinical situations. Does not understand mechanisms of disease.	3 Has expected basic science and clinical knowledge. Able to apply knowledge appropriately in clinical situations. Demonstrates growth in knowledge base.	4	5 N/A Exceptional depth of basic science and/or clinical knowledge. Clinically astute in application of fund of knowledge. Open to controversies in management, diagnosis, treatment.		
2.	History/Physical Exam Skills					
	Inaccurate, incomplete, and/or unreliable. Fails to elicit chief complaint or major components of history, review old records, or put patient at ease.	3 Complete. Accurate data gathered. Appropriately organized. Competent in basic physical exam skills. Sensitive to patients needs for comfort, privacy.	4	5 N/A Exceptional accuracy, competency, reliability, and organization. Detailed history. Elicits subtle physical findings. Anticipates patients needs.		
3.	Clinical Reasoning/Data Synthesi	s				
	Cannot formulate basic problem list. Does not know relevant diagnostic studies for common problems. Unaware of basic or initial therapeutic measures. Failure to follow up test results. Unable to access appropriate outside resources to answer questions. Does not use medical literature as a resource.	Formulates adequate initial assessment and plan including problem list/data to support list and basic or initial interventions. Formulates adequate progress notes, documenting progress of initial problems with new aspects of history/physical. Utilizes common laboratory results and understands significance. Follows up on results in a timely manner. Uses appropriate outside resources to answer questions. Uses medical literature as a resource.	4	Develops comprehensive diagnostic plan. Demonstrates understanding of risk/benefit ratio of therapeutic interventions. Exceptional knowledge of more complex laboratory results. Exceptional understanding of the benefits and limitations of laboratory studies in the care of their patients. Can critically review literature and apply to case.		
4.	<b>Communication Skills</b>					
	Inadequate content and poor organization of written notes. Language skills weak. Does not establish effective therapeutic relationship with patient and/or family. Fails to use available resources.	Courteous, able to establish rapport and address patients needs. Demonstrates cooperative and respectful approach, using language understood by patient/family. Communicates effectively with faculty/staff/students. Satisfactory content of written notes. Appropriate presentations/research	4	5 N/A Superior organization. Detailed written notes. Able to communicate current patient status effectively to peers, patients, and patients family.		

of topics.

<b>5.</b>	<b>Professional Attributes</b>					
	Lacks respect, compassion, integrity, honesty; disregards need for self assessment; fails to acknowledge errors. Does not consider needs o patients/families/colleagues. Does not display responsible behavior. Misses or late for scheduled activities. Overly casual/critical. Fails to complete assignments. Little self motivation. Sloppy.	f col ma sch req	nstructive criticism well. leagues/faculty/patients nner. Mature. Self mot neduled activities, punctured assignments in a t	Interacts with in an appropriate ivated. Attends ual. Completes	4	assignments; accomplishes more than most. Adept at time management. Demonstrates leadership among colleagues. Able to accept constructive
6.	<b>Technical Procedure Skills</b>					
	1 Observed and participated in no procedures. Violates universal precautions.	Ab the	approach to sterile tech	nique (suturing, Foley	4 v).	5 N/A Adept at multiple technical tasks.
St	rengths:					
		Integrity in professional behavior. Accepts constructive criticism well. Intendents with constructive constructive criticism and intendents assignments. Little self by:  If Procedure Skills  It is procedures.  If Procedure Skills  The constructive constructive required assignments in a timely manner. Appropriate attire.  Able to practice universal precautions. Applies the approach to sterile technique (suturing, Foley catheter, peripheral IV lines, spinal tap, blood draw).  The constructive representative standards and the procedure standards are proposed to sterile technique (suturing, Foley catheter, peripheral IV lines, spinal tap, blood draw).  The constructive representative standards and the procedures are procedured to sterile technique (suturing, Foley catheter, peripheral IV lines, spinal tap, blood draw).  The constructive representative standards are procedured in the Dean's letter (MSPE).  The amount of time you worked with this student on this rotation:  The constructive representative standards and the procedure states below the procedure and the procedure states below the procedure and the procedure states are procedured assignments as a complishes more than most. Adept at time management. Demonstrates leadership among collegates. Able to accept constructive criticism and incorporate feedback for self-improvement. Always demonstrates leadership and honesty. Willingly acknowledges errors.  The procedure Skills  The procedure Skills				
Aı	reas for Improvement:					
Fo	ormative comments to facilitate stud	dents pe	ersonal growth (f	Not to be include	d in th	e Dean's letter (MSPE).
Pl	Lacks respect, compassion, integrity, honesty: disregards need for self assessment; fails to acknowledge errors. Does not consider needs of perspensible behavior. Misses, or late for scheduled activities. Overly casualcritical. Fails to complete assignments. Little self motivation. Sloppy.  Technical Procedure Skills 1 Observed and participated in no procedures. Violates universal precautions.  2 Able to practice universal precautions. Applies the approach to sterile technique (subturing, Foley catheter, peripheral IV lines, spiral tap, blood draw).  Strengths:  Areas for Improvement:  Commands to facilitate students personal growth (Not to be included in the Dean's letter (MSPE).  Commative comments to facilitate students personal growth (not to be included in the Dean's letter (MSPE).  Commative comments to facilitate students personal growth this student on this rotation:    Corr = to 1 day   1 week   2 weeks   3 weeks   4 weeks   > 4 we					
	$\Box$ < Or = to 1 day	1 week	□2 weeks	□3 weeks	□4 we	eks □> 4 weeks
Su						omains listed above):  ( ) Honors
Si	gnature of Evaluator					Date
	_					

Revised 5/2010

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# THE PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE

### **CLERKSHIP SUMMATIVE ASSESSMENT**

Name of Student:						
Course Title:			Cours	e No		
Period of Evaluation:						_
Attending Physician(s)		_ Hospital	i:			
(See page 2 for guide to numerical key)						
1. MEDICAL KNOWLEDGE:	1	2	3	4	5	N/A
2. HISTORY/PHYSICAL EXAM SKILLS:	1	2	3	4	5	N/A
3. CLINICAL REASONING:	1	2	3	4	5	N/A
4. COMMUNICATION SKILLS:	1	2	3	4	5	N/A
5. PROFESSIONAL ATTRIBUTES:	1	2	3	4	5	N/A
6. PROCEDURE SKILLS (IF APPLICABLE):	1	2	3	4	5	N/A
Formative comments to facilitate student's persona	al growtl	h, <u>NOT</u> to	be includ	ed in th	e Dean's	letter (MSPE):
(Use additional sheets if needed)						
MET STANDARDS OF PROFESSIONALISM	:	( )	Yes		( )	No
FINAL GRADE FOR COURSE: ( ) Honors ( ) High Pass ( )	Pass	( )	Low Pass		( )	Fail
Clerkship Director:				Date: _		_

CLERKSHIP DIRECTORS: KEEP A COPY FOR YOUR RECORDS. SUBMIT THE ORIGINAL TO THE OFFICE OF STUDENT AFFAIRS, ATTN: DIANE GILL  ${\hbox{\bf NO LATER}}$  THAN SIX WEEKS AFTER COMPLETION OF CLERKSHIP.

### **Penn State College of Medicine**

### **Evaluation of Elective Student**

Name of Student	Class of	
Elective Title	Course numb	oer
Period of Evaluation: From	To:	
Name of Evaluator:	Hospital:	
FacultyFellowResi	ident	
information prior to completing the st REVERSE PAGE. PLEASE COM	(Descriptors linked to each category are in tudent's grade.) NOTE THAT THIS FOURLETE BOTH SIDES OF THE FORM in the reverse page, and include comments.	RM CONTINUES ON THE  I. Circle a numerical score for
1. Medical Knowledge		
Below Expectations  1	Meets Expectations 3	Exceeds Expectations  5
Significant deficits in basic science or clinical knowledge; No evidence of reading on the elective subject; Unable to apply knowledge to clinical situations	Has expected basic science and clinical knowledge; Knowledge of elective subject improves through the rotation; Applies new knowledge appropriately in clinical situations	Exceptional depth of knowledge in basic and clinical science and in elective subject; Clinically astute in application of knowledge to patient care
2. History/Physical Examination S	Skills	
Below Expectations  1	Meets Expectations 3	Exceeds Expectations  5
Inaccurate, incomplete or unreliable; Fails to elicit chief complaint or major components of the history	Complete and accurate data gathered; competent physical exam skills; Histories and physicals are reflect presenting complaint and indicate knowledge of common diagnoses for elective subject	Exceptional accuracy, recognizes subtle findings; History and exam are concise but appropriate to the presenting situation; Tailors history and exam to presenting complaints and concerns specific to the elective subject
3. Clinical Reasoning		
Below Expectations  1  Cannot formulate an ordered differential diagnosis or daily assessment; Unaware of basic diagnoses for this elective subject;  Does not use medical literature as a resource	Meets Expectations  3 Differential diagnosis/daily assessment is complete and reflects common problems in the elective subject; Appropriately utilizes the medical literature; Can build on previous patient encounters in formulating and diagnosis	Exceeds Expectations  5  Develops a comprehensive and realistic differential diagnosis or daily assessment; Can recognize/describe unusual diagnoses or presentations for elective subject; Can integrate/interpret multiple findings in a complex patient; Critically reviews and applies the medical literature
4. Patient Management		
Below Expectations  1	Meets Expectations  3	Exceeds Expectations <b>4 5</b>
Reports data but unable to formulate a treatment plan; Lacks familiarity with common treatments and side effects; Frequently unaware/not up to day on patient	Formulates a treatment plan which reflects the primary diagnosis; Familiar with common treatments and side effects; Up to date on recent changes in patient condition:	Can integrate a plan for a complicated patient with multiple problems; Formulates an alternate plan when condition changes or initial management is unsuccessful: Always

Appropriately reports and discusses changes

to the patient care team

information; Does not recognize important

changes in patient status

up to date; Reacts quickly and completely to

changes in condition and formulates a plan

5. Communication Skills Exceeds Expectations Below Expectations Meets Expectations 2 5 1 Communicates clearly and respectfully with Communicates easily and confidently in all Fails to communicate with patients, families, medical team; Difficult to patients, families, and all members of the situations; Patients and families seek out for understand; Provides inaccurate medical team information information; Confrontational or demeaning **Professional Attributes** Below Expectations Meets Expectations Exceeds Expectations 2 3 Lacks respect, compassion, integrity, Integrity in professional behavior. Accepts Volunteers and completes tasks beyond honesty; disregards need for self assessment; constructive criticism well. Interacts with assignments; accomplishes more than most. fails to acknowledge errors. Does not colleagues/faculty/patients in an appropriate Adept at time management. Demonstrates display responsibility. Misses or late for manner. Mature. Self motivated. Attends leadership among colleagues. Able to scheduled activities. Overly casual/critical. scheduled activities, punctual. Completes accept constructive criticism and incorporate Fails to complete assignments. Little self required assignments in a timely manner. feedback for self-improvement. Always motivation. Sloppy Appropriate attire. demonstrates respect, integrity, and honesty. Willingly acknowledges errors. 7. Procedural Skills (if applicable) Below Expectations Meets Expectations Exceeds Expectations 2 1 3 5 Able to practice universal precautions. Observed and participated in no procedures; Adept a multiple technical tasks; Aware of Violates universal precautions; Uninterested Applies approach to sterile technique; Gains alternate techniques for common procedural skill throughout the elective procedures; Accurately discusses in procedures unique to this elective subject. subject. complications and risk benefit ratio of procedures unique to this elective subject Please add comments below. Comments are required to complete the student's grade. Please include strengths and areas for improvement **GRADE** (circle your choice) FAIL LOW PASS PASS **HIGH PASS HONORS** Suggested Guidelines for Final Grades

A FAILING student is performing significantly below expectations in many skill areas. (mean numeric score less than 2)

A LOW PASS student performs somewhat below expectations in several skill areas. (mean numeric score around 2)

A PASS student meets expectations for a fourth year student in most or all of the evaluated skills. (mean numeric score around 3)

 $A \textit{ HIGH PASS} \ exceeds \ expectations for \ a \ number \ of \ skills \ and \ is \ below \ expectations for \ none. \ (mean \ numeric \ score \ around \ 4)$ 

An HONORS student exceeds expectations for all skills (mean numeric score approaching 5)

Signed	Date
Printed Name	
_	Places return directly to: Pann State College of Medicine

Please return directly to: Penn State College of Medicine,
Office of Student Affairs, H060, 500 University Drive, P.O. Box 850, Hershey, PA 17033-0850
Telephone 717-531-4105; Fax 717-531-6225

### **Penn State College of Medicine**

## **Evaluation of Acting Internship Student**

Name of Student		Class of		
Acting Internship Title		Course num	ber	
Period of Evaluation: From		To:		
Name of Evaluator:		Hospital:		
FacultyFellowResid	len	ıt		
	ad	he following goals for fourth year Acting vanced skill in obtaining a history and pl vanced skill in formulation of a differenti	ıysio	cal examination.
<ul><li>maintenance of an evaluation pla</li><li>3. To allow students to demonstrate</li><li>4. To allow students to experience a management.</li></ul>	in. ad and cor	vanced skill in the selection and interpred demonstrate increased assumption of res mmunication and professional behavior is	tatic pon	on of diagnostic studies sibility for day-to-day patient
Please evaluate the following skills this information prior to completing <b>CONTINUES ON THE REVERS FORM.</b> Circle a numerical score finclude comments.  1. History and physical examination	g tl SE For	ne student's grade.) PLEASE NO PAGE. PLEASE COMPLETE	TE BC	THAT THIS FORM OTH SIDES OF THE
Below Expectations		Meets Expectations		Exceeds Expectations
1	2	3	4	5
Misses salient features of the presenting complaint and history; Cannot independently perform and accurate exam; Presentations are disorganized and incomplete	_	History contains presenting complaint and pertinent positives and negatives; Physical exam is complete, accurate and appropriate to presenting complete; Presentations are organized and logical	-	History is efficient but complete and appropriate; Recognizes even subtle findings on physical exam; Presentations are succinct and complete
2. Formulation of a differential dia	ıgn	osis		
Below Expectations		Meets Expectations		Exceeds Expectations
1	2	3	4	5
May be unifaceted, unprioritized or frequently wrong		Includes common clinical entities associated with the chief complaint		Extensive but well-prioritized
3. Formulation of an evaluation pla	an	Selection, prioritization and interp	ret	ation of diagnostic studies
Below Expectations		Meets Expectations		Exceeds Expectations
1	2	3	4	5
Works by routine rather than considering differential diagnosis; Cannot interpret results in the context the chief complaint/patient's condition		Chooses studies appropriate to the differential diagnosis; Able to interpret common labs and studies in the context of the patient's clinical condition		Plan includes cost-benefit analysis and/or reference to current literature; Recognizes subtleties in the interpretation of diagnostic studies

Below Expectations	Meets Expectations	Exceeds Expectations
Reports data but unable to formulate a treatment plan; Lacks familiarity with common treatments and side effects	Formulates a treatment plan which reflects the primary diagnosis; Familiar with common treatments and side effects	Can integrate a plan for a complicated patient with multiple problems; Formulates an alternate plan when condition changes or initial management is unsuccessful
5. Responsibility for day to day patien	nt care	
Below Expectations 1 2	Meets Expectations  3 4	Exceeds Expectations <b>5</b>
Frequently unaware/not up to day on patient information; Does not recognize important changes in patient status	Up to date on recent changes in patient condition; Appropriately reports and discusses changes to the patient care team	Always up to date; Reacts quickly and completely to changes in condition and formulates a plan
6. Communication skills		
Below Expectations	Meets Expectations	Exceeds Expectations
1 2	3 4	5
Fails to communicate with patients, families, medical team; Difficult to understand; Provides inaccurate information; Confrontational or demeaning	Communicates clearly and respectfully with patients, families, and all members of the medical team	Communicates easily and confidently i all situations; Patients and families seel out for information
7. Professional Attributes		
Below Expectations	Meets Expectations	Exceeds Expectations
1 2	3 4	5
Lacks respect, compassion, integrity, honesty; disregards need for self assessment; fails to acknowledge errors. Does not display responsibility. Misses or late for scheduled activities. Overly casual/critical. Fails to complete assignments. Little self motivation. Sloppy	Integrity in professional behavior. Accepts constructive criticism well. Interacts with colleagues/faculty/patients in an appropriate manner. Mature. Self motivated. Attends scheduled activities, punctual. Completes required assignments in a timely manner. Appropriate attire.	Volunteers and completes tasks beyond assignments; accomplishes more than most. Adept at time management. Demonstrates leadership among colleagues. Able to accept constructive criticism and incorporate feedback for self- improvement. Always demonstrates respect, integrity, and honesty. Willingly acknowledges errors.
Please add comments below. <b>Comments</b> strengths and areas for improvement	s are required to complete the student	's grade. Please include
	LOW PASS PASS HIGH	PASS HONORS

A PASS student meets expectations for a fourth year student in most or all of the evaluated skills. (mean numeric score around 3)

A HIGH PASS exceeds expectations for a number of skills and is below expectations for none. (mean numeric score around 4)

An HONORS student exceeds expectations for all skills (mean numeric score approaching 5)

Signed	Date
Printed Name_	
	DI 1 1 1 D CO CII CM I'

Please return directly to: Penn State College of Medicine, Office of Student Affairs, H060, 500 University Drive, P.O. Box 850, Hershey, PA 17033-0850



## Form for use by students to evaluate faculty and residents Clinical Teaching Assessment\*

Clerkship: Site: Preceptor:		Oate:			
Please indicate your agreement with the following stat assessment. During this rotation, my preceptor genera		ζ" in the blo	ock that best descr	ribes your	
	Never	Seldom	Sometimes	Often	Always
Listened to and expressed respect for me:					
Stated goals/expectations clearly and consistently:					
Encouraged me to ask questions and actively participate in discussion:					
Allowed me autonomy appropriate to my level of experience:					
Allowed me to demonstrate my knowledge of factual medical information:					
Allowed me to demonstrate my ability to apply medical knowledge to specific patients:					
Allowed me to demonstrate my clinical skills as they apply to specific patients:					
Taught diagnostic skills:					
Taught effective patient communication skills:					
Gave clear explanations for medical decisions:					
Adjusted teaching to meet my needs:					
Gave constructive feedback and offered me suggestions for improvement:					
Motivated me to learn independently:					
Please circle the description below that best describes	the overall teaching effe	ectiveness:			
Below Average Average Teacher Above Teacher (50 % of faculty)	e average Teacher (Top 25% of faculty		otional Teacher (Top 10% of fa	aculty)	
Comments:					

<sup>\*</sup>Adapted from Copeland, H.L. and Hewson, M.G., Developing and testing an instrument to measure the effectiveness of clinical teaching in an academic medical center. Acad Med. 2000 Feb;75(2):161-6.



# **Section III**

# STUDENT HEALTH





### STUDENT HEALTH SERVICES

### **SERVICES/PROVIDERS:**

Healthcare is provided to all medical, graduate and nursing students in the College of Medicine and their spouses and children. The Student Health providers are Beth Wallen, MD, MPH who is the director of Student Health and Edwin Robles, D.O.

### **OUR SERVICES:**

Student Health provides comprehensive primary care services. These include acute and chronic care for medical problems. Preventive healthcare including GYN, family planning services and well child visits. Referrals to specialists are provided as necessary by the Student Health providers.

### **HOURS OF OPERATION:**

Scheduled appointments are available Monday through Friday from 8:00 AM to 4:30 PM. The secretary/scheduler, Janice Mesarick, is available at extension 5998 from 8:00 AM to 4:30 PM Monday through Friday. If Janice is unavailable the student will follow the voice prompts at this extension. After 4:30 pm Monday through Friday, as well as Saturday and Sunday, healthcare concerns are forwarded to the hospital nurse triage system. If the nurse triage system has concerns they are forwarded to the Family Medicine physician on call. A student may also use the Walk In Clinic at Fishburn Road for acute problems. The hours of operation are Monday-Friday 5:00 PM to 9:00 PM and Saturday and Sunday 12:00 PM to 8:00 PM.

### **LOCATION:**

Student Health is located at our Family Practice office, University Physician Group, Fishburn Road office. This office is located at 845 Fishburn Road, Hershey, PA. Take 322 east towards 743 south turn right at Fishburn Road. The office is located approximately 3/4 mile on the left.

### WHAT WILL THE SERVICE COST?

Your insurance will be billed for the cost of your Student Health visit. If your insurance does not pay for the visit, you will not be responsible for the cost of the physician fees. The cost of prescriptions, laboratory tests, and the cost of any medical services provided outside of the Office of Student Health are the responsibility of the student and their insurance carrier.

### **INSURANCE/REFERRALS:**

All medical students are required to have medical/health insurance. Most graduate students have United Healthcare Student Resources Insurance provided through the university. Specific information concerning the school offered insurance plan is distributed to all students at the beginning of each academic year. If a student chooses not to participate in the school-affiliated program, the student is required to show proof of equivalent insurance coverage on the waiver application form given to the bursar.

Each student is responsible to understand his/her healthcare policy and coverage. Services not covered by the student's health insurance plan are the responsibility of the student.

### **INVASIVE INCIDENT:**

In the event that a student is involved in an invasive incident with a needle or scalpel containing another person blood or body fluid the following procedure should be followed. Call the Sharps Injury Hotline at

717 531-7775 the student should report to the office of Employee Health located in room H1505 or the Emergency Department as directed by the hotline. If the student is seen in the Emergency Department, they must follow up with Employee Health on the next business day. Below is the policy that should be followed.

### Sharps Injury/Blood Body Fluid Exposure at HMC or UPG Sites

### **Procedure:**

- Wash needle sticks and cuts with soap and water
- Flush splashes to the nose, mouth or skin with soap and water
- Irrigate eyes with clean water
- DIAL SHARPS INJURY HOTLINE at 717 531-7775
- Report to Employee Health or the Emergency Department as directed by the Hotline
- Report injury/exposure to supervising physician
- Follow -up with Employee Health as directed

### If injured/exposed at unaffiliated clinic sites or other institutions

- Follow the institution/hospital's established local policy for exposure
- Clinic sites without specific protocol call **SHARPS HOTLINE at 717 531-7775**
- Students are allowed travel time during a rotation to return to HMC for medical care pertaining to a sharps injury or body fluid exposure

All exposures are to be reported to HMC Employee Health ASAP for follow up even if they occur in another facility.

WE LOOK FORWARD TO SERVICING YOUR HEALTHCARE NEEDS



# POLICY REGARDING CARE OF MEDICAL STUDENTS AT STUDENT HEALTH

Faculty members who provide psychiatric/psychological counseling or other sensitive health services to medical students will have no involvement in the academic evaluation or promotion of the student receiving those services.

This policy will be carried out by insuring the following:

There are designated student health providers who will provide health care services to students. These designated student health providers will have no involvement in the academic evaluation or promotion of any medical student. Faculty members who serve on medical student promotion committees, or who serve as course directors will not serve as designated student health providers.

Should emergent or urgent conditions or consultations arise for which a student must see a provider who is not a designated student health provider, that provider must recuse him/herself from any involvement in the academic evaluation or promotion of that student.

The director of student health will not have any involvement with the academic evaluation or promotion of any medical student.

When students are on an away rotation and need health care services, preceptors should refer the student to another member of the practice or physician in the community who can competently care for the student and who have no involvement in the academic evaluation or promotion of medical students receiving their services.

Students, faculty members and staff members will be informed of this policy on a yearly basis.

Reviewed 10/2009



# Penn State College of Medicine Hepatitis B and HIV Policy

PSCOM requires all Medical Students to complete the Hepatitis B immunization series. When the series is completed a quantitative Hepatitis B titer must be drawn. If the titer is negative the series will be repeated. If a second titer is negative the student will be counseled by a Student Health physician on procedure to follow if they have an invasive incident.

Students are encouraged to know their Hepatitis B and HIV status. If a student is Hepatitis B antigen positive or HIV positive counseling will be available upon request or referral by a healthcare provider. Counseling includes meeting with the infectious disease specialist as well as the Director of Student Health. Students may be counseled regarding their health as well as their career choices.

Students should follow universal precautions with all patient encounters. Student will receive training in universal precautions during clinical skills week. Students will also be educated on procedures to follow in the event of a blood borne exposure or invasive incident.

If an exposure has occurred the student should call the Sharps Injury Hotline at 717 531-7775. The student will report to the Employee Health Department or the Emergency Department as directed by the hotline staff. Employee Health will initiate testing on the student as well as the source of the exposure. HIV Prophylactic therapy for high-risk exposures will be dispensed without charge. Students seen in the Emergency Department for an invasive incident should give their medical insurance information to the staff. This visit will be billed to the insurance and any remaining balance should be given to Student Health Department for payment of these services. More information about invasive incidents is available on the Student Health website.

http://www.pennstatehershey.org/web/studenthealth/home

Revised 5/10



# Office of Student Health Mental Health Policy

The purpose of the following policy is to coordinate communications regarding medical students who have significant mental health issues. Specifically the outlined procedure addresses continuity of care and oversight of students who have needed to take a leave of absence from their education secondary to a serious mental health problem or a medical student on campus with serious mental health issues that interferes with the ability to function as a medical student. A medical student who is deemed a risk to self or others will be required to take a leave of absence for their own well being and for the safety of their peers and the community.

Medical students requiring a leave of absence due to mental health issues will follow the leave of absence policy and submit notification with appropriate documentation from their provider to the Vice Dean of Educational Affairs for approval. At this time the student will be instructed that, upon application for reinstatement of student status, documentation of clearance to return must be forwarded to the Vice Dean of Educational Affairs by the mental health provider who is responsible for treatment during the leave. The statement of clearance is necessary for the student to resume their education in the College of Medicine.

In addition to this clearance, the student is required to sign a release of information form to facilitate the communication of their mental health records to the local mental health provider and the Vice Dean of Educational Affairs.

Penn State College of Medicine is not required to allow students with uncontrolled mental health issues to resume studies if they decline appropriate mental health care.

A review committee consisting of the Vice Dean of Educational Affairs, Director of Student Development, Division Director for Behavioral Health Services the Director of Student Health and the Student Ombudsman

will meet and discuss the action plan for follow up care developed by the student's treating mental health provider. These recommendations require approval of the Review Committee before the student may return to medical school. If appropriate the committee reserves the right to reconvene to discuss the student's ability to function as a medical student. The review committee may make decisions regarding further care of students with significant mental health issues to maintain student status.

The mental health provider treating the student after their leave will be notified of the necessary requirements for the student as outlined by the review committee. The student will be informed of the need for compliance with these conditions in order to maintain student status.

In the situation when it is recommended that the student have periodic assessment for fitness of duty from the mental health provider, the provider must notify the Vice Dean of Educational Affairs at

predetermined intervals with a statement that the student is in compliance with care and remains able to function in the educational environment. A simple form will be provided for completion and forwarding to accomplish this requirement.

If a notification of the student's continued ability to pursue their medical education is not received as predetermined, the student will be notified to contact their provider to obtain this required information.

The registrar and assistant to the Vice Dean will maintain a list of the students who are on leave of absence. The student's advisor will be notified of the student's leave of absence and return to medical school.

Revised 5/2010



# Policy and Procedure for Medical Students Experiencing Health Needs at Affiliate Institutions

Penn State College Medicine students should not be treated by health care providers who are responsible for their education and academic evaluation. If a student at an academic affiliate is ill they should be referred to Penn State College of Medicine's Student Health office when possible. Medical students should be allowed time away from their clerkship to travel and be seen at Student Health. Make up of time missed is based on Penn State College of Medicine individual department clerkship requirements.

If the distance or the acuity of the illness makes this unreasonable other options exist. An ill student could be treated by a colleague who is not involved in the student's academic evaluation. Emergency department services at affiliate sites may be used when appropriate. Medical care provided to medical students at affiliate institutions is the financial responsibility of the student and their medical insurance carrier.

Medical students experiencing mental health issues while at affiliate institutions should be referred to Dr. Blackall, Dr. Sinderman or Student Health at Penn State College of Medicine. It is an LCME standard that:

The health professional that provides psychiatric/ psychological counseling or other sensitive health services to medical students must have no involvement in the academic evaluation or promotion of the students receiving those services.

In the rare instances when a medical student is acutely psychiatrically ill, including being suicidal, homicidal or psychotic an affiliate institution should take several steps. First and foremost the student's and the public's safety should be considered. A student may be taken to an emergency department or available psychiatric services and involuntary commitment may be pursued when appropriate. In a severe case where a student is a danger to themselves or others the following three individuals should be notified:

- 1) Vice Dean for Educational Affairs, Dr. Richard Simons, 717-531-3876
- 2) Director of Out Patient Psychiatry, Dr. Steven Sinderman, 717-531-8131
- 3) Director of Student Development, Dr. George Blackall, 717-531-6148

This policy will be reviewed with students prior to going into the clinical years. It will also be distributed annually to affiliate institutions.

Revised 06/08



# Office of Student Health Infectious Disease Prevention Program

### Effective July 1, 2005

**Authorized:** Richard Simmons, PhD

Approved: Beth Wallen, M.D., and Director of Student Health

### **Purpose**

- Prevent the transmission of vaccine preventable disease.
- Safeguard the health of medical students by providing protective immunity for vaccine preventable disease and / or prophylactic treatment when available.

### **Policy Statement**

- Penn State College of Medicine
- All medical students will participate in the infectious disease prevention program.

### **Preventive Health Requirements for New Medical Students**

- Prior to matriculation all students must undergo a complete history and physical examination.
- The results of the examination must be reported to the College of Medicine Student Health Office. These records will be maintained confidentially in the Student Health Office.
- Students identified by reviewing pre matriculation physical examination reports as having a chronic illness or other need to establish care will be contacted by the Student Health Office to schedule an appointment.
- All students are encouraged to get yearly health maintenance exams to screen for hypertension and other illness.
- Student Health services offer yearly gynecological exams.

### **Tuberculosis Prevention**

- Within three months prior to matriculation and annually thereafter students are required to have a Mantoux PPD for Tuberculosis screening.
- If a student has a positive test for exposure to Tuberculosis, a chest x-ray must be done one month prior to matriculation in the first year of medical school. If the student has converted during medical school a chest x-ray will be done at that time.

**Note**: Policy fully applicable even if student gives history of BCG vaccination. All BCG vaccine recipients must have their PPD documented prior to matriculation.

### **Tuberculosis Exposure**

- Treated PPD positive students should provide physician documentation of completed prophylactic isoniazid therapy.
- Students with a positive PPD will continue to be followed annually during medical school. Students will be contacted by Student Health to confirm that they have not developed symptoms

- of Tuberculosis. If symptoms are present a chest x-ray will be repeated, and the student will be given appropriate therapy if an active case is found.
- All PPD positive students will be counseled about treatment options. Students converting during medical school to a positive PPD will be given free of charge the necessary medications, blood work monitoring and studies.

### **Hepatitis B Prevention**

- Documentation of current immunization with a series of 3 doses and a quantitative Hepatitis B surface antibody titer is required prior to matriculation. If quantitative Hepatitis B titer is inadequate the student will repeat the entire series without charge.
- A quantitative titer will be redrawn 6 to 8 weeks after the completion of the second series of Hepatitis B vaccine.
- If a student again fails to demonstrate immunologic response to the vaccine they will be counseled and given information about receiving Hepatitis B immunglobin in the event of an invasive exposure.

### Varicella Prevention

- Date of Varicella disease and a Varicella IgG titer or documentation of two immunizations is required prior to matriculation.
- If student with a history of disease presents with a negative titer a series of two Varicella injections must be given.
- If a student has further concerns about a negative titer they will be referred to an Infectious Disease provider.

#### Polio

- Documentation of completed primary polio series is required prior to matriculation.
- If no documentation is available the student will be vaccinated with a series of 3 doses of vaccine.

### Rubeola

- Prior to matriculation medical students are required to have two doses of vaccine given after 12 months of age and a Rubeola antibody IgG titer.
- If the titer is negative a single MMR booster will be given without retiter.
- If no immunization history is available a positive titer is acceptable.

#### Mumps

- Two immunizations after 12 months of age and a positive Mumps antibody IgG titer are required.
- If the titer is negative a single MMR booster will be given without retiter.
- If no immunization history is available a positive titer is acceptable.

#### Rubella

- Two immunizations after 12 months of age and a positive Rubella Antibody IgG are required.
- If the titer is negative a single MMR booster will be given.
- If no immunization history is available a positive titer is acceptable.

#### Meningitis

- One immunization is required for all students who will reside in campus housing. The Menactra vaccine is recommended.
- If vaccinated with Menommune more than 3 years prior to admission students must be revaccinated or sign a waiver.

#### Influenza

- Influenza vaccination is strongly recommended annually.
- Immunizations are offered yearly, as supplies allow, in the fall. Students are not charged for influenza vaccinations.

### Tetanus/Diphtheria/Acellular Pertussis

- This is the recommended vaccine as of 10/26/20005 by the ACIP for adults having a Tetanus immunization.
- If the student's last tetanus booster is longer than 2 years out, they will be required to receive the Tdap vaccine

### **Invasive Incidents**

- If an invasive incident or exposure occurs students
- DIAL SHARPS INJURY HOTLINE at 717 531-7775
- Report to Employee Health or the Emergency Department as directed by the Hotline

### **Visiting Medical Students**

- Visiting medical students are required to meet the same immunizations requirements as currently enrolled students.
- Student Health personnel review vaccine records of visiting students. Outstanding requirements are reported to the department sponsoring the student's clinical clerkship.
- It is the responsibility of the clinical department to insure all requirements are met. Student Health personnel may be consulted on the requirements if interpretation is needed.

### **Travel Immunizations**

• Student Health does not provide travel immunizations. Students are referred to local travel clinics.

### Occupational exposure

- Students are required to have mask fit testing. Students will be educated in the method of prevention of air borne and blood borne pathogens and procedure to follow should exposure occur.
- The medical school will assure the financial responsibility for treatment of HIV exposure and prophylaxis as well as conversion to a positive PPD.

### **Compliance Regulations**

• The Penn State College of Medicine has specific immunizations requirements in place to protect both students and patients. Students will receive notification of these requirements as they come due. All students are expected to respond to these notifications. Students who are not compliant may be denied the opportunity to continue their studies until the necessary requirements are met.

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