UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE

AT

URBANA-CHAMPAIGN

CLERKSHIP MANUAL

2008-2009

NOTE:  ALL NEW POLICIES OR PROCEDURES APPROVED SINCE THE PRINTING OF THIS MANUAL WILL BE DISTRIBUTED AS THEY BECOME AVAILABLE.

Prepared and Distributed by the Office of Student Affairs
506 South Mathews Avenue
125 Medical Sciences Building
Urbana, IL  61801
(217) 333-8146
(217) 333-2640 (Fax)
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Year 2008–2009 Clerkship Calendar – Graduation Dates –</td>
<td>5-6</td>
</tr>
<tr>
<td>Commencement-Examinations and Other Important Dates in 2008–2009</td>
<td></td>
</tr>
<tr>
<td>Clinical Department Heads, Site Coordinators, Clinical Education Center</td>
<td>7-14</td>
</tr>
<tr>
<td>Directors and Administration at Four Sites of College</td>
<td></td>
</tr>
<tr>
<td>Policies, Procedures, and General Information: M-3 and M-4 Years</td>
<td></td>
</tr>
<tr>
<td>I. General Information</td>
<td>16</td>
</tr>
<tr>
<td>II. Graduation Competencies</td>
<td>16</td>
</tr>
<tr>
<td>III. Clinical Faculty Advisor Selection and Duties</td>
<td>19</td>
</tr>
<tr>
<td>IV. Graduation Requirements and Clerkship Scheduling Policies</td>
<td>20</td>
</tr>
<tr>
<td>V. Clerkships Policies and Procedures</td>
<td>22</td>
</tr>
<tr>
<td>VI. Other Student Policies and Information</td>
<td>30</td>
</tr>
<tr>
<td>Clinical Phase Curriculum and Graduation Requirements: M-3 and M-4 years</td>
<td>34</td>
</tr>
</tbody>
</table>

### Important Forms:

- UICOM-UC Official Faculty Evaluation Form of Student Clerkship Performance on Clinical Electives: 36-37
- UICOM-UC Request to Add or Drop a Clerkship Form: 38
## Clinical Clerkships

### Core Clerkships

<table>
<thead>
<tr>
<th>Clerkship #</th>
<th>Title</th>
<th>Location</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLER 655</td>
<td>Medicine I – Core</td>
<td>Carle/Provena/Covenant/VAIHCS</td>
<td>40</td>
</tr>
<tr>
<td>M4RE612</td>
<td>Medicine II – Core</td>
<td>VAIHCS</td>
<td>43</td>
</tr>
<tr>
<td>CLER 654</td>
<td>Surgery – Core</td>
<td>Carle/Provena/Covenant/VAIHCS</td>
<td>46</td>
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<tr>
<td>CLER 653</td>
<td>Pediatrics – Core</td>
<td>Carle</td>
<td>48</td>
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<tr>
<td>CLER 651</td>
<td>OB/GYN – Core</td>
<td>Carle/Provena/Covenant</td>
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</tr>
<tr>
<td>CLER 652</td>
<td>Psychiatry – Core</td>
<td>VAIHCS/Provena/Covenant/Carle</td>
<td>52</td>
</tr>
<tr>
<td>CLER 656</td>
<td>Family Medicine – Core</td>
<td>Various Settings</td>
<td>57</td>
</tr>
</tbody>
</table>

### Electives

#### Family Medicine Electives

| ELEC 815   | Family Medicine Substance Abuse Elective | Carle | 60   |
| ELEC 797   | Clinical Preventive and Occupational Medicine | Champaign | 62   |
| ELEC 847   | Relational Medicine                      | Various Settings | 65   |
| ELEC 852   | Special Topics                           | To Be Arranged |  |
| ELEC 708   | Research - Family Medicine                | To Be Arranged |  |
| ELEC 163   | Scholarly Activity                       | To Be Arranged |  |

#### Internal Medicine Electives

<p>| ELEC 783   | Allergy                                | Carle | 70   |
| ELEC 804   | Cancer Management                      | Carle | 71   |
| ELEC 608   | Cardiology                             | Carle | 72   |
| ELEC 608   | Cardiology                             | Provena/Covenant | 73   |
| ELEC 695   | Ambulatory Medicine                    | Carle Clinic | 74   |
| ELEC 788   | Cardiovascular Pathophysiology         | VAIHCS | 75   |
| ELEC 602   | Dermatology                            | Jacobsen Derm Center | 76   |
| ELEC 613   | Clinical-Endocrinology-Metabolism-Nutrition | VAIHCS/Carle | 78   |
| ELEC 922   | Hiatus Clerkship                       | VAIHCS | 79   |
| ELEC 614   | Gastroenterology                       | Christie/Covenant | 81   |
| ELEC 804   | Hematology/Oncology                    | Provena-Covenant | 82   |
| ELEC 617   | Infectious Diseases                    | Carle | 83   |
| ELEC 621   | Nephrology                             | Carle | 84   |
| ELEC 635   | Neurology (Adult)                      | Champaign | 87   |
| ELEC 635   | Neurology                              | VAIHCS | 88   |
| ELEC 635   | Neurology                              | Carle | 89   |
| ELEC 865   | Nutrition (Clinical)                   | Carle/VAIHCS | 90   |
| ELEC 735   | Palliative Care Medicine               | Carle | 91   |</p>
<table>
<thead>
<tr>
<th>Clerkship #</th>
<th>Title</th>
<th>Location</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELEC 735</td>
<td>Palliative Care Medicine</td>
<td>Carle Hospital</td>
<td>94</td>
</tr>
<tr>
<td>ELEC 735</td>
<td>Geriatrics and Palliative Care</td>
<td>VAIHCS</td>
<td>96</td>
</tr>
<tr>
<td>ELEC 746</td>
<td>Physical Medicine and Rehabilitation</td>
<td>Carle</td>
<td>96</td>
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<tr>
<td>ELEC 625</td>
<td>Pulmonary Diseases</td>
<td>Carle</td>
<td>97</td>
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<tr>
<td>ELEC 625</td>
<td>Pulmonary Medicine</td>
<td>Provena/Covenant</td>
<td>98</td>
</tr>
<tr>
<td>ELEC 850</td>
<td>Rural Health</td>
<td>Various settings</td>
<td>99</td>
</tr>
<tr>
<td>ELEC 626</td>
<td>Rheumatology</td>
<td>Carle</td>
<td>102</td>
</tr>
<tr>
<td>ELEC 962</td>
<td>African Medicine University</td>
<td>Carle</td>
<td>103</td>
</tr>
<tr>
<td>ELEC 930</td>
<td>Sleep Medicine</td>
<td>Carle</td>
<td>104</td>
</tr>
<tr>
<td>ELEC 162</td>
<td>Scholarly Activity</td>
<td>To Be Arranged</td>
<td>67</td>
</tr>
</tbody>
</table>

**Medical Humanities and Social Sciences**

- **ELEC 112** Global and Community Health Care
- **ELEC 827** Medicine and Society
- **ELEC 853** Student Exchange Program With National University of Singapore
- **ELEC 164** Scholarly Activity

**Obstetrics and Gynecology Electives**

- **ELEC 792** Advanced OB and GYN
- **ELEC 685** OB and GYN (Fourth-year Elective in Research)
- **ELEC 854** Special Topics
- **ELEC 158** Scholarly Activity

**Pathology Electives**

- **ELEC 644** Anatomic Pathology
- **ELEC 810** Anatomic and Clinical Pathology
- **ELEC 855** Special Topics - Pathology
- **ELEC 717** Research

**Pediatrics Electives**

- **ELEC 636** Neurology (Child)
- **ELEC 818** Pediatric Allergy
- **ELEC 732** Pediatric Gastroenterology
- **ELEC 647** Pediatrics (Adv. Clinical)
- **ELEC 654** Neonatology
- **ELEC 650** Clinical Medical Genetics
- **ELEC 651** Pediatric Hematology/Oncology
- **ELEC 856** Special Topics - Pediatrics
- **ELEC 719** Research
- **ELEC 159** Scholarly Activity
<table>
<thead>
<tr>
<th>Clerkship #</th>
<th>Title</th>
<th>Location</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psychiatry Electives</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELEC 844</td>
<td>Psychiatric Clinical Elective</td>
<td>Pavilion/Covenant</td>
<td>125</td>
</tr>
<tr>
<td>ELEC 961</td>
<td>Evidence-Based Psychiatric/</td>
<td>Provena/Covenant</td>
<td>125</td>
</tr>
<tr>
<td></td>
<td>Psychological Assessment and Psychotherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELEC 857</td>
<td>Special Topics - Psychiatry</td>
<td>To Be Arranged</td>
<td></td>
</tr>
<tr>
<td>ELEC 160</td>
<td>Scholarly Activity</td>
<td>To Be Arranged</td>
<td>67</td>
</tr>
<tr>
<td><strong>Radiology Electives</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELEC 671</td>
<td>Diagnostic Radiology and Nuclear Medicine</td>
<td>VAIHCC/Bloomington</td>
<td>129</td>
</tr>
<tr>
<td>ELEC 672</td>
<td>Radiology (Diagnostic)</td>
<td>Provena United</td>
<td>129</td>
</tr>
<tr>
<td></td>
<td>(Unavailable until Further notice)</td>
<td>Samaritans Medical</td>
<td></td>
</tr>
<tr>
<td>ELEC 692</td>
<td>Radiation Oncology</td>
<td>Carle</td>
<td>131</td>
</tr>
<tr>
<td><strong>Surgery Electives</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELEC 601</td>
<td>Anesthesiology</td>
<td>Carle</td>
<td>133</td>
</tr>
<tr>
<td>ELEC 675</td>
<td>Cardiovascular and Thoracic Surgery</td>
<td>Carle</td>
<td>134</td>
</tr>
<tr>
<td></td>
<td>(Advanced)</td>
<td>Carle/Provena/Covenant</td>
<td>135</td>
</tr>
<tr>
<td>ELEC 603</td>
<td>Colon and Rectal Surgery</td>
<td>Provena/Carle</td>
<td>136</td>
</tr>
<tr>
<td>ELEC 673</td>
<td>General Surgery (Advanced)</td>
<td>VAIHCC</td>
<td>137</td>
</tr>
<tr>
<td>ELEC 659</td>
<td>General Surgery (Advanced)</td>
<td>Christie Clinic</td>
<td>138</td>
</tr>
<tr>
<td>ELEC 803</td>
<td>Ophthalmology (Retinal)</td>
<td>Carle</td>
<td>139</td>
</tr>
<tr>
<td>ELEC 640</td>
<td>Orthopedics</td>
<td>Carle</td>
<td>140</td>
</tr>
<tr>
<td>ELEC 643</td>
<td>Otolaryngology (Fourth Year)</td>
<td>Carle</td>
<td>141</td>
</tr>
<tr>
<td>ELEC 643</td>
<td>Otolaryngology (Fourth Year)</td>
<td>Christie Clinic</td>
<td>142</td>
</tr>
<tr>
<td>ELEC 683</td>
<td>Urology</td>
<td>VAIHCC</td>
<td>143</td>
</tr>
<tr>
<td>ELEC 683</td>
<td>Urology</td>
<td>Provena/Covenant/Carle/</td>
<td>144</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Christie</td>
<td></td>
</tr>
<tr>
<td>ELEC 683</td>
<td>Urology</td>
<td>Carle</td>
<td>145</td>
</tr>
<tr>
<td>ELEC 859</td>
<td>Sports Medicine</td>
<td>Carle</td>
<td>146</td>
</tr>
<tr>
<td>ELEC 833</td>
<td>Oral and Maxillofacial Surgery I</td>
<td>Carle/Provena/Covenant</td>
<td>147</td>
</tr>
<tr>
<td>ELEC 834</td>
<td>Oral and Maxillofacial Surgery II</td>
<td>Carle</td>
<td>148</td>
</tr>
<tr>
<td>ELEC 694</td>
<td>Neurosurgery</td>
<td>Carle</td>
<td>149</td>
</tr>
<tr>
<td>ELEC 679</td>
<td>Plastic and Reconstructive Surgery</td>
<td>Champaign</td>
<td>150</td>
</tr>
<tr>
<td>ELEC 666</td>
<td>Plastic Surgery</td>
<td>Carle</td>
<td>152</td>
</tr>
<tr>
<td>ELEC 676</td>
<td>Surgical Critical Care</td>
<td>Carle</td>
<td>153</td>
</tr>
<tr>
<td>ELEC 701</td>
<td>Trauma Surgery</td>
<td>Carle</td>
<td>154</td>
</tr>
<tr>
<td>ELEC 723</td>
<td>Research in Surgery</td>
<td>Carle/VAIHCS/Provena-Covenant</td>
<td>155</td>
</tr>
<tr>
<td>ELEC 795</td>
<td>Pain Management</td>
<td>Bloomington/Champaign</td>
<td></td>
</tr>
<tr>
<td>ELEC 858</td>
<td>Special Topics - Surgery</td>
<td>To Be Arranged</td>
<td></td>
</tr>
<tr>
<td>ELEC 161</td>
<td>Scholarly Activity</td>
<td>To Be Arranged</td>
<td>67</td>
</tr>
</tbody>
</table>
## APPENDIX

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix 1</td>
<td>UICOM-UC Policy on Graduate Assistanstships and Tuition Waivers</td>
<td>158</td>
</tr>
<tr>
<td>Appendix 2</td>
<td>UICOM-UC Electronic Residency Application Service (ERAS)</td>
<td>160</td>
</tr>
<tr>
<td>Appendix 3</td>
<td>UICOM-UC Student Promotion/Progress Decision Making Process and Student Appeal of Academic Progress Decisions</td>
<td>162</td>
</tr>
<tr>
<td>Appendix 4</td>
<td>UICOM Policy and Procedures for Leaves of Absence Academic Year 2008-2009</td>
<td>165</td>
</tr>
<tr>
<td>Appendix 5</td>
<td>UICOM-UC Resident and Student Conduct at the Clinical Education Centers (CEC) Clinical and Hospital Sites</td>
<td>168</td>
</tr>
<tr>
<td>Appendix 6</td>
<td>UICOM-UC Registration Deadline Policy: Payment of Tuition and Fees</td>
<td>169</td>
</tr>
<tr>
<td>Appendix 7</td>
<td>UICOM-UC Request to Suppress Directory Information</td>
<td>170</td>
</tr>
<tr>
<td>Appendix 8</td>
<td>UICOM-UC Foreign Clerkship Scholarship Available</td>
<td>171</td>
</tr>
<tr>
<td>Appendix 9</td>
<td>UICOM-UC Alpha Omega Alpha Medical Honor Society</td>
<td>172</td>
</tr>
<tr>
<td>Appendix 10</td>
<td>UICOM Criteria for Graduation with Honors from the College of Medicine Class of 2009 (Selected Early Spring of Senior Year)</td>
<td>174</td>
</tr>
<tr>
<td>Appendix 11</td>
<td>UICOM-UC Policies and Procedures Pertaining to MSP Students Withdrawing from Their Planned Degree Program in Graduate Studies</td>
<td>175</td>
</tr>
<tr>
<td>Appendix 12</td>
<td>UICOM Procedures for Students Requesting Reasonable Accommodation under the Americans with Disabilities Act</td>
<td>177</td>
</tr>
<tr>
<td>Appendix 13</td>
<td>UICOM-UC Policies for a Student Complaint or Grievance of a Grade Awarded in a Course or Clerkship</td>
<td>181</td>
</tr>
<tr>
<td>Appendix 14</td>
<td>UICOM Vaccination/Immunization and CPR Policies</td>
<td>184</td>
</tr>
<tr>
<td>Appendix 15</td>
<td>UICOM-UC Nondiscrimination Statement</td>
<td>188</td>
</tr>
<tr>
<td>Appendix 16</td>
<td>UICOM-UC Guidelines for Implementing University of Illinois at Chicago’s Policy on Sexual Harassment and Discrimination</td>
<td>189</td>
</tr>
<tr>
<td>Appendix 17</td>
<td>UICOM-UC Academic Year 2008–2009 Monthly Clerkship Calendar</td>
<td>200</td>
</tr>
<tr>
<td>Appendix 18</td>
<td>UICOM Policy on Student Behavior and Discipline Procedures</td>
<td>201</td>
</tr>
<tr>
<td>Appendix 19</td>
<td>UICOM-UC Guidelines and Policy for Infectious Disease Prevention for Medical Students’ Exposure to Blood and Body Fluids and Risks Related to HIV and Viral Hepatitis</td>
<td>203</td>
</tr>
<tr>
<td>Appendix 20</td>
<td>NBME Step 2 Clinical Skills Examination Frequently Asked Questions</td>
<td>213</td>
</tr>
<tr>
<td>Appendix 21</td>
<td>UICOM-UC College – Campus – Community Resources</td>
<td>216</td>
</tr>
<tr>
<td>Appendix 22</td>
<td>UICOM-UC Policy Regarding Sitting for Examinations</td>
<td>217</td>
</tr>
<tr>
<td>Appendix 23</td>
<td>How the Matching Algorithm Works</td>
<td>218</td>
</tr>
<tr>
<td>Appendix 24</td>
<td>Time Limit for Completing M.D. Degree</td>
<td>224</td>
</tr>
<tr>
<td>Appendix 25</td>
<td>UIC Student Academic Promotions Policy Academic Year 2007-2008. (Policy will be distributed in late summer or early fall for 08-09)</td>
<td>225</td>
</tr>
</tbody>
</table>
**ACADEMIC YEAR 2008–2009 CLERKSHIP CALENDAR**

At the College of Medicine at Urbana-Champaign, each academic clerkship year consists of six clerkship rotations and each rotation is eight weeks in length. A rotation is divided into two four-week blocks (A and B). For Clerkship Year 2008-2009, Rotation #1 will begin on June 30, 2008. Rotation #4 begins on January 5, 2009. The Spring 2009 semester ends on June 19, 2009 (end of Rotation #6). Listed below is the specific schedule of clerkship dates for each rotation and block for Clerkship Year 2008–2009.

**Graduation Dates – Awarding of M.D. Degree – Convocation**

The tentative date for the Convocation in 2009 is May 10, 2009. The M-4 year officially ends on May 8, 2009. To be eligible to have the M.D. degree awarded a student would usually have to have all requirements completed by convocation. **HOWEVER,** due to a policy change a student will be eligible for the M.D. degree if all requirements are completed within two weeks after convocation. Therefore, if a student completes all requirements by May, the M.D. degree will be awarded. If the requirements are completed after the six-week extension (June, 21, 2009), but before July 25, 2009, the degree will be awarded in the summer. If the requirements are completed post May 16, 2009, the Student Affairs Office can write a letter, if requested, to the residency program certifying the student has completed all requirements for the M.D. degree.

Students may participate in the early May COM-UC Convocation (Hooding Ceremony and Physician’s Oath) if they completed all requirements for the M.D. degree by either the Commencement or two-week extension date, or are judged to be so close to completing the requirements that they will be eligible to begin an accredited residency program on the first of July following the May Commencement. **Passing scores for USMLE Step 2 MUST BE IN THE STUDENT AFFAIRS OFFICE in order to participate in Convocation.** It is recommended that students take USMLE Step 2 CS by December 2008 and USMLE Step 2 CK by March 15 of their senior year.

**SCHEDULE OF CLERKSHIP DATES AND ROTATIONS: 2008–2009**

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<thead>
<tr>
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(Winter Break Begins 12/13/08 and Ends 01/04/09)

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(Convocation: May 10, 2009) - **Tentative**
# Examinations and Other Important Dates in 2008–2009

**USMLE Examinations**  
**Steps 1 & 2**  
These are set by student application to the NBME. Application materials are to be downloaded from the Web.

**Note:**  
Students whose graduation dates are January 1, 2005 or later must pass the USMLE Step 2 Clinical Skills Examination. More information on the Clinical Skills Exam is available at (www.nbme.org).

**Advanced Clinical Problems (ACP).**  
Students who are in core or elective clerkships in the Urbana-Champaign, Danville or Bloomington area are expected to attend the Advanced Clinical Problems programs. When a program is scheduled, ACP is held during the last two days of the clerkship rotation. Students will be informed of the ACP date, topics, and location. Attendance is monitored for each session for student evaluation. If no ACP program is scheduled, students are to report to their clerkship director or preceptor.

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<tr>
<th>Event</th>
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<tbody>
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<td>Release of Dean’s Letter for NRMP Match</td>
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<tr>
<td>NRMP Match Day</td>
<td>March 19, 2009</td>
</tr>
<tr>
<td>COM-UC Convocation and Awards Ceremony</td>
<td>May 10, 2009</td>
</tr>
<tr>
<td>Graduation</td>
<td>May 10, 2009</td>
</tr>
<tr>
<td>Usual starting dates for Residencies</td>
<td>July 1, 2009</td>
</tr>
</tbody>
</table>
# UNIVERSITY OF ILLINOIS
## COLLEGE OF MEDICINE AT URBANA-CHAMPAIGN

**Clinical Department Heads and Site Coordinators**

<table>
<thead>
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<th>Name</th>
<th>Phone</th>
<th>Address</th>
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<tr>
<td>Robert W. Kirby, M.D.</td>
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<tr>
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<td>Carle Forum</td>
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<td>Ron Brewer, Ph.D.</td>
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<tr>
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<tr>
<td>Kirsten Lawhead</td>
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<tr>
<td>Linda Moore</td>
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<tr>
<td>Linda Stone</td>
<td>383-4615</td>
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<tr>
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<td>Urbana, IL 61801</td>
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**Department of Family Medicine**

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<tr>
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<tr>
<td>Christian Wagner, M.D.</td>
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<tr>
<td>David Whitehill, M.D.</td>
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<tr>
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<td>Phillip Barnell, M.D.</td>
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<tr>
<td>Clerkship Coordinator</td>
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**Department of Internal Medicine**

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<tr>
<td>Janet Jokela, M.D.</td>
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<td>Head</td>
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<td>Department of Internal Medicine – (Continued)</td>
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<tr>
<td>Jackie McCoy</td>
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<td>Kathie Buttitta, R.N., MS Ed</td>
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<td>Linda Moore</td>
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<td>Kathleen Collins, M.D.</td>
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<td>Lori Osterbur</td>
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<td>Anu Mani, M.D.</td>
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<td>Lana Foley</td>
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<td>Robert Healy, M.D.</td>
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<tr>
<td><strong>Department of Obstetrics and Gynecology</strong></td>
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<tr>
<td>Ralph Kehl, M.D.</td>
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<td>Debbie Deedrich</td>
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<td>Toni Kerney</td>
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<td>Kathleen Bu etow, M.D., Dr.P.H.</td>
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<td>Kirsten Lawhead</td>
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<tr>
<td>Mark Musselman, M.D., M.A.</td>
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<td>Sari Gilman Aronson, M.D.</td>
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<td>Angie Bingamon</td>
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<td>James Whisenand, M.D.</td>
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<td>Sudha Uppuluri, M.D.</td>
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<td>Uretz Oliphant, M.D.</td>
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<td>Carla Vandivier</td>
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<td>Dan Turner</td>
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<td>Becki Wright</td>
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<td>Kathleen Kashima, Ph.D., Associate Dean for Student Affairs</td>
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<td>Jorge Girotti, Ph.D., Associate Dean, Director of Admissions</td>
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-14-
INTRODUCTION TO
CLINICAL CURRICULUM

POLICIES
&
PROCEDURES

2008–2009
I. GENERAL INFORMATION

The clinical phase (M-3 and M-4 years) of the University of Illinois College of Medicine at Urbana-Champaign (UICOM-UC) curriculum provides advanced full-time clinical activities for students who have satisfactorily completed all M-2 year requirements. The clinical phase is the final preparation for graduate training programs in which the newly graduated physician will have increased responsibility for patient care. In earlier phases of the curriculum, the student has learned medical knowledge in the basic sciences and has been introduced to clinical medicine. In the clinical phase, the student is assigned and selects clerkships for the practice of these clinical skills in a variety of clinical fields and health care settings.

II. GRADUATION COMPETENCIES

1. Patient Care

The competent graduate must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. He/she will be required to construct appropriate management strategies (diagnostic and therapeutic) for patients with common health care problems that may be emergent, acute, or chronic, across the spectrum of disciplines, while considering costs for the patient and others. The graduate must be able to combine knowledge of basic biomedical, clinical, and cognate sciences to accomplish the above.

The competent graduate must be able to:

- Obtain a medical history appropriate to the patient’s medical concerns;
- Perform a skillful physical examination;
- Formulate a differential diagnosis and problem list;
- Perform, order and interpret diagnostic investigations that result in accurate diagnosis and treatment;
- Utilize data to reason and solve problems;
- Develop management plans;
- Consider cultural and socioeconomic factors in management options;
- Form an effective therapeutic relationship;
- Recognize life threatening health problems and institute appropriate initial therapy;
- Construct a therapeutic plan for relieving pain, ameliorating suffering and directed toward specific resolution of health problems;
- Counsel and educate patients and their families;
- Apply the principles of epidemiology and evidence-based medicine.
2. **Medical Knowledge**

The faculty of the University of Illinois College of Medicine believes that any statement of graduation competencies must include mastery of the necessary body of knowledge within the basic, clinical, and cognate sciences to manage patients’ health. Moreover, graduates must demonstrate the skills that will enable them to utilize the concepts and knowledge that will be discovered throughout the years following medical school.

The competent graduate must have a thorough understanding of the

- Scientific principles of basic and clinical sciences that will enable him/her to competently practice evidence-based medicine;
- Determinants of poor health, disease-based risk factors, factors for disease prevention and healthy lifestyles (principles of preventive medicine);
- Elements of health education;
- Principles of epidemiology and population-based medicine;
- Principles, risks, and possible benefits of complementary and alternative medicine;
- Concepts, principles, and application of evidence-based medicine;
- Cultural factors important to health care;
- Relevant legal and ethical concepts.

3. **Practice-Based Learning and Improvement**

The competent graduate must be able to study, reflect, and evaluate patient care practices, appraise and assimilate scientific evidence, and understand their learning needs.

The competent graduate:

- Sets clear learning goals, pursues them, and continuously integrates knowledge gained and applies it to improve medical care;
- Assesses his/her strengths and weaknesses in order to improve performance and identify effective ways to address limitations and enhance expertise;
- Accesses information effectively, efficiently, critically appraises the information and relates it to their patients’ health problems;
- Admits his/her limits of knowledge, knows what to do when those limits are reached, can deal with uncertainty, and respects the opinions of others;
- Recognizes the need to learn is continuous;

4. **Interpersonal and Communication Skills**

The competent graduate provides compassionate, effective, culturally sensitive patient care.

The competent graduate:

- Listens attentively;
- Communicates clearly with colleagues, consultants, patients, and patients’ families both orally and in writing.
5. **Professionalism**

*The competent graduate approaches medicine with integrity and respect for human dignity. They must demonstrate awareness of and commitment to the principles and responsibilities of medical professionalism.*

The competent graduate:

- Provides leadership in patient care, while respecting the views and interests of all members of the health care team, the patient and patient’s family;
- Maintains and respects patient confidentiality, and is aware of the unique doctor/patient relationship;
- Knows and admits to his/her limits of knowledge;
- Can deal with uncertainty;
- Respects the opinions of others;
- Recognizes the need to learn is continuous;
- Balances personal and professional commitments to ensure that the patient’s medical needs are always addressed;
- Recognizes and avoids conflicts of interest in financial and organizational arrangements for the practice of medicine;
- Demonstrates integrity;
- Demonstrates respect for human dignity;
- Deals honestly with others;
- Recognizes key ethical dilemmas and applies ethical principles.

6. **Systems-Based Practice**

*The competent graduate demonstrates an awareness of and responsiveness to the larger context and systems of health care.*

The competent graduate:

- Understands the principles of health care delivery and can describe the organization, strengths, and limits of various models of health care delivery systems;
- Knows how to partner with health care managers and other health care providers to assess, coordinate, and improve health care and knows how their activities can affect system performance;
- Describes how to appropriately utilize and integrate the services of multidisciplinary health providers;
- Defines health in terms of the community in which the patient lives (population-based medicine);
- Evaluates and integrates community resources into the health maintenance of individual patients and their families;
- Assesses the effect of the physical environment on community health;
- Understands key legal concepts and is aware of professional requirements governing medical practice.

Approved by CCIA: 2 June 04
Approved by College Executive Cmt: 13 October 04
III. CLINICAL FACULTY ADVISOR SELECTION AND DUTIES

A. Goals. The medical school is concerned with the entire experience of its students, including their academic, professional, and personal experience. The clinical faculty advising process at UICOM-UC attempts to demonstrate this concern in a number of ways. The Clinical Faculty Advisor should provide a liaison between the student and the local medical community and make important contributions in the shaping of the student as a practitioner and providing consultation regarding curriculum choices and residency/specialty selection.

B. Selection of Advisors. Several advisors are available to students in UICOM-UC. The Clinical Faculty Advisor is generally a clinical faculty member. This advisor oversees the student’s program from the M-2 through the M-4 years of medical education and, for those students in the Medical Scholars Program (MSP), continues to be involved through the awarding of both degrees. A second advisor from the graduate or professional unit of the Urbana-Champaign campus will also be assigned to Medical Scholars shortly after their acceptance into the program. Medical Scholars may then seek out individual faculty members appropriate to their dissertation research and writing.

The Clinical Faculty Advisor is assigned by the Office of Student Affairs to each student in September of the student’s second year in medical school. To the extent possible, students are matched with a Clinical Faculty Advisor in the field of the student’s clinical interest. The matching process strives for mutual compatibility. If this changes over time, either the student or the advisor may request a change of assignment.

C. Responsibilities of the Advisor. The Clinical Faculty Advisor’s responsibilities are to:

1. Provide guidance and assistance in achieving academic objectives and in some cases, recommend remediation efforts.
2. Provide guidance and assistance in developing career goals and, specifically, work with the student and the Office of Student Affairs and Medical Scholars Program in the preparation of the official Dean's Letter.
3. Approve certain components of the student’s M-2 through M-4 academic programs. This may include making recommendations about elective clerkships, promotion and leaves of absence.
4. Be available, if needed, for academic, professional and personal advising and counseling, and/or direct the student to appropriate resources.
5. Be a liaison between the student and the College in those cases where a faculty advocate is needed.
6. Regularly review advisee’s performance (e.g., grades, examination scores, tutorial and clerkship evaluations); meet with advisee at a minimum of once each semester to discuss the advisee’s academic progress.
The graduate and professional programs participating in the Medical Scholars Program (MSP) generally have established advising procedures for the Medical Scholars. The MSP provides for an academic advising committee which includes a representative of UICOM-UC. The Clinical Faculty Advisor should be a member of this committee.

D. Responsibilities (certification, evaluation, etc.). Responsibility for certification (that which can affect the progress towards the degree) rests ultimately with UICOM-UC and with the policies of the College of Medicine (and for Medical Scholars with the appropriate units on the Urbana-Champaign campus). The UICOM-UC Student Progress and Promotions Committee has authority for monitoring student promotion and progress at UICOM-UC and for making initial promotional and graduation recommendations to the UICOM-UC Executive Committee and the College of Medicine Committee for Student Promotions. Responsibility for overseeing the general outline for student clerkship experiences and their actual program sequences rests with the Clinical Faculty Advisors and the Office of Student Affairs. The Office of Student Affairs and Medical Scholars Program have primary responsibility for gathering and making available information on clerkships and electives, and in monitoring the academic process of each student. IT IS THE STUDENT’S RESPONSIBILITY TO MEET REGULARLY WITH HIS/HER ADVISOR.

IV. GRADUATION REQUIREMENTS AND CLERKSHIP SCHEDULING POLICIES

A. Requirements for Graduation – Post M-2 Year and Step 1. To be eligible for graduation from the COM a student must complete a minimum of 80 instructional weeks after the M-2 year is completed and the USMLE Step 1 is taken. A minimum of 60 of the 80 weeks must be core and elective clerkships. The required core clerkships are 52 weeks; thus, leaving a minimum of 8 clerkship weeks. Of the 20 residual required weeks of instruction (60 + 20 = 80) 4 are obtained from the required Medicine and Society course in the spring of the senior year. The remaining 16 weeks may be additional elective clerkships (recommended), formal course work, research, or other approved activities. In addition to the required minimum completion of 80 weeks of instruction and the USMLE Step 2 CK and CS must be passed. For a more full description of the requirements please see pages 31 and 32.

B. Core Clerkship Scheduling. The overall clerkship schedule is established within the requisites defined by the clinical departments. Clerkship scheduling is guided by the educational policies established by the faculty of UICOM-UC, the number of slots available per rotation in each department, and the individual student’s educational plan. In general, students should complete the required core clerkships of Medicine I (12 weeks), Obstetrics and Gynecology, Pediatrics, Psychiatry, Surgery, (8 weeks) and Family Medicine (4 weeks) during the M-3 year. The remaining Medicine II core clerkship (4 weeks) is usually scheduled during the M-4 year. For junior students, the order of completion of the M-3 core and other clerkships is determined through a lottery process conducted in the late spring. The assignment to a particular teaching site is made by the Departments. Senior students are provided priority clerkship scheduling status before the junior student clerkship lottery.
Students, with input from their Clinical Faculty Advisor, should identify which clerkships they would like to take in the M-3 year and those they would like to take during the M-4 year. In general, students are able to complete clerkships within the year they desire, but not necessarily during the rotation they would prefer. Availability of student positions and the lottery for the core clerkships in the M-3 year determine the sequence clerkships are taken. Therefore, it is very important that individual students plan their two years carefully to be certain they will complete graduation requirements on time, gain their desired elective clerkship experience, have time for residency interviews, and are adequately prepared to take the Step 2 examination.

C. **Comprehensive Clerkship Planning for Two Years – Important Considerations Especially for MSP Students.** As students begin planning for the last two years of medical school, they should become familiar with the curricular requirements and how the timing of important events during the senior year should impact planning. Curriculum planning should be comprehensive for the two clinical years and not limited to only one year at a time. **This is extremely important for the Medical Scholars Program students.** Examples of major senior year events are the USMLE Step 2 Clinical Skills Examination and the Rotation 4B Medicine and Society Course. Another example is residency interviews (mid-November – January). As a general rule, on-site clerkships should not be scheduled during the times off-site residency interviews are scheduled. A eight-week core clerkship should not be scheduled during Rotation #3 (mid-October to mid-December). Use of unscheduled time is ideal for residency interviews and careful scheduling of elective time is important.

D. **All M-2 MSP students are required to complete their annual MSP Advisory Conference prior to participating in the spring clerkship lottery.**

E. **Starting a Clerkship in Block B of a Rotation.** All eight-week core clerkships start in the A block of each rotation. In general, a student may **not start an eight-week core clerkship in Block B of a rotation.** For Internal Medicine I (12 weeks) and II (4 weeks), for many electives, and Family Medicine (4 weeks), it is possible to start in block B. It is important to check the clerkship description in the manual and with the OSA to make sure the dates selected are available.

F. **Core Clerkships – Off Campus.** In general, students must fulfill the core clerkships on-campus. However, under special circumstances, involved students may be permitted to take one eight-week core clerkship away from Urbana-Champaign/Danville. Students must submit a written petition and get approval from their advisor, the Office of Student Affairs, and MOST IMPORTANTLY, the head of the department before the start of Clerkship. Usually the core clerkships in Internal Medicine 1 and Pediatrics may not be taken off campus.

G. **To Add or Drop a Clerkship.** Students who have scheduled either a core or elective clerkship are **not** allowed to drop it without appropriate approvals from the clerkship/department head involved, their Clinical Faculty Advisor, and the Office of Student Affairs. In order to be considered, completed and approved written requests to add or drop a scheduled clerkship must be submitted to OSA 30 days **prior** to the starting date of the clerkship. A copy
the Request to Add or Drop Clerkship Form can be found on page 38 of this manual. A STUDENT WHO HAS NOT COMPLETED THE APPROPRIATE PAPER WORK AND HAVE THE REQUIRED APPROVALS FOR A CLERKSHIP WILL NOT BE ALLOWED TO ADD OR DROP THE CLERKSHIP.

H. COM Graduation Requirements for Medical Scholars Program Fellows:

1. Specific to the COM-UC graduation week’s requirement, MSP Fellows will be treated in a manner analogous to other non-MSP students, i.e., 80 weeks minimum required.
2. Medical Scholars Program Fellows will not be granted up to 16 weeks of COM-UC elective instructional credit towards graduation for their Ph.D. course work completed prior to entering the Medical Scholars Program.
3. However, MSP Fellows may request for up to 16 weeks of COM-UC elective credit for full-time research activities they have carried out after having matriculated into medical school. If MSP Fellows are interested in attempting to obtain elective instructional weeks credit in the medical school for their research work, they must submit a written proposal to the Associate Dean for Student Affairs to receive credit.

V. CLERKSHIP POLICIES AND PROCEDURES

A. Clerkship Grades and Student Evaluation. All clerkships are graded on a four-point scale: O (Outstanding); ADV (Advanced); PROF (Proficient); U (Unsatisfactory).

1. Initial Failure to Satisfy Clinical Requirements: Students may receive a temporary grade of Incomplete in a core clerkship if they have not satisfied all requirements within the usual time allotment. This grade is intended only for a student who has a specific deficit, but is otherwise proficient. The clerkship director will prepare an individualized study plan (ISP) and the student will be granted additional time to satisfy the clerkship requirements at a later date. Failure to satisfy requirements after the ISP will result in an Unsatisfactory grade.

If the clerkship director believes that the problem could still be corrected, the student would be required to repeat the entire clerkship. Failure in the second attempt at a full clerkship would be grounds for dismissal.

Students who have had to repeat the clinical experience (or any part thereof) will receive a grade of Proficient if they successfully complete the study plan. These students are not eligible to receive an Advanced or Outstanding Final Grade.

2. Failure to Satisfy Clerkship Requirements: Students who are judged to be below the acceptable level of performance in a core clerkship by the department will receive a grade of Unsatisfactory. They must repeat the clerkship in its entirety. Failure in the second attempt at a full clerkship would be grounds for dismissal.
B. **End of Core Clerkship Examination Failure:** Students who pass the clinical component but fail the subject exam will be allowed to retake the subject examination following a period of independent study. If they do not pass the second time, they fail the clerkship and will receive an Unsatisfactory grade on their transcript.

Students who have an unsatisfactory grade due to subject examination failure will be allowed a final attempt to retake the clerkship in its entirety and pass the end of clerkship examination. If they do not pass the exam after the repeat clerkship, they would be dismissed.

The clinical grade earned for the initial rotation will remain as their official clinical grade, and will be used to calculate the final grade when a passing subject examination score is obtained. **Note well that students must satisfy all clerkship requirements at least at the Proficient level.** This may result in a Proficient or Advanced, depending on the student’s performance for the clinical component. **Students who have had to retake clerkship examinations are not eligible to receive an Outstanding Final Grade.**

1. **Multiple Clerkship Failures:** Students will be allowed a maximum of two clerkship failures. A third Unsatisfactory would be grounds for dismissal, even if students had retaken and passed the two failed clerkships.

C. **Policies for Clerkship Grade of Incomplete.**

1. In order to graduate, students must pass all clerkships in which they participate, regardless of whether the clerkships are taken on or off-site. Thus, a student who receives a grade of Unsatisfactory in any off-site elective clerkship **must** repeat the clerkship if permitted by the Student Progress and Promotions Committee (SPPC) and earn a passing grade.

2. If a student’s work cannot be evaluated completely and/or the student cannot complete all clerkship requirements because of extenuating non-academic circumstances, such as illness, death in the family, etc., the grade **INC (Incomplete)** will be issued. The INC grade will be replaced by a permanent grade after the student completes such additional work as thought necessary by the clerkship director/faculty to allow the assignment of a grade for that student. The additional work identified by the clerkship director/faculty to remove the INC grade must be completed expeditiously or the INC grade will be modified to Unsatisfactory.

3. The Associate Dean for Student Affairs will carefully monitor the student clerkship evaluation forms specific to faculty comments of subgrades relating to student personal and professional behavior, motivation, attitudes, and interpersonal relationships with patients and staff. If a pattern of negative behavior is evident, the Associate Dean for Student Affairs will alert the student’s present clerkship director,
his/her clinical faculty advisor, and will discuss the matter with the student. If, after subsequent clerkships, improvement is not noted, the Associate Dean for Student Affairs will alert the Student Progress and Promotions Committee for further review and action.

D. **Mid-Clerkship Evaluation and Review of Student Performance.** Each student participating in a clerkship lasting four weeks or more shall have a mid-clerkship evaluation. The clerkship director will be responsible for conducting an oral or written evaluation of student progress at the midpoint of the clerkship with recommendations for improvement. If you do not get it—request one.

E. **Student Evaluation of the Clerkship Experience.** As the physicians are expected to grade and evaluate the students in clerkships, so also are the students expected to evaluate the clinical experience and attendings who participate in their instruction. Departmental student evaluation of clerkship forms will be distributed and collected by the respective departments from each student participating in COM-UC clinical clerkships. These evaluations are reviewed after the students’ grade has been determined.

F. **Core Clerkship Orientation and Curriculum.** During the first day of each core clerkship, an orientation to the clerkship will be provided by the department and a core clerkship curriculum handbook will be given to each student. The handbook will include statements of faculty expectations of skills and knowledge to be mastered, reading assignments, and a description of how students will be graded and evaluated. At the conclusion of each clerkship, evaluation forms will be completed by the attendings and the clerkship director. These forms will be sent to the OSA for inclusion in the student’s academic file.

G. **Surgical Subspecialty Required Elective.** Students are encouraged to take this required four-week elective clerkship in the Urbana-Champaign area. Examples of approved surgical subspecialty electives are listed in the Clinical Phase Curriculum and Graduation Requirements (pages 34 and 35). Students need to seek the permission of the Surgery department head for participation in an off-site clerkship to meet the requirement.

H. **Vacation and Holidays.** Students on clerkships do not routinely receive time off from clerkship responsibilities for State-University-Federal holidays except for the defined vacation period in December and the time between the end of Rotation #6 and the start of Rotation #1. Students do not receive time off for the University Spring Break week. **Decisions on holidays or vacation time given to students during clerkships are at the discretion of the CLERKSHIP DIRECTOR or DEPARTMENT HEAD.**

I. **On-Site or Off-Site Elective Clerkships.** Students may take elective clerkships at other accredited medical schools or affiliates. Special arrangements must be made well in advance of the start of the proposed off-site clerkship with written approval from the Clinical Faculty Advisor, the appropriate COM-UC Clinical Department Head, and the Office of Student Affairs. This includes all research electives or special topic clerkships.
The following criteria must be met for approval of any elective or special topics:

1. The Clinical Faculty Advisor, the appropriate COM-UC Clinical Department Head, and the Office of Student Affairs must approve (See the Request to Add or Drop a Clerkship form on page 38) the clerkship.

2. **Only those students in good academic standing will be permitted to take off-campus elective clerkships. Requests from students with deficiencies will not be approved. An exception is made if the INC grade is the result of a student’s need to retake a Subject examination.**

3. Off-campus electives must be an officially recognized clerkship of an accredited institution or an approved “Special Topics” experience. The instructors must hold faculty appointments in the institution.

Students should work with the Office of Student Affairs to complete the paperwork necessary to schedule an off-campus elective. A number of medical schools have their catalogs on the Web. It is the student’s responsibility to complete the arrangements for off-campus electives and provide the Office of Student Affairs with the information related to the off-campus clerkship. Forms are available to assist the student in providing the information. For the purpose of malpractice insurance, requisite paperwork must be in place in the Office of Student Affairs before leaving campus. **WITHOUT THE REQUIRED APPROVED PAPERWORK COMPLETED BEFORE THE START OF THE CLERKSHIP, A STUDENT WILL NOT BE COVERED BY THE UNIVERSITY OF ILLINOIS MALPRACTICE INSURANCE NOR WILL CLERKSHIP CREDIT BE GIVEN.** The evaluation and grading of a student’s performance in an off-campus elective is the responsibility of the faculty supervisor at the off-campus institution. The Office of Student Affairs will send to the faculty supervisor a UICOM-UC Official Faculty Evaluation Form of Student Clerkship Performance on Clinical Electives (see pages 36 and 37). No credit for the experience can be given until the completed faculty evaluation grade form is returned.

**IMPORTANT NOTE:**

1. Students who schedule and are approved to participate in an elective clerkship to fulfill programmatic requirements of UICOM-UC are covered by the University Risk Management Malpractice Insurance Program. Students should be aware there are some off-campus institutions which may assess a fee charge for participation in their electives. Students should be sure they understand the fee policy of the off-campus institution when arranging for an elective clerkship.

2. In the application, students are usually required by the away institution to demonstrate completion of certain vaccinations/immunizations. Students will need to obtain vaccination/immunization certification from the McKinley Health Service. Students are typically required to submit documentation/verification of vaccinations/immunizations for: Measles, Rubella, Mumps, Tetanus, Diphtheria, Polio, and
Hepatitis B. In addition, proof is usually required of a negative skin test or x-ray for Tuberculosis in the last 12 months. Some institutions also require proof of immunity by titer or record of two live vaccinations for Varicella. The OSA does not have or maintain student health records. Also, students may be required to demonstrate proof of CPR certification.

3. **Health Service Fee**: This required fee paid each term covers most outpatient care situations while students are on the Urbana-Champaign campus. In general, the student health fee provides services only available at the McKinley Health Center and Counseling Center. The Health Center fee does not cover ambulatory care situations, which a student might seek while off campus or at other institutions.

4. For health care not provided at UIUC, students are also required to pay a fee each term for the **University of Illinois Student Sickness and Accident Hospital Insurance Plan** unless they can document they are covered by an equivalent plan. The insurance plan (brochure available from OSA) provides coverage to meet the major expenses associated with a hospital (inpatient) confinement and some limited outpatient coverage. Students are encouraged to carefully read the insurance plan brochure for specific definitions of coverage before they leave for an off-site clerkship.

J. **Earning a Salary While in Clerkships**. Students earning academic credit cannot simultaneously be paid a salary for their clerkship work (this does not apply to students in the COM-UC program with teaching or research assistantships). Anything other than a standard teaching or research assistantship will require approval of the Office of Student Affairs.

K. **Student Participation in Non-UICOM-UC Clinical Activity**. Students may gain employment or volunteer in a clinic such as public health. However, students are not covered by University Risk Management Insurance for these activities. Before students participate in any extracurricular clinically related activity, they should inquire and make sure they are covered by malpractice insurance by the employing agency. In addition, students may not receive academic credit for such an activity.

L. **Free Time Plans and Graduation**. The student should involve their Clinical Faculty Advisor in planning for free time, particularly if medical activities are contemplated. All students are urged to graduate formally with their class in May. **Students with plans for early or delayed graduation must petition for permission, three months in advance of the expected date, the Student Progress and Promotions Committee via the OSA (this decision will then be forwarded to the College Committee on Student Promotions)**. Each student will be cleared for graduation by the Student Progress and Promotions Committee based upon satisfactory completion of all academic graduation requirements, satisfactory completion of Steps 1 and both parts of Step 2 of the USMLE, and personal and professional requirements consistent with UICOM-UC policies.
M. Vacation Time. There are no restrictions on scheduling a limited amount of vacation time for residency interviews, etc. Students may request vacation for anytime that they can fit it into their schedule. However, it should be noted that between the end of each clerkship year (Rotation #6) and the beginning of the next year (Rotation #1) approximately two weeks are unscheduled, i.e., vacation opportunity. Also, a two-week defined vacation period is scheduled in late December. A student should also give thought to scheduling vacation time for residency interviews. It is not a good strategy to assume many days for residency interviewing will be granted while on a clerkship. The scheduling of a core clerkship during Rotations #3B and #4A should be avoided.

N. Leaves of Absence. Leaves of absence, for up to one year, are available to students for personal, medical, research/educational, and reconsideration of career choice. See Appendix 4 for a specific description of the policy and procedures.

O. Policy for a Student Complaint or Grievance of a Grade Awarded in a Course or Clerkship. Any student that has a complaint or request for a change of grade in a clerkship is directed to see the specific UICOM-UC policy statement and procedures contained in Appendix 13.

Procedure to Request Clerkship Grade Re-Evaluation

A student who wishes to have a grade re-evaluation for a non-grievable event, should follow the following procedure.

1. Please note all requests for re-evaluation must be made within 2 weeks of issuance of grade. (Student Affairs will stamp the date of issuance on grade form.) Students fill out the Clerkship Grade Re-Evaluation Form.
2. Student submits form to Clerkship Director. Please note, it is inappropriate for students to contact other faculty or preceptors regarding re-evaluation of grades.
3. Clerkship director investigates student concerns. The Clerkship Director may conduct an investigation to include an interview of the student, review of documents, interview of faculty and other actions deemed appropriate at the sole discretion of the clerkship director.
4. In general, the activities should be concluded within ten working days. Student and Clerkship Director meet and discuss grade re-evaluation.
5. Clerkship Director determines final grade and notifies the student and the Office of Student Affairs.

The above time frames may be altered by extenuating circumstances.

P. Policy on Assistantships Held Concurrently With Clerkships. In general, it is usually not possible to carry out the activities of a teaching or research assistantship and the activities of a clinical clerkship at the same time. Core clerkships and most electives are considered full-time activities. Therefore, it is required that students who accept TA or RA positions that run concurrently with scheduled clerkships fully inform both the clerkships director and the TA/RA sponsor of the potentially conflicting responsibilities. This should be done at least eight weeks prior to the start of the overlap.
Students should become fully informed of the didactic study requirements and of the time and effort that the clerkships usually require. They should be aware that failure to fulfill the requirements may result in a grade of INC and be cause to repeat part or all of the clerkship.

Q. **Policy on Excused Absences from Clerkships.** If a student finds they are unable to attend clerkship activities due to illness or personal circumstances, the appropriate clerkship personnel should be informed by the student immediately. Clinical students assigned to a clerkship may not ordinarily receive an excused absence by the clerkship director except as provided by University regulations. If a student fails to attend scheduled clerkship activities without an excused absence, they may receive the grade of Incomplete for the clerkship. One exception to this policy relates to those students who will attend and give a presentation at a professional meeting. In such instances, the student must request an excused absence at least four weeks prior to the scheduled absence and will make arrangements at that time to make up any deficiencies that the absence might cause. Obtaining excused absences from core and/or elective clerkships to schedule residency interviews may prove to be a problem. Therefore, students are encouraged to schedule their vacation time during the months of potential heavy interviewing time (December–January).

R. **Clinical Activities: Sartorial and Personal Appearance.** It is expected that when students participate in any clinical activities that put them in contact with patients or physicians at the teaching hospitals or in physicians’ offices that their sartorial and personal appearance are appropriate for the occasion. The word appropriate when it comes to dress and appearance is, of course, difficult to define. However, students are reminded that they are in a professional school and for the most part they will interact with private patients in private hospitals. A student should not confuse current fashion with what might be acceptable and expected dress and appearance by the professional community. Therefore, on the first day of each clinical activity that they are involved in, they should consult with the physician in charge to ascertain what is expected vis-à-vis dress and appearance.

S. **Advanced Clinical Problems (ACP).** Students who are in core or elective clerkships in the Urbana-Champaign, Danville or Bloomington area are expected to attend the Advanced Clinical Problems programs. When a program is scheduled, ACP is held during the last two days of the clerkship rotation. Students will be informed of the ACP dates, topics and location. Attendance is monitored for each session for student evaluation. If no ACP program is scheduled, students are to report to their clerkship director or preceptor.

T. **Medicine and Society Course.** The Medicine and Society course is a required four-week course needed for graduation. The course is presented to students during Rotation #4B. Students must make sure they plan for this course in their clerkship scheduling activities. By the time students take Medicine and Society (a course required for graduation), they must have attained at least junior class standing and must have successfully completed at least two core clerkships.
U. **USMLE Step 2 Examination.** Both parts of the USMLE Step 2 examination must be taken and passed for graduation. There are six major subject areas: Medicine, Surgery, Obstetrics/Gynecology, Pediatrics, Psychiatry, and Preventive Medicine/Public Health. The purpose of the Step 2 is to determine if the student possesses the medical knowledge and understanding of clinical science considered essential for provision of patient care, including emphasis on health promotion and disease prevention. Student scores achieved on the core clerkship Subject examinations should provide a good indication as to the potential Step 2 performance. At a minimum, the examination cannot be taken until all core clerkships are taken (excluding Medicine II). Please review promotion policies for more details and if an MSP student, note the exception to the core clerkship rule.

MSP Student Attempts at USMLE Step 2. Traditional students who matriculated since 2000 are required to complete the first two years of medical school, including passing Step 1, within 4 years of their matriculation (5 years for those students who decompressed). MSP students are exempt from this policy because of the nature of the combined curricula. Students (including MSPs) who matriculated prior to 2000 receive at most three attempts at USMLE Step 1. In order to hold MSP students accountable for reasonable progress through the curriculum, the prior policy of a maximum of three attempts to pass USMLE Step 2 CK and three attempts at USMLE Step 2 CS will apply to MSP students regardless of date of matriculation.

V. **Cardiopulmonary Resuscitation Requirement.** All students who are scheduled to participate in COM-UC core or elective clerkships must provide to the Office of Student Affairs proof of current CPR certification. If their certification has expired or will expire prior to COM graduation, students must complete a certification or recertification course. Further, it is recommended that all COM-UC students who have completed the M-2 year and are not participating in clerkships maintain active CPR certification. Certification is usually for two years. **STUDENTS WILL BE REMOVED FROM ALL CLINICAL ACTIVITY SHOULD THEIR CPR CERTIFICATE EXPIRE UNTIL THEY PRESENT THE RECERTIFIED CARD TO STUDENT AFFAIRS.**

W. **Policy for Current Clinical Students – Varicella (Chickenpox) – Influenza – Tuberculosis.** A tuberculosis skin test is **required** before starting the ICM spring semester and annually thereafter. Yearly influenza vaccinations are **strongly recommended.** Students are required to provide documentation of a history of infection or titer for varicella immune status. If a student is not immune, a vaccination is **required.**

Because adult varicella is a far more serious illness than it is in childhood, students who are uncertain of their personal varicella immunity are **required** to have their antibody titers measured. **STUDENTS WITH DELINQUENT IMMUNIZATION WILL BE REMOVED FROM CLERKSHIP ACTIVITY UNTIL PROOF OF COMPLIANCE IS RECEIVED BY THE OSA.**
X. **Right of Conscience.** All students are expected to participate fully in clerkships to acquire the requisite knowledge and experiences of the discipline. If some students have a moral or ethical objection to some subjects taught in a clerkship, they may be excused from actual active participation by law, but are not excused from acquiring the knowledge in these areas through substitute experiences prescribed by the department. Students may not refuse to work with faculty who participate in activities they find objectionable.

Students who seek substitute clerkship experiences according to the Right of Conscience Act must inform the clerkship director, in writing, four weeks prior to the clerkship so scheduling may be completed in a timely fashion.

Y. **Health Insurance Portability and Accountability Act.** All students must comply with HIPAA patient confidentiality training as requested by the University of Illinois and affiliated hospitals.

VI. **OTHER STUDENT POLICIES AND INFORMATION**

A. **Extension of Student Health Insurance Coverage for Senior Students.** Student Health Insurance coverage for graduating seniors ends in early June. If a student wishes to extend their health insurance coverage from early June to late August, it is possible to do so after April 15 of the senior year at the Benefits Center, 807 South Wright Street, Fourth floor, Champaign. The cost of this short-term policy is approximately $230 – student; $910 – spouse; $454 – child (spouse and child must have been insured in the spring semester to be eligible for the extension coverage). The student should inform the insurance office that they are a medical student when applying for the extended coverage. Spouse and children cannot be covered unless the student is also covered. **STRONG CONSIDERATION SHOULD BE GIVEN FOR PARTICIPATION IN THIS EXTENDED HEALTH INSURANCE COVERAGE BEFORE THE RESIDENCY PROGRAM BEGINS.** Another option would be to purchase a short-term policy with a private insurance company.

B. **Student Addresses and Telephone Numbers.** It is extremely important that the OSA have a current accurate address (both regular and e-mail) and telephone number of clinical students. Unlike during the M-1 and M-2 years, some important communication with clinical students will be accomplished using the U.S. mail or e-mail in addition to the CHUB mailbox. Therefore, please keep the OSA informed of any change of address or telephone number; even if the change is temporary. Clinical students, however, should also check their CHUB mailbox **at least once each week.** E-mail must be checked daily. Please delete e-mails that you no longer need. E-mails will bounce if you are over your quota.

C. **Alpha Omega Alpha-National Medical Honorary Society and Graduation with Honors.** See specific information and criteria in Appendices 9 and 10. Regarding candidacy to AOA, students are selected twice; after the M-2 year based on M-1 and M-2 performance and Step 1 score, and in late August of the senior year (core clerkship performance included and accounts for approximately 50% of the points awarded). Senior student selections for AOA are made in late August; therefore, to maximize their candidacy students should complete all core clerkships by late August. Graduation with Honors selection is made in the early spring of the senior year.
D. **National Residency Match Program (NRMP) and Residency Interviewing.** It is a uniform policy of all medical schools in the country not to release any Medical School Performance Evaluation (MSPE) before November 1 of a student’s senior year. Since the MSPE is an important evaluative tool used by the residency directors in their determination of candidacy for a position, most programs do not initiate candidate interviews until after November 1. More specific information about the NRMP Matching process will be sent to students from the Office of Student Affairs. For many of the disciplines the application process is accomplished by a computer process called Electronic Residency Application Service (ERAS). Please see Appendix 2 for a complete description on the process.

It is extremely important that when students develop their academic plans and clerkship schedule for the senior year, two situations should be remembered:

1. Residency program interviews will typically occur during the months of mid-late November, December, and January. The number of interviews needed depends mostly on the competitiveness of the specialty selected and location of the residency programs.

2. It is **strongly advised** that senior students should not attempt to schedule any core clerkships during the period of time they might be interviewing for a residency program. It must be appreciated that even though a student’s need to participate in residency interviews is important for their potential future career, it is also important to recognize that clerkship directors view participation in clerkship activities as equally important. Clerkship directors **expect full participation** in any clerkships that have been scheduled and may not view positively a student’s desire to seek an excused absence from clerkship participation.

Therefore, students should give special attention to their clerkship schedule for this period of time (December–January) and they should discuss with potential clerkship directors **before** they start a clerkship as to their requirements of participation and any excused absence to attend residency interviews.

E. **Residency Selection.** After graduation, the next three to five years will be spent in a residency program. To help a student plan for residency/specialty selection and to understand the National Residency Matching Program (NRMP), the Office of Student Affairs will provide orientation programs during the spring of the M-3 year.

1. **Residency Selection Criteria.** Generally, Residency Selection Committees judge students in six areas:
   a) Clerkship performance – especially performance in chosen specialty area
   b) USMLE scores – As a general rule, the more competitive programs (by discipline and/or location) may want to review both the Step 1 and Step 2 scores. If in doubt, contact a few programs and ask.
   c) The Medical Student Performance Evaluation (MSPE)
d) Letters of reference from faculty (most should come from faculty in discipline selected)
e) Research experience for competitive residency programs
f) The residency program interview (probably most important)

The first two of the above are usually referred to by these committees as the "hard data." It should be obvious the better a student’s performance in clerkships and USMLE examinations, the better a student will look to the residency program. Many competitive specialty areas require at least a score that is above the national mean ($\bar{X} = 217$) on the Step 1 and/or Step 2 to view a candidate acceptable to invite for an interview. Some specialty disciplines or specific residency programs may "expect" the Step 2 examination be taken prior to November. To clarify the expectation students are encouraged to contact the specific specialty societies and/or specific residency programs. Students should also contact senior students who have completed the interview process.

During the summer the MSPE will be composed by the Office of Student Affairs. The student will have an opportunity to review the MSPE before it is final. The MSPE cannot be sent out until November 1.

Most programs require at least three letters of recommendation and support. Students must find the faculty to agree to write these supporting letters. Students have the faculty send their recommendation letters directly to the Office of Student Affairs for storage. When the Office of Student Affairs sends out the MSPE, and the Official Student Record (OSR), faculty recommendation letters will also be sent out electronically through the ERAS system. The best time to obtain faculty letters of recommendation is immediately after the student has completed a clerkship. Time tends to dull one’s memory.

The interview constitutes a very important component of the process. Residency interviews are an extremely time-consuming and expensive annual endeavor for both students and residency faculty. The interview is an important information gathering time for the student; not only from the faculty, but also from the residents in training in that program, as well as from the students on clerkships there.

2. **Time Frame of the Residency Process**

   a) Students should begin collecting residency program information online during the spring of the M-3 year.
   b) ERAS applications “go live” in mid-August of senior year.
   c) In February the National Resident Matching Program (NRMP) must have the student Rank Order List (ROL) of residency programs. The ROL process is completed on computer.

3. **Matching Lists.** In mid-March, the matching lists are distributed electronically to the Student Affairs offices in the schools and to program directors. Students may find their match status by using the World Wide Web (WWW). The Office of Student Affairs assists any unmatched students in finding a suitable program, *i.e.*, the “telephone match.”
F. **Progress Toward Meeting Graduation Requirements.** If at any time students have questions about progress toward meeting UICOM-UC graduation requirements, they should contact the OSA to request a review of their academic record. Students are encouraged to do this at the beginning of their senior year. Senior student records are “audited” during late summer of the senior year. Students are then advised as to their status and requirements yet unmet.

G. Program directors will contact you by e-mail or by telephone. It is extremely important that you make sure your e-mail in-box is not over your quota. You do not want to miss out on an interview because your e-mail bounces and the directors cannot reach you.
To be eligible for graduation, a student must complete a minimum of **80** instructional weeks: **52** weeks from Part A, **8** weeks from Part B, and **20** weeks from Part C. Included in the 80 instructional weeks is a required minimum of **60** weeks of clinical clerkship experiences. (Parts A and B)

**A. Required Core Clerkships—Total of 52 Weeks**

1. **Sixteen weeks of Internal Medicine.** The Internal Medicine I core clerkship consists of 12 weeks. The initial eight weeks will be at either Provena/Covenant Medical Center or Carle Foundation Hospital and immediately followed by four weeks at the Department of Veterans Affairs Medical Center. The M4RE612 core (four weeks) may be taken at a later date depending on the option of the student. The Medicine I core is a clerkship in general medicine. The Medicine II core is a Department of Veterans Affairs Medical Center subinternship, which usually should be taken during the senior year. Students will be assigned to a teaching service and given maximal responsibility for patient care consistent with their level of development and under the supervision of faculty.

2. **Eight weeks of Pediatrics** (Eight weeks will be taken in Urbana-Champaign and includes both inpatient and outpatient experience).

3. **Eight weeks of Psychiatry** (Four weeks rotations at two of the three sites at Provena/Covenant Medical Center, Carle Pavilion, and Department of Veterans Affairs Medical Center.)

4. **Eight weeks of Obstetrics/Gynecology** (For most, eight weeks will be in Urbana-Champaign hospitals and area clinics. Students will be assigned to outpatient and hospital experiences at Carle Clinic and Hospital, Provena/Covenant Medical Center, Christie Clinic, or a Carle site in Danville, as well as selected outpatient experiences at area clinics.)

5. **Eight weeks of Surgery** (Students will be assigned to eight weeks at either Carle Foundation Hospital, Provena/Covenant Medical Center; some students will be assigned four weeks at either Carle Foundation Hospital or Provena/Covenant Medical Center and four weeks at the Department of Veterans Affairs Medical Center.)

6. **Four weeks of Family Medicine** (various area sites).

**B. Other Clerkship Requirement—Total of Eight Weeks Required**

1. **Four weeks of surgical subspecialties** (Orthopedics, Neurosurgery, Otolaryngology, Colon/Rectal Surgery, Anesthesiology, Ophthalmology, Urology, Plastic Surgery, Emergency Medicine, etc.). Choice is made with approval of Department Head.

2. **Four weeks of elective clerkships.**
C. Other Instructional Weeks Requirement—Total of 20 Weeks Required

1. **Four weeks—Medicine and Society Course.** The required course is offered for four weeks credit during Rotation #4B.

2. **Other weeks—whatever amount needed to total 16 weeks for Part C of requirements.** These weeks may be additional clerkships (recommended), formal course work, research, or other arranged and approved activity. MSP students may petition the Associate Dean for Student Affairs for up to 16 weeks of COM instructional credit for their graduate work. Contact the OSA for details and approvals.

D. Additional Requirements for Graduation

1. Successful completion of a basic course in Cardiopulmonary Resuscitation (completed during the M-2 year). Certification must be maintained for clerkship participation.

2. Successful passage of USMLE: Step 1 and Step 2 (both the Clinical Knowledge and Clinical Skills Components) examinations.
OFFICIAL FACULTY EVALUATION FORM
OF STUDENT CLERKSHIP PERFORMANCE ON CLINICAL ELECTIVES

Student ______________________________ Clerkship Director ______________________________

Clerkship Name & Number ______________________________

Clerkship Dates ________________ to ____________

Location of Clerkship ______________________________

Today’s Date ______________________________

Grade the student on each of the listed dimensions using the scale outlined below.

O = Outstanding – Student performs at a level observed in only the most outstanding students over the years. Students who receive this designation will be recognized as those whose absolute performance is consistently outstanding and who are active, self-directed learners.

ADV = Advanced – This designation is reserved for students who are especially proficient but not consistently outstanding in knowledge, skill, and performance.

PROF = Proficient – Performance may be outstanding at times and is, in general, within the range expected for medical students who are progressing satisfactorily. These students function and learn effectively in a variety of settings and meet all clerkship requirements.

INC = Incomplete – Student has not completed all required clerkship activities due to illness, leave of absence, etc. If this grade is assigned, the faculty will describe the activities which remain to be completed.

U = Unsatisfactory – This grade is reserved for those individuals who have not met all departmental requirements for successful completion of the clerkship and further are judged to be beyond remediation. This grade is most likely to be assigned to a student who has completed one or more remediation attempts unsuccessfully but might also be assigned if clerkship faculty are convinced further efforts to complete the clerkship are not in the best interest of the student or the public.

EVALUATION DIMENSIONS

<table>
<thead>
<tr>
<th>GRADE</th>
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<tbody>
<tr>
<td>O = Outstanding</td>
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<tr>
<td>ADV = Advanced</td>
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<tr>
<td>PROF = Proficient</td>
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<tr>
<td>INC = Incomplete</td>
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<tr>
<td>U = Unsatisfactory</td>
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</tbody>
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Please comment on the overall performance of the student including strengths and weaknesses.

Final Grades are due in the Office of Student Affairs no later than TWO weeks after the end of the clerkship.
General Comments On Student Performance:

Weaknesses – Recommended Areas To Improve:

_________________________________________________________________

I have read this report.

_________________________________________________________________

Signature – Student                      Signature – Faculty

_________________________________________________________________

Print Student Name                      Print Faculty Name

FINAL GRADE FORMS ARE TO BE RETURNED
TO THE:

OFFICE OF STUDENT AFFAIRS
125 MEDICAL SCIENCES BUILDING
506 SOUTH MATHEWS
URBANA, IL 61801
(217) 333-8146 OR (217) 333-5466
FAX: (217) 333-2640
UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE AT URBANA-CHAMPAIGN
REQUEST TO ADD OR DROP A CLERKSHIP

Student Name: ___________________________ Date: ___________________________

ADDED CLERKSHIP:
Clerkship Director: ___________________________ ___________________________
(print name) (signature*) (date)
Title of Clerkship: ___________________________ Course # ___________________________
Rotation/Block #: _______ Dates: _______ to _______ # of Weeks: _______
_______ COM-UC Clerkship or _______ Off-Campus Clerkship Location: ________________
(Note: If you are requesting a clerkship at another institution, a description of the elective must be provided.)

DROPPED CLERKSHIP:
Clerkship Director: ___________________________ ___________________________
(print name) (signature*) (date)
Title of Clerkship: ___________________________ Course # ___________________________
Rotation/Block #: _______ Dates: _______ to _______ # of Weeks: _______
_______ COM-UC Clerkship or _______ Off-Campus Clerkship Location: ________________
My reason for the request is: __________________________________________________________
________________________________________________________________________________

Clinical Faculty Advisor* ___________ Approve ___________ Disapprove

Department Head _______________ ___________ Approve ___________ Disapprove

*The student must obtain the signature of their advisor and the clerkship director(s) before submitting the request to the Office of Student Affairs, 125 Medical Sciences Building, 506 South Mathews Avenue, Urbana, IL 61801. If the request is for an elective, the appropriate COM-UC department head approval is also needed. NOTE: If the request is for a core clerkship, after the clinical advisor approval, the form must be submitted to the OSA before department head approval is sought. The OSA will discuss the request with the department head. A separate form is to be submitted for each request for clerkship or request for a change in the clerkship schedule. The completed form is to be submitted for consideration at least 30 days in advance.
CORE CLERKSHIPS
CLER 655: Medicine I

Clerkship Directors: Jean Holley, M.D. – Carle - (217) 383-3605
Nephrology Department - NCW5
Kathleen Collins, M.D. – Provena Covenant Medical Center – (217) 337-2373
Anu Mani, M.D. – Veterans Affairs Illiana Health Care System – (217) 554-4511

Reporting Time: 8:00 a.m. – Carle Forum, 611 W. Park Street, Urbana
8:00 a.m. – Provena Covenant Medical Office Building I,
1405 W. Park Street, Suite 207, Urbana, IL 61801
7:45 a.m. – Veterans Affairs Illiana Health Care Center, Danville

Site: Carle Clinic, 602 W. University Avenue,
Urbana, IL 61801
Provena Covenant Medical Center, 1400 W. Park Street, Urbana, IL 61801
Department of Veterans Affairs Illiana Health Care System, 1900 East Main Street, Danville, IL 61832

Length of Clerkship: Twelve weeks (six weeks at either Carle or Provena Covenant, 2 weeks with outpatient preceptor, last four weeks at VAIHCS in Danville)

Dates: Year round
Prerequisites: None
Methods of Evaluation: NBME Medicine Subject Examination and faculty evaluations
Students Per Rotation: Maximum of four at Carle, maximum of four at Provena Covenant
Night Call Required: Yes
Weekends Required: Yes
Supervision: Student will be supervised by a medical resident and attending staff

NARRATIVE DESCRIPTION

The student will learn to provide care for patients with problems falling into the domain of internal medicine. He/she will join a team of students, residents, and attending internists.

The junior student will work up patients during a 12-week rotation. The first 6 weeks will be spent at Carle Foundation Hospital/Carle Clinic or Provena Covenant Medical Center, and the next 2 weeks assigned to a practicing internist in the outpatient setting. The remaining 4 weeks will be spent at the Veterans Affairs Illiana Health Care Center in Danville, IL. Patient work-ups will include performing a complete history and physical, developing a problem list and a management plan for that patient. The student will write all orders on cases assigned to him/her, and these orders will be countersigned by a resident or by the attending physician. The student will also perform or observe all procedures performed on their patient. The student will be expected to read comprehensively in the literature and major textbooks of medicine
about the cases assigned to him/her. An ambulatory experience will be provided. The student will maintain a log of his/her learning activities on the forms provided at the beginning of the rotation, including a record of the diagnoses of their cases and of procedures performed. There will be a comprehensive final examination prepared by the NBME.

The student will substantially increase his/her cognitive knowledge in the field of adult medicine, further acquire technical skills required to diagnose and treat patients with medical problems, and learn how to participate in a traditional house-staff role.

**OVERALL GOAL**

To provide experience in the total management of inpatient and ambulatory Internal Medicine patients.

**OBJECTIVES**

1. **Basic and Clinical Science Knowledge** - The student will develop the understanding of general internal medicine by applying pathophysiology, epidemiology, and clinical manifestation of his/her patients. He/she will apply and improve his/her knowledge of the broad spectrum of medical diseases. During the rotation it is expected that understanding of pathophysiology and clinical manifestation become more sophisticated.

2. **Communications/Biopsychosocial** - The student will refine his/her ability to obtain an accurate history and physical and relay that to a comprehensive written document. The student will also refine his/her ability to present the history and physical clearly to the attending physician.

3. **Ethical Reasoning and Judgment** - The student will always exhibit sound ethical behavior. The student will show respect for patients and their families and relay information to families and health care team in an honest fashion. Ethical dilemmas and any conflict of interest will be identified and discussed in a timely and honest manner.

4. **Lifelong Learning** - The student independently seeks out learning resources to further his/her medical knowledge. The student will understand his/her level of knowledge and seek to improve any weaknesses in order to improve performance. The student will also seek out information on new technologies and stay abreast of current practices.

5. **Data Gathering/Problem Definition** - The student will obtain an accurate medical history as well as perform a physical exam, and with the information gathered, identify a problem list and a diagnosis. The history and physical, problem list and treatment program will be refined during the duration of the rotation. By the end of the rotation it is expected that the documentation and plan will be clearly improved.

6. **Management/Clinical Decision Making** - The student will develop the ability to take the clinical information gathered together with the pathophysiologic knowledge of disease process and formulate a diagnostic and therapeutic plan. It is expected that the level of diagnosis and therapeutic plan will become more detailed and complete as rotation progresses.

7. **Health Maintenance/Disease Prevention** - The student understands the risk factors for disease process and identifies factors that lead to a healthier lifestyle. The student can then translate these processes in order to instruct patients and their families for improvement in health of patients.
8. **Social and Community Context of Health Care** - The student will be aware of community factors in relation to patient’s medical/social problems. The student will be aware of influence of culture on patient health and will be nonjudgmental in regards to care of the patient.

9. **Professional Behavior** - The student will be honest, respect patients, ensure patient confidentiality and function as part of a health care team.

**TEACHING METHODS**

The student will be assigned to a ward team consisting of an attending physician, a senior resident and an intern. The student will be an integral part of the general medicine team. The student will participate in initial assessment of the patient, give an accurate presentation of the patient to resident and attendings and be expected to follow the patient’s progress during the admission.

The student will be expected to be on call as assigned.

The student is expected to be knowledgeable of his/her patients’ medical history and laboratory data. In addition, the student is expected to research his/her patient’s medical condition to further his/her knowledge base.

“Challenging patients and situations in medicine seminars”. Medical students rotating in internal medicine are involved in the care of patients that are seriously ill and may be experiencing an undesirable medical outcome or death. The student may witness a mentor exhibit poor professional behavior towards patients, colleagues or students, modeling weak medical practice, immature interpersonal skills or both. In order to become competent in dealing with difficult patients, students need to develop three sets of skills. These include: communication skills, clinical reasoning skills, and the ability to maintain emotional balance and professionalism. This seminar will be co-taught by an internist and psychiatrist, both who are experienced clinicians and educators. They will work with a small group of students, no more than 8, who meet during weeks 2-6 of the clerkship, 1.5 hours each session. It will occur in a medical setting, and may include going to the bedside.

**EVALUATION SYSTEM**

The student will be evaluated by the site coordinator with input from all physicians and other professional staff with whom the student has interacted. The student will meet with the coordinator on the last day of the rotation and review their evaluation. The student will also be required to take and pass the NBME Medicine Subject Exam. The final grade will be a combination of clinical grade and examination grade.

All required patient write-ups and the Medicine I Core Clerkship Patient Problems checklist will be submitted by the designated due dates or the student will not be eligible for the grade of Outstanding in the clinical portion of the Medicine I Clerkship. In addition, a Professionalism Incident Report will be completed by the Clerkship Director and submitted to the Office of Student Affairs.

In order to achieve a final grade of Outstanding in the Medicine I Clerkship, students must score at least at the national mean on the NBME exam. The national mean score currently is 75.
**MEDICINE II CORE**

**M3RE612:** Medicine II

**Clerkship Director:** Anu Mani, M.D. – (217) 554-4511  
Arrangements for rotation or to answer questions regarding the Department of Veterans Affairs Illiana Health Care Center rotations can be made by talking with Linda Smith at (217) 554-5292, or Lana Foley at (217) 554-4511.

**Reporting Time:** 8:00 a.m.  
**Site:** Department of Veterans Affairs, Illiana Health Care Center  
1900 E. Main Street, Danville, IL 61832  
**Length of Clerkship:** Four weeks  
**Dates:** Year round  
**Prerequisites:** Satisfactory completion of Medicine I core clerkship  
**Methods of Evaluation:** Faculty evaluations  
**Students Per Rotation:** Four per period  
**Night Call Required:** Yes  
**Weekends Required:** Yes, per on-call schedule  
**Supervision:** Student will be supervised by a medical resident and attending staff

**NARRATIVE DESCRIPTION**

Students will be given major responsibility for a limited number of general medicine patients under the direct supervision of a resident and attending staff. The number of patients will be limited so as to allow the student to assume the total care responsibilities. In hospital, night call will be assigned.

Each student will be assigned a minimum of three 4-hour sessions in the neurology clinic, with a maximum of four sessions. Students will be exposed to and become familiar with neurologic manifestations of systemic disease, epilepsy and paroxysmal disorders, cerebrovascular disease, neuro degenerative disease and movement disorders, and localization of central nervous system diseases.

Students may be given the opportunity during the four weeks of the Medicine II rotation to have two weeks of Geriatrics/Palliative Care consisting of inpatient, outpatient, and consultative activities under the direction of board certified geriatricians. The geriatrics/palliative care portion of the rotation will be located at the Department of Veterans Affairs Medical Center. Evaluation will be provided by participating geriatrician preceptors.

**OVERALL GOALS**

1. To allow fourth-year students the opportunity to serve as a subintern in medicine.  
2. Will allow the student to become familiar with the general scope of neurology.
OBJECTIVES

1. **Basic and Clinical Science Knowledge** - The student will further develop his/her understanding of internal medicine. His/her knowledge of pathophysiology, epidemiology, and clinical manifestation will continue to increase from experience in Medicine I. It is expected that the student’s clinical abilities will become more sophisticated during the rotation.

2. **Communications/Biopsychosocial** - The student will further refine his/her ability to obtain an accurate history and physical and improve ability to communicate this both verbally and written.

3. **Ethical Reasoning and Judgment** - The student will always exhibit sound ethical behavior. The student will show respect for patients and their families and relay information to families and health care team in an honest fashion. Ethical dilemmas and any conflict of interest will be identified and discussed in a timely and honest manner.

4. **Lifelong Learning** - The student independently seeks out learning resources to further his/her medical knowledge. The student will understand his/her level of knowledge and seek to improve any weaknesses in order to improve performance. The student will also seek out information on new technologies and stay abreast of current practices.

5. **Data Gathering/Problem Definition** - The student will obtain an accurate medical history as well as perform a physical exam, and with the information gathered, identify a problem list and a diagnosis. The history and physical, problem list and treatment program will be refined during the duration of the rotation. By the end of the rotation it is expected that the documentation and plan will be clearly improved.

6. **Management/Clinical Decision Making** - The student will further refine their ability to obtain clinical information and formulate a diagnostic plan. The level of diagnosis and therapeutic plan will become more detailed by the completion of the rotation.

7. **Health Maintenance/Disease Prevention** - The student understands the risk factors for disease process and identifies factors that lead to a healthier lifestyle. The student can then translate these processes in order to instruct patients and their families for improvement in health of patients.

8. **Social and Community Context of Health Care** - The student will be aware of community factors in relation to patient’s medical/social problems. The student will be aware of influence of culture on patient health and will be nonjudgmental in regards to care of the patient.

9. **Professional Behavior** - The student will be honest, respect patients, ensure patient confidentiality and function as part of a health care team.

TEACHING METHODS

The student will be assigned to a ward team consisting of an attending physician, a senior resident and an intern. It is expected that the student will function as an integral part of the ward team. The student will be expected to complete the history and physical, be knowledgeable of the patient’s progress and be able to discuss the patient during ward rounds. The student will be responsible for all aspects of the patient’s care in consultation with the attending physician. The student will be expected to be on call every fourth to sixth night, including weekends.
EVALUATION SYSTEM

The student will be evaluated by the site coordinator with input from all physicians and other professional staff with whom the student has interacted. The student will meet with the coordinator at the end of the rotation and review their evaluation.
REQUIRED SURGERY CORE

CLER 654: Surgery

Clerkship Director: Uretz J. Oliphant, M.D. – (217) 383-3579
Site Coordinator: VAIHCS, Robert Coleman, M.D.
PCMC: Douglas Jones, M.D.

Reporting Time: 8:00 a.m. – The Forum at Carle, BCR Conference Room
Sites: Carle Foundation Hospital, 611 West Park Street, Urbana, IL 61801
Department of Veterans Affairs Illiana Healthcare System, 1900 East Main Street, Danville, IL 61832
Provena/Covenant Medical Center, 1400 West Park Street, Urbana, IL 61801

Length of Clerkship: Eight weeks
Dates: Year round
Prerequisites: Internal Medicine core required
Methods of Evaluation: National Boards Subject Examination; observation of clinical skills, oral examination, OSCE
Student’s Per Rotation: Three to six
Night Call Required: Yes, Carle

NARRATIVE DESCRIPTION

The General Surgery core clerkship in Champaign-Urbana is eight weeks. Carle Foundation Hospital and Provena/Covenant Medical Center in Urbana and the Department of Veterans Affairs Illiana Healthcare System are the participating institutions in this clerkship. A student may take six weeks at one hospital. Student assignments may vary, but at least one student per rotation will be assigned to the VAIHCS. Each student will be required to work up patients. They will be involved in each patient’s preoperative, intraoperative, and postoperative care. There will be mandatory weekly didactic sessions. At the end of the rotation, in addition to the subject examination, there is an oral examination and an OSCE given, which must be passed to pass the course.

OVERALL GOALS

To provide relevant experiences for the student in the care of patients with acute and elective surgical problems.

OBJECTIVES

1. Initial history and physical examination of the surgical patient.
5. Familiarity with the function of the O.R. and the surgeon’s role.
7. Techniques of follow-up and long-term postoperative care.
8. Familiarity with assigned literature on surgical diseases.
9. Acquisition of a basic core of surgical knowledge, especially its capabilities and limitations.
10. An ability to present, orally, a discussion of surgical problems with which they have dealt.
REQUIRED PEDIATRICS CORE

CLER 653: Pediatrics

Clerkship Directors: Kathleen Buetow, M.D.  
Mark Musselman, M.D. – (217) 383-3030

Reporting Time: 8:15 a.m.

Site: Carle Clinic South – Pediatric Clinic, Conference Room, SC-1  
602 West University Ave., Urbana, IL 61801

Length of Clerkship: Eight weeks

Dates: Year round

Prerequisites: None

Methods of Evaluation: Performance through clerkship, as well as on exam

Student’s Per Rotation: Students should be as evenly spaced as possible throughout the year. All clerkships need to be approved by the Department Head. Minimum of four Student’s Per rotation. Students are not ordinarily given time off during clerkship for residency interviews or vacations.

Night Call Required: Yes

Weekends Required: Yes

NARRATIVE DESCRIPTION

The pediatric clerkship is designed to emphasize those areas of medicine unique to childhood and adolescence through a combination of experiences in the outpatient clinic, nursery, and hospital. Such issues as growth and development, social maturation, behavioral disorders, infectious disease, immunizations, nutrition, and accident prevention will be emphasized. The student will have the opportunity to observe and participate in on-going well and sick child care in the outpatient setting and will work-up and follow patients hospitalized for evaluation and treatment. Student will also participate in various subspecialty evaluations (developmental problems, allergy, pediatric neurology, pediatric gastroenterology) in the clinic setting, and will observe newborn care in the nursery. Practical experience will be supplemented by a series of seminars, lectures, and examinations.

OBJECTIVES

1. To understand the usual patterns of growth and development in infancy, childhood, and adolescence, and to know how to evaluate them.
2. To recognize the nutritional needs of infants, children, and adolescents.
3. To become familiar with methods of anticipatory guidance and health education in preschool years.
4. To recognize the health concerns of the school-aged child, including attention deficit and learning disorders.
5. To understand the physical and developmental changes of adolescent and some of the more common adolescent health problems—drugs, alcohol, V.D., and pregnancy.
6. To recognize the common illnesses of childhood and to know the appropriate treatment for such illness.
7. To develop an awareness of the functions of ancillary services and community programs providing services to children.
8. To understand the child as a developing individual in a family, social, and economic environment.

EVALUATION/SUPERVISION

The evaluation is done by the pediatric faculty with whom the student is working. It includes the student’s ability to perform in the clinical setting, the student’s ability to familiarize himself with the material, the student’s professional interactions with the attending, associate staff, patients, and their families, and the quality of any special report the student is assigned to prepare.

GRADUATION COMPETENCIES

1. **Patient Care**
   - Perform a thorough history and a comprehensive physical exam on a minimum of eight hospitalized pediatric patients.
   - Develop a differential diagnosis for each of the work-ups of hospitalized patients.
   - Develop a proposed diagnostic plan for each of these work ups.
   - Utilize data from history, exam and diagnostic studies to formulate a treatment plan for each patient.
   - Demonstrate an awareness of developmental cultural, social, and economic factors in the management of each case.
   - Educate families regarding diagnosis and treatment.

2. **Medical Knowledge**
   - Demonstrate ability to pass the interim clerkship exams as well as subject exam.
   - Demonstrate ability to discuss case histories knowledgeably.
   - Demonstrate ability to discuss issues relevant to case management, including cultural and socioeconomic factors.

3. **Practice Basic Learning**
   - Demonstrate ability to obtain pertinent information from current literature relating to specific cases.
   - Shown interest and enthusiasm for learn.

4. **Interpersonal and Communication Skills**
   - Demonstrate ability to present precise case summaries that include all the pertinent information.
   - Interact appropriately with all the health care professionals.
   - Involve family, as appropriate, in-patient education.
   - Be prompt, attentive and well prepared.

5. **Professionalism**
   - Demonstrate integrity
   - Demonstrate respect for others
   - Respect opinions of others
   - Maintain confidentiality
   - Conducts self in a professional manner

6. **Systems Based Practice**
   - Appropriately utilizes services of all health care providers
   - Evaluates community resources
**REQUIRED OBSTETRICS/GYNECOLOGY CORE**

**CLER 651:** Obstetrics/Gynecology Clerkship

Clerkship Director: Ralph Kehl, M.D., FACOG – (217) 383-4930  
Clerkship Coordinator: Debbie Deedrich. – (217) 337-4625  
Reporting time: 8:00 a.m. – Carle Clinic, Ob/Gyn Department, 4th floor  
For Orientation – first Monday  
Sites:  
- Provena/Covenant Medical Office Building – Administration, Classrooms  
  1405 West Park Street, Suite 207 Urbana, IL 61801, (217) 244-0598  
- Carle Clinic/Carle Foundation Hospital – Urbana,  
  602 West University Ave., Urbana, IL 61801  
- Provena United Samaritans Medical Center – Danville  
  800 North Logan, Danville, IL 61832  
- Provena Covenant Medical Center – Urbana  
  1400 West Park Street, Urbana, IL 61801  
- Carle Clinic – Bloomington/Normal  
  1701 East College Avenue, Bloomington, IL 61704, (309) 664-3000  
Length of Clerkship: Eight weeks  
Dates: Year round in sequence with UICOM-UC clerkship dates  
Prerequisites: None  
Methods of Evaluation: National Board Subject Exam scores; Performance evaluations from assigned preceptors; Written history and physicals.  
Student’s Per Rotation: Minimum 3, Maximum 5  
Night Call Required: Yes  
Weekend required: Yes

**NARRATIVE DESCRIPTION**

The OB/GYN clerkship is eight weeks in length, divided into two four-week blocks. A didactic/problem based lecture series is provided to examine specific women’s health issues. While under the supervision of faculty preceptors, students will gain experience caring for a variety of Obstetric and Gynecological patients. Night call is mandatory, but flexible, roughly every fourth night and alternative weekends.

**OVERALL GOALS**

The overall goal of the Third Year Clerkship in Obstetrics and Gynecology is for students to acquire and apply the basic information and master the basic skills needed by all physicians who provide care for women, including the specific psychomotor and interpersonal skills necessary for the clinical examination of women. Further, students will become familiar with the general field of obstetrics and gynecology. They will be exposed to a variety of patients with obstetric and gynecological problems, including normal and high-risk pregnancies, infertility, gynecological endocrine abnormalities, infections, neoplastic problems, and contraception.
OBJECTIVES

At the successful completion of the clerkship, students will be able to:

1. acquire and record a thorough history pertaining to Obstetrical/Gynecological conditions.
2. perform specialized physical examination procedures common to the discipline (pelvic, breasts, and abdomen) under required supervision.
3. plan a rationale for further problem solving and diagnostic tests to develop an appropriate management plan.
4. interpret diagnostic test results.
5. organize data clearly; present a concise case presentation.
6. explain the role of nutrition and preventive medicine in the field of Obstetrics and Gynecology.
7. advise female patients and their families on recommended strategies regarding psychosocial and sexual problems.
8. differentiate normal and abnormal pregnancy and labor conditions.
9. describe different methods of delivery with the indications and contraindications of each.
10. outline management plans for gynecologic pathologies.

For further information, please visit the department website: http://www.med uiuc.edu/dept/obgyn

BIBLIOGRAPHY

Required reading:


"2005 Women's Health Care Competencies for Medical Students: Taking Steps to Include Sex and Gender Differences in the Curriculum"

Association for Professors of Gynecology and Obstetrics (http://www.apgo.org)

Required assignments:

6 formally written H&P’s
Procedure and case logs
REQUIRED PSYCHIATRY CORE

CLER 652: Psychiatry

Clerkship Director: Sari Gilman Aronson, M.D. – (217) 326-2700
College of Medicine, The Forum, MC-474, 611 West Park Street, Urbana IL 61801, saronson@uiuc.edu

Sites: The Pavilion, 809 West Church Street, Champaign, IL 61820
Provena-Covenant Medical Center, 1400 West Park Street, Urbana, IL 61801
Veterans Affairs, Illiana Health Care Center
1900 East Main Street, Danville IL 61832

Length of Clerkship: Eight-week rotation with four weeks at two of the three sites

Dates: Year round

Prerequisites: None

Methods of Evaluation: Evaluation by preceptors and clerkship director, and NBME Subject Examination

Student’s Per Rotation: Between four to six students each rotation

Night Call Required: Specific to each site, may require nights and weekends

Purpose: Students learn how to understand, diagnose, and treat patients with psychiatric disorders. They are trained to conduct diagnostic interviews and perform comprehensive mental status examinations within a biopsychosocial framework. They learn to work with multidisciplinary teams to provide psychiatric treatment in inpatient, consult/liaison, outpatient, and emergency room settings.

NARRATIVE DESCRIPTION

Students will work directly with practicing psychiatrists at two of the three sites. Responsibilities at all sites include evaluation of newly admitted inpatients and psychiatric consultation for medical and surgical inpatients. At the Pavilion, students will work closely with a psychiatrist in a setting which moves between inpatient and outpatient care for adults, adolescents, and children. At the Provena Covenant site, students will assume responsibility for direct (supervised) adult inpatient care. At the VA Illiana Health Care System, students will assume responsibility for direct (supervised) adult inpatient and outpatient care. All sites emphasize working within the framework of a health care team.

DIDACTIC MATERIALS

1. Students will utilize the Second Year Psychiatry Syllabus developed by Dr. Aronson.
2. Required books are:
CHOICE OF TRAINING SITES

1. Students must contact the Department Secretary, Diana Carroll at dcarrol@uiuc.edu at least three weeks in advance of the starting date of the clerkship with choices. Priority will be given based on the time the student request is received.

2. Each site will accept a maximum of two Student’s per rotation.

OBJECTIVES

Fundamental to mastery of psychiatric work is the development of an effective interview technique that is the major source of clinical information in the discipline. The student should demonstrate:

I. CLINICAL INTERVIEWING: DATA GATHERING SKILLS

A student should be able to conduct a basic psychiatric interview using

1. an open-ended approach.
2. a style that facilitates the patient providing information.
3. specific questions of information to cover all content areas relevant to making a DSM diagnosis.
4. silence or facilitating comments as appropriate.
5. confrontation and other techniques which may facilitate the gathering of information.
6. child, parent, and family interviews.

A student should be able to

1. identify verbal and non-verbal presentation of information.
2. organize interview data.
3. gather data from all relevant sources (e.g., patient interview, patient observation, family members, medical records, and other therapists).

II. INTERACTIONS WITH PATIENTS

Students are expected to

1. demonstrate a capacity for empathy.
2. establish rapport with a wide variety of patients.
3. listen carefully, and
4. communicate clearly.

III. MENTAL STATUS EVALUATION

Students are expected to

1. conduct a comprehensive and accurate mental status examination.
2. present the findings orally and in writing without references to any written material.

IV. PRESENTATION OF CLINICAL MATERIAL

Students are expected to

1. write complete and accurate psychiatric evaluation/admission notes, using electronic medical records, where appropriate.
2. write succinct progress notes with all key information, and
3. present organized case summaries orally.
V. DIAGNOSTIC AND CONCEPTUAL SKILLS

A student is expected to
1. identify major problem areas, including primary and co-morbid conditions.
2. identify predisposing, precipitating and maintaining factors.
3. identify biological, psychological, family, and sociocultural influences on symptoms and their contribution to the etiology, pathogenesis, epidemiology and treatment of the presenting illness(es).
4. identify relevant past history.
5. identify general medical or substance related contributors to the presenting illness.
6. evaluate the emergency aspects of the problem.
7. formulate the accurate and comprehensive differential diagnosis using the current Diagnostic and Statistical Manual.
8. formulate a beginning treatment plan considering somatic and psychosocial interventions.
9. identify deviations from normal development.

VI. RESPONSIBILITY AND PROFESSIONALISM

Students are expected to
1. be punctual and available.
2. reliably complete tasks and assignments.
3. ask for help when needed.
4. terminate and transfer cases appropriately.
5. A student’s appearance, demeanor, behavior and relationship with staff should be consistent with their role.

VII. EDUCATIONAL INITIATIVE

Students are expected to
1. ask questions.
2. do relevant reading.
3. volunteer for presentations.
4. actively seek clinical experiences.

VIII. FEEDBACK

Students are expected to
1. actively seek feedback from supervisors.
2. be receptive to suggestions and change behavior in response to suggestions from supervisors, staff, and patients.

IX. MANAGEMENT SKILLS

Students should be able to
1. demonstrate basic skills to promote a therapeutic relationship.
2. assess violence risk towards self and others.
3. utilize psychotropic medication with knowledge of its mechanism of action, indications, contraindications, adverse effects, monitoring requirements and drug interactions.
4. demonstrate a working knowledge of the functioning of a psychiatric healthcare delivery system.
5. a student should be able to make referrals to appropriate community agencies, clinics and private psychiatrists.
6. communicate (in verbal and written form) psychiatric findings to other medical and agency professionals.
7. work within a team frame-work.

X. KNOWLEDGE

1. Students should have a basic knowledge of the normal developmental stages of childhood, adolescence, and adulthood. The student should be able to identify, describe, and discuss the major pathological syndromes and developmental deviations associated with these developmental stages.
2. Students should be able to identify and describe the major psychiatric disorders described in the current *Diagnostic and Statistical Manual*.
3. Students should be able to achieve a minimum score of 60 for the end of clerkship examination. The student will be required to pass both the non-cognitive (clinical rotation) and cognitive (exam) portions of the clerkship to pass the clerkship.
4. Students should understand indications for various levels of care, e.g., prevention, inpatient, partial hospitalization, intensive outpatient, residential, outpatient.
5. Students should be familiar with modalities of psychiatric treatment including commonly used approaches in biopsychosocial areas. They should have a basic knowledge of different types of treatment (e.g., cognitive therapy, 12-step, behavior therapies, psychodynamic therapies, pharmacotherapy, etc.); formats of treatment (individual, family, marital, group); and phases of treatment (acute, maintenance, rehabilitation).
6. Students should understand indications for various levels of care, e.g., prevention, inpatient, partial hospitalization, intensive outpatient, residential, outpatient.
7. Students should be familiar with medico-legal concepts relevant to psychiatric practice, e.g., HIPAA rules, confidentiality, reporting duties, involuntary hospitalization, etc.
8. Students should be familiar with commonly used evaluation tools, e.g., imaging studies, psychometric scales, psychological and neuropsychological testing instruments, etc.
9. Students should be able to demonstrate evidence-based medicine skills in psychiatric practice.

COMPETENCIES

1. Perform and articulate a comprehensive mental status examination, including psychiatric and neuropsychiatric elements.
2. Conduct psychiatric interviews with a wide variety of patients, demonstrating the ability to establish rapport and obtain information pertinent to diagnosis.
3. Identify and collect other clinical data needed to diagnose behavioral disturbances, including relevant laboratory studies and psychological testing.
5. Use a biopsychosocial framework to describe biological, intrapsychic, familial, cultural, and social influences on patient’s presenting complaints.
6. Understand the implications for, and basic principles of, commonly used psychiatric treatments, including psychodynamic psychotherapy, cognitive psychotherapy, behavior therapy, family therapy, group therapy, pharmacotherapy, and electroconvulsive therapy.

7. Recognize psychiatric emergencies and perform basic emergency intervention.

8. Function as a member of the health care team in a professional and ethical manner.

**ACTIVITIES TO FACILITATE ACHIEVEMENT OF COMPETENCIES**

1. Students should spend the majority of clerkship time in clinical activities related to care of patients and/or their families whether in an inpatient or outpatient setting. Opportunities will be provided to work with patients manifesting a broad range of psychopathology.

2. Students will be given responsibility for clinical management of patients within the limits of the student’s ability and the requirements of the institution.

3. Clinical work will be closely supervised and directly observed.

4. Psychiatric evaluations and progress notes will be written according to the format used in the clinical setting and reviewed by the preceptor.

5. Students will spend one half-day each week in didactic instruction.

6. The Clerkship Director will work with students on their clinical skills and any areas that are problematic.

**ASSESSMENT AND EVALUATION**

1. Students should receive regular feedback from their preceptors in their supervisory sessions. Please let the clerkship director know, as soon as possible, if there is a problem with your preceptor.

2. Students receive feedback informally on a daily basis in this rotation, and should feel free to ask for feedback at any time. However, a formal feedback session should occur at the mid point of each block of the rotation. Purple feedback cards, listing the categories of feedback, will be given out during orientation. Students should give the feedback card to their preceptor during the second week of the Block. The preceptor and student will discuss strengths as well as areas for improvement. After the preceptor signs the card, the student should return it to the psychiatry secretary. The student should recognize that feedback is different from evaluation (grading). Feedback is for the purpose of learning; while a grade assesses learning and performance.

3. The preceptor will complete a written evaluation assessing each student. The evaluation includes assessment of achievement of the previously described objectives and is based on direct observation of the student’s work in the clinical setting; the student’s participation in supervisory sessions; written psychiatric Evaluation’s and progress notes; and the professionalism and ethical standards of the student.

4. The National Board of Medical Examiners Subject Examination will be used to formally assess the student’s knowledge. The examination will be taken on the last Wednesday of the rotation.

5. The student’s final grade will be determined according to the approved formula with approximately two-thirds derived from clinical performance and one-third from the NBME Subject Examination. The Clerkship Director will utilize all data to determine the final grade.

6. In order to pass the clerkship, the student must pass the NBME Subject Examination and do satisfactory clinical work.
# REQUIRED FAMILY MEDICINE CORE

<table>
<thead>
<tr>
<th>CLER 656:</th>
<th>Family Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerkship Director:</td>
<td>Phillip Barnell, M.D. – (217) 383-4662</td>
</tr>
<tr>
<td>Students will be matched by Family Medicine Department Faculty on an individual basis; assignments will be made on the first day of preceptorship.</td>
<td></td>
</tr>
<tr>
<td>Reporting Time:</td>
<td>8:00 a.m. – Carle Foundation Hospital, 611 West Park Street, Urbana, IL 61801, (217) 244-0423</td>
</tr>
<tr>
<td>Site:</td>
<td>Various departmentally approved sites</td>
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<tr>
<td>Length of Clerkship:</td>
<td>Four weeks</td>
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<tr>
<td>Dates:</td>
<td>All blocks</td>
</tr>
<tr>
<td>Prerequisites:</td>
<td>Completion of M-2 Year; Year Three; Strongly recommend – students have taken core clerkships in Medicine, Surgery, Pediatrics, and Obstetrics/Gynecology</td>
</tr>
<tr>
<td>Methods of Evaluation:</td>
<td>Day-by-day clinical performance of student; end-of-rotation examination; primary care behavior science performance</td>
</tr>
<tr>
<td>Student’s Per Rotation:</td>
<td>One per site; multiple sites available; maximum Student’s Per four-week block: Four (exceptions are considered)</td>
</tr>
<tr>
<td>Night Call Required:</td>
<td>Yes</td>
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<tr>
<td>Weekends Required:</td>
<td>One per period</td>
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## NARRATIVE DESCRIPTION

Students will see patients in the office and hospital under the supervision of the site directors and their staff. A full spectrum of health problems in all age persons will be encountered and managed by the student as he/she participates in the health care team.

Intrapersonal and interpersonal dynamic aspects of disease and patient management will be highlighted. Students are expected to attend various presentations and teaching bedside sessions, to prepare and present patients and management problems to the teaching staff. Students will attend workshops in gynecology, preventive medicine, and orthopedics, emphasizing core procedures in these areas. There will be an end of clerkship written examination. Immediate and ongoing feedback between student and staff will be used as a teaching and evaluation tool.

## OBJECTIVES

Allows student to experience and participate in the practice of Family Medicine. Each setting will provide learning opportunities in the areas of adult medicine, pediatric, and office gynecology. Many sites also offer obstetrical care, office surgery, and supportive/directive counseling as learning opportunities. The student will be encouraged to crystallize feeling on ethical-medical issues, on identifying personal priorities, strengths and weaknesses, and to gain insight into family processes.
PURPOSE

The Family Medicine clerkship is a required primary care ambulatory rotation. The clerkship teaches the knowledge, attitudes, and skills necessary to provide continuing, comprehensive, and preventive care to individuals and families who represent a broad spectrum of ages and cultures in the outpatient setting.

COMPETENCIES

During the four-week clerkship, students will increase their ability to:

- Assess and manage common acute, chronic, and routine medical problems with a longitudinal, comprehensive, and preventive perspective;
- Approach clinical problems in a well-reasoned manner;
- Utilize interpersonal skills to establish a collaborative patient-centered patient-physician relationship; and
- Identify and address personal learning needs.

INSTRUCTIONAL FEATURES

Students spend four days in the Department of Family Medicine where they participate in workshops designed to enhance particular skills; e.g., assessment of musculoskeletal problems, preventive medicine, nutrition, women's health, and patient-centered medicine, including psychosocial issues. Students spend the remainder of the clerkship in a clinical practice site where they are supervised by a Family Medicine attending physician.

ASSESSMENT

Students' clinical performance is evaluated by faculty members using the College of Medicine Clerkship Evaluation form. Students are also required to pass a family medicine multiple choice national examination and may be required as well, to complete locally developed clinical performance assessments.
ELECTIVES
FAMILY MEDICINE ELECTIVES

ELEC 815: Family Medicine – Substance Abuse

Clerkship Director: Kirk Moberg, M.D., Ph.D. – (217) 373-1870
Other Participants: John Hill, M.D., Department of Internal Medicine
Anne Robin, M.D., Department of Family Medicine
Mehtab Mizan, M.D., Department of Internal Medicine

Reporting Time: 8:00 a.m.
Site: The Pavilion, 809 West Church Street, Champaign, IL 61820
Length of Clerkship: Four weeks
Dates: Twelve times a year
Prerequisites: Third-year Medicine clerkship
Student’s Per Rotation: One per four-week period
Night Call Required: No
Weekends Required: No

NARRATIVE DESCRIPTION

OVERALL GOALS

On satisfactory completion of this clerkship, the student will understand the role of the addictionist as a provider of detoxification and rehabilitation services for addicts. Students will also understand the role of the addictionist as a consultant to primary care and other physicians. The student will see the value of the team approach to treating the disease of addiction by interacting with multiple health care providers such as nurse practitioners, case managers, counselors, nurses, and mental health technicians. The student will appreciate the importance of a holistic approach to the disease of addiction, which includes addressing the physical, mental, social, and spiritual aspects. The learner will understand the interface between the treatment center and community services such as twelve-step programs in the maintenance of sobriety. The student will demonstrate increasing competency in the medical interview, physical examination, management planning, and inpatient care coordination with other health care providers with a focus on the disease of addiction.

OBJECTIVES

1. Basic and Clinical Science Knowledge Base – Describe the knowledge and skill required for the practice of addiction medicine.
   a. Detoxification
      1) Alcohol
      2) Depressants
      3) Stimulants
      4) Opioids
      5) Hallucinogens
   b. Rehabilitation
      1) Non-pharmacologic interventions such as group therapy, individual therapy, family therapy, and twelve-step involvement.
      2) Pharmacologic therapies
   c. Special situations
1) The pregnant addict
2) The adolescent addict
3) Patients with dual diagnosis
d. Personal development
   1) Time management
   2) Continuing education
   3) Practice management

Describe health resources at the clinical site including resource limitations. Discuss personal advantages and disadvantages of addiction medicine practice.

2. Communications/Biopsychosocial – The student records an appropriately comprehensive written assessment of patients assigned. The student presents an appropriately focused and succinct oral presentation of patients to the attending physician and/or nurse practitioner.

3. Ethical Reasoning and Judgment – The student demonstrates advocacy for the welfare of patients above self. The student demonstrates a sensitivity to and respect for differences among people, and demonstrates decision making that is based on a non-judgmental approach to each individual. The student regularly seeks the consent and participation of patients in their care, demonstrating effective enabling or empowering techniques for patients.

4. Lifelong Learning – The student seeks and considers an attempt to respond to feedback provided by those with whom he/she works.

5. Data Gathering/Problem Definition – The student demonstrates the ability to gather a comprehensive patient database, using all relevant resources. The student demonstrates patient centered empathetic interviewing techniques. The student then consistently demonstrates the ability to separate normal from abnormal states, and develops a list of patient problems for further management.

6. Management and Clinical Decision Making – The student is able to assess their independent database. The student is able to identify the relationship between medical problems and to relate them to the disease of addiction.

7. Health Maintenance/Disease Prevention – The student assesses and counsels patients about healthy lifestyles that promote wellness, especially in the context of their disease of addiction. The student advocates abstinence from addictive chemicals in their interaction with the patient. The student is actively involved in the development and implementation of the treatment plan. The student is also involved in the development of the relapse prevention plan.


9. Professional Behavior (Personal, Family, and Community) – The student is honest and readily indicates when he/she does not know an answer. The student accepts feedback without defensiveness, and acts on that feedback. The student is punctual and attends regularly. The student follows local customs for professional attire. The student assures that responsibilities are completed each session. The student always demonstrates sensitivity and respect for all members of the healthcare team, patients, and their families. The student avoids unproductive adversarial interactions with others.

TEACHING METHODS

The student is assigned to work at the New Choice alcohol and drug rehabilitation facility located at The Pavilion. The student participates in all phases of the clinician’s work, including the inpatient detoxification unit and the partial hospital rehabilitation unit. The student is also expected to attend a local Alcoholics Anonymous meeting.
during the clerkship. The student is required to follow multiple patients during their four-week rotation and to be involved with these patients in all phases of their treatment program.

The student will work with the physicians and the nurse practitioner who provide addiction services at The Pavilion. They will also interact closely with the other team members involved in the provision of services to addicts at New Choice.

**EVALUATION/SUPERVISION**

The student is evaluated by the site coordinator, using input from all physicians, the nurse practitioner, and other professional staff with whom the student has interacted. The evaluation is forwarded to the clerkship coordinator.

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**ELEC 797:** Clinical Preventive and Occupational Medicine

**Clerkship Director:** David J. Fletcher, M.D., M.P.H. – (217) 356–6150, (Office); (217) 356-7167, (217) 864-3264, (Home Fax/Phone) dfletcher@safeworksillinois.com

**Website:** www.safeworksillinois.com

**Reporting Time:** 8:00 a.m.

**Site:** 1806 North Market Street, Champaign, IL 61820 (Behind Barnes and Noble at the mall)

**Length of Clerkship:** Four to eight weeks

**Dates:** Year round

**Prerequisites:** Completion of the M-3 year

**Methods of Evaluation:** Evaluation will be accomplished by an end-of-clerkship written evaluation by the preceptor that includes oral presentations, written patient care records, and a mini-project pertinent to PM and OM

**Student’s Per Rotation:** One to two per rotation

**Night Call Required:** No

**Weekends Required:** No

**Supervision:** Dr. Fletcher and staff

**NARRATIVE DESCRIPTION**

A four- to eight-week clerkship/rotation in clinical occupational and preventive medicine is available at SafeWorks Illinois “Return to Work Center,” which is a comprehensive occupational health and industrial rehabilitation program that serves employers throughout Central Illinois. The elective is available to fourth-year medical students.

The clerkship includes hands-on clinical work, as well as didactic instruction. A mini-project on a pertinent topic area must be completed by the end of the clerkship. There is field work: site visits to various industries such as foundries and manufacturing facilities to familiarize students with the health effects of work environments.
OVERALL GOALS

On satisfactory completion of the clerkship, the student will: (1) Gain a basic understanding of occupational health, including the fundamentals of the occupational health history; the concept of medical surveillance and biological monitoring for workplace exposures, workplace hazard control programs; the workers’ compensation system; work-site health promotion, and OSHA history and regulatory function. (2) Be able to apply epidemiological and public health principles in a clinical setting that includes primary, secondary, and tertiary prevention services.

GRADUATION COMPETENCIES

1. **Basic and Clinical Science Knowledge Base** –
   a. **Understand the impact of the workplace on the health of the worker:** Students will continuously obtain a comprehensive work history and basic understanding of the job demands/stressors of the patient.
   b. **Describe how the care of an injured worker differs from a patient with a similar injury that is not work-related:** Treating work injuries offers unique challenges. Often, there is delayed recovery, including symptom magnification. Students will understand how issues such as secondary gain sometimes affect treatment of an injury.
   c. **Be familiar with the workers' compensation (WC) system and the role of OSHA.** Students will understand the mechanics of the workers’ compensation system as a no-fault insurance system to protect the income of injured workers and the provision of medical benefits. Students will become aware of the role of OSHA (Occupational Safety and Health Administration) in protecting the nation’s workplaces.
   d. **Familiarize oneself with workplace drug and alcohol programs and how physicians play a role in these programs.** Students will obtain an understanding how occupational health physician functions as a Medical Review Officer (MRO) in interpreting drug testing results. This will require the student to have some knowledge about controlled substances and laboratory procedures to be able to distinguish authorized legitimate drug use from unauthorized or illegitimate use.

2. **Communications/Biopsychosocial** – Students will become familiar with the requirements of the occupational health physician’s unique role to communicate and interact—**orally and in writing**—to multiple parties: patients, employers, attorneys, insurance companies, unions, etc. The student will become familiar with the confidentiality guidelines/issues dealing with a work-related injury and a fitness-for-duty assessment. Students will interact with not only patients but employers, governmental officials, attorneys, and other treating physicians and therapists.

3. **Ethical Reasoning and Judgment** – Students will become familiar with the ethical aspects/dilemmas of an occupational health physician, who has a mutual goal to protect and promote the health of the patient-employee, as well as the goal to help the employer control costs and increase worker productivity in a population medicine based-approach. Students will learn to accord the highest priority to the health and safety of individuals in workplace.

4. **Lifelong Learning** – The student will become familiar with medical library and electronic resources to educate himself or herself about issues related to the workplace. Even though most students will not exclusively go on to practice occupational medicine, the objective is for students to recognize that all
physicians, no matter their specialty, will take care of patients that work and have potential for work-related issues that affect their health. Therefore, the objective is for the student to be able to learn throughout their careers where to access information or locate resources to help regarding work-related issues for their patients.

5. **Data Gathering/Problem Definition** – Students will learn how to assess the nature and extent of injuries and illnesses and provide recommendations regarding treatment, the ability to work, and the percentage of impairment/disability. The student will also learn how to assess the risk of various workplace hazards and to assess how these health hazards affect worker health.

6. **Management and Clinical Decision Making** – The student will be able to make decisions regarding appropriate treatment plans, return-to-work issues, the need for rehabilitation, substance abuse intervention, and medical surveillance concerning workplace hazards.

7. **Health Maintenance/Disease Prevention** – The student will learn to regularly counsel workers about health promotion/disease prevention and understand the principles of a population-medicine approach to individual workers to help develop healthier companies.

8. **Social and Community Context of Healthcare** – The student will be familiar with the unique ethical roles and context of an occupational health physician who takes care of work-related injuries and has to protect the public safety e.g., evaluate fitness for medical certification of commercial motor vehicle drivers). The student will understand that the occupational health physician plays many different roles: treating physician, sometimes just an examining physician, and sometimes in both roles. These various roles sometimes result in an adversarial relationship with the patient, which must be approached with sensitivity.

9. **Professional Behavior (Personal, Family, and Community)** – Students will have to understand the major impact their clinical decisions play upon the patient regarding workers’ compensation benefits and/or employment opportunities. Students will have to be particularly sensitive regarding the boundaries of confidentiality, especially regarding substance abuse issues. Students will keep confidential all individual medical information, releasing such information only when required by law or overriding public health considerations, or to others at the request of the patient.

**TEACHING METHODS**

- Clinical Work – immediate and ongoing care of work injuries; physical exams
- Work-site Visits – tours of various work-sites to gain further understanding of the work environment
- Rehabilitation – attend multi-disciplinary rehabilitation staffings, view functional capacity work evaluations
- Medical-Legal Process – attend deposition, WC arbitrations
- Medical Record Review – review medical records and other pertinent documents to make determination of fitness for duty, work-relatedness of condition, and appropriate medical treatment
EVALUATION SYSTEM

Evaluation will be accomplished by an end-of-clerkship written evaluation by the preceptor that includes oral presentations, written patient care records, and a mini-project pertinent to PM and OM. A mid-rotation feedback session will be held, as well.

SUPERVISION

The clerkship is under the supervision of David J. Fletcher, M.D., M.P.H., F.A.C.O.E.M., medical director of SafeWorks, IL. Dr. Fletcher is board-certified in both occupational and preventive medicine.

Dr. Fletcher is recognized as one of the leading experts in the State of Illinois on the management and treatment of work related injuries. Dr. Fletcher has been a featured speaker at the Illinois Industrial Commission training for arbitrators.

He is the former preventive medicine residency training director at Madigan Army Medical Center, Tacoma, WA. Dr. Fletcher is a Clinical Assistant Professor. Since 1988, he has served as Director, Section of Occupational and Preventive Medicine in Family Medicine for the University of Illinois, College of Medicine, Urbana-Champaign, IL.

REFERENCES

American College of Occupational and Environmental Medicine: http://www.acoem.org/
American Board of Preventive Medicine: http://www.abprevmed.org/
Aerospace Medical Association: http://www.asma.org/
Occupational Safety and Health Association: http://www.osha.gov/
American College of Preventive Medicine: http://www.acpm.org/
American Public Health Association: http://www.apha.org/
Association of Teachers of Preventive Medicine: http://www.atpm.org/

ELEC 847: Relational Medicine

Clerkship Director: Michael A. Campion, Ph.D., L.P., C.P.Q. – (217) 356-9922
Reporting Time: By arrangement with Clerkship Director
Site: Campion, Barrow, and Associates
2110 Clearlake Boulevard, Suite 202, Champaign, IL 61822
Length of Clerkship: Four weeks
Dates: By arrangement
Prerequisites: Satisfactory completion of required Family Medicine preceptorship and Psychiatry
Methods of Evaluation: Paper on community mental health issue relating to community medicine. Two videotapes of patient interaction.
Student’s Per Rotation: Two
Night Call Required: No
Weekends Required: No
Supervision: Staff
NARRATIVE DESCRIPTION

Upon satisfactory completion of the clerkship, the student will be able to understand countertransference issues and how it impacts medical care. The student will be familiar with prevalent childhood learning disabilities such as Attention Deficit Disorder. The student will be exposed to various community programs such as community health clinics, shelter homes for battered women, and independent residential facilities for the chronically mentally handicapped individuals in order to better understand community resources. The student will also participate in individual, group, and play therapy in order to better understand how those methods are used to treat the whole person. The student will focus on use of the doctor as a therapeutic and diagnostic agent. The student will learn the proper advocacy role of the primary care physician as he/she interfaces with social, political, and economical organizations within the community for the benefit of his or her patient.

GRADUATION COMPETENCIES

1. **Basic and Clinical Science Knowledge Base** –
   a. Individual therapy
   b. Group therapy
   c. Play therapy
   d. Countertransference and its effect on patient care
   e. Take psychological assessment for confidential feedback on the student’s particular relational skills and areas of growth.

2. **Communications/Biopsychosocial** – To develop skills in communicating effectively with patients by understanding countertransference issues.

3. **Ethical Reasoning and Judgment** – Demonstrate advocacy for individuals who require community services such as sheltered homes for battered women, residential treatment facilities, and public school programs.

4. **Lifelong Learning** – To understand the importance of one’s personality and countertransference issues with regards to the doctor-patient relationship. An individual’s personality and interaction style evolves with time and experience; it must be monitored and personally challenged in order to deter bad habits as one’s professional career continues.

5. **Data Gathering/Problem Definition** – The student will be able to input appropriate data for records and to communicate with community agencies effectively.

6. **Management and Clinical Decision Making** – The student needs to appropriately utilize and integrate the services of multidisciplinary health service providers.

7. **Health Maintenance/Disease Prevention** – The student must have knowledge of available community resources to effectively treat their patients. The student needs to develop skills in communicating effectively with the various community agencies.

8. **Professional Behavior (Personal, Family, and Community)** – The student must be open and honest with their patients and community resources. It is important that they guard against defensiveness and learn to respect the various healthcare providers and programs within the community.
TEACHING METHODS

The student will interact on a one-to-one basis with Dr. Campion to review and discuss various interactions with patients and community resources. The student will complete two videotapes on patient interaction, which will be discussed with the staff. The student will spend several days on site with the school psychologist to better understand and prevent childhood learning disabilities. The student will be exposed to on-site visits at various community programs. The student will also have an opportunity to take part in individual, group, and play therapy with a wide range of patients. Eagan’s book, *The Skilled Helper*, will be read to help the student better understand the dynamics of the interpersonal relationship that is part of the doctor-patient treatment process.

EVALUATION/SUPERVISION

Dr. Campion and his staff will evaluate the student with regards to achieving their goals. The evaluation will be ongoing through feedback with regards to community agency involvement, patient interaction, and personal insight with regards to countertransference issues that could affect doctor-patient relationships. The student will also evaluate their success with regards to meeting personal goals to improve their doctor-patient and community communication skills.

REFERENCES

*The Skilled Helper*, by Eagan

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**Scholar Activity Elective**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELEC 158</td>
<td>Obstetrics and Gynecology</td>
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<tr>
<td>ELEC 159</td>
<td>Pediatrics</td>
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<tr>
<td>ELEC 160</td>
<td>Psychiatry</td>
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<tr>
<td>ELEC 161</td>
<td>Surgery</td>
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<tr>
<td>ELEC 162</td>
<td>Internal Medicine</td>
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<tr>
<td>ELEC 163</td>
<td>Family Medicine</td>
</tr>
<tr>
<td>ELEC 164</td>
<td>Medical Humanities and Social Sciences</td>
</tr>
</tbody>
</table>

Clerkship Directors: Janet S. Reis, Ph.D.  
Ronald W. Brewer, Ph.D.

Reporting Time: Schedule orientation meeting with Dr. Reis prior to start of clerkship

Sites: Affiliated Clinical Institutions

Length of Clerkship: 2-8 weeks
In 2-week blocks
Available all year

Dates: Year around

Prerequisites: Satisfactory completion of M-2 year

Methods of Evaluation:

Night call Required: None required
Weekends Required: None required
Supervision: Faculty
Students per rotation: No limit
NARRATIVE DESCRIPTION:

The student will be introduced to basic principles of clinical (patient-based) research.

OBJECTIVES

1. Medical Knowledge – Upon completion of this clerkship, the student will describe a variety of evidence-based tools for clinical scholarship. The steps in developing a research project will include the following:
   • Discuss current clinical research priorities in medical discipline of interest and the appropriate focus for a medical student defined scholarly activity.
   • Discuss theories and principles of clinical research methodologies and the applicability of specific designs to the research question of interest.
   • Describe the importance of ethics in clinical research and importance of maintaining patient confidentiality, confidence and trust.
   • Outline a clinical research question followed by a clear hypothesis and timetable for data collection as appropriate.
   • Complete the necessary Institutional Review Board application(s) and informed consent documents.
   • Demonstrate the ability to perform a comprehensive literature review to support the significance of the clinical research question.
   • Demonstrate the ability to select a research design, collect data, analyze data and synthesize data into a scholarly presentation.
   • Demonstrate constructive response to input from peers, supervisors, colleagues and granting agencies on completed work.
   • Demonstrate ability to use evidenced-based medicine and case studies to assist in effective evidence-based patient care drawing on scholarly activity experiences.

2. Communication Skills
   • On completion of this clerkship, the student will present clinical scholarship to mentors and colleagues through a variety of media which may include clinical vignette, poster, or written manuscripts.
   • Describe the relevance of scholarly work to the clinical sciences

3. Professionalism
   • Demonstrate punctuality, reliability, completion of research timetable, mature interpersonal skills and the willingness to seek help as needed in completion of a project.

TEACHING METHODS

The student will schedule an initial meeting with the clerkship coordinator, Dr. Janet Reis or Dr. Ron Brewer for initial orientation. Orientation will include review of learning materials about quantitative and qualitative research methods, evidence-based literature review, and clinical scholarly activities. Student will receive instruction in oral and written presentation skills, ethics of human subject research utilization and the steps in applying to Institutional Review Boards. The student will be introduced to medical research activities that will require them to prepare a project in writing that utilizes human subjects (vignette poster, case presentations, case data for group of patients).

The student will be assigned both a PhD educator and a clinical mentor for a project. Student will work with close mentorship in the completion of the project.
The student will then be required to present a proposal of their project to the clerkship director and clinical faculty. When applicable, the student will complete documents for Institutional Review Board review within the institution in which the student is working, and if applicable will submit the final project for presentation to a vignette competition, a College of Medicine Research Day or conference or journal of the student’s choosing. There will be no requirements for the project to be accepted for publication.

**EVALUATION/SUPERVISION**

Student will receive on-going mentorship through completion of the project by the assigned faculty.

**REFERENCES**

The following textbook is required:

**INTERNAL MEDICINE ELECTIVES**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
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</thead>
<tbody>
<tr>
<td>ELEC 783</td>
<td>Allergy</td>
</tr>
</tbody>
</table>

**Clerkship Director:** John Zech, M.D. – (217) 383-3450  
**Reporting Time:** By arrangement  
**Site:** Carle Clinic, 602 West University Avenue, Urbana, IL 61801  
**Length of Clerkship:** Four weeks: also a two-week rotation for students wishing to split time with Pediatric Allergy  
**Dates:** Anytime by arrangement  
**Prerequisites:** Satisfactory completion of Medicine I core clerkship  
**Methods of Evaluation:** Students are evaluated on a continuing basis during the clerkship. Evaluation criteria includes the ability to take allergy history, evaluate physical, lab, and allergy test findings, outline treatment of patients seen, and knowledge of conditions seen during allergy clerkship. All evaluations will be oral.  
**Student’s Per Rotation:** One per period  
**Night Call Required:** No  
**Weekends Required:** No  
**Supervision:** Initially the student will see patients with the allergist. As the student gains experience, they will take histories and examination patients independently and then discuss cases with the allergist, who has also seen the patients.

**NARRATIVE DESCRIPTION**

Students will see patients with the allergist in the office and hospital. Student will take an allergy history, do appropriate physical, select and interpret appropriate tests, and choose treatment methods. Instructional conferences on topics relevant to the practice of allergy will be held and supplemented by the use of instructional tapes and slides.

**OBJECTIVES**

1. **Patient Care** - Students will obtain a focused history and perform a skillful physical examination of the patient presenting with allergy problems.  
2. **Medical Knowledge** - Students will gain a better understanding of the pathophysiology, diagnostics and treatment modalities for common allergy related disorders, including: rhinitis (allergic and non-allergic), bronchial asthma (allergic and non-allergic), urticaria and angioedema, anaphylaxis, hymenoptera allergy, drug allergy, suspected food allergy, atopic dermatitis. Students will have a deeper understanding of immunological regulation and correlate abnormalities to clinical disorders.  
3. **Practice-Based Learning & Improvement** - Students will become familiar with common pharmacological interventions used in the field: theophylline, immunomodulators, corticosteroids, etc.  
4. **Interpersonal and Communication Skills** - Students will learn effective communicate skills with the patient presenting with allergic disorders, his/her family, and all members of the health care team.
5. **Professionalism** - Students will have the ability to evaluate the patient as a whole and understand the importance of discussing risk-taking behaviors, stress prevention, prophylaxis, and screening.

6. **Systems-Based Practice** - Students will understand the role of immunologic disease as a primary specialty and as an integral component of the medical team in complex medical problems. Students will also learn to evaluate and integrate community resources into the health maintenance of individual patients and their families.

**TEACHING METHODS**

Students may spend the entire period in adult allergy or split time with pediatric allergists, as arranged.

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**ELEC 804: Cancer Management**

**Clerkship Director:** James Egner, M.D. – (217) 383-3010  
**Other Participants:** David Graham, M.D.  
Patricia A. Johnson, M.D.  
Ronnie Luyun, M.D.  
Kendrith M. Rowland, M.D.  
Ronald Sapiente, M.D.  
Kalika Sarma, M.D.  
Vamsi Vasireddy, D.O.

**Reporting Time:** By arrangement  
**Site:** Carle Clinic Association,  
602 West University Ave., Urbana, IL  61801

**Length of Clerkship:** Four to eight weeks  
**Dates:** Year round  
**Prerequisites:** Satisfactory completion of M-3 year  
**Student’s Per Rotation:** One per rotation  
**Night Call Required:** No  
**Weekends Required:** No  
**Supervision:** Oncology staff physicians and Internal Medicine residents

**NARRATIVE DESCRIPTION**

The student will care for inpatients and participate in work rounds on the oncology ward, as well as perform admission evaluations. An introduction to radiation therapy will be provided by the Radiation Therapy Department. Outpatient chemotherapy experience is available. Use of cancer treatment protocols for patient clinical trials will be stressed.

**OBJECTIVES**

1. **Patient Care** - Students will identify common types of cancers such as: Breast cancer, colon and rectal cancer, prostate cancer, lung cancer, and leukemia.
2. **Medical Knowledge** - Students will gain knowledge of the modern concepts of cancer management and the methodologies of modern cancer therapy. Students will be able to describe the basic concepts of how chemotherapy and radiation treatments work.

**PRACTICE-BASED LEARNING & IMPROVEMENT**

1. **Interpersonal and Communication Skills** - Students will be able to communicate effectively with cancer patients and their families regarding a cancer diagnosis and demonstrate sensitivity to the human impact of cancer on a patient and his/her family unit.

**TEACHING METHODS**

Research opportunities are available. Directed reading and attendance at Tumor Board are required. Evaluation of the student is by chart audit, oral presentations of cases and directed readings, and observation of procedures performed.

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**ELEC 608: Cardiology**

**Clerkship Director:** Christopher K. Bodine—383-5165

**Reporting Time:** Please call the week before clerkship begins to ascertain time and place of meeting for first day of clerkship

**Site:** Carle Heart Center, Carle Clinic, 602 W. University Ave., Urbana, IL 61801

**Length of Clerkship:** Four weeks

**Dates:** Year round

**Prerequisites:** Satisfactory completion of M-3 year

**Student’s Per Rotation:** One per period

**Night Call Required:** No

**Weekends Required:** No

**Supervision:** Direct—eight hours per day

**NARRATIVE DESCRIPTION**

The students participate in daily rounds and CV topic discussion; ECG reading bid; echocardiography interpretation (three to five days per week); weekly CV conference; weekly internal medicine conference; patient work-ups; and, stress lab (three to five days per week). ICU and Catheterization lab experience as well as angioplasty.

**OBJECTIVES**

1. **Patient Care** - Students will be able to obtain a medical history and perform a skillful physical examination of the cardiac patient (with a focus on auscultation ability). Students will be able to identify cardiac risk-factors and be able to educate the patient on disease prevention and healthy lifestyles. Understand the indications of surgery in patients with cardiac diseases. Understand the indications of surgery in patients with cardiac diseases.

2. **Medical Knowledge** - Students will gain knowledge in the interpretation of ECG and in cardiac arrhythmia diagnosis. Students will observe and understand noninvasive and invasive cardiac diagnostic procedures including stress testing,
echocardiography, and cardiac catheterization. Students will learn the pharmacologic and clinical use of digoxin, beta blockers, ACE inhibitors, calcium channel blockers, antiarrhythmic drugs and antihypertensive drugs.

3. **Practice-Based Learning & Improvement** - Students will acquire skills in the medical management of common cardiac conditions such as congestive heart failure, angina, arrhythmias, valvular heart disease, and myocardial infarctions.

4. **Interpersonal and Communication Skills** - Students will be able to communicate effectively with the cardiac patient, his/her family, and all members of the health care team.

5. **Professionalism** - Students will have a greater understanding of the role of cardiology as a primary specialty and as a member of the medical team in complex medical problems.

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**ELEC 608: Cardiology**

**Clerkship Director:** B. Lakshmi, MD  
337-3738  
Provena Covenant Medical Center  
1400 W. Park St., Urbana  
e-mail: blakshminarayan@hotmail.com

**Reporting Time:** To be arranged prior to clerkship

**Site:** Provena/Covenant Medical Center, 1400 West Park Street, Urbana, IL 61801

**Length of Clerkship:** Four to eight weeks

**Prerequisites:** Satisfactory completion of Medicine core clerkship

**Methods of Evaluation:** Evaluation will be on daily observations. There will be no written examinations.

**Student’s Per Rotation:** One per period

**Night Call Required:** Yes

**Weekends Required:** Yes

**Supervision:** Attending Physician

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**NARRATIVE DESCRIPTION**

Students are expected to reproduce physical findings at the bedside. Supervision in the noninvasive studies of echocardiography and treadmill stress testing is offered by Dr. Wingo, as well as appropriate technicians in the hospital. Observation in the catheterization laboratory is planned, although direct assistance in the performance of the cardiac catheterization is not expected—Drs. Heckman and Atherton will also assist.

Students are expected to evaluate all patients seen in consultation with or admitted by Dr. Wingo and/or Drs. Atherton and Heckman. Complete evaluation of the patient with particular attention paid to the cardiovascular system is undertaken and reviewed by the Directors. Assistance in performing noninvasive studies such as treadmill stress testing and echocardiography will be undertaken. Daily interpretation of electrocardiograms is required. Attendance in the cardiovascular laboratory for diagnostic cardiac catheterizations is expected in most situations with assistance in interpretations of catheterization data and angiogram film where appropriate. In addition, emergency call for the Coronary Care Unit will be expected.
OBJECTIVES

1. **Patient Care** - Students will be able to obtain a medical history and perform a skillful physical examination of the cardiac patient (with a focus on auscultation ability). Students will be able to identify cardiac risk-factors and be able to educate the patient on disease prevention and healthy lifestyles. Understand the indications of surgery in patients with cardiac diseases. Students will have the ability to interpret the indications of surgery in patients with cardiac diseases.

2. **Medical Knowledge** - Students will gain knowledge in the interpretation of ECG and in cardiac arrhythmia diagnosis. Students will observe and understand noninvasive and invasive cardiac diagnostic procedures including stress testing, echocardiography, and cardiac catheterization. Students will learn the pharmacologic and clinical use of digoxin, beta blockers, ACE inhibitors, calcium channel blockers, antiarrhythmic drugs and antihypertensive drugs.

3. **Practice-Based Learning & Improvement** - Students will acquire skills in the medical management of common cardiac conditions such as congestive heart failure, angina, arrhythmias, valvular heart disease, and myocardial infarctions.

4. **Interpersonal and Communication Skills** - Students will be able to communicate effectively with the cardiac patient, his/her family, and all members of the health care team.

5. **Professionalism** - Students will have a greater understanding the role of cardiology as a primary specialty and as a member of the medical team in complex medical problems.

TEACHING METHODS

Students will outline a diagnostic and/or therapeutic approach to the patient’s problem and help administer that plan.

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**ELEC 695: Ambulatory Medicine**

**Clerkship Directors:** Robert Healy, M.D. – (217) 373-5434

**Reporting Time:** 8:30 a.m.

**Site:** Carle Champaign Clinic, 1813 West Kirby Avenue, Champaign, IL 61822

**Length of Clerkship:** Two to four weeks

**Dates:** Year round – as arranged with site director(s)

**Prerequisites:** Completion of at least 12 weeks of Internal Medicine and approval of Clerkship Director and Faculty Advisor

**Supervision:** One-on-one supervision by a faculty member

**Methods of Evaluation:** Observation; review of oral presentation of cases; review of written history and physical examination assessments; multiple choice exam covering topics in ambulatory care (optional at site)

**Student’s Per Rotation:** One per site

**Night Call Required:** No
NARRATIVE DESCRIPTION

The purpose of this clerkship is to give the student an opportunity to examine, diagnose, and treat adult internal medicine patients in the ambulatory setting. The student will work daily with the supervising faculty member and function as the healthcare professional of first contact. He/she will also be responsible for following ambulatory patients evaluated by the student who are admitted to the hospital.

This clerkship is intended to be an adjunct to the traditional internal medicine hospital-based rotation. It is also intended for those students who are interested in pursuing a career in internal medicine.

OBJECTIVES

1. **Patient Care** - Students will be able to describe the process and timeliness of clinical decision making in an ambulatory setting. This includes different disease problems encountered in an office setting rather than the acute hospital admission.

2. **Medical Knowledge** - Students will demonstrate a heightened ability to obtain and record a patient’s history in a logical, chronologically organized and thorough manner.

3. **Practice-Based Learning & Improvement** - Students will be able to describe the aspects of working in an office setting. These include: working closely with healthcare staff, scheduling, billing, and cost containment in the use of laboratory testing and medications.

4. **Interpersonal and Communication Skills** - Students will develop the appropriate interpersonal skills for patient centered care including patient communication, attitude, compassion and respect.

5. **Professionalism** –

TEACHING METHODS

A case-oriented learning approach will be utilized, including directed reading and oral presentation of cases.

Unavailable until further notice.

**ELEC 788**: Cardiovascular Pathophysiology

<table>
<thead>
<tr>
<th>Clerkship Director:</th>
<th>TBA</th>
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<tbody>
<tr>
<td>Reporting Time:</td>
<td>8:00 a.m.</td>
</tr>
<tr>
<td>Site:</td>
<td>Department of Veterans Affairs, Illiana Healthcare System, 1900 East Main Street, Danville, IL 61832</td>
</tr>
<tr>
<td>Length of Clerkship:</td>
<td>Two to four weeks</td>
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<tr>
<td>Dates:</td>
<td>Year around</td>
</tr>
<tr>
<td>Prerequisites:</td>
<td>Satisfactory completion of Medicine I core clerkship</td>
</tr>
<tr>
<td>Methods of Evaluation:</td>
<td>Attendance, history and physical, attention, and continuous supervision</td>
</tr>
<tr>
<td>Student’s Per Rotation:</td>
<td>One per period</td>
</tr>
<tr>
<td>Night Call Required:</td>
<td>No</td>
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<tr>
<td>Weekends Required:</td>
<td>No</td>
</tr>
<tr>
<td>Supervision:</td>
<td>Direct daily supervision by Clerkship Director in Clinic and non-invasive cardiac laboratory</td>
</tr>
</tbody>
</table>
NARRATIVE DESCRIPTION

The course consists of bedside teaching, with the student accompanying the program director on consultations and clinic rounds. Physical findings illustrating the nature of cardiovascular pathology are central to this clerkship. The student assists in performing cardiovascular stress tests and will learn how to elicit abnormal physical findings.

OBJECTIVES

1. **Patient Care** - Students will be able to obtain an appropriate medical history and perform a targeted physical examination in the ambulatory setting.
2. **Medical Knowledge** - Students will recognize normal and abnormal cardiophysiology symptoms and signs. Develop a plan for therapeutic measures to treat these symptoms, and apply evidence based knowledge to the therapeutic plan.
3. **Practice-Based Learning & Improvement** - Students will be able to develop management plans considering cultural and socioeconomic factors affecting patient compliance and satisfaction within the time constraints of the outpatient setting. Students will have the ability to assess his/her strengths and weaknesses in the outpatient treatment of cardiac disease and develop study plans to improve this knowledge.
4. **Interpersonal and Communication Skills** - Students will acquire a patient-centered humanistic attitude, improving their ability to listen to patients concerns and gather pertinent information.
5. **Professionalism** - Students will demonstrate respect for the dignity of the patient, appropriate patient confidentiality, and respond effectively to a patient’s questions and concerns.

TEACHING METHODS

Students will be able to identify the aspects of office management such as scheduling, billing, cost containment, efficient use of the laboratory and appropriate prescribing practices.

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**ELEC 602:** Dermatology

**Clerkship Director:** Ellen Jacobsen, M.D. – (217) 367-7546  
**Other Participants:** Lester Fahrner, M.D. – (217) 366-5012, Christie Clinic — Contact Jamie Kirchhoff  
Harikrishna Patel, M.D. – (217) 352-0055, 2143 South Neil Street, Champaign, IL 61820  
(Tuesday and Thursdays, only)

**Reporting Time:** 8:30 a.m.  
**Site:** Jacobsen Dermatology Center, 407 West Springfield Avenue, Urbana, IL 61801  
**Length of Clerkship:** Two weeks (in some instances four weeks may be approved)
Dates: Year round (limited to six per year)
Prerequisites: Satisfactory completion of Medicine I core clerkship
Methods of Evaluation: Patient presentation and written test
Student’s Per Rotation: One per period
Night Call Required: No
Weekends Required: No
Supervision: One-on-one supervision by the Attending Physician

NARRATIVE DESCRIPTION

The student is exposed to the private and clinical practice of general dermatology and is instructed in diagnosis and treatment. Emphasis is placed on the care of the patient and the student is expected to function as a member of the office team. The student, with the help of the medical school office, will arrange a weekly schedule that includes several participants as mentors to provide the broadest experience possible.

OBJECTIVES

1. **Patient Care** - Students will be able to obtain a focused dermatology history and perform a skillful physical examination of the dermatological patient. Learn to perform minor dermatological procedures such as skin biopsies and fungal scrapings. Gain an appreciation for evaluating the patient as a whole and understand the importance of discussing risk-taking behaviors, with a focus on skin and sun safety.

2. **Medical Knowledge** - Students will understand the pathophysiology, diagnostics and treatment modalities for common dermatoses, such as benign and malignant skin tumors, viral/fungal/bacterial skin infections, acne, psoriasis, collagen vascular diseases, disorders of pigmentation, etc. Students will be able to accurately describe dermatological clinical morphologies. Students will gain familiarity with laboratory diagnostics commonly used to assess dermatological conditions (Wood’s lamp, KOH, Tzank smears) and have the ability to interpret the results of dermatopathology reports.

4. **Interpersonal and Communication Skills** - Students will expand his/her basic clinical knowledge and ability to communicate, discuss cases and interact with staff and patients in an intelligent and thoughtful way, and responds to clinical questions appropriately as knowledge of the field increases. Communicate effectively with the dermatology patient, his/her family, and all members of the health care team.

5. **Professionalism** - Students will understand the role of dermatology as a primary specialty and as a member of the medical team in complex medical problems.
**ELEC 613:** Clinical-Endocrinology-Metabolism-Nutrition

**Clerkship Director:** Kingsley Onyemere, M.D., konyem@uiuc.edu
**Other Participants:** William Marshall, M.D.
**Reporting Time:** 7:45 a.m. at Carle Clinic; 9:00 a.m. at VA
**Sites:** Carle Clinic Association, Department of Endocrinology, Urbana, Department of Veterans Affairs, Illiana Healthcare System, Danville

**Length of Clerkship:** Four weeks
**Dates:** Year round
**Prerequisites:** Satisfactory completion of Medicine I core clerkship
**Student’s Per rotation:** One
**Night call/weekends:** None
**Supervision:** Endocrinology faculty

**NARRATIVE DESCRIPTION**

Students will gain experience in the management of ambulatory and hospital patients with endocrine disorders. Diabetes mellitus and problems of general endocrinology such as thyroid disease, dyslipidemias, metabolic bone disease, adrenal dysfunction, and hypothalamic-pituitary disorders will be emphasized. Key concepts of endocrine pathophysiology, epidemiology, diagnosis, and treatment will be taught in the context of patient encounters and conferences.

**OBJECTIVES**

1. **Patient Care** - Students will have the ability to obtain a medical history and perform a skillful physical examination of a patient presenting with endocrinological problems. Students will understand when endocrinology consultation is appropriate for patients with apparently isolated metabolic disorders or multiple organ-system pathology.

2. **Medical Knowledge** - Students will increase their knowledge of the pathophysiology and treatment of diabetes mellitus and disorders of the pituitary-hypothalamic, thyroid, parathyroid, adrenal, bone and reproductive systems. Students will learn about key endocrine clinical trials and understand their implications for patient care. Students will gain familiarity with therapeutic diets for obesity and other nutrition related chronic diseases (such as hypertension, hypercholesterolemia, diabetes, etc).

3. **Practice-Based Learning & Improvement** - Students will the ability to identify metabolic risk-factors and be able to educate the patient on disease prevention and healthy lifestyles.

4. **Interpersonal and Communication Skills** - Students will be able to communicate effectively with the endocrinological patient, his/her family, and all members of the health care team.

**TEACHING METHODS**

1. Students will evaluate and present patients referred for consultation in the Carle Clinic Association and DVAIHCC endocrine clinics and the Carle Foundation and Danville VAIHCS hospitals.
2. Students will participate in the following conferences:
   a. Endocrine subspecialty rounds (Carle Clinic/Hospital)
   b. “Gland Rounds” (Endocrine Grand Rounds, Carle Clinic/Hospital)
3. Students will observe thyroid fine needle aspirations and participate in the execution of “dynamic” endocrine testing such as Cosyntropin stimulation tests, water deprivation tests, and diagnostic fasts.

**EVALUATION/SUPERVISION**

The clerkship director will assign a grade based on the individual evaluations of all faculty members who have supervised the student during the rotation.

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**ELEC 922: Hiatus Clerkship**

**Clerkship Director:** Anu Mani, M.D. – (217) 554-4511  
**Reporting Time:** By arrangement  
**Site:** Department of Veterans Affairs, Illiana Healthcare System  
   1900 East Main Street, Danville, IL 61832  
**Length of Clerkship:** Two to four weeks  
**Dates:** Year round  
**Prerequisites:** None  
**Methods of Evaluation:** Grading based on attendance, attention, and application  
**Student’s Per Rotation:** Two  
**Night Call Required:** Yes  
**Weekends Required:** Yes

**NARRATIVE DESCRIPTION**

The clerkship will occur on the general medicine service at the Illiana Veterans Affairs Hospital. The rotation will be two to four weeks in duration. The student will be assigned call.

The student will be part of the ward team and general guidelines of the Medicine I Clerkship will apply. During the Hiatus Clerkship there is not the demand on the number of new patients or the number of patients followed as in Medicine I. The Hiatus student will be immersed into ward duties and rounds at a pace that is consistent with the needs of the student. The ward physician and the clerkship director will assess the speed of progression of the student.

**OVERALL GOALS**

To provide the Hiatus student a mechanism to re-introduce them to the field of medicine in a manner that strives to be educationally sound and provides the least amount of stress possible.
OBJECTIVES

1. **Patient Care** - Students will obtain an accurate medical history as well as perform a physical exam, and with the information gathered, identify a problem list and a diagnosis. The history and physical, problem list and treatment program will be refined during the duration of the rotation. By the end of the rotation it is expected that the documentation and plan will be clearly improved.

2. **Medical Knowledge** - Students will develop the understanding of general internal medicine by applying pathophysiology, epidemiology, and clinical manifestation of his/her patients. Students will apply and improve their knowledge of the broad spectrum of medical diseases. During the rotation it is expected that understanding of pathophysiology and clinical manifestation become more sophisticated.

Students will develop the ability to take the clinical information gathered together with the pathophysiologic knowledge of disease process and formulates a diagnostic and therapeutic plan. It is expected that the level of diagnosis and therapeutic plan will become more detailed and complete as rotation progresses.

3. **Practice-Based Learning & Improvement** - Students independently seeks out learning resources to further his/her medical knowledge. Students will understand his/her level of knowledge and seek to improve any weaknesses in order to improve performance. Students will also seek out information on new technologies and stay abreast of current practices. Student will have a greater understanding of the risk factors for disease process and identifies factors that lead to a healthier lifestyle. They will be able to then translate these processes in order to instruct patients and their families for improvement in health of patients.

4. **Interpersonal and Communication Skills** - Students will refine his/her ability to obtain an accurate history and physical and relay that to a comprehensive written document. They will also refine their ability to present the history and physical clearly to the attending physician.

5. **Professionalism** - Students will always exhibit sound ethical behavior. They will show respect for patients and their families and relay information to families and health care team in an honest fashion. Ethical dilemmas and any conflict of interest will be identified and discussed in a timely and honest manner. Students will be honest, respect patients, ensure patient confidentiality and function as part of a health care team.

6. **Systems-Based Practice** - Students will be aware of community factors in relation to patient's medical/social problems. In addition, they will become aware of influence of culture on patient health and will be nonjudgmental in regards to care of the patient.

TEACHING METHODS

Students will be assigned to a ward team consisting of an attending physician, a senior resident, and an intern. They will be an integral part of the general medicine team. They will participate in initial assessment of the patient, give an accurate presentation of patient to resident and attendings, and be expected to follow the patient's progress during the admission.
Students are expected to be knowledgeable of his/her patient's medical history and laboratory data. In addition, students are expected to research his/her patient's medical condition to further his/her knowledge base.

**EVALUATION/SUPERVISION**

Students will be evaluated by the site coordinator with input from all physicians and other professional staff with whom the student has interacted. The clerkship is pass/fail.

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**ELEC 614:** Gastroenterology

**Clerkship Director:** Claudia E. Nugent, M.D. – (217) 366-6162

**Reporting Time:** By arrangement

**Sites:**
- Christie Clinic
  - 101 West University Ave., Champaign, IL 61820
- Provena/Covenant Medical Center
  - 1400 West Park Street, Urbana, IL 61801

**Length of Clerkship:** Two to four weeks

**Dates:** Year round – as arranged with and approved by Clerkship Director

**Prerequisites:** None

**Methods of Evaluation:** Grading based on attendance, attention, and application

**Student’s Per Rotation:** One per period

**Night Call Required:** Negotiable

**Weekends Required:** Optional

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**NARRATIVE DESCRIPTION**

Students will attend procedures, perform consults, and review same with attending Gastroenterologists. Students will be given library assignments on patient cases seen in the office and hospital.

Students will also be active in clinic seeing patients under direct physician supervision. Cases will be discussed accordingly.

**OBJECTIVES**

1. **Patient Care** - Students will be able to obtain a focused history and perform a skillful physical examination of the patient presenting with gastroenterological complaints or disorders.

2. **Medical Knowledge** - Students will gain an understanding of the pathophysiology, diagnostics and treatment modalities for common gastroenterological diseases, such as peptic ulcer disease, hepatitis, cirrhosis, pancreatitis, inflammatory bowel disease, and GI malignancies. Students will be trained in the indications for and potential complications of common procedures performed in gastroenterology (ERCP, colonoscopy, polypectomy, endoscopy, liver biopsy, etc).
3. **Practice-Based Learning & Improvement** - Students will gain familiarity with histopathologic and radiologic interpretations of GI disease. Students will acquire the importance of evaluating the patient as a whole and understand the importance of discussing risk-taking behaviors, stress prevention, prophylaxis, and screening.

4. **Interpersonal and Communication Skills** - Students will learn how to communicate effectively with the gastroenterology patient, his/her family, and all members of the health care team.

5. **Professionalism** - Students will learn to evaluate and integrate community resources into the health maintenance of individual patients and their families. Students will understand the role of gastroenterology as a primary specialty and as a member of the medical team in complex medical problems.

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**ELEC 804**: Hematology/Oncology

**Clerkship Director:** S. Wahba, M.D. – (217) 337-2808  
**Reporting Time:** To be arranged  
**Sites:** Provena/ Covenant Medical Center, 1400 West Park Street, Urbana, IL 61801  
**Length of Clerkship:** Four to eight weeks  
**Dates:** Year round  
**Prerequisites:** Satisfactory completion of Medicine I core clerkship  
**Supervision:** The student is always accompanied by the hematologist-oncologist throughout the rotation.  
**Student’s Per Rotation:** One per period  
**Night Call Required:** No

**NARRATIVE DESCRIPTION**

This clerkship provides an introduction to clinical diagnosis of anemias and leukemias. This includes performance and examination of peripheral blood smear and bone marrow aspirations when needed. Interpretation of laboratory data and correlation with clinical aspects of the disease is emphasized.

Exposure to the diagnosis of different types of cancer, staging, and appropriate therapy for each stage as it applies in a clinical setting is provided. Emphasis is on the understanding of principles of chemotherapy and dose modifications due to cytopenias or other organ dysfunctions.

**OBJECTIVES**

1. **Patient Care** - Students will be able to obtain a focused history and perform a skillful physical examination of the hematological or oncological patient.

2. **Medical Knowledge** - Students will gain an understanding of the pathophysiology, diagnostics and treatment modalities for common hematological or oncological disorders, including anemias, leukemias, thrombocytopenias, myeloproliferative disorders, breast cancer, lung cancer and colon cancer.
3. **Practice-Based Learning & Improvement** - Students will learn to interpret common diagnostic and evaluative tests used in hematology/oncology, including peripheral blood smears, bone marrows, blood counts, differential cell counts, coagulation tests. Students will gain familiarity with histopathologic and radiologic interpretations of hemato-oncological disease. And in addition, gain knowledge of the pharmacology and clinical use of, and complications of chemotherapeutic agents, narcotics, transfusions, Fe, folate, B12.

4. **Interpersonal and Communication Skills** - Students will learn how to communicate effectively with the hemato-oncological patient, his/her family, and all members of the health care team.

5. **Professionalism** - Students will show respect for patients and their families and relay information to families and health care team in an honest fashion and following protocol for confidentiality.

6. **Systems-Based Practice** - Students will gain an appreciation for evaluating the patient as a whole and understand the importance of discussing risk-taking behaviors, stress prevention, prophylaxis, and screening.

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**ELEC 617: Infectious Diseases**

**Clerkship Director:** Rana Zaman, M.D. – (217) 383-1554  
**Reporting Time:** 8:00 a.m.  
**Sites:** Carle Foundation Hospital and Clinic, 602 West University Ave., Urbana, IL 61801  
**Length of Clerkship:** Four weeks  
**Dates:** Year round  
**Prerequisites:** Satisfactory completion of Medicine I Core Clerkship or equivalent  
**Methods of Evaluation:** Review of consultation write-ups and progress notes, daily patient care supervision.  
**Student’s Per Rotation:** One per period  
**Night Call Required:** No (beeper only)  
**Weekends Required:** Flexible—rounds anticipated, occasional consultations

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**NARRATIVE DESCRIPTION**

Students will act as infectious disease consultant under the direction of infectious disease staff attending. Students will see patients both in the hospital and clinic setting.

Students will perform the appropriate history and physical and complete the write-up of the patient including differential diagnosis and plan for care.

Procedures, especially gram stains, may be expected to be performed and interpreted. Students will be expected to seek relevant literature in relation to patients they have seen. Students will be expected to attend all teaching conferences related to the field of infectious disease.
OBJECTIVES

Students will be expected to increase basic knowledge in the field of infectious disease. Methods to achieve these goals will be both self directed through literature, investigation and interaction with infectious disease attendings.

1. **Patient Care** - Students will become skilled at obtaining a focused history and perform a skillful physical examination of the ID patient.

2. **Medical Knowledge** - Students will gain an understanding of the pathophysiology, diagnostics and treatment modalities for common infectious diseases, including HIV/AIDS, pneumonia, tuberculosis, urinary tract infections, endocarditis, meningitis, nosocomial infections, fever of unknown origin, and other bacterial, viral, fungal and parasitic infections. Students will become familiar with the pharmacology and clinical use of antimicrobial, antiviral, and antifungal drug therapy as well as the knowledge of vaccinations, chemoprophylaxis, and appropriate infection control techniques.

3. **Practice-Based Learning & Improvement** - Students will obtain knowledge of vaccinations, chemoprophylaxis, and appropriate infection control techniques. Students will be trained in the interpretation of common diagnostic and evaluative tests used in infectious disease, including gram stains, cultures, and serological tests.

4. **Interpersonal and Communication Skills** - Students will learn to communicate effectively with the infectious disease patient, his/her family, and all members of the health care team.

5. **Professionalism** - Students will evaluate and integrate community resources into the health maintenance of individual patients and their families and gain an understanding of the role of infectious disease as a primary specialty and as a member of the medical team in complex medical problems.

6. **Schedule of Rotation** - Students will report to the Clerkship Director on the first day of the rotation for assignments and expectations.

METHODS OF EVALUATION

Students will have oral presentations and a written test. The Clerkship Director will assign the final grade after consultation with attending staff that can evaluate the student’s progress.

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**ELEC 621:** Nephrology

**Clerkship Director:** Jean L. Holley, MD—Carle Clinic and Hospital, Urbana

**Other Participants:** Abdul-Monheim Attia, MD
Sabeeha Nisar, MD

**Reporting Time:** 8:00 AM page nephrologist on hospital service

**Sites:**
- Carle Clinic, Urbana, IL
- Carle Foundation Hospital, Urbana, IL

**Duration of Clerkship:** 2 weeks or 4 weeks

**Dates Available:** year round

**Prerequisites:** Satisfactory completion of Medicine 1-Core clerkship

**Supervision:** Nephrology faculty

**Students per Rotation:** 1

**Night Call Required:** No
NARRATIVE DESCRIPTION

The student will be introduced to common nephrologic problems such as acute renal failure, chronic kidney disease, nephrotic syndrome, microscopic hematuria, nephrolithiasis, fluid and electrolyte disorders (e.g., hyponatremia and hyperkalemia), complicated hypertension, and acid-base disturbances.

By the end of the elective the student will:

1. be able to obtain a focused history and perform a skillful physical exam of the nephrology patient
2. understand the pathophysiology, diagnostic and therapeutic interventions for common nephrology disorders, including hypertension, glomerular diseases, acute renal failure, chronic kidney disease, nephritic syndrome, nephrolithiasis, hyponatremia, hyperkalemia, and acid-base disorders.
3. learn to interpret common tests including urinalysis, estimations of glomerular filtration rate, blood gas measurements, electrolyte measurements, kidney ultrasounds. They should learn the indications for performing a native kidney biopsy and have an understanding of the information provided by kidney biopsy.
4. understand the indications and contraindications for peritoneal and hemodialysis and kidney transplantation.
5. gain familiarity with common pharmacological agents used in nephrology, including diuretics and antihypertensives and recognize the importance of adjusting medication doses for kidney function.
6. communicate effectively as a consultant with referring physicians and other health care providers, patients, families, and all members of the health care team.
7. gain an appreciation for evaluating the patient as a whole and understand the importance of discussing and counseling about the effects of risk-taking behaviors, prophylaxis, and screening.
8. learn to evaluate and integrate community resources into the health maintenance of individual patients and their families, especially as related to education and chronic kidney disease options for renal replacement therapy.
9. understand the role of nephrology as a primary specialty and as an integral component of the medical team in complex medical problems.

OBJECTIVES

1. Patient care - The student will demonstrate an appropriately focused medical interview and physical examination on patients presenting for nephrology consultation in clinic or in the hospital. The student will develop an appropriate differential diagnosis and problem list. The student will use clinical data to develop diagnostic and therapeutic plans. The student will show an ability to educate patients and families and establish effective doctor-patient relationships.
2. Medical Knowledge - The student will demonstrate a basic understanding of common nephrology disorders (see #2 under goals above) as well as the appropriate diagnostic tests (#3 under goals) for these disorders.
3. Practice-Based Learning and Improvement - The student will develop a program of self-guided learning based on case exposure. The student will explain the team approach to chronic kidney disease and end-stage renal disease including the roles of the providers working in dialysis units and chronic kidney disease clinics.
4. **Interpersonal and Communication Skills** - The student will present concise, well-organized case presentations to faculty after completing an initial consultation. The student will demonstrate appropriate skills in consultative letters to referring physicians. The student will describe chronic kidney disease to patients and their families.

5. **Professionalism** - The student will demonstrate respect for the opinions of others including nurses, dietitians, medical technicians, social workers, and referring physicians. The student will dress appropriately according to the setting, be punctual in completing assigned duties (including medical records), and show unconditional positive regard for patients and families.

6. **Systems-Based Practice** - The student will demonstrate appropriate interaction with all members of the health care team, including the dialysis team, vascular access teams (surgery and interventional radiology, and transplant teams. The student will recommend appropriate consultation, show appreciation of basic ethical and legal principles as they apply to patient care. The student will be able to delineate community-based resources to assist in patient management.

**TEACHING METHODS**

Experiential (in-patient and clinic evaluations) and didactic sessions on specific issues in nephrology will form the basis of the teaching methods. Students will complete initial consult evaluations in both the ambulatory and inpatient settings. The student will then present to the attending and with the attending, develop a diagnostic and therapeutic plan.

Self-learning will continue throughout the elective, using the *Primer on Kidney Disease* as a basic textbook. Students will be asked to report on specific learning topics to the faculty. Many of these topics will arise from the clinical cases to which the student is exposed.

Students will attend all scheduled conferences in the Department of Medicine during the elective. These include Grand Rounds, Clinical Pathological Correlation Conference, and the Infectious Disease Conference if appropriate.

**EVALUATION**

**Of the student** - Students will be provided feedback at the end of the rotation in regard to the core competencies and in an ongoing way throughout the rotation. A standard survey provided by the Department of Internal Medicine will be used for the written evaluation. Formative mid-cycle evaluation will also be provided by the faculty attending.

**Of the Attending and Clerkship:** - The student will evaluate the clerkship and the attending with whom he or she worked using standard survey instruments provided by the Department of Internal Medicine.

**SUPERVISION**

The student will be continuously supervised by on site faculty in the Nephrology Division. Students may also work with and be supervised by residents in internal medicine or family practice who are rotating on the nephrology elective.
REFERENCES
Greenburg AG, Cheung A, et al. *Primer on Kidney Diseases*, 4th edition will be available to the student in the Nephrology Division.

The student will also be asked to read the nephrology section of a standard internal medicine textbook, e.g., Harrison’s Textbook of Internal Medicine or Cecil’s Textbook of Internal Medicine as a reference throughout the rotation. Additional references are available through the Library of the Health Sciences, Carle Foundation Hospital library, and on-line through the Library of the Health Sciences.

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**ELEC 635:** Neurology (Adult)

**Clerkship Director:** Mingtao Wang, M.D. – (217) 403-1840  
**Reporting Time:** Contact Dr. Wang two weeks before rotation begins to arrange time  
**Sites:** University Neurology Associates  
407 East University Avenue, Champaign, IL 61820  
**Length of Clerkship:** Two to four weeks  
**Dates:** Year round  
**Prerequisites:** Satisfactory completion of medicine core clerkship  
**Student’s Per Rotation:** One per period  
**Methods of Evaluation:** Clerkship Director evaluates student at end of the elective  
**Night Call Required:** No

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**NARRATIVE DESCRIPTION**

The rotation emphasizes the basics in neurology. The student will become familiar with the neurological examination. The student will see and actively participate with neurology consults and office patients. Over the 2-4 week rotation, the student is exposed to a great deal of clinical neurology. The student is allowed to join the internal medicine team at Provena if there are no neurology cases to discuss. Daily attendance is required. Attendance at noon conferences is required.

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**OBJECTIVES**

By the end of this elective the student will be able to:  
1. obtain a focused history and perform a skillful physical examination of the neurology patient.  
2. identify the basics of neurology and discuss specific neurology topics.  
3. demonstrate the aspects of a neurological examination.  
4. describe aspects of special procedures such as: lumbar puncture, EEG, EMG, and Carotid Duplex Ultrasound.  
5. communicate effectively with patients to elicit information during office visits and neurology consults.
ELEC 635: Neurology

Clerkship Director: Thomas Laurence, M.D. – (217) 554-4275
Reporting Time: By arrangement
Site: Department of Veterans Affairs, Illiana Healthcare System, 1900 East Main Street, Danville, IL 61832
Length of Clerkship: Four to eight weeks
Dates: Year round
Prerequisites: Satisfactory completion of Medicine I core clerkship. Prior arrangement by calling Rheta Bowen (217) 554-5283
Methods of Evaluation: Attending evaluates student at end of clerkship and final evaluation is by the Chief of Medicine
Student’s Per Rotation: One per period
Night Call Required: Yes
Weekends Required: Yes, but only when student is on call. Call is every fourth night.
Supervision: Morning report and discussion of all new admissions. Ward rounds (teaching rounds) every morning with students and residents. All student activities regarding patient care are supervised.

NARRATIVE DESCRIPTION

Students are assigned to the neurology inpatient service. Students are to make selected consultations under supervision. Students attend the outpatient clinic two afternoons a week and neurology patient rounds in IMS once weekly. Students observes all brain and CAT scans and other neurological investigations. Didactic presentation and journal club participation as scheduled.

OBJECTIVES

1. **Patient Care** - Students will be able to obtain a focused history and perform a skillful physical examination of the neurology patient.

2. **Medical Knowledge** - Students will be able to describe aspects of special procedures such as: lumbar puncture, EEG, EMG and Carotid Duplex Ultrasound.

3. **Practiced-Based Learning & Improvements** - Students will be able to identify the basics of neurology and discuss specific neurology topics and demonstrate the aspects of a neurological examination.

4. **Interpersonal and Communication Skills** - Students will enhance their communication skills with patients in order to elicit information during office visits and neurology consults.

5. **Systems-Based Practice** - Students will learn to evaluate and integrate community resources into the health maintenance of individual patients and their families.
ELEC 635: Neurology (Adult)

Clerkship Director: K.S. Aronson, M.D. – (217) 383-3440  
Reporting Time: Contact Dr. Aronson several days before rotation begins  
Sites: Carle Clinic Association  
602 West University Avenue, Urbana, IL 61801  
Carle Foundation Hospital  
611 West Park Street, Urbana, IL 61801  

Length of Clerkship: Four weeks  
Dates: Year round  
Prerequisites: Fourth-year medical students only  
Student’s Per Rotation: One per period  
Methods of Evaluation: Each attending grades the student. The final grade is a composite grade  
Night Call Required: No  

NARRATIVE DESCRIPTION

The student spends time seeing (and subsequently discussing) patients with each of the attendings in the office. Time is spent discussing specific neurology topics as time permits. Observation of special procedures may include lumbar punctures. EEG’s, EMG’s, and possibly neurosurgery or radiologic procedures. Should there be a resident (IM or Family Medicine) on the neurology service, the student will also work with them. Attendance at noon medical conferences is required.

OBJECTIVES

This rotation emphasizes the basics in neurology. The student will become familiar with the neurologic examination. The student will see and actively participate with neurology consults and office patients. Daily attendance is required. Over the four-week rotation, the student is exposed to a great deal of clinical neurology and works with all attendings of the adult neurology department.

1. **Patient Care** - Students will be able to obtain a focused history and perform a skillful physical examination of the neurology patient.
2. **Medical Knowledge** - Students will learn the pathophysiology, diagnostics and treatment modalities for common neurological disorders, including headaches, seizure disorders, TIA/strokes, neurodegenerative disorders (Alzheimer’s, Parkinson’s, etc.), demyelinating disorders, movement disorders, encephalopathies, infections and neoplasms of the nervous system, sleep disorders, etc.
3. **Interpersonal and Communication Skills** - Students will learn the importance of communicating effectively with the neurological patient, his/her family, and all members of the health care team.
4. **Systems-Based Practice** – Students will learn to evaluate and integrate community resources into the health maintenance and individual patients and their families.
ELEC 865: Nutrition (Clinical)

Clerkship Director: Helen Berndt, RD, MS – (217) 383-4935
Other Participants: Mark David, R.Ph., M.S.
John Hill, M.D.

Reporting Time: 9:00 a.m.
Sites: Carle Foundation Hospital, 611 West Park Street, Urbana, IL 61801

Length of Clerkship: Two weeks
Dates: Year round
Prerequisites: None
Methods of Evaluation: Topic presentation in clinical nutrition including case study, nutrition assessments, development of parenteral and enteral plans, formal evaluation by faculty

Student’s Per Rotation: One
Night Call Required: No
Weekends Required: No

NARRATIVE DESCRIPTION

During the course of this rotation, the student will learn the following:

1. Nutritional Assessment – Caloric
   a. Determination of energy/protein needs
   b. Impact of medical condition on nutritional goal
   c. Impact of medications on nutritional goal
   d. Impact of dialysis and ventilation on nutritional goal

2. Development of Parenteral and Enteral Nutrition Plans
   a. Carbohydrate and hyperglycemic control
   b. Lipids and limitations
   c. Protein requirements by disease states
   d. Fluid volume
   e. Micronutrients

3. Relative Merits/Complications
   a. Enteral feeding
   b. Parenteral feeding
   c. Total calories vs. non-protein calories controversy

4. Become Facile at Ordering Nutrition Support

5. Monitoring of Nutrition Support

6. Optimizing Nutrition Support
   a. Permissive underfeeding
   b. Prevention of refeeding syndrome
   c. Prevention of overfeeding syndrome

7. Be Exposed to New Horizons in Nutrition Support Therapy
ELEC 735: Palliative Care Medicine

Clerkship Director: Jean Holley, MD
Other Participants: Judi Chase, NP
Andy Arwari, MD
Ann Petry, MSW
Nurses working in the Carle Hospice Program

Reporting Time: (1st day) page Judi Chase at Carle in late morning
Sites: Carle Hospital, Hospice sites
Duration of Clerkship: 2 weeks or 4 weeks
Dates Available: Year round
Prerequisites: Satisfactory completion of Medicine-1 Core Clerkship
Supervision: Palliative Care Faculty
Students per Rotation: 1
Night Call Required: No
Equipment required: No

NARRATIVE DESCRIPTION

The student will be introduced to common clinical issues in palliative care. The student will gain experience in: the medical interview and physical examination, serving as a medical consultant, provider-patient communication, and functioning as part of an interdisciplinary care team. The student will be given opportunities to observe and participate in family conferences. The student will have the opportunity of making home visits with a hospice nurse.

OBJECTIVES

1. **Patient Care** - The student will demonstrate the ability to interpret and evaluate data from the history and physical exam, laboratory and imaging studies and other tests to accurately determine the patient's current health status, symptoms, and an assessment of the patient's prognosis. The student will demonstrate the ability to synthesize and apply information in order to develop an appropriate problem list and outline of therapeutic interventions addressing physical symptoms, psychological and spiritual issues, and social stressors for the patient and family while focusing on goals of care. The student will be able to perform a comprehensive pain assessment and recommend pain management based on that assessment. The student will demonstrate competence in the assessment and management of terminal symptoms such as delirium, dyspnea, nausea and vomiting, and constipation.

2. **Medical Knowledge** - The student will demonstrate a basic understanding of the scope and practice of palliative care and hospice and recognize the role of the interdisciplinary team in providing palliative care. The student will be able to define the principles of pain and other symptom assessment and management. The student will be able to explain the definition and use of advance directives and health care surrogates and be able to explain assessment of decision-making capacity. The student will demonstrate understanding of the function and goals of family meetings.
3. **Practice-Based Learning & Improvement** - The student will develop a program of self-guided learning based on case exposure and palliative care resources provided as part of this elective. The student will explain the interdisciplinary approach utilized to provide palliative care and elucidate the varied roles of the palliative care team members. A short test addressing palliative care principles and practice will be completed by the student at the beginning and upon completion of the elective to assess improvement in knowledge and skills used in palliative care and to assist the student in focusing his or her self-directed learning.

4. **Interpersonal and Communication Skills** - The student will present concise, well-organized presentations to the interdisciplinary palliative care team on rounds. The student will observe discussions of treatment goals, resuscitation status, and options for end-of-life care and demonstrate understanding of skills to address such issues with patients and families. The student will demonstrate empathy. The student will understand the role of a consultant and the importance of communication with primary treating teams and other consultants to gain relevant information and provide appropriate patient care. The student will collaborate effectively with members of the interdisciplinary palliative care team and the hospice team.

5. **Professionalism** - The student will demonstrate respect for the opinions of all providing care to patients. The student will be punctual in completing assigned duties and demonstrate positive regard for patients, family members, and all members of the interdisciplinary palliative care team.

6. **Systems-Based Practice** - The student will demonstrate appropriate interaction with all members of the healthcare team and recommend appropriate consultations (e.g., pastoral care, hospice) within the realm of palliative care. The student will be able to list community-based resources to assist in patient management and discharge planning. The student will demonstrate an appreciation of basic legal and ethical principles involved in the provision of palliative care.

**TEACHING METHODS**

Experiential and didactic as well as self-directed teaching methods will be employed throughout the elective. Students will complete initial consultative evaluations and identify palliative care issues in the realms of pain and symptom management, communication of treatment goals, and spiritual and psychosocial issues and stressors for the patient and family. Through discussions with members of the palliative care team, the student will assist in the development of treatment strategies and goals for the identified problems.

Students will be expected to attend relevant conferences during the elective. These include the monthly bioethics lecture, the weekly palliative care staff meeting, and, as relevant, the internal medicine quality conference, CPC, and grand rounds.

Students will be expected to review palliative care modules in textbooks and references provided for the elective (see references).

See typical schedule for the elective.
EVALUATION OF THE STUDENT

The student will be given feedback by the interdisciplinary palliative care team members at the end of the rotation and throughout the rotation as situations and circumstances dictate (e.g., at the conclusion of family meetings in which the student participated). The student will be evaluated on a standard evaluation tool provided by the Department of Internal Medicine (see attached) and the evaluation will be reviewed with the student. Results of the pre and post-elective exam on palliative care will also be provided to the student.

EVALUATION OF FACULTY AND CLERKSHIP

The student will evaluate the faculty with whom he or she has worked on the elective and also evaluate the clerkship experience on standard survey instruments provided by the Department of Internal Medicine (see attached).

SUPERVISION

The student will be supervised by the MD and/or the NP on the palliative care team. The student may also work with residents rotating on the palliative care service who may provide supervision at times. Depending on the activity, other members of the palliative care team (e.g., social worker, pastoral care providers, hospice nurses) may also be involved in student supervision for periods of time.

REFERENCES

At the beginning of the rotation students will be given copies of some references to use during their time on the clerkship. These include:
4. Carle Hospital Palliative Care and Pain Management Card

Additional References provided to the student include specific articles:
1. Steinhauser KE, et al. Factors considered important at the end of life by patients, family, physicians, and other care providers. JAMA 2000;284:2476-2482

The student will be given access to the 14 CD collection, Palliative Care, Presentations for Medical Educators by Donald Weissman, MD, Medical College of Wisconsin. Pertinent websites will also be provided to the students, e.g.
www.eperc.mcw.edu
www.kidneyeol.org
www.aahpm.org
**Typical Schedule**

**Monday**  
8:00 AM-12:00  see new consults and follow-ups, write notes  
12:00-1:00 PM  noon conference if relevant, lunch  
1:00-5:00 PM  round with attending and interdisciplinary team self-directed learning using supplied references

**Tuesday**  
8:00 AM-12:00  see new consults and follow-ups, write notes  
12:00-1:00 PM  noon conference if relevant (grand rounds)  
1:00-4:00 PM  self-directed learning and consult work  
4:00-5:00 PM  palliative care team meeting

**Wednesday**  
8:00 AM-12:00  see new consults and follow-ups, write notes self-directed learning optional home visits with hospice nurse  
12:00-5:00 PM  round with attending and interdisciplinary team family conferences as needed optional home visits with hospice nurse

**Thursday**  
8:00 AM-12:00  see hospital patients, new consults self-directed learning optional time with hospice program  
12:00-1:00 PM  monthly bioethics conference  
1:00-5:00 PM  round with team; family meetings self-directed learning optional time with hospice program

**Friday**  
8:00 AM-12:00  see consults, follow-ups  
12:00-5:00 PM  round with team, self-directed learning optional time with hospice program

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**ELEC 735: Geriatrics and Palliative Care**

**Clerkship Director:**  Usha Paruchuri, M.D. – (217) 554-4511  
**Reporting Time:**  9:00 a.m.  
**Site:**  Geriatric and Extended Care Center  
Department of Veterans Affairs, Illiana Healthcare System,  
1900 East Main Street, Danville, IL 61832

**Length of Clerkship:**  Four weeks  
**Dates:**  Year round  
**Prerequisite:**  Satisfactory completion of Medicine I Core Clerkship. Satisfactory completion of M-3 year  
**Supervision:**  Supervision is by the Geriatrics and Extended Care Department staff and by a senior medical resident when on service.  
**Student’s Per Rotation:**  Two per period  
**Night Call Required:**  No  
**Weekends Required:**  No
NARRATIVE DESCRIPTION

The student gains experience in the extended care and outpatient management of geriatric patients including geriatric assessment in the outpatient clinic and evaluation and management of common geriatric syndromes. In addition, the student gains experience in evaluating the patient as a whole by participating with a multi-disciplinary care team. Pathophysiology and problem solving are emphasized.

The student makes rounds with the attending and also participates in team conferences, as well as team rounds. Readings are assigned and the students participate in informal discussions with the attending physicians. There may be informal quizzes. Time is allowed to observe and interact with other team members. The student attends team conferences. These team members include physicians, physical occupational and recreational therapists, dietician, social worker and psychologist.

OBJECTIVES

1. **Patient Care** - Students will become familiar with the aging process, its impact of functional status, management of disease, and physiologic vs. pathological changes of aging, social, financial, and ethical issues of aging population.

2. **Medical Knowledge** - Students will learn the basics of pain management in palliative care and have a better understanding of the care needs of long-term patients in relationship to the care giver role and burden. Students will learn to interpret common diagnostic and evaluative tests used in geriatrics; i.e., understand normal values for elderly and physiologic changes that occur with aging.

3. **Practice-Based Learning & Improvement** - Students will learn to diagnose and treat common geriatric syndromes – dementia, depression, incontinence, delirium, osteoporosis and fall.

4. **Interpersonal and Communication Skills** - Students will learn to communicate effectively with the geriatric patient, his/her family, and all members of the health care team.

5. **Professionalism** - Students will learn the major social, ethical and medico-legal issues that may be involved in end-of-life care, including caregiver burdens, living wills, refusal of treatment, competency, capacity, etc.

6. **Systems-Based Practice** - Students will become familiar with hospice and palliative care. They will be Introduced to nursing home care, LTAC/skill nursing, Medicare/Medicaid, NH rules and regulations, OBRA regulations and coding.

METHODS OF ACHIEVING GOALS

The geriatric rotation is a four-week experience provided by faculty members certified or eligible by the American Board of Internal medicine in both geriatrics and internal medicine. In addition, the expertise of other faculty members is used in multi-disciplinary approaches to geriatric patients. The clerkship is based at the Department of Veterans Affairs, Illiana Healthcare System, Danville, Illinois.

1. Student will assist the resident and attending in the care of extended care and palliative care patients. The student will perform history, physical examination, and outline treatment plans and problem lists for each case assigned and place his/her entry in the hospital chart within 24 hours. Students are expected to be present for autopsy examinations of any patients they have followed. Students will write orders under supervision of the resident/attending physician.
2. Daily work rounds. The student will follow service patients. While teaching is incorporated in these conferences, these are the basic patient-management rounds held daily.

3. Teaching rounds occur on a regular basis. These rounds are organized around interesting patients in the hospital or in the ambulatory setting during the week. Pathophysiology, diagnosis and therapy, basic science and new advances in medicine are discussed at these teaching rounds.

4. Outpatient geriatrics consultation (ambulatory experience). The student will assist evaluating new patients and follow patients in the clinic setting.

5. Geriatric conferences. The students are expected to attend the Geriatric Core Conference Series. This conference series emphasizes pathophysiology, diagnosis and treatment, and incorporates basic science and recent advances in geriatric medicine. The student may be asked to present one conference during this rotation.

6. Core Conference Series. The student will be available at 1:00 p.m. to attend the other core conference series in medicine.

**METHODS OF EVALUATION**

Students are evaluated on an ongoing basis by all attending staff the student has interacted with during the course of the clerkship. Constructive criticism is given in areas of weakness and students are given assistance in improving skills. Evaluation documentation is provided by chart audit mid-rotation reports and end of rotation forms which are shared with each student personally. There will be no formal test. The case based learning program will allow self-evaluation.

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**ELEC 746: Physical Medicine and Rehabilitation**

**Clerkship Director:** Sanjiv Jain, MD (217) 383-5182  
Email: Sanjiv.Jain@Carle.com

**Reporting Time:** By arrangement  
**Site:** Carle North Clinic, West 3, 602 W. University Avenue, Urbana, IL 61801

**Length of Clerkship:** Four weeks  
**Dates:** By arrangement with clerkship director

**Prerequisites:** Some prior knowledge/experience in physical examination, history taking, neurology, medicine core.

**Methods of Evaluation:** History and physical examinations, participation in the department, discussions of reading assignments

**Student’s Per Rotation:** One per period  
**Night Call Required:** No  
**Weekends Required:** No  
**Supervision:** By Carle Physical Medicine and Rehabilitation attending physicians

**NARRATIVE DESCRIPTION**

Students see consultations in the hospital for possible admission to the rehabilitation unit. Students admit the rehabilitation candidate and perform a history and physical. They discuss pertinent rehabilitation issues with the admitting/attending physician. The student makes rounds with the attending and also participates in team conferences.
Readings are assigned and the students participate in informal discussions with the attending physicians. Time is allowed to observe and interact with other rehabilitation team members including physical and occupational therapists, speech-language pathologists, rehabilitation social work, case management, nutrition, and neuropsychology. Outpatients are seen for musculoskeletal problems.

Exposure to electrodiagnosis, sports, spine, and industrial rehabilitation is provided.

**OBJECTIVES**

1. **Patient Care** - Students will be able to obtain a focused history and perform a skillful physical examination of the patient with rehabilitation problems and musculoskeletal complaints.

2. **Medical Knowledge** - Students will learn to interpret common diagnostic and evaluative tests used in physical medicine, including electromyography, bone and joint x-rays, MRI scans. Students will have a better understanding of the pathophysiology, diagnostic and treatment modalities for common physical medicine problems, including musculoskeletal pain, physical disabilities, amputation, stroke, head injury, debility and various neurological impairments.

3. **Practice-Based Learning & Improvements** - Students will improve their ability to perform full rehabilitation assessment, including cognitive and emotional assessment, as well as evaluation of physical state. They will understand the role of physical medicine as a primary specialty and as an integral component of the rehabilitation team in rehabilitation problems.

4. **Interpersonal and Communication Skills** - Students will learn to communicate effectively with the rehabilitation patient, his/her family, and all members of the health care team.

5. **Systems-Based Practice** - Students will understand and appropriately order treatment interventions such as injections, physical modalities, physical, occupational and speech therapy and learn to evaluate and integrate community resources into the health maintenance and psychological support of individual patients and their families. Students will gain an appreciation of the cost-effectiveness of rehabilitation.

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**ELEC 625: Pulmonary Disease**

- **Clerkship Director:** Donald A. Greeley, M.D. – (217) 383-3190
- **Other Participant:** David Main, M.D.
- **Reporting Time:** By arrangement
- **Site:** Carle Clinic Association, 602 West University Ave., Urbana, IL 61801
- **Length of Clerkship:** Four to eight weeks
- **Dates:** Year round
- **Prerequisites:** Satisfactory completion of M-3 year
- **Methods of Evaluation:** Informal daily interaction with faculty
- **Student’s Per Rotation:** One per period
- **Night Call Required:** No
- **Weekends Required:** Saturday a.m. rounds are expected if the student is in town.
Supervision: Direct supervision by Clerkship Director and other participants in the outpatient office. The student sees hospital consultations independently and then discusses them with participants.

NARRATIVE DESCRIPTION

Students work with the pulmonary internists in rotation, in conjunction with an internal medicine resident. Time is spent seeing outpatients (30–40% of total time), seeing hospital consultations and presenting cases to the pulmonary internists (30-40%), and making inpatient pulmonary rounds. Students research the literature on various pulmonary problems. Students observe bronchoscopies. A weekly chest medical-surgical conference emphasizes clinical decision process and x-ray interpretation. Considerable time is also devoted to outpatient evaluation of sleep disorders. The eight-week rotation offers more opportunity to deal with such areas as difficult diagnosis and decision making in pulmonary medicine. Program emphases are tailored to the student’s individual needs and career objectives.

OBJECTIVES

1. **Patient Care** - Students will learn to interpret common diagnostic and evaluative tests used in pulmonary medicine, including arterial blood gasses, V/Q scans, pulmonary function tests, chest x-rays, CT scans.

2. **Medical Knowledge** - Students will become more aware of the pathophysiology, diagnostics and treatment modalities for common pulmonary disorders, including COPD, pneumonia, pulmonary embolism, dyspnea, lung cancer, interstitial lung disease, and sleep disorders.

3. **Practice-Based Learning & Improvement** - Students will become familiar with ICU pulmonary medicine, with a focus on the use of mechanical ventilators and oxygen supplementation. Students will have the opportunity to observe and possibly perform common pulmonary procedures, including bronchoscopy, thoracentesis, and endotracheal intubation.

4. **Systems-Based Practice** - Students will understand the role of pulmonary disease as a primary specialty and as a member of the medical team in complex medical problems. Students will learn to evaluate and integrate community resources into the health maintenance of individual patients and their families.

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**ELEC 625: Pulmonary Medicine**

**Clerkship Director:** Maury K. Topolosky, M.D. – (217) 337-4580

**Reporting Time:** 7:30 a.m. – place to be determined prior to rotation.

**Call Clerkship Director**

**Site:** Provena/Covenant Medical Center Ambulatory Care
1400 West Park Street, Urbana, IL 61801

**Length of Clerkship:** Four weeks

**Dates:** Year round, except June and July

**Prerequisites:** Successful completion of M-3 year

**Student’s Per Rotation:** One per period
NARRATIVE DESCRIPTION

Student’s assists the program director with obligations of pulmonary medicine at Provena/Covenant Medical Center and Christie Clinic. They are assigned consultations, preparing and presenting cases for appropriate discussion. She/he assists in the interpretation of pulmonary function studies and arterial blood gases, pulmonary exercise stress test, and is expected to obtain further understanding in the pathophysiology of most forms of pulmonary disease, for instance, chronic obstructive pulmonary disease, asthma, interstitial pulmonary diseases, primary pulmonary neoplasm, acute respiratory distress syndrome, and infectious processes of the lung. Students also assist the program director with fiberoptic bronchoscopy, chest tube insertion, central line insertion, pulmonary rehabilitation and, interpretation of chest x-rays. There is considerable ICU exposure.

OBJECTIVES

1. **Patient Care** - Students will learn to interpret common diagnostic and evaluative tests used in pulmonary medicine, including arterial blood gasses, V/Q scans, pulmonary function tests, chest x-rays, CT scans.

2. **Medical Knowledge** - Students will be become more aware of the pathophysiology, diagnostics and treatment modalities for common pulmonary disorders, including COPD, pneumonia, pulmonary embolism, dyspnea, lung cancer, interstitial lung disease, and sleep disorders.

3. **Practice-Based Learning & Improvement** - Students will become familiar with ICU pulmonary medicine, with a focus on the use of mechanical ventilators and oxygen supplementation. Students will have the opportunity to observe and possibly perform common pulmonary procedures, including bronchoscopy, thoracentesis, and endotracheal intubation.

4. **Systems-Based Practice** - Students will understand the role of pulmonary disease as a primary specialty and as a member of the medical team in complex medical problems. Students will learn to evaluate and integrate community resources into the health maintenance of individual patients and their families.
Methods of Evaluation: Oral case presentation, written patient care records, presentation to hospital medical staff
Student’s Per Rotation: One (maximum)
Night Call Required: Yes

NARRATIVE DESCRIPTION

On satisfactory completion of this clerkship, the student will understand the role of the rural generalist physician as a primary care provider and consultant in the ambulatory, hospital and extended care settings, and his/her relationship to practitioners of other disciplines. The student will appreciate the difference between urban and rural practice setting in regards to specialty roles, differences in case mix, professional support, and financing. The student will appreciate how limitations of resources may modify the delivery of patient care. The learner will be better able to choose a personal career pathway. The student will demonstrate increasing competency in the medical interview, physical examination, management planning, and inpatient care coordination with other health providers.

OBJECTIVES

1. **Patient Care** - Students will have the ability to gather a comprehensive patient database, using all relevant resources. The student demonstrates patient-centered empathetic interviewing techniques. The student then consistently demonstrates the ability to separate normal from abnormal states, and develops a list of patient problems for further medical management.

2. **Medical Knowledge** - Students will be able to describe the knowledge and skills required for the rural practice of medicine and how these differ from urban practices.
   a. Emergency/trauma – farm safety
   b. Critical care
   c. Geriatrics
   d. General surgical skills
   e. Orthopedic and sports medicine
   f. Pediatrics
   g. Obstetrics
   h. Ambulatory skills
   i. Psychiatry/chemical dependency
   j. Personal development
      1) Time management
      2) Informatics
      3) Continuing education
      4) Practice management
   • Describe community health resources at the clinical site, including resource limitations.
   • Discuss personal advantages and disadvantages of rural practices and how the assigned rural practice might change to attract and retain a generalist physician.

3. **Practice-Based Learning and Improvement** - Students will be able to make decisions about further investigation or medical therapies based on the database for the most common ambulatory presentations.
4. **Interpersonal and Communication Skills** - Students will record an appropriately comprehensive written assessment of patients assigned and present an appropriately focused and succinct oral presentation of patients to the attending physician.

5. **Professionalism** - Students will be able to demonstrate advocacy for the welfare of patients above self. Students will demonstrate a sensitivity to and respect for differences among people, and demonstrates decision making that is based on a non-judgmental approach to each individual. Students will regularly seek the consent and participation of patients in their care, demonstrating effective enabling or empowering techniques for patients. The student considers an attempt to respond to feedback provided by those with whom he/she works. Students regularly identify learning resources and demonstrates facility in accessing information electronically through electronic search of the medical literature.

6. **Systems-Based Practice** - Students will be able to discuss community resources available for promoting the welfare of patients. The student is a team player and regularly considers other health providers in the care of patients. The student is sensitive to social and community differences in standards of care and expectations of the health care community and works with these. Students are able to assess and then counsels patients about healthy lifestyles that promote wellness. The student regularly reviews accepted interventions for health maintenance and disease prevention, such as appropriate age-based cancer screening, cardiovascular risk, diabetes screening, and immunization, for example.

**TEACHING METHODS**

Students are assigned in a preceptorial relationship to a rural site participating in the curriculum with a faculty member. The student participates in all phases of the clinician’s work, including hospital, ambulatory-based, extended care responsibilities, and responsibilities as a community leader. The student is expected to assess presenting patients in all settings and discuss these assessments with a faculty preceptor. In most cases, the student practices in several rural sites to see the diversity of care in the rural community.

In order to maximize learning potential, the student rotates on call with the preceptor no more often than every fourth night. Students are encouraged to reside in the assigned community during the clerkship. In most situations, lodging is provided by the community.

Students are expected to research, organize, and develop an educational topic for presentation at a local hospital, medical staff, or other relevant hospital medical group as a required component of the clerkship experience.

**EVALUATION/SUPERVISION**

Evaluations are completed by the site coordinator using input from all physicians and other professional staff with whom the student has interacted. The evaluation is forwarded to the clerkship coordinator, who meets with the student on the final day of the rotation to review the evaluation with the student and to review the student’s evaluation of the clerkship experience. A mid-cycle (2-week) feedback session with the preceptor is required.
ELEC 626: Rheumatology

Clerkship Director: Anastacia Maldonado, MD
Reporting Time: Student should contact our office the Friday prior to the start of their rotation – (217) 383-3800, e-mail: anastacia.maldonado@carle.com
Site: Carle Clinic North (West 3)
602 West University Ave., Urbana, IL 61801
Length of Clerkship: Optional, usually varies from two to four weeks. Mornings only for clinical, early afternoons for hospital consults.
Dates: Year round. Prior approval of rotation dates required.
Prerequisites: Completion of at least 12 weeks of Internal Medicine and approval of Clerkship Director and Faculty Advisor
Student’s Per Rotation: One student per scheduled rotation.
Night Call Required: No
Weekends Required: Possibly

NARRATIVE DESCRIPTION

The student will participate in the outpatient and inpatient management of patients. These include: office consultations and follow-up appointments for patients with a variety of musculoskeletal and autoimmune processes. The student will actively examine patients in the office and discuss patient treatment plans.

OVERALL GOALS

To introduce students to a good musculoskeletal examination and to introduce them to a variety of problems seen in a rheumatology practice.

OBJECTIVES

1. **Patient Care** - Students will be able to obtain a focused history and perform a skillful physical examination of the rheumatology patient.
2. **Medical Knowledge** - Students will understand the pathophysiology, diagnostics and treatment modalities for common rheumatic disorders, including rheumatoid arthritis, osteoarthritis, gout, systemic lupus erythematosus, and collagen vascular diseases.
3. **Practice-Based Learning & Improvement** - Students will understand the role of rheumatology as a primary specialty and as an integral component of the medical team in complex medical problems.
4. **Interpersonal and Communication Skills** - Students will be able to communicate effectively with the rheumatology patient, his/her family, and all members of the health care team.
OBJECTIVES

1. Explain clinical presentation and management of common diseases in Kenya.
2. Demonstrate proficiency in history and physical examination skills.
3. Discuss the structure of medical care delivery and education in Kenya.
4. Relate Kenyan culture to health.
5. Reflect on differences and similarities in the American and Kenyan systems of health care delivery and education.
6. Demonstrate effective cross-cultural communication skills, knowledge, and attitudes.
7. Model collegial relationships and personal friendships with Kenyan health care professionals and students.
8. Support Kenyan counterparts.

TEACHING METHODS

Students will evaluate and manage patients admitted to medicine, pediatrics, or obstetrical services at the Eldoret Teaching and Referral Hospital, University of Moi, as assigned by supervising clinical faculty.

1. Participate in daily work rounds Monday through Friday mornings.
2. Participate in teaching rounds Monday, Wednesday, Friday.
3. Participate in weekly journal club.
4. Perform daily history and physical on at least one new patient admitted to the medicine and pediatric obstetric services on the Eldoret Teaching and Referral Hospital.
5. Participate in weekly x-ray conference.
6. Participate in ward activities from 2 to 5 p.m. Monday through Friday except when involved in clinical outreach programs or research.
7. Evaluate and manage patients presenting to the ambulatory care clinics referring to the Eldoret Moi Teaching and Referral Hospital. The amount of time in the ambulatory clinics will be at the discretion of the faculty team leader.
8. Maintain a daily journal.
9. Develop, execute, and record a research project (optional).
10. Submit a written report related to the objectives above.
11. Participate in community outreach programs in conjunction with the community-based experiences in services program at Moi University Faculty for the Health Sciences. Observe at one group tutorial at Moi University for the Health Sciences.
GUIDELINES FOR STUDENTS

1. Students will engage in self-directed learning.
2. Visit the academic campus of Moi University.
3. Read a booklet of reprints and articles about health care, a history of Kenya, and contemporary news articles on Kenya.
4. Students must dress in a manner that reflects an understanding and respect of the local culture, and develop a rudimentary ability to speak Kiswahili.
5. All students must participate in required orientation seminars prior to committing to the Kenya elective.
6. It is expected that vacation time taken during the Kenya elective is minimized.

7. Students will discuss with a faculty preceptor in Eldoret the relationships of social, political, and economic forces in health care in Kenya and the United States. The student will meet at least weekly with the team leader to review and discuss progress, perspectives, and insights.

EVALUATION/SUPERVISION

Students are evaluated by both U.S. faculty and Moi University faculty under the overall supervision of the onsite team leader, a senior faculty person. Students’ written papers at the end of rotation will be reviewed by the faculty. Student performance is evaluated as proficient, advanced or outstanding. Students will be evaluated continuously by local and U.S. faculty.

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ELEC 930: Sleep Medicine

Clerkship Director: Shalini Manchanda, M.D. - (217) 383-3190,
Reporting Time: 8:45 a.m.
Site: Carle Foundation Hospital, Sleep Laboratory, 3rd Floor
Length of Clerkship: Two weeks
Dates: Year round (contact Dr. Manchanda at least one month in advance to confirm rotation dates)
Prerequisites: Satisfactory completion of Medicine I Core Clerkship
Student’s Per Rotation: One
Night Call/weekends: No
Supervision: Sleep Medicine Faculty

NARRATIVE DESCRIPTION

To teach students the importance of educating patients about good sleep hygiene and how to maintain and read sleep logs. They will understand the various tests that are performed in the laboratory and why they are ordered. The basic etiology of hypersomnia (increased sleepiness), insomnia, parasomnia (abnormal behaviors in sleep), circadian sleep disorders (jet lag, delayed sleep phase syndrome) and restless legs syndrome will be discussed. Polysomnograms will be viewed on a daily basis and recognition of the various sleep stages and their importance in sleep medicine will also be reviewed. Additional focus will be given to the diagnosis and management of the patient with insomnia.
OBJECTIVES

1. **Patient Care** - Students will be able to obtain a focused history and perform a skillful physical examination of the patient presenting with sleep disorders. In addition the student will have incorporated the skill of history taking in any patient with regards their sleep habits and problems.

2. **Medical Knowledge** - Students will understand the pathophysiology, diagnostics and treatment modalities for common sleep disorders, including sleep disordered breathing, restless leg syndrome (periodic limb movements in sleep), narcolepsy (and other hypersomnias), insomnia, jet lag (and other circadian rhythm sleep disorders), night terrors, sleep walking and other, parasomnias. Students will learn the different stages of sleep and how these are affected by different disorders, and that a certain sleep stage brings about the presentation of a particular problem. Students will gain familiarity with common pharmacological agents used in sleep medicine including stimulants and light therapy.

3. **Practice-Based Learning & Improvement** - Understand the importance of good sleep hygiene and how to effectively transmit this information to the patients. Also learn how to gather information regarding sleep routines to shed light on a particular disorder. Become familiar with the variety of tests that are performed in the sleep laboratory. By the end of the rotation, a student will have a good understanding of why certain tests are indicated to facilitate better use of scarce resources such as a sleep laboratory.

4. **Interpersonal and Communication Skills** - Students will learn to communicate effectively with the patient presenting with a sleep disorder, his/her family, and all members of the health care team.

5. **Systems-Based Practice** - By the end of the rotation, a student will have a good understanding of why certain tests are indicated to facilitate better use of scarce resources such as a sleep laboratory.

TEACHING METHODS

1. **Patient Care** – initially the student will shadow the attending physician in clinic, learning the basics of history taking. Then the student will evaluate patients in the clinic and present them to the attending physician.

2. **Conferences** - Students will participate in the following conferences:
   a. Sleep Case Conference (4th Monday of the month at 7:30 a.m.)
   b. Neuroradiology Conference (3rd Thursday of the month at 12 Noon)

3. **Procedures** - Observe set up of one Sleep Study during the two weeks within the first three days of the rotation. Observe one to two polysomnograms each day with the attending.

4. **Required Reading** - Normal Sleep; Sleep in Aging; Teen Sleep; Obstructive Sleep Apnea; Restless Legs Syndrome; Narcolepsy. View the sleep foundations movies on sleep hygiene.

EVALUATION/SUPERVISION

The Clerkship Director will assign a grade based on the individual evaluations of all faculty members who have supervised the student during the rotation. A multiple choice question quiz will be given at the end of the rotation on which the student must score at least 60% to pass the clerkship.
MEDICAL HUMANITIES AND SOCIAL SCIENCES

**ELEC 112:** Global and Community Health Care Elective

<table>
<thead>
<tr>
<th>Clerkship Director:</th>
<th>Robert, Woodward, M.D., (email: <a href="mailto:rtwoodwa@uiuc.edu">rtwoodwa@uiuc.edu</a>)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Directors:</td>
<td>Claudia Nugent, M.D.,</td>
</tr>
<tr>
<td>Sites:</td>
<td>Global</td>
</tr>
<tr>
<td>Length of Clerkship:</td>
<td>2-weeks or more</td>
</tr>
<tr>
<td>Dates:</td>
<td>Flexible, to coordinate with their clinical electives abroad or in public health care facilities</td>
</tr>
<tr>
<td>Prerequisites:</td>
<td>Open to fourth-year students who have completed at least 3 core clerkships, and who are participating in clerkships abroad or in public health clinics.</td>
</tr>
<tr>
<td>Methods of Evaluation:</td>
<td>Students will complete a series of on-line informational and reflective semi-structured assignments, which will culminate in a portfolio of their experience. A formal presentation, for the other medical students is also required at the end of the academic year. Both will be assessed by a faculty advisor with cross-cultural experience, using the Global Health and Community Elective evaluation form.</td>
</tr>
<tr>
<td>Student’s Per rotation:</td>
<td>Maximum 6</td>
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<tr>
<td>Supervision:</td>
<td>Arranged by student and/or advisor.</td>
</tr>
<tr>
<td>Travel logistics:</td>
<td>Travel Approval Packet to be completed by student(s) going abroad and sent to UIUC Student International Academic Affairs Office for approval</td>
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</tbody>
</table>

**NARRATIVE DESCRIPTION**

This elective clinical clerkship called Global and Community Health with a minimum duration of two weeks, is open to fourth-year medical students who have completed at least three of their core clerkships and who are participating in international clerkships or local placements involving a multicultural population within a public health care facility. Most learning content and assignments may be delivered over the web (or CD-ROM) to facilitate global access and participating. When enrollments permit, all participating students will then meet for a post-seminar, when they will participate in facilitated reflective discussion and describe their experience and new insights into health care.

**OBJECTIVES**

**Students will be able to:**

1. Describe local health data (of countries and communities in which students will be serving.
2. Identify community beliefs and health practices that affect health care delivery and outcomes
3. Identify physician biases that affect clinical care
4. Describe community partnering strategies to deliver health care outside of formal clinics
5. Discuss medical ethics across cultures
6. Describe delivering health care with scant resources.
LEARNING ACTIVITIES

Internet Assignments - Internet assignments will be designed to assist the student in meeting and documenting the stated learning objectives. These assignments will be posted on an internet forum to facilitate peer-to-peer learning about global health issues. Assignments will require approximately 20 hours to complete, be balanced between informational and reflective activities, and can become part of the student portfolios. Each student will be assigned to an advisor who has international experience. These advisors will comment on and evaluate their portfolio assignments. Post-Practicum - Students will meet (either face-to-face or on-line) towards the end of the academic year to jointly reflect on their learning, comparing and contrasting individual experiences. They will also create a presentation about their experiences. The clerkship co-directors will serve as faculty advisors to plan and implement the presentation.

EVALUATION/SUPERVISION

Two evaluation forms will be completed:

1. The assigned clerkship advisor will evaluate the student’s learning using the AAMC’s cultural competencies learning objects as evidence by the reflective assignments and discussions.
2. The student will also be evaluated with the formal elective evaluation provided by Student Affairs. A copy of this evaluation is included in this manual.

The clerkship advisor can also be the student’s regular advisor if qualified to evaluate cultural competencies.

UICOM-UC STUDENTS GOING TO NUS

ELEC 853: Student Exchange Program with the National University of Singapore
Clerkship Director: Contact UICOM-UC Student Affairs Office to request an elective at NUS
Reporting Time: To be arranged
Site: To be arranged
Length of Clerkship: Two to twelve weeks
Dates: To be arranged
Prerequisite: Satisfactory completion of core clerkships
Method of Evaluation: Performance evaluation by NUS faculty of medicine
Students per Rotation: See NUS elective postings on web
Supervision: On-site NUS faculty of medicine
NARRATIVE DESCRIPTION

Specific information regarding the National University of Singapore's application process and elective opportunities may be found at: http://www.med.nus.edu.sg/clinical/index.shtml

On the left side of the page, click on 'postings.' From that point you can find all the specialty postings available in either Word Format or Adobe. The applications need to be initiated 3 months in advance. This is from their web site:

ELIGIBILITY

All special clinical students will be registered under the Faculty of Medicine at the National University of Singapore. Applicants must be bona fide students of a medical school, and already in their clinical years. Applicants should apply at least 3 months in advance, otherwise the application will not be considered. At the earliest, applications will be processed 12 months before the start of the proposed elective. All student applications will be considered and evaluated by a special NUS Student Selection Committee.

Contact UICOM-UC Student Affairs Office - The student must initiate the process and pay for the application, which is about $40 US. When you know the dates you wish to take an elective at NUS, contact Kathy Carlson. She will put you in touch with Debbie McCall to handle the financial end with the UIUC Chancellor's Office. Kathy Carlson will handle the paperwork to satisfy the NUS Student Affairs Office requirements.

OBJECTIVES (per UICOM Graduation Competencies)

1. Patient Care - The competent graduate must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. He/she will be required to construct appropriate management strategies (diagnostic and therapeutic) for patients with common health care problems that may be emergent, acute or chronic, across the spectrum of disciplines, while considering costs for the patient and others. The graduate must be able to combine knowledge of basic biomedical, clinical, and cognate sciences to accomplish the above. The competent graduate must be able to:
   • Obtain a medical history appropriate to the patient's medical concerns;
   • Perform a skillful physical examination;
   • Formulate a differential diagnosis and problem list;
   • Perform, order and interpret diagnostic investigations that result in accurate diagnosis and treatment;
   • Utilize data to reason and solve problems;
   • Develop management plans;
   • Consider cultural and socioeconomic factors in management options;
   • Form an effective therapeutic relationship;
   • Recognize life threatening health problems and institute appropriate initial therapy;
   • Construct a therapeutic plan for relieving pain, ameliorating suffering, and aim specifically towards resolution of health problems;
   • Counsel and educate patients and their families;
   • Apply the principles of epidemiology and evidence-based medicine.
2. **Medical Knowledge** - The faculty of the University of Illinois College of Medicine believes that any statement of graduation competencies must include mastery of the necessary body of knowledge within the basic, clinical, and cognate sciences to manage patients’ health. Moreover, graduates must demonstrate the skills that will enable them to utilize the concepts and knowledge that will be discovered throughout the years following medical school. The competent graduate must have a thorough understanding of the:
   • Scientific principles of basic and clinical sciences that will enable him/her to competently practice evidence-based medicine;
   • Determinants of poor health, disease-based risk factors, factors for disease prevention and healthy lifestyles (principles of preventive medicine);
   • Elements of health education;
   • Principles of epidemiology and population-based medicine;
   • Principles, risks, and possible benefits of complementary and alternative medicine;
   • Concepts, principles, and application of evidence-based medicine;
   • Cultural factors important to health care;
   • Relevant legal and ethical concepts.

3. **Practice-Based Learning and Improvement** - The competent graduate must be able to study, reflect, and evaluate patient care practices, appraise and assimilate scientific evidence, and understand their learning needs. The competent graduate:
   • Sets clear learning goals, pursues them, and continuously integrates knowledge gained and applies it to improve medical care;
   • Assesses his/her strengths and weaknesses in order to improve performance and identify effective ways to address limitations and enhance expertise;
   • Accesses information effectively, efficiently, critically appraises the information and relates it to their patients’ health problems;
   • Admits his/her limits of knowledge, knows what to do when those limits are reached, can deal with uncertainty, and respects the opinions of others;
   • Recognizes the need to learn is continuous.

4. **Interpersonal and Communication Skills** - The competent graduate provides compassionate, effective, culturally sensitive patient care. The competent graduate:
   • Listens attentively;
   • Communicates clearly with colleagues, consultants, patients, and patients’ families both orally and in writing.

5. **Professionalism** - The competent graduate approaches medicine with integrity and respect for human dignity. They must demonstrate awareness of and commitment to the principles and responsibilities of medical professionalism. The competent graduate:
   • Provides leadership in patient care, while respecting the views and interests of all members of the health care team, the patient and patient's family;
   • Maintains and respects patient confidentiality, and is aware of the unique doctor/patient relationship;
   • Knows and admits to his/her limits of knowledge;
   • Can deal with uncertainty;
   • Respects the opinions of others;
   • Recognizes the need to learn is continuous;
   • Balances personal and professional commitments to ensure that the patient's medical needs are always addressed;
   • Recognizes and avoids conflicts of interest in financial and organizational arrangements for the practice of medicine;
   • Demonstrates integrity;
• Demonstrates respect for human dignity;
• Deals honestly with others;
• Recognizes key ethical dilemmas and applies ethical principles.

6. Systems-Based Practice - The competent graduate demonstrates an awareness of and responsiveness to the larger context and systems of health care. The competent graduate:
• Understands the principles of health care delivery and can describe the organization, strengths and limits of various models of health care delivery systems;
• Knows how to partner with health care managers and other health care providers to assess, coordinate, and improve health care and knows how their activities can affect system performance;
• Describes how to appropriately utilize and integrate the services of multidisciplinary health providers;
• Defines health in terms of the community in which the patient lives (population-based medicine);
• Evaluates and integrates community resources into the health maintenance of individual patients and their families;
• Assesses the effect of the physical environment on community health;
• Understands key legal concepts and is aware of professional requirements governing medical practice.

TEACHING METHODS

Teaching methods will be consistent with the teaching methods of the faculty of medicine at the National University of Singapore. Typically, students will:

1. Participate in daily work rounds, teaching rounds, and educational conferences
2. Evaluate patients in the inpatient and/or outpatient setting
3. Present patients to faculty explaining the management of common diseases
4. Obtain a medical history and perform a physical exam on at least one new patient per week
5. Engage in self-directed learning (identify learning resources, consistently reads current literature)
6. Maintain a daily journal as directed by the Clerkship Director
7. Submit a written report near the end of the elective that relates to the objectives above as directed by the Clerkship Director
8. Reflect on differences and similarities in the American and Singapore systems of health care delivery and education
9. Demonstrate effective cross-cultural communication skills, knowledge, and attitudes

GUIDELINES FOR STUDENTS

1. Students must participate in required orientation seminar(s)
2. Students must dress in a manner that reflects an understanding and respect of the local culture and develop satisfactory communication skills
3. It is expected that vacation time taken during the elective is minimized
4. Students will discuss with a faculty preceptor the relationships of social, political, and economic forces in health care in Singapore and the United States. The student will meet at least weekly with the clerkship director to review and discuss progress, perspectives, and insights.
SCHEDULE OF ROTATION

The student will contact the UICOM-UC Student Affairs Office at least three months prior to the beginning of the clerkship.

EVALUATION/SUPERVISION

Students are evaluated by participating faculty of medicine at NUS. All evaluation reports from NUS will be sent directly to the UICOM-UC Student Affairs Office. Student grade will follow the norm grade scale provided to NUS that is used by the UICOM-UC.
Obstetrics and Gynecology Electives

ELEC 792: Advanced Obstetrics and Gynecology

Clerkship Director: Ralph Kehl, M.D. – (217) 383-4930
Coordinator: Debbie Deedrich. – (217) 244-0598
Reporting time: By arrangement
Sites: Carle Clinic Association, 602 West University Avenue, Urbana, IL 61801
       Christie Clinic, 101 West University Avenue, Champaign, IL 61820
Length of Clerkship: Four weeks
Dates: By arrangement
Prerequisites: Successful completion of OB/GYN Clerkship; prior approval
Methods of Evaluation: Student Performance Evaluation form
Student’s Per rotation: One per period
Night call required: Yes, to be arranged
Weekends required: Desirable

Narrative Description

To provide students with further experience in women’s health through participation in clinical practice, community-based health care, and independent study of a critical women’s health issue.

Objectives

This elective is similar to an independent study, in which student and preceptor will develop specific learning objectives according to the student’s particular interests within the fields of Obstetrics and Gynecology. General learning objectives might include:

1. To improve skills in performing physical exams on women.
2. To improve surgical skills related to Obstetrics and Gynecology
3. To facilitate collaboration among health disciplines in providing care to women.
4. To enhance skills in communicating with women about health issues and problems, discussing of sensitive topics, and assisting women in decision-making on therapeutic options. This could include intercultural issues.
5. To further develop skills in counseling women on health risks and wellness activities relevant to each life cycle phase.
6. To improve understanding of obstetrical complications and interventions.
NARRATIVE DESCRIPTION

Student will be expected (with director’s assistance) to write a prospective project outline. He/she will need to design the study (or be a continuation of projects already in progress within the department). He/she then must do a literature search on the topic and write an abstract of the current status of medical knowledge in this area. The student must design a method of data collection, see the patients, and collect the necessary data. The student will then be expected to compile the data, perform statistical analysis, and write a paper on the results. Several students may collaborate in this effort over several clerkships, but a minimum of 15 hours/week will be required.

The director and/or supervisor will help design the projects, direct, and evaluate the literature search, find appropriate cases for the student to work with and evaluate, and direct the student to other interesting cases that may not directly involve his/her study.

OBJECTIVES

1. To understand obstetrics (and gynecology/infertility) thoroughly in a particular area by conducting research in that area.
2. To work closely with a practicing obstetrician gynecologist, and understand how research can apply to the medical practice of an active clinical specialty.
3. To probe an area of special interest in OB/GYN to the student.
4. To learn how to design a study in a clinical setting.
## PATHOLOGY ELECTIVES

### ELEC 644: Anatomic Pathology

**Clerkship Director:** Frank Bellafiore, M.D. – (217) 383-3342  
**Other Participants:** Bradley Morgan, M.D.  
Charles Wisseman, M.D.  
**Reporting Time:**  
8:00 a.m. – 1st day  
7:30–8:30 a.m. – Other days variable  
**Site:** Carle Clinic Association – Carle Foundation Hospital Laboratory  
602 West University Ave., Urbana, IL 61801  
**Length of Clerkship:** Four weeks  
**Dates:** Approval of Director needed.  
**Prerequisite:** Basic science pathology  
**Methods of Evaluation:** Observation of student, and final glass slide open book exam  
**Student’s Per Rotation:** One per period  
**Night Call Required:** No  
**Weekends Required:** No  
**Supervision:** Pathologists will supervise anatomic pathology teaching.

### NARRATIVE DESCRIPTION

1. Assist at autopsies and examine gross surgical specimens.  
2. Observe frozen sections, fine needle aspirates, histochemical techniques.  
3. Attend tumor board conference weekly.

### OBJECTIVES

1. Review basic anatomic pathology, with emphasis on surgical pathology.  
2. Become familiar with the principles, methods, and limitations predominantly of diagnostic surgical pathology.  
3. Become familiar with pathology as a career choice.

### ELEC 810: Anatomic and Clinical Pathology

**Clerkship Director:** Krishnarao Tangella, M.D. – (217) 337-2174  
**Other Participants:** Members of the Department of Pathology, Christie Clinic  
**Reporting Time:**  
8:30 a.m. on first day; after that as agreed by rotation plan  
**Site:** Provena/Covenant Medical Center  
1400 West Park Street, Urbana, IL 61801  
**Length of Clerkship:** Two (2) weeks; maximum eight (8) weeks; all year long  
**Prerequisites:** Basic Science pathology  
**Student’s Per Rotation:** Two per period  
**Night Call Required:** No
**Weekends Required:** No, but can be offered if student is interested.

**Supervision:** Personal – by pathologists of Department of Pathology, Provena Covenant Medical Center and Christie Clinic

**NARRATIVE DESCRIPTION**

This program will be tailored to each student accepted. The specific area of study will be determined at the personal interview with Krishnarao Tangella, M.D. The student will be required to solve current problems and perform specific procedures in the department under physician supervision in the area of concentration the student chooses. Activities will include assistance during autopsies, surgical sign outs, and grossing in the surgical specimens. The student will be integrated into the work, conference, and educational activities of the department. The formal evaluation will be based on an assessment of the student’s work by the pathologist mentor.

**OBJECTIVES**

To give intensive exposure to a single, well-defined, predetermined area of anatomic pathology or clinical pathology of mutual interest to the student. The student will be expected to familiarize with appropriate skills in the area of study.
**PEDIATRICS ELECTIVES**

<table>
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<tr>
<th>ELEC 636:</th>
<th>Neurology (Child)</th>
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| **Clerkship Directors:** | William A. Farris, M.D. – (217) 383-3100  
Gail L. Kennedy, M.D. – (217) 383-3100  
Daniel Picchietti, M.D. – (217) 383-3100 |
| **Reporting Time:** | By arrangement |
| **Site:** | Carle Clinic Association,  
602 West University Ave., Urbana, IL 61801 |
| **Length of Clerkship:** | Two to four weeks |
| **Dates:** | September through May, by arrangement—students must receive written permission from Dr. Farris, Dr. Kennedy, or Dr. Picchietti to ascertain that the time scheduled is appropriate. |
| **Prerequisites:** | Satisfactory completion of Pediatrics core clerkship |
| **Methods of Evaluation:** | Subjective |
| **Student’s Per Rotation:** | One per period—All elective clerkships **must** (1) be approved by the Clerkship Director and (2) be coordinated through the Head of the Department of Pediatrics to avoid scheduling conflicts. |
| **Night Call Required:** | Yes |
| **Weekends Required:** | Some |
| **Supervision:** | Direct one-on-one supervision by a Clerkship Director |

**NARRATIVE DESCRIPTION**

Students will observe outpatient evaluations and do their own inpatient history, physical examination, and write-ups. Orders will be written under direct supervision. Student will learn to handle telephone inquiries regarding pediatric neurological problems. There will be specific reading assignments and appropriate examinations on the assigned material.

**OBJECTIVES**

1. To expose the student to inpatient and outpatient pediatric neurology.
2. To develop skills for neurologic and developmental examination of children.
3. To familiarize student with common pediatric neurologic disorders.

**EVALUATION/SUPERVISION**

The evaluation is done by the subspecialist with whom the student is working. It includes the student’s ability to perform in the clinical setting, the student’s ability to familiarize himself with the material, the student's professional interactions with the attending, associate staff, patients, and their families, and the quality of any special report the student is assigned to prepare.
GRADUATION COMPETENCIES

1. **Basic and Clinical Science Knowledge Base** – The faculty of the College of Medicine at the University of Illinois believes that any statement of Graduation Competencies must include mastery of the body of knowledge that constitutes the basic and clinical sciences underpinning the practice of medicine. First and foremost, the graduate must possess a thorough understanding of the scientific principles of basic and clinical sciences that will enable him/her to competently practice evidence-based medicine.

2. **Communications/Biopsychosocial** – The student can obtain and record a relevant, age-appropriate, accurate, and complete history, and also give a succinct oral presentation of the case. The student can convey appropriate information in a meaningful way to the patient and aid the patient in understanding medical test procedures and instructions.

3. **Ethical Reasoning and Judgment** – The student is able to perceive the unique needs of the patient/family. The student demonstrates sensitivity to and a respect for differences among people.

4. **Lifelong Learning** – The student regularly uses appropriate data sources to enhance his/her knowledge. Such sources include seminars, conferences, textbooks, journals, and internet resources. The student demonstrates an understanding of the concept of evidence-based medicine and a critical evaluation of the literature.

5. **Data Gathering/Problem Definition** – The student demonstrates ability to gather a comprehensive patient database, using relevant resources (chart, old records, health department data, prior lab and X-ray studies, etc.). The student can competently perform a comprehensive physical exam. With this information, the student can develop a comprehensive list of patient problems and recognize which problem needs consideration in light of current concerns.

6. **Management and Clinical Decision Making** – The student can evaluate the patient database he/she has compiled to lead to a working diagnosis or to recommend further investigation or therapy, depending upon the nature of the problem.

7. **Health Maintenance/Disease Prevention** – The student recognizes and counsels regarding healthy life-styles to promote wellness. The student knows age-appropriate immunization levels and age-recommended screening tests.

8. **Social and Community Context of Healthcare** – The student is aware of appropriate community resources to assist patients, and knows how to access these resources. The student also knows how to utilize the expertise of other health care professionals. The student attempts to achieve the best health care for each patient regardless of social or economic circumstances.

9. **Professional Behavior (Personal, Family, and Community)** – The student is prompt, prepared, and accurate in detail. The student interacts appropriately with all members of the health care team. The student accepts and responds appropriately to reasonable criticism. The student is aware of the needs of fellow students and treats everyone with kindness and respect. The student is aware of his/her limitations and does not exceed or avoid appropriate duties and responsibilities. The student appreciates the confidential nature of medical information and the unique doctor-patient relationship.
ELEC 818: Pediatric Allergy

Clerkship Director: John Moore, M.D. – (217) 383-3100
Reporting Time: By arrangement
Site: Carle Clinic Association,
602 West University Avenue, Urbana, IL 61801
Length of Clerkship: Two to four weeks
Dates: Year round. Busiest March, April, October, and November
Prerequisites: Satisfactory completion of Pediatrics core clerkship
Student’s Per Rotation: One per period—All elective clerkships must (1) be approved by the Clerkship Director and (2) be coordinated through the Head of the Department of Pediatrics to avoid scheduling conflicts. This elective is offered by special arrangement, since Dr. Moore is only part-time.

Night Call Required: Some
Weekends Required: Some
Supervision: One-on-one, also by nurse educators, respiratory therapists, and all members of the Asthma Care Team

NARRATIVE DESCRIPTION

History technique; physical examination technique; use of skin test (IgE-Eosinophile-RAST, Spirometry); treatment by oral medicine; treatment by inhaled medicine; corticosteroid treatment; encouraging patient and parent participation in treatment program.

OBJECTIVES

Diagnosis of obvious and subtle asthma and allergic rhinitis; treatment of both acute and chronic asthma; self-management, rehabilitation from social, psychological, and physical disability of chronic asthma; and, securing compliance by patient education and understanding meaning of asthma to the patient.

EVALUATION/SUPERVISION

The evaluation is done by the subspecialist with whom the student is working. It includes the student’s ability to perform in the clinical setting, the student’s ability to familiarize himself with the material, the student’s professional interactions with the attending, associate staff, patients, and their families, and the quality of any special report the student is assigned to prepare.
ELEC 732: Pediatric Gastroenterology

Clerkship Director: Terry Hatch, M.D. – (217) 383-3022
Reporting Time: By arrangement
Site: Carle Clinic Association,
602 West University Ave., Urbana, IL  61801
Length of Clerkship: Two to four weeks
Dates: To be arranged well in advance with Dr. Hatch
Prerequisites: Satisfactory completion of Pediatric core clerkship
Student’s Per Rotation: One per period—All elective clerkships must (1) be approved by the clerkship director and (2) be coordinated through the Head of the Department of Pediatrics to avoid scheduling conflicts.
Night Call Required: Some
Weekends Required: Some
Supervision: Direct supervision by clerkship director

NARRATIVE DESCRIPTION

Student will participate in inpatient and outpatient activities, seeing and presenting elected new and return patients. The course will include case presentations and discussions, textbook assignments and discussions, procedures demonstrations, reviews of studies, and review of biopsy material.

OBJECTIVES

1. To review the development and maturation of gastrointestinal and pancreatic function—emphasis on small intestinal mucosal function.
2. To learn to evaluate and approach common pediatric gastrointestinal problems, both those seen in the outpatient setting and those requiring hospitalization.
3. To become familiar with nutritional assessment of the infant, child, and adolescent.
4. To know nutritional requirements for sound growth and to become aware of the routine pediatric food stuffs and beikost.
5. To observe common endoscopic and biopsy procedures used with children and to review the specific histologic preparations and enzyme measurements.

EVALUATION/SUPERVISION

The evaluation is done by the subspecialist with whom the student is working. It includes the student’s ability to perform in the clinical setting, the student’s ability to familiarize himself with the material, the student’s professional interactions with the attending, associate staff, patients, and their families, and the quality of any special report the student is assigned to prepare.
**ELEC 647:** Pediatrics (Advanced Clinical)

**Clerkship Director:** Kathleen Buetow, M.D. – (217) 383-3100  
**Reporting Time:** By arrangement  
**Site:** Carle Clinic Association, Department of Pediatrics  
602 West University Ave., Urbana, IL 61801  
**Length of Clerkship:** Two to four weeks  
**Dates:** Year round  
**Prerequisites:** Satisfactory completion of Pediatric core clerkship  
**Student’s Per Rotation:** One per period—All elective clerkships must (1) be approved by the Clerkship Director and (2) be coordinated through the Head of the Department of Pediatrics to avoid scheduling conflicts.

**Night Call Required:** Some  
**Weekends Required:** Some

**NARRATIVE DESCRIPTION**

Experience in ambulatory pediatric care in both acute and chronic illnesses, including developing plans for on-going care. Participation in patient-care discussions and seminars, and departmental meetings of educational nature would be required. Students will be asked to outline specific objectives and the program will be tailored to meet their needs. Opportunity for clinical research could be included. Students will be expected to present a 30-minute review or case discussion. Students may elect to spend a portion of this clerkship in neonatal intensive care, or in evening or weekend sick-care clinics.

**OBJECTIVES**

This clerkship is meant to supplement the basic pediatric clerkship, with increased experience and responsibility in ambulatory pediatrics and neonatal care.

**EVALUATION/SUPERVISION**

The evaluation is done by the subspecialist with whom the student is working. It includes the student’s ability to perform in the clinical setting, the student’s ability to familiarize himself with the material, the student’s professional interactions with the attending, associate staff, patients, and their families, and the quality of any special report the student is assigned to prepare.
ELEC 654: Neonatology

Clerkship Directors: Kim Gelke, M.D.
William Stratton, M.D. – (217) 383-3479

Reporting Time: By arrangement
Site: Carle Foundation Hospital Neonatal Intensive Care Nursery
611 West Park Street, Urbana, IL 61801 – (217) 383-3266

Length of Clerkship: Two to four weeks
Dates: Year round
Prerequisites: Satisfactory completion of Pediatrics core clerkship
Student’s Per Rotation: One per period – All elective clerkships must (1) be approved by the Clerkship Director and (2) be coordinated through the Head of the Department of Pediatrics to avoid scheduling conflicts.

Night Call Required: Yes
Supervisions: The student will be under the direct supervision of the neonatologist and associated staff.

NARRATIVE DESCRIPTION

The clerkship will include evaluation and care of sick neonates, including attendance with the neonatologist at high-risk deliveries and participation in neonatal transports. The student will participate in daily rounds, follow infants under guidance of the neonatologist, and be on call as determined by the neonatologist.

At the conclusion of the clerkship, the student will be expected to make a 30-minute presentation on an appropriate topic.

OBJECTIVES

1. To increase the student’s experience with pediatric procedures.
2. To enable the student to become familiar with neonatal pathophysiology.

EVALUATION/SUPERVISION

The evaluation is done by the subspecialist with whom the student is working. It includes the student’s ability to perform in the clinical setting, the student’s ability to familiarize himself with the material, the student’s professional interactions with the attending, associate staff, patients, and their families, and the quality of any special report the student is assigned to prepare.
ELEC 650: Clinical Medical Genetics

Clerkship Director: Christine Weaver, M.D. – (217) 383-3120
Reporting Time: By appointment
Site: Carle Clinic Association – South Clinic 5
       602 West University Ave., Urbana, IL 61801
Length of Clerkship: Two to four weeks
Dates: Year round
Prerequisites: Successful completion of Internal Medicine or Pediatric core clerkship
Method of Evaluation: Performance
Student’s Per Rotation: One per period – all elective clerkships must:
   1. Be approved by the Clerkship Director.
   2. Be coordinated through the Head of the Department of Pediatrics (Dr. Buetow) to avoid scheduling conflicts.
Night Call Required: No
Weekends Required: Possibly

NARRATIVE DESCRIPTION

This clerkship is a 2- to 4-week experience in which students will receive training in the techniques of medical genetic history taking, physical examination, computerized database utilization, and literature review. In addition, students will receive exposure to the clinical applications of recent advances in genetic testing. Students will be expected to participate in the evaluation of patients with a broad range of clinical problems including growth disturbance, cognitive impairment/developmental delay, craniofacial dysmorphism, organ malformation, neurologic neuromuscular dysfunction, metabolic disturbance, and early onset of unusual cancers.

Students will be exposed to a broad range of genetic conditions including: chromosomal and non-chromosomal genetic syndromes, connective tissue disorders, hereditary neurologic disorders, and myopathic metabolic disorders and hereditary cancer syndromes. Training will include exposure to not only the evaluation but also management of patients with genetic conditions.

At least 50% of the student’s time is expected to involve patient evaluation and management. The Medical Genetics clerkship will include attendance in several subspecialty clinics in addition to medical genetics clinics, including: MDA (Muscular Disease Association) Clinic, Cleft-Lip Palate Clinic, Neurogenetics Clinic, and Cancer Genetics Clinic. In addition, clinical time may be arranged concurrently with Pediatric Neurology (Dr. Gail Kennedy) on an individual basis.

During the Medical Genetics clerkship, students will also be expected to perform a literature review on a topic or patient problem of their own choosing. The literature review should be summarized in a paper, which may be submitted for publication.
OBJECTIVES

This clerkship is designed to give medical students an in-depth exposure to the field of clinical genetics.

EVALUATION/SUPERVISION

The evaluation is done by the subspecialist with whom the student is working. It includes the student’s ability to perform in the clinical setting, the student’s ability to familiarize himself with the material, the student’s professional interactions with the attending, associate staff, patients, and their families, and the quality of any special report the student is assigned to prepare.

ELEC 651: Pediatric Hematology/Oncology Elective

Clerkship Director: Mark Musselman, M.D.
Reporting Time: To be arranged
Site: Carle Clinic Cancer Center
       602 West University Ave., Urbana, IL 61801
Length of Clerkship: Two to four weeks
Dates: Year round with prior approval from Dr. Musselman and
       Department Head
Prerequisites: Satisfactory completion of both the Pediatrics Core
              Clerkship and the Medicine I Core Clerkship
Student’s Per Rotation: One per period
Night Call Required: None
Weekends Required: Occasional

NARRATIVE DESCRIPTION

This clerkship provides an introduction to pediatric hematology and oncology. The student will participate in the pediatric hematology/oncology clinic as well as follow the service’s hospitalized patients. The student will undertake a series of case-based reviews of selected patients. The student will review the patient’s history, physical examination, and laboratory data. Then the student will review the pathophysiology, the natural history of the disorder, and the recent literature. The student will then synthesize this into brief presentations for the Pediatric Hematology/Oncology Team. The clerkships will include the review of peripheral blood smears and bone marrow aspirations both in the clinic setting and in the Carle Hematology Laboratory. The clerkship will also expose the student to other aspects of pediatric hematology/oncology: specialized nursing care, transfusion medicine, and child/family life issues.
OBJECTIVES

1. **To understand the pathophysiology of common pediatric hematology disorders:**
   - Disorders of red cell function: disorders of hemoglobin including sickle cell anemia, disorders of red cell structure, and disorders of erythropoiesis.
   - Disorders of coagulation: hemophilia, abnormal thrombosis, and platelet abnormalities.

2. **To develop knowledge in the fundamentals of pediatric oncology through a review of:**
   - Common pediatric malignancies
   - Chemotherapeutics
   - Radiation therapy
   - Common toxicities

3. To improve skills in interacting with pediatric patients and their families, and to improve skills in the physical examination of children.

4. To develop basic skills in the evaluation and management of pediatric hematology and oncology patients.

5. To develop basic skills in the evaluation of peripheral blood smears, bone marrow aspirations, bone marrow biopsies, and other relevant laboratory tests.

6. **To improve skills in:**
   - The compilation and integration of patient data
   - The evaluation of laboratory and imaging data
   - The performance of focused literature reviews
   - The development of comprehensive management plans

7. To develop skills in presenting patient case studies in a group setting.
PSYCHIATRY ELECTIVES

**ELEC 844:** Psychiatric Clinical Elective

**Clerkship Director:** Sari Gilman Aronson, M.D. – (217) 326-2700, University of Illinois College of Medicine, The Forum, MC-474, 611 West Park Street, Urbana IL 61801, saronson@uiuc.edu
Please contact Dr. Aronson at least 12 weeks in advance of starting elective

**Site Coordinators:** James Whisenand, M.D., The Pavilion
Feiteng Su, M.D., Provena-Covenant
Sudha Uppuluri, M.D., Veterans Affairs, Illiana Health Care Center

**Sites:**
The Pavilion, 809 West Church Street, Champaign, IL 61820
Provena-Covenant Medical Center
1400 West Park Street, Urbana, IL 61801
Department of Veterans Affairs, Illiana Health Care System, 1900 East Main Street, Danville IL 61832

**Length of Clerkship:** Four weeks

**Dates:** Year round

**Prerequisites:** Successful completion of Psychiatry core clerkship

**Methods of Evaluation:** Evaluation by preceptors and clerkship director, and NBME Subject Examination

**Student’s Per Rotation:** Between one to three students each rotation

**Night Call Required:** Specific to each site, may require nights and weekends

**Evaluation:** Evaluation by preceptors and clerkship director

**Purpose:** Additional experience in an area of interest to the student, including Adult Psychiatry, Child and Adolescent Psychiatry, or Substance Use Disorders

**NARRATIVE DESCRIPTION**

This elective clerkship is geared to the interests of the student. Programs will be arranged individually. The student must contact the Clerkship Director at least four months in advance of the desired starting date.

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**ELEC 961:** Evidence-Based Psychiatric/Psychological Assessment and Psychotherapy

**Clerkship Director:** Howard Berenbaum, Ph.D.

**Reporting Time:** Arrange with Drs. Berenbaum and Aronson.
Please contact Dr. Sari Aronson in advance of starting elective.

**Sites:** University of Illinois Department of Psychology
Provena/Covenant Hospital
Other sites as assigned

**Length of Clerkship:** Two to four weeks

**Dates:** Spring and Fall Semesters ONLY

**Prerequisites:** Completion of Psychiatry Core Clerkship
Supervision: Drs. Howard Berenbaum, Gregory Miller, and S.G. Aronson

Methods of Evaluation: Observation, oral and written reports, presentations, and portfolio development

Student’s Per Rotation: One
Night Call Required: No
Other: Drs. Aronson and Berenbaum must be notified at least one month and preferably two months in advance of the elective.

NARRATIVE DESCRIPTION

OVERALL GOALS:

On satisfactory completion of this clerkship, the student will have an improved understanding of evidence-based psychological/psychiatric assessment, and psychotherapies. The learner will be better able to assess and develop treatment plans for patients with psychiatric disorders; appreciate the interaction of psychopathology with medical and psychiatric disease-related behaviors, disease outcome, and health care costs; and develop a more sophisticated understanding about the role of clinical psychologists in delivery of health care. The student will develop a Portfolio containing research and clinical articles, analysis of these articles or a short paper on a specific topic as assigned, notation of presentations, and a log of didactic and clinical activities the student has participated in or successfully completed.

OBJECTIVES

1. Basic and Clinical Science Knowledge Base
   • Ability to describe a variety of evidence-based tools for evaluation of psychopathology.
   • Understanding of the uses, limits, advantages, and disadvantages of these tools in research and clinical practice.
   • Understanding the principles of various evidence-based psychotherapies.
   • Increased understanding of the clinical uses of these psychotherapies.
   • Increased knowledge about current pertinent research in clinical psychology.

2. Communication/Biopsychosocial
   • Increased ability to identify and describe psychological and psychiatric disorders in patients with and without other problems.
   • Improved understanding of the role of psychologists in clinical medicine.

3. Ethical Reasoning and Judgment
   • Increased knowledge about informed consent in psychological and psychiatric research.
   • Improved understanding about how psychopathology influences thoughts, feelings, and behavior.

4. Lifelong Learning
   • Demonstration of educational initiative, identification of learning resources, and demonstration of the ability to seek relevant research in the psychological, psychiatric, and medical literature.
   • Seeking feedback from supervisors regarding knowledge and skills.
5. **Data Gathering/Problem Definition**
   - Demonstration of the ability to identify and clarify clinical history with respect to diagnosis of psychopathology.
   - Increased ability to identify missing or unclear information that is critical to development of an accurate diagnosis.

6. **Management and Clinical Decision Making**
   - Improved ability to utilize evidence-based diagnosis in development of a treatment plan for a patient.
   - Increased knowledge about the selection of patients for psychotherapy.
   - Improved understanding about how to match patients who are capable of psychological work with the appropriate psychotherapy.

7. **Health Maintenance/Disease Prevention**
   - Increased understanding of how psychopathology may influence medical and psychiatric disease-related behaviors, such as compliance with treatment.
   - Increased appreciation for the interaction between psychopathology, disease outcome, and the cost of health care.

8. **Social and Community Context of Health Care**
   - Increased understanding of the role of social factors in the development, maintenance, and treatment of psychopathology.

9. **Professional Behavior**
   - Expectation of punctuality, reliability, completion of tasks, mature interpersonal behavior, and asking for help when needed.
   - Increased ability to work with clinical psychologists in the evaluation and treatment of patients.

**TEACHING METHODS**

1. The student will be supervised by Dr. Howard Berenbaum and may work with other faculty in the Department of Psychology at the University of Illinois. This elective offers the unique opportunity to interact with graduate students in clinical psychology and ample time for discussion of research and clinical practice.

2. The Department of Psychology utilizes one-on-one supervision, group supervision, and the use of one-way mirrors to facilitate observation of assessment and treatment of patients.

3. The student will meet with Dr. Aronson weekly for clinical correlation with the practice of medicine.

4. An individualized schedule will be developed for each student prior to the rotation.

5. During this elective, the student will:
   - Participate in 1 or more weekly research and clinical seminars on psychological assessment and intervention.
   - Observe psychological assessments and interventions.
   - Participate in psychological assessments of hospitalized inpatients with case-by-case supervision from a senior clinical psychologist.
   - Participate in psychological assessments of Axis I and II disorders as part of Dr. Berenbaum’s research.
   - Read and discuss relevant literature concerning evidence-based assessment and psychotherapy with Dr. Berenbaum.
   - Identify and discuss relevant research concerning psychopathology, medical and psychiatric disease-related behavior, and health care costs with Drs. Aronson and Berenbaum.
• The student will develop a Portfolio containing research and clinical articles, analysis of these articles or a short paper on a specific topic as assigned, notation of presentations, and a log of didactic and clinical activities the student has participated in or successfully completed.

EVALUATION/SUPERVISION

Drs. Berenbaum and Aronson will evaluate the student based on input from all faculty who have worked with the student, and the quality of the Portfolio developed by the student. Mid-cycle feedback sessions with Dr. Berenbaum and Dr. Aronson are required.
# Radiology Electives

**ELEC 671:** Diagnostic Radiology and Nuclear Medicine

<table>
<thead>
<tr>
<th>Clerkship Director:</th>
<th>Mukund Gai, M.D. – (217) 554-4242, Danville VA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Participants:</td>
<td>Jason Davis, M.D. – (309) 664-3491, Carle Clinic – Bloomington</td>
</tr>
<tr>
<td>Reporting Time:</td>
<td>8:00 a.m.</td>
</tr>
<tr>
<td>Sites:</td>
<td>Veterans Affairs Illiana Health Care System, 1900 East Main Street, Danville, IL 61832</td>
</tr>
<tr>
<td></td>
<td>Carle Clinic in Bloomington, 1701 East College Avenue, Bloomington, IL 61701</td>
</tr>
<tr>
<td>Length of Clerkship:</td>
<td>Four weeks</td>
</tr>
<tr>
<td>Dates:</td>
<td>To be arranged</td>
</tr>
<tr>
<td>Prerequisites:</td>
<td>Satisfactory completion of at least one core clerkship</td>
</tr>
<tr>
<td>Methods of Evaluation:</td>
<td>Subjective</td>
</tr>
<tr>
<td>Student's Per Rotation:</td>
<td>One per period</td>
</tr>
<tr>
<td>Night Call Required:</td>
<td>No</td>
</tr>
<tr>
<td>Weekend Required:</td>
<td>No</td>
</tr>
<tr>
<td>Supervision:</td>
<td>Daily assignments to one of the radiologists</td>
</tr>
</tbody>
</table>

## Narrative Description

Students will observe all diagnostic procedures and their interpretations. These will include, but are not limited to, plain film, fluoroscopy, angiographies (visceral and peripheral), computerized axial tomography and magnetic resonance imaging. In addition, the student will observe both ultrasonography and nuclear medicine procedures including ultrasound of thyroid and abdominal structures. Nuclear Medicine procedures will include bone scans, thyroid scans, indium scans, cardiac thallium and Cardiolite scans with GATED SPECT. Students will review films correlated to their clinical experiences, read assigned material dealing with basic diagnostic and fundamental radiology, and attend conferences related to the imaging service. Students will observe invasive diagnostic procedures occurring in the Imaging Department.

## Objectives

1. **Patient Care** - Students will be able to elicit a focused history and perform a skillful physical examination of the radiology patient.
2. **Medical Knowledge** - Students will be able to recognize the risks, benefits and alternatives of different diagnostic and interventional radiology procedures. Students will gain familiarity with interpreting X-rays, ultrasounds, CTs, MRIs and angiography. In addition, students will be able to Correlate radiological findings to clinical evaluations.
3. **Practice-Based Learning & Improvement** - Students will be able to correlate radiological findings to clinical evaluations. Students will develop a greater understanding of vascular anatomy and pathophysiology.
4. **Interpersonal and Communication Skills** - Communicate effectively with the radiology patient, his/her family, and all members of the health care team.
5. **Systems-Based Practice** - Students will be able to describe the role of radiology as a primary specialty and as an integral component to the medical team in complex medical problems.
**SCHEDULE OF ROTATION**

The student will contact Dr. Gai and Dr. Davis at least two weeks prior to the beginning of the clerkship. Students will be assigned to the Danville VA three days per week and Carle Clinic in Bloomington two days per week. Students will report to Dr. Gai at the Danville VA, Department of Radiology, for Danville assignments and will report to Dr. Davis at Carle Clinic in Bloomington, Department of Radiology, for Bloomington assignments.

**METHODS OF EVALUATION**

The Clerkship Director will assign the final grade after consultation with participating radiologists.

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**Unavailable until further notice**

**ELEC 672:** Radiology (Diagnostic)

**Clerkship Director:** B.J. Rao, M.D. – (217) 443-5245  
**Other Participants:** Ajay Bhardwaj, M.D.  
Prasad Devabhaktuni, M.D.  
Mohan Jham, M.D.  
Chilakapati Ramaprasad, M.D.

**Reporting Time:** 8:00 a.m.

**Site:** Provena United Samaritans Medical Center, Department of Radiology, 812 North Logan Avenue, Danville, IL 61832

**Length of Clerkship:** Four weeks

**Dates:** To be arranged

**Prerequisites:** Satisfactory completion of Medicine I Core Clerkship

**Methods of Evaluation:** Subjective

**Student’s Per Rotation:** One per period

**Night Call Required:** No

**Weekend Required:** No

**Supervision:** Daily assignments to one of the radiologists

**NARRATIVE DESCRIPTION**

Students will observe all diagnostic procedures and their interpretations. These will include, but are not limited to, plain film, fluoroscopy, angiographies (visceral and peripheral), computerized axial tomography and magnetic resonance imaging. In addition, the student will observe both ultrasonography and nuclear medicine procedures including ultrasound of thyroid and abdominal structures. Nuclear Medicine procedures will include bone scans, thyroid scans, indium scans, and cardiac thallium scans. Students will review films correlated to their clinical experiences, read assigned material dealing with basic diagnostic and fundamental radiology, and attend conferences related to the imaging service. The student will observe invasive diagnostic procedures occurring in the Imaging Department.
OBJECTIVES

1. To give the student a broad-based exposure to the clinical practice of diagnostic radiology in the general hospital setting. The exposure will include nuclear medicine, ultrasound, technical aspects, and the interrelation of radiology with other medical and surgical specialties.
2. To enable the student to assess radiology as a possible specialty field.
3. To aid the student to better understand the role of radiology as a consultative specialty to the other subspecialties of medicine and surgery.

SCHEDULE OF ROTATION

The student will contact the Clerkship Director at least two weeks prior to the beginning of the clerkship. The student will report to Dr. Rao at Provena United Samaritans Medical Center, Department of Radiology, in Danville for assignments.

METHODS OF EVALUATION

The Clerkship Director will assign the final grade after consultation with participating radiologists.

ELEC 692: Radiation Oncology

Clerkship Director: Ronald Sapiente, M.D. – (217) 383-3847, Ron.Sapiente@carle.com
Reporting Time: 8:00 a.m. daily, Monday-Friday – (217) 383-3273
Site: Radiation Oncology, Carle Clinic South
602 West University Ave., Urbana, IL  61801
Length of Clerkship: Two weeks
Dates: To be arranged
Prerequisites: Medicine Core Clerkship
Supervision: Direct supervision by Clerkship Director
Student’s Per Rotation: One to two per period
Night Call Required: No
Weekends Required: No

NARRATIVE DESCRIPTION

Students will receive a brief introduction to the history of radiation therapy and its usage in treatment. They will be familiarized with the treatment machines and basic radiation biology and physics. They will observe all therapeutic procedures. Treatment planning will be discussed according to various procedures using external radiation and brachytherapy with the computer. Students will participate in radiation therapy conferences and tumor conferences, follow-up examinations, and progress examinations of cancer patients. Radiation therapy treatment in various states of cancers and related articles are reviewed. Students will research medical literature related to cases they observe.
OBJECTIVES

1. **Patient Care** - Students will learn how to take a history and perform a physical examination on cancer patients.
2. **Medical Knowledge** - Students will gain a deeper understanding of vascular anatomy and pathophysiology. Students will be able to correlate radiological findings to clinical evaluations. They will learn how to examine x-rays, isotope scans, CAT scans, etc. of patients being currently treated.
3. **Practice-Based Learning & Improvement** - Students will gain an understanding of the risks, benefits and alternatives of different diagnostic and interventional radiology procedures. Students will be exposed to different imagine modalities and learn to appreciate indications and contraindications for different diagnostic and interventional radiology techniques. Treatment planning will be discussed according to various procedures using external radiation and brachytherapy with the computer.
4. **Interpersonal and Communication Skills** - Students will learn to communicate effectively with the radiology patient, his/her family, and all members of the health care team.
5. **Systems-Based Practice** - Students will gain a better understanding of the role of radiology as a primary specialty and as an integral component to the medical team in complex medical problems.

METHODS OF EVALUATION

Students will be evaluated on a continuing basis through the clerkship. Evaluation criteria include: (1) the ability to write a history and perform a physical examination on cancer patients; (2) the ability to examine x-rays, isotope, CAT and MRI scans of cancer patients; (3) participation in radiation therapy and Tumor Board conferences; and (4) student initiative in searching medical literature regarding cases assigned to them. All evaluations will be oral.
Surgery Electives

Offsite Electives: The following information needs to be presented to the Surgery Department Head before an offsite elective will be approved: description of rotation, list of the faculty involved, how student is graded including categories used for grading, and length of clerkship.

Elec 601: Anesthesiology

Clerkship Director: Sadru Dharamsy, M.D. – (217) 326-0800 (Hospital), Pager: 800-223-3997
Other Participants: Michael Wozniak, M.D.
Ray Burnham, M.D.
Michael Carroll, M.D.
Craig Klump, M.D.

Reporting Time: 7:00 a.m. – Carle Operating, Room, 2nd Floor
Site: Carle Foundation Hospital
Length of Clerkship: Two to four weeks
Dates: Year round
Prerequisites: Medicine and Surgery clerkships
Student’s Per Rotation: One
Night Call Required: Recommended (if considering anesthesiology career)
Supervision: Anesthesiology and Nurse Anesthetist faculty

Narrative Description

The student will be introduced to various anesthesia techniques, including management of patient’s airway. The student will gain experience in administration of anesthetic drugs, management of critical life functions such as hemodynamics monitoring, blood and fluid therapy and acute pain management (both postoperatively and in Obstetrics). A pre-test will be given to assess student’s existing knowledge of anesthesia and other clinical material. This will help the student understand the scope of study during the rotation.

Objectives

1. Patient Care - The student will review patient’s preoperative medical risk factors, airway, labs, and work with a CRNA/MD to formulate a plan of anesthesia. The student will help set up the anesthesia work area, drugs, and equipment. Interaction with patient including allaying patient anxiety is most desirable.

The student will also be involved in the actual administration of anesthesia and management of airway. After the case, follow-up of patient in the recovery room should also be undertaken. This will provide useful insight into Postoperative complications and management, as well as pain management.
2. **Medical Knowledge** - The student will demonstrate a basic understanding of the cardiovascular, pulmonary, renal and other significant pathophysiology as it applied to critical care management of patients. A functional knowledge of pharmacology of anesthesia drugs will be needed.

3. **Technical Skills** - The student will demonstrate to the Faculty competency in airway management, including ventilation with face mask, laryngeal airway mask, as well as endotracheal intubation.

4. **Professionalism** - The student will demonstrate a respect for the Opinions of others and respect for referring physicians. The student will be punctual in attending to assigned duties.

**TEACHING METHODS**

Students will ask for assignment of cases the day before surgery. Occasionally, these assignments are made on the morning of surgery. The student is encouraged to do a lot of reading before the case and be prepared to ask and answer issues pertaining to patient management. The Faculty will give informal lectures during the daytime.

The student is expected to be present in the operating room from 0700 to 1500. After that, the time should be spent in self study. The faculty must approve any absence during the rotation.

**EVALUATION**

At the end of the rotation, a post-test is given and the results discussed with the student. Regular feedback is also given to the student about his/her performance. Students are urged to be very inquisitive about their cases. Informal Q and A sessions constitute a significant factor in student grading as it demonstrates clinical understanding. Final evaluation of the student performance is submitted by the Clerkship Director (or a designated Faculty member) to the College.

**REFERENCES**

A list of books and handouts will be made available to the students when they present to the operating room.

**ELEC 675**: Cardiovascular and Thoracic Surgery

<table>
<thead>
<tr>
<th>Clerkship Director:</th>
<th>Scott Cook, M.D., Ph.D. – (217) 383-3810</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Time:</td>
<td>Contact Dr. Cook prior to rotation</td>
</tr>
<tr>
<td>Site:</td>
<td>Carle Clinic Association,</td>
</tr>
<tr>
<td></td>
<td>602 West University Ave., Urbana, IL 61801</td>
</tr>
<tr>
<td>Length of Clerkship:</td>
<td>Four to eight weeks</td>
</tr>
<tr>
<td>Dates:</td>
<td>Year round</td>
</tr>
<tr>
<td>Prerequisites:</td>
<td>Satisfactory completion of M-3 year</td>
</tr>
<tr>
<td>Methods of Evaluation:</td>
<td>Oral examination</td>
</tr>
<tr>
<td>Student’s Per Rotation:</td>
<td>One per period</td>
</tr>
<tr>
<td>Night Call Required:</td>
<td>No</td>
</tr>
<tr>
<td>Weekends Required:</td>
<td>No</td>
</tr>
<tr>
<td>Supervision:</td>
<td>Staff Physicians – Scott Cook, M.D., Ph.D.</td>
</tr>
</tbody>
</table>
**NARRATIVE DESCRIPTION**

The program is essentially a clinical clerkship. The student will work-up patients admitted for surgery, attend the operation, assist with operations, and see the patient in the hospital and office for follow-up. There will be exposure to critical care management of patients with cardiovascular disease, and intensive exposure to patients with peripheral vascular disease, coronary artery disease, and lung cancer.

**OBJECTIVES**

To familiarize the student with C.V.T. Surgery.

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**ELEC 698:** Colon and Rectal Surgery  

<table>
<thead>
<tr>
<th>Clerkship Director:</th>
<th>Lyn Tangen, M.D. – (217) 383-3080</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Participant:</td>
<td>Paul Tender, M.D.</td>
</tr>
<tr>
<td>Reporting Time:</td>
<td>By arrangement</td>
</tr>
<tr>
<td>Site:</td>
<td>Carle Clinic Association,</td>
</tr>
<tr>
<td></td>
<td>602 West University Ave., Urbana, IL 61801</td>
</tr>
<tr>
<td>Length of Clerkship:</td>
<td>Four to eight weeks</td>
</tr>
<tr>
<td>Dates:</td>
<td>Year round</td>
</tr>
<tr>
<td>Prerequisites:</td>
<td>Satisfactory completion or enrollment in Surgery core clerkship</td>
</tr>
<tr>
<td>Student’s Per Rotation:</td>
<td>One per period</td>
</tr>
<tr>
<td>Night Call Required:</td>
<td>Yes</td>
</tr>
<tr>
<td>Weekends Required:</td>
<td>No</td>
</tr>
<tr>
<td>Supervision:</td>
<td>Student will accompany or be supervised by faculty or fellow</td>
</tr>
</tbody>
</table>

**NARRATIVE DESCRIPTION**

Student will alternate daily between office, hospital, and operating room. Teaching rounds are conducted daily. Conferences covering literature and pathology are carried out weekly.

**OBJECTIVES**

Introduce student to diagnostic and surgical procedures in disease entities encountered in colon and rectal surgery. Student will have diagnostic work-ups and will assist in surgical procedures and in postsurgical follow-up. Application of basic sciences will be emphasized. An additional feature of the clerkship is nutritional assessment and management of parenteral and enteral alimentation and daily electrolyte requirements.

**TEXTS**

**ELEC 603:** Emergency Medicine

**Clerkship Directors:**
- William Weir, M.D., Carle – william.weir@carle.com
- James Ellis, D.O., Provena/Covenant – (217) 337-2131, James.Ellis@Provena.org

**Other Participants:**
- Donald Bartlett, M.D., Carle
- Ben Davis, M.D., Carle
- Thomas Scaggs, M.D., Carle
- Bradley Peterson, M.D., Carle
- James Barkmeier, D.O., Carle
- Robert Kiskaddon, M.D., Carle
- Napoleon Knight, M.D., Carle
- John Reed, M.D., Provena/Covenant
- Gregory Smith, M.D., Carle
- Glen Swindle, M.D., Carle
- James Thomas, D.O., Carle
- Ben Welch, M.D., Carle
- Jens A. Yambert, M.D., Carle Department Head

**Reporting Time:** By arrangement

**Sites:**
- Carle Clinic Association, 602 West University Ave., Urbana, IL 61801
- Provena/Covenant Medical Center, 1400 West Park Street, Urbana, IL 61801

**Length of Clerkship:** Four to eight weeks

**Dates:** Variable; call for arrangements

**Prerequisites:** Completion of at least the surgical clerkship with strong recommendation that the student will have completed all of the cores.

**Methods of Evaluation:** Observation

**Student’s Per Rotation:** Two per period at Carle – One per period at Provena/Covenant

**Night Call Required:** Yes

**Weekends Required:** Yes

**Supervision:** One-to-one with attending physician

**NARRATIVE DESCRIPTION**

This experience is broken into two primary areas: Acute Illnesses, not of life-threatening nature, and Emergency Medicine problems potentially of life-threatening nature. In the Acute Illness area, the student will rapidly assume primary management responsibilities for the patients. In the emergency situations, the student will begin in a primarily observational mode with gradual increase in responsibility. Instruction will include rapid history and physical evaluation and hands-on procedures such as suturing, I.V. lines, chest tubes, intubation, burn and wound care, casting, etc. This elective provides the unique experience for the student to do first evaluations of the patients, formulate differential diagnoses, estimate prevalence, reversibility, and severity of the illnesses. This elective provides evaluation and management experience with immediate feedback on the students’ clinical decision-making capabilities, in addition to technical expertise in procedures.
OBJECTIVES

1. The student will learn rapid assessment and treatment of medical/surgical emergencies and recognize where prompt intervention improves initial outcome or long-term rehabilitative potential.

2. The student will become proficient in assessment and management of minor trauma, minor acute illnesses, and office laboratory procedures.

3. The student will learn psycho/social considerations in emergency care, ranging from cost containment to multidisciplinary approaches to management of patient problems, and gain insight into how the student’s personal interaction with the patient affects the therapeutic outcome.

4. The student will also gain experience in special considerations of sports-medicine and workers compensation cases.

ELEC 673: General Surgery - (Advanced)

Clerkship Directors: Uretz J. Oliphant, M.D.
Reporting Time: By arrangement
Sites: Provena/Covenant Medical Center
       1400 West Park Street, Urbana, IL 61801
       Carle Clinic Association
       602 West University Ave., Urbana, IL 61801
Length of Clerkship: Four to eight weeks
Dates: All year with prior arrangement
Prerequisites: Surgery clerkship and recommended Internal Medicine clerkship
Methods of Evaluation: Oral examination/observation
Student’s Per Rotation: One per period
Night Call Required: Yes (at home)
Weekends Required: Yes
Supervision: Direct daily supervision

NARRATIVE DESCRIPTION

Student will gain experience by making daily rounds and charting; frequent, brief didactic presentations; assisting in minor and major surgery; outpatient surgical experience with the doctor in his office; have an opportunity to present cases and plan future care of surgical cases.

OBJECTIVES

An extension of the initial clerkship in General Surgery, this advanced rotation will allow the student more in-depth exposure and responsibility for the work-up and care of the General Surgery patient.
### ELEC 673: General Surgery (Advanced)

- **Clerkship Director:** Robert Coleman, M.D. – (217) 554-3000, Ext. 5450
- **Other Participant:** S. Kulasekhar, M.D.
- **Reporting Time:** By arrangement
- **Site:** Department of Veterans Affairs, Illiana Healthcare Center, 1900 East Main Street, Danville, IL 61832
- **Length of Clerkship:** Four weeks
- **Dates:** Year round
- **Prerequisites:** Satisfactory completion of Surgery core clerkship
- **Methods of Evaluation:** Composite of all preceptors evaluating through daily interaction with student
- **Student’s Per Rotation:** One per period
- **Night Call Required:** Not required
- **Weekends Required:** Not required
- **Supervision:** Staff surgeon will supervise student’s work, and daily consultations with the Clerkship Director or his designee will be held.

**Narrative Description**

For students interested in seeking a career in surgery or seeking deeper knowledge and responsibility beyond the core course. Student will function in an intern-like capacity on a busy surgical service. Student will be responsible for initial evaluation and work-up, participation in decision-making process as well as performance of minor surgery under supervision and participation in other major operations and follow-up evaluations of the patients. A case presentation by student every Friday will include the review of textbook and journals on related subject. The program will be of equal interest to those planning Family Medicine, surgical, or other specialty careers.

### ELEC 639: Ophthalmology

- **Clerkship Director:** Douglas Bull, M.D. - (217) 383-3150
- **Other Participant:** Chris Schmidt, M.D.
- **Reporting Time:** By arrangement
- **Site:** Christie Clinic Eye Department, 101 West University Avenue, Champaign, IL 61820
- **Length of Clerkship:** Two weeks
- **Dates:** Year round – Please contact Dr. Bull two to four weeks before start of clerkship
- **Prerequisites:** Surgery Clerkship
- **Methods of Evaluation:** Relationship with patients, discussion of topics, and oral quizzing
- **Student’s Per Rotation:** One per period
- **Night Call Required:** No
- **Weekends Required:** No
- **Supervision:** One-on-one supervision by clerkship director or other participant
NARRATIVE DESCRIPTION

Each two-week clerkship will consist of two weeks at Christie/Provena Covenant. While at Christie, emphasis will be placed on examination of ophthalmology patients in an outpatient setting. Skills in diagnosis and ophthalmologic examination will be stressed. These include diabetic retinopathy, glaucoma, macular degeneration, and ocular infections/inflammation. Proper ophthalmologic examination techniques will be introduced. The student will gain experience serving in a consultant role to other physicians. The student will observe basic elements of referring physician communication and patient-physician communication. The student will also observe surgery and/or laser treatments. The student will gain experience in treating patients in a high-volume outpatient setting.

OVERALL GOALS

To give experience in all types of common ophthalmologic diseases and to provide an opportunity to develop the technical skills necessary for the accurate diagnosis of ophthalmologic problems.

OBJECTIVES

1. **Patient Care** – The student will demonstrate an appropriately focused medical interview and physical examination on patients presenting for ophthalmologic consultation. The student will outline a differential diagnosis and problem list. The student will use clinical data to develop a management plan. The student will demonstrate an effective doctor-patient relationship.

2. **Medical Knowledge** – The Student will demonstrate a basic understanding of the pathophysiology of common ophthalmic problems focusing on those that are most common; diabetes, glaucoma, macular degeneration, and ocular infections/inflammations.

3. **Practice-Based Learning and Improvement** – The student will develop a program of self-guided learning based on case exposure. The student will list appropriate resources for answering clinical questions. Appropriate foundational research/studies that are essential to evidence-based treatment will be discussed.

4. **Interpersonal and Communication Skills** – The student will present concise well-organized case presentations to faculty after completing an initial consultation.

5. **Professionalism** – The student will demonstrate a respect for the opinions of others and respect for referring physicians. The student will dress appropriately to the setting, be punctual in attending to assigned duties, asked for experiences which provide learning opportunity, demonstrated unconditional positive regard to patients and staff.

6. **Systems-Based Practice** – The student will demonstrate appropriate interaction with all members of the healthcare team, recommended appropriate consultation, demonstrate appreciation of basic legal principles and ethical principles in patient care.
TEACHING METHODS

Students will be assigned in the ambulatory settings. Students will evaluate patients primarily in the office setting with the attending physician. The student and faculty member then will review the history with the patient, complete an appropriate physical examination, discuss assessment and plan for treatment and follow-up. Students with faculty will identify learning issues on which the student will report at a subsequent session with that faculty member.

Students are expected to be present between 8:00 a.m. and 5:00 p.m. unless particular exception is agreed in advance.

EVALUATION

1. **Evaluation of Student** – Students are provided feedback at the end of the rotation in an ongoing way. Students are evaluated on a standard survey provided by the Department of Surgery. This evaluation is reviewed with the student and feedback is given.
2. **Evaluation of Faculty and Evaluation of the Clerkship** – The student evaluates faculty with whom she/he has been assigned and the clerkship experience on standard survey instruments provided by the Department of Surgery.
3. **Supervision** – Student is supervised directly by the attending with whom the student is assigned.

REFERENCES

Clinical ophthalmologic texts are available at Christie Clinic Department of Ophthalmology. The student will be assigned reading materials appropriate to the cases observed in the outpatient setting. Reference materials are also available in site libraries, the Library of the Health Sciences and on-line through the Library of the Health Sciences.

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**ELEC 803:** Ophthalmology (Retinal Surgery)

<table>
<thead>
<tr>
<th>Clerkship Director:</th>
<th>George Panagakis, D.O. – (217) 383-3150</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Time:</td>
<td>By arrangement</td>
</tr>
<tr>
<td>Site:</td>
<td>Carle Clinic, 602 West University Avenue, Urbana, IL 61801</td>
</tr>
<tr>
<td>Length of Clerkship:</td>
<td>Two weeks</td>
</tr>
<tr>
<td>Dates:</td>
<td>To be arranged</td>
</tr>
<tr>
<td>Prerequisites:</td>
<td>Surgery Clerkship</td>
</tr>
<tr>
<td>Methods of Evaluation:</td>
<td>No test.</td>
</tr>
<tr>
<td>Student’s Per Rotation:</td>
<td>One per period</td>
</tr>
<tr>
<td>Night Call Required:</td>
<td>No</td>
</tr>
<tr>
<td>Weekends Required:</td>
<td>No</td>
</tr>
<tr>
<td>Supervision:</td>
<td>One-on-one supervision by clerkship director or other participant</td>
</tr>
</tbody>
</table>
NARRATIVE DESCRIPTION

Student will spend two weeks in this program as part of an Ophthalmology elective at Carle. Nature of program will depend on cases referred. This will primarily be concentrated in the areas of general ophthalmology.

OBJECTIVES

To teach ocular and periocular examination skills (direct ophthalmoscopy, etc.) and diagnosis and treat common eye diseases.

ELEC 640: Orthopedics

Clerkship Director: James Sobeski, M.D. – (217) 383-4296
Other Participants: Robert Bane, M.D.
                    Alain Desy, M.D.
                    Chris Dangles, M.D.
                    Kenneth Dols, M.D.
                    Sean Grambart, G.P.M.
                    James Harms, M.D.
                    Robert Hurford, M.D., Ph.D.
                    Clifford Johnson, M.D.

Reporting Time: 7:30 a.m.
Site: Carle Clinic Association, Orthopedics South Clinic, Lower Level
       602 West University Ave., Urbana, IL 61801
Length of Clerkship: Prefer three weeks minimum
Dates: Year round. Dates subject to approval by Dr. Sobeski’s secretary
Prerequisites: Surgery Clerkship
Methods of Evaluation: Standard evaluation form; demonstration of clinical orthopedics; examination of patient; no written examination. Must present a written review of a case in the x-ray file and contribute a case to the x-ray file.

Student’s Per Rotation: One, preferably; two at most per period
Night Call Required: Not required, but optional
Weekends Required: Optional
Living Quarters: No

NARRATIVE DESCRIPTION

To provide an opportunity for students to recognize and treat common orthopedic problems. There will be an emphasis on adult reconstructive orthopedics. Sports Medicine clinic is not regularly included in the rotation unless there are no other students doing that elective. Exposure to the hand, spine, and podiatric clinics is mandatory. Two days per week are spent in surgery unless the student requests more clinic time. Drs. Dangles and Harms each spend two full days in the OR. Dr. Sobeski performs hand surgery at the SurgiCenter daily.
Our desire is to allow each student to customize his/her rotation. We would like for them to do a week in the following areas (two weeks would also be allowable).

Schedules are coordinated by Jim Wallace.

- Hand (Sobeski and Johnson)
- Adult Reconstruction (Dangles)
- Spine (Harms and Hurford)
- Sports (Bane)
- Podiatry (Grambart)
- Trauma (Desy and Dols)

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<td>Hand Clinic</td>
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**Surgery Opportunities**

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<th>Hand Clinic</th>
<th>OR</th>
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<th>Dr. Dangles, Harms in OR all day; Dr. Dangles at SurgiCenter</th>
<th>Hand Clinic at the SurgiCenter</th>
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**OBJECTIVES**

1. To become familiar with diseases and injuries of bones, muscles, tendons, joints, and their relationship to general disease processes.
2. To develop examination skills required to evaluate bone, joint, muscle, and tendon disease.
3. To become familiar with basic orthopedic terminology.
4. To become familiar with physiological variants of normal patterns.
5. To become familiar with basic casting techniques.
6. To become familiar with common orthopedic surgical operations.

**BIBLIOGRAPHY**

- Salter Textbook of Orthopedics.
- *One Hundred Orthopaedic Conditions Every Doctor Should Understand*, Roy A. Meals.
- X-ray file available for student education.
- Reference books available in the Ortho Department and the Carle Library.

In-Patient care in the hospital is limited.
**ELEC 643:** Otolaryngology – Fourth Year

**Clerkship Director:** Michael A. Novak, M.D. – (217) 383-3130  
**Other Participant:** John Brockenbrough, M.D.  
Chris Lansford, M.D.  
Ken Weiss, M.D.

**Reporting Time:** By arrangement  
**Site:** Carle Clinic Association, NCE 4,  
602 West University Ave., Urbana, IL 61801

**Length of Clerkship:** Two to four weeks  
**Dates:** Year round  
**Prerequisites:** Approval of staff, completion of third year of medical school  
**Method of Evaluation:** Subjectively  
**Student’s Per Rotation:** One to two per period  
**Night Call Required:** No  
**Weekends Required:** No  
**Supervision:** One-on-one

**NARRATIVE DESCRIPTION**

Designed as an elective for the student seriously considering a career in otolaryngology or seeking a deeper knowledge than that available in the third-year elective.

**OBJECTIVES**

Full examination of the head and neck, participation in inpatient care, assisting and participating in surgery. The student will function as an “intern” the third and fourth week.

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**ELEC 643:** Otolaryngology – Fourth Year

**Clerkship Directors:** Robert Kuramoto, M.D.  
Henry Lipps, D.O.  
William Youngerman, M.D.

**Reporting Time:** 8:00 a.m. – in the ENT office  
**Site:** Christie Clinic, 101 West University Avenue,  
Champaign, IL 61820

**Length of Clerkship:** Two weeks  
**Dates:** Year round  
**Prerequisites:** Fourth year students who have a particular interest in otolaryngology or primary care  
**Methods of Evaluation:** Evaluation of the student is made by all Clerkship Directors. This is based on their technical skills, reading, ability to grasp the clinical concepts, organization of their diagnostic and therapeutic knowledge, and interactions with the patients.
Student’s Per Rotation: One per period
Night Call Required: No
Weekends Required: No

NARRATIVE DESCRIPTION

The rotation will cover general otolaryngology, audiology, allergy, and head/neck surgery. The primary emphasis will be the office practice, although surgeries and emergencies will be available for the students to participate in. We do not require any night or weekend calls, but they may be notified for interesting cases.

The textbooks we suggest are *Otolaryngology* by DeWeese and Saunders, *Otolaryngology* by Gerald M. English and *Essential Otolaryngology* by K. J. Lee. (The latter is on reserve in the PCMC library.)

We suggest that the students call us four weeks prior to their rotation date for any changes in scheduling. Unforeseeable changes in office schedule may require our changing the student’s schedule.

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**ELEC 683: Urology**

Clerkship Director: Robert Coleman, M.D. – (217) 554-3000, Ext. 5450
Reporting Time: By arrangement
Site: Department of Veterans Affairs, Illiana Healthcare System, 1900 East Main Street, Danville, IL 61832
Length of Clerkship: As requested or negotiable
Dates: Year round
Prerequisites: Surgery clerkship
Methods of Evaluation: Composite of all preceptors evaluating through daily interaction with student
Student’s Per Rotation: One per period
Night Call Required: No
Supervision: Staff urologist will supervise student’s work, and daily consultation with the Clerkship Director or his designee will be held.

NARRATIVE DESCRIPTION

Student will be involved with the initial evaluation of the patient including history and physical. Will learn catheterization and be familiar with urologic instruments. Will perform minor procedures under supervision, and will assist with major surgery. Student will participate on consultations. Student will also learn the evaluation of uroradiological films and reading of pathology slides from surgical specimens.
ELEC 683: Urology

Clerkship Director: John Newman, M.D.
Other Participants: John Regan, M.D.
Joseph A. Zalar, Jr., M.D.

Reporting Time: Student should contact our office the Friday prior to the start of their rotation. Office: (217) 366-1240

Sites: Christie Clinic,
101 West University Avenue, Champaign, IL 61820,
Provena/Covenant Medical Center
1400 West Park Street, Urbana, IL 61801

Length of Clerkship: Optional, usually varies from two to four weeks
Dates: Year round
Prerequisites: Surgery clerkship
Student’s Per Rotation: One per period
Night Call Required: None
Weekends Required: None

NARRATIVE DESCRIPTION

Participation in the outpatient and inpatient management of urological problems. These include urological neoplasms (prostate, bladder, renal, and testicular), urinary calculi, male infertility, and management of urinary incontinence. The student will actively examine patients in the office and assist with surgery. The rotation can be adjusted for a two- or four-week period.

GOALS

To develop a basic appreciation of the surgical and medical aspects of urology and to develop therapeutic skills in the hospital and office settings. Students should learn to interpret urologic x-rays, know the indications for urologic surgery, and appreciate the medical management of urologic problems.

OBJECTIVES

1. To become familiar with basic problems confronting the urologic surgeon.
2. To develop skills in the urologic examination and history acquisition.
3. To observe or assist at all surgical procedures performed while on the rotation.
4. To observe the private practice of urology in an active clinical setting.

BIBLIOGRAPHY

B. C. Decker, Incorporated.
### ELEC 683: Urology

**Clerkship Director:** Richard Wolf, M.D. – (217) 383-3160  
**Other Participants:** Ronald Konchanin, M.D.  
Associate of Carle Clinic, Division of Urology  
Gregory Maurer, M.D.  
**Reporting Time:** To be arranged  
**Sites:** Carle Clinic Association,  
602 West University Ave., Urbana, IL  61801  
Carle Foundation Hospital,  
611 West Park Street, Urbana, IL  61801  
**Length of Clerkship:** Minimum of two weeks; Maximum of four weeks  
**Dates:** Anytime during the year subject to M.D. availability  
**Prerequisites:** Surgery clerkship  
**Student’s Per Rotation:** One per period  
**Night Call Required:** Rare  
**Supervision:** Direct by practicing urologists

#### NARRATIVE DESCRIPTION

Exposure to the full spectrum of urology—urologic surgery, clinic, hospital, operating room. See and follow patients in the above settings under direct supervision of members of Carle Urology Division.

#### OBJECTIVES

To introduce urology and develop interest in the specialty.

### ELEC 859: Sports Medicine

**Clerkship Director:** Robert Gurtler, M.D. – (217) 383-3260  
**Reporting Time:** 8:00 a.m. – Carle North Annex  
810 West Anthony Drive, Urbana, IL  61801,  
**Sites:** Carle Clinic Association,  
602 West University Ave., Urbana, IL  61801  
Orthopedic Clinic  
Center for Athletic Injury Research, Mahomet, IL  61853  
**Length of Clerkship:** Two to four weeks  
**Dates:** Year round  
**Prerequisites:** Completion of M-3 year medical school, or special permission with previous experience in this field  
**Methods of Evaluation:** Oral questioning  
**Student’s Per Rotation:** One per period  
**Night Call Required:** No  
**Weekends Required:** No  
**Supervision:** One-on-one
NARRATIVE DESCRIPTION

This elective is valuable for the primary care-oriented student involved in seeing grade school or high school athletes and for the student interested in general or sports orthopedics. Students will have one-on-one interaction with supervising faculty while gaining meaningful management experience in the diagnosis and treatment of sports injuries, surgery, and sports medicine problems. The experience will include time in a Sports Injury Evaluation Clinic, a Sports Medicine Center for evaluation and rehabilitation, medical coverage of athletic events, evaluation of athletes at local high schools and universities, modules, and Emergency Department.

Students will be able to tailor the educational experience to their individual educational goals while still providing a broad background in sports injury and sports medicine.

OBJECTIVES

The student will:

1. Learn the theory and practice of preseason sports screening examinations.
2. Develop awareness of rationale and techniques of surgical intervention in the care of sports injuries.
3. Learn principles of post-injury rehabilitation.
4. Develop awareness of the psychological aspects of care for the injured athlete.
5. Develop awareness of roles for the physician, physical therapist, and certified trainer in a model sports medicine center.
6. Learn taping techniques for the knee and ankle.
7. Develop awareness of the principles of injury prevention through protective equipment, proper training, and rule changes for sporting events.

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ELEC 833: Oral and Maxillofacial Surgery I

Clerkship Director: Jonathan Bailey, D.M.D., M.D., – (217) 383-3280
Other Participants: Michael S. Goldwasser, D.D.S., M.D.
Stephen Sabol, D.D.S.

Reporting Time: 8:00 a.m. first Monday of clerkship
Site: Carle Clinic Association, Dept. of Oral and Maxillofacial Surgery
602 West University Avenue, Urbana, IL 61801

Length of Clerkship: Four weeks
Dates: Available all year except June, July, and August
Prerequisites: Satisfactory completion of basic science requirements.
Completion of Medicine I and Surgery clerkships

Methods of Evaluation: Oral examination; evaluation of oral presentation
Student’s Per Rotation: One per period
Night Call Required: Yes
Weekends Required: Yes
Supervision: Attending supervisor on all patients. Resident supervisor for emergency cases
NARRATIVE DESCRIPTION

**Introduction to clinical Oral and Maxillofacial Surgery**

1) Observation of attending staff; 2) clinical examinations; 3) assist in surgery; 4) emergency room coverage; 5) introduction to radiographic interpretation; 6) lecture on oral pathology; 7) lectures on surgical anatomy of head and neck; and 8) review article for journal club.

**OBJECTIVES**

1. Increase database regarding oral and maxillofacial pathology.
2. Increase diagnostic skills for the patient with maxillofacial injuries.
3. Participate in journal club with residents and attending staff—present review of article.
4. Increase manual skills needed to assist in surgery.

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NARRATIVE DESCRIPTION

**Advanced principles in Oral and Maxillofacial Surgery**

1) Observation; 2) clinical examinations; 3) assist in surgery; 4) emergency room coverage; 5) perform selected procedures under supervision; 6) lecture on oral pathology; 7) lectures on surgical anatomy of head and neck; 8) review article for journal club; and 9) appropriate participation in care of hospitalized patients.
OBJECTIVES

1. Increase database regarding oral and maxillofacial pathology.
2. Increase diagnostic skills for the patient with maxillofacial injuries.
3. Participate in journal club with residents and attending staff—present review of article.
4. Increase manual skills needed to assist in surgery.

ELEC 694: Neurosurgery

Clerkship Director: Richard Rak, M.D. – (217) 383-3440
Other Participants: Charles Wright, M.D.
William Olivero, M.D.
Site: Carle Clinic Association, 602 West University Avenue, Urbana, IL 61801
Length of Clerkship: Minimum two weeks; Maximum eight weeks
Dates: Throughout the year
Prerequisites: Knowledge of neuroanatomy, clinical neurology (desired but not sine qua non), approval of instructor, Surgery clerkship
Student’s Per Rotation: One per period
Night Call Required: Yes (only if and when instructor is required to attend emergencies)
Supervision: The student will be closely supervised by the instructor. Clinical responsibilities in neurosurgery will necessarily be limited to those specifically authorized by the instructor. The neurosurgical thought and planning process will be emphasized.

NARRATIVE DESCRIPTION

The student will accompany the instructor in all phases of professional activity, i.e., visiting patients in the wards, clinic visits, and during surgery. The student will review appropriate laboratory data, and will be assigned readings of selected topics. As the occasion and/or time permits, the student will be encouraged to participate in the preparation and writing of clinical research papers for publication.

OBJECTIVES

1. To demonstrate the full range of neurosurgical services that can be offered to the patient.
2. To eradicate misconceptions that neurosurgery equates with poor results.
3. To correlate clinical and surgical aspects of neurology.
ELEC 679: Plastic and Reconstructive Surgery

Clerkship Director: James M. Kurley, M.D. – (217) 356-3850
Reporting Time: To be arranged
Site: Advanced Aesthetics and Laser Center
      510 South Neil Street, Champaign, IL 61820
Length of Clerkship: Two to four weeks
Dates: Year round. Please contact Dr. Kurley two to four weeks prior to start of clerkship.
Prerequisites: Surgery clerkship
Methods of Evaluation: Relationship with patients, discussion of pertinent topics, and oral quizzing
Student’s Per Rotation: One per period
Night Call Required: No—optional for interesting trauma cases
Weekends Required: No
Supervision: Student will be supervised by Dr. Kurley.

NARRATIVE DESCRIPTION

Each four-week clerkship will consist of familiarization with general plastic and reconstructive surgery. Emphasis will depend upon the current office and surgical case load. The student will assist in all facets of the practice and have an opportunity to view a wide range of cosmetic plastic surgery.

OBJECTIVES

1. To familiarize the student with basic concepts of wound healing and burn care.
2. To acquaint the student with basic principles of surgical reconstruction of congenital, traumatic, and nontraumatic deformities.
3. To familiarize the student with elective cosmetic surgery.

ELEC 656: Plastic Surgery

Clerkship Director: Reed G. Panos, M.D., F.A.C.S. – (217) 326-2000
Other Participant: Donna deCamara, M.D.
Reporting Time: To be arranged
Site: Carle Clinic Association, Center for Cosmetic Surgery,
      1702 South Mattis, Champaign, IL 61821
Length of Clerkship: Two to four weeks, flexible
Dates: Year round
Prerequisites: Surgery clerkship or permission of Instructor
Supervision: Supervised by Dr. Panos or Dr. deCamara
Student’s Per Rotation: One per period
Night Call Required: No
NARRATIVE DESCRIPTION

This rotation will introduce students to the basic principles and techniques of plastic surgery. The two to four-week rotation will include clinic and operating room experience with the two board certified plastic surgeons in the Division. The sites for the rotation include Carle Hospital, the Carle Center for Cosmetic Surgery, and the Carle Surgicenter. The supervising surgeons include Drs. Donna deCamara and Reed Panos.

OBJECTIVES

1. BASIC CONCEPTS
   a. Tissue handling techniques
   b. Wound repair – simple and complex
   c. Suturing techniques
   d. Wound care – debridement
      i. Management of open wounds – superficial and deep
      ii. Closure of wounds – primary and secondary
      iii. Flaps and skin grafts
   e. Wound healing principles
   f. Scars
   g. Normal wound healing – timing and process
   h. Abnormal healing – wound dehiscence
      i. Hypertrophic scarring
      ii. Keloids
      iii. Contracture
      iv. Hyperpigmentation
   i. Diagnosis, treatment, prevention

2. RECONSTRUCTIVE LADDER
   a. Primary repair
   b. Secondary repair
   c. Skin grafts
   d. Split thickness grafts
   e. Full thickness grafts
   f. Flaps including skin, fascia, muscle, myocutaneous and free flaps
   g. Indications and characteristics of grafts and flaps
   h. Postoperative care results

3. TUMORS
   a. Benign skin lesions and tumors
   b. Subcutaneous tumors
   c. Skin cancer management – diagnosis, treatment, and prevention
      i. Basal cell, squamous cell, and melanoma

4. BURNS
   a. Diagnosis and treatment of burns less than 15% TBSA
   b. Initial evaluation, classification, and reconstruction
   c. ABA criteria for transfer to a burn unit

5. BREAST SURGERY
   a. Breast reconstruction after mastectomy – implants, expansion, flaps
   b. Breast reduction surgery
   c. Correction of breast asymmetry
6. **NASAL SURGERY**  
   a. Fractures  
   b. Correction of deviated nasal septum  
   c. Nasal reconstruction following carcinoma or trauma  

7. **RECONSTRUCTIVE SURGERY**  
   a. Microvascular surgery  
      i. Free flap tissue transfers for reconstruction of major soft tissue and bone defects  
   b. Abdominal wall reconstruction  
      i. Repair following abdominal wall hernias or massive weight loss  
   c. Head and neck reconstruction  
   d. Extremity reconstruction  
   e. Chest reconstruction  
      i. Reconstruction of the sternum post open-heart surgery  

8. **COSMETIC SURGERY**  

**Responsibilities**

The schedule will be issued on the first day of the rotation along with a basic plastic surgery textbook. The student is to be in the operating room and the clinic on time and prepared for cases. Anatomy and operative procedure are to be reviewed prior to surgery. Students are expected to follow all patients on the Plastic Surgery Service. These include patients in Carle Hospital and those in the Recovery Center. Notes should be written on a daily basis and rounds made with the physician. Notes will be reviewed by the physician and co-signed.

Students are also expected to assist in the pre and postoperative patient care and evaluation. This may include notes and orders, which will be cosigned by the responsible surgeon. All student activity on this service is to be under the direct supervision of the attending plastic surgeon. Patient privacy and confidentiality are to be respected at all times.

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**ELEC 676:** Surgical Critical Care  

**Clerkship Director:** John Hill, M.D.  
**Other Participants:** Michael Freeland, M.D.  
**Reporting Time:** By arrangement  
**Site:** Carle Foundation Hospital  
611 West Park Street, Urbana, IL 61801, (217) 383-3204  
**Length of Clerkship:** Four weeks  
**Dates:** All year with prior arrangement  
**Prerequisites:** Completion of Surgery core and Medicine core clerkship  
**Methods of Evaluation:** Oral examination  
**Student’s Per Rotation:** One per period  
**Night Call Required:** No  
**Weekends Required:** Yes  
**Supervision:** Direct daily supervision by Dr. John Hill, Dr. Kirk Moberg and Dr. Uretz Oliphant.
NARRATIVE DESCRIPTION

Student will gain experience by making daily rounds and charting; frequent, brief didactic presentations; assisting or performing SICU procedures; daily presentation of cases and formulating plans for further care.

OBJECTIVES

An extension of the initial clerkship in General Surgery and Medicine, this advanced rotation will allow the student more in-depth exposure and responsibility for care of the critically ill surgical and medical patient. Student will become more familiar with treatment of sepsis, respiratory failure, hemodynamic monitoring, and the role of intensive care medicine.

<table>
<thead>
<tr>
<th>ELEC 701: Trauma Surgery</th>
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<tbody>
<tr>
<td>Clerkship Director:</td>
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NARRATIVE DESCRIPTION

The student will gain experience in the initial resuscitation, triage, operative care, and postoperative care of the trauma patient. He/she will participate in all aspects of this care including in-house trauma call during the course of the rotation, and active participation in trauma room resuscitation procedures, events, and the stabilization process of the trauma victim.

OBJECTIVES OF PROGRAM

This clerkship is designed as an extension of the initial clerkship in General Surgery. This advanced clerkship will allow the student interested in trauma care, exposure and responsibility for the work-up of these patients at the level of an advanced student. At the end of the rotation, the student should be familiar with ATLS guidelines for the resuscitation of trauma victims and the standard emergency procedures necessary to maintain life in the critically injured patient.
**ELEC 723: Research in Surgery**

**Clerkship Director:** Uretz J. Oliphant, M.D. – (217) 383-3204  
**Other Participants:** Per Arrangement  
**Reporting Time:** To Be Arranged  
**Sites:**  
Carle Foundation Hospital,  
611 West Park Street, Urbana, IL 61801  
Department of Veterans Affairs Illiana Health Care Center,  
1900 East Main Street, Danville, IL 61832  
Provena-Covenant Medical Center,  
1400 West Park Street, Urbana, IL 61801  
**Length of Clerkship:** At least eight weeks  
**Dates:** Year round  
**Prerequisites:** Internal Medicine and Surgery Clerkships  
**Methods of Evaluation:** End of rotation oral or written presentation, weekly report to preceptor, review of data assessments, review of manuscript if applicable  
**Student’s Per Rotation:** Dependent on number of available preceptors  
**Night Call Required:** No  
**Weekends Required:** No  
**Living Quarters Available:** No  
**Supervision:** By Preceptor; student to meet with Department Head every two weeks

**NARRATIVE DESCRIPTION**

The main purpose of the elective is to teach the student the principles of clinical research using a specific project or study. The student will be taught how to set up a clinical research project, how to use and critique the literature and how to write a clinical research paper to be presented to a refereed journal.

**GOALS**

1. Specific educational objectives must be developed as related to the clinical aspect of the study. This should include pertinent pathophysiologic processes.
2. Student must attend all hospital conferences, daily rounds, and clinical evaluations pertinent to the study.
3. Student should be involved in surgical treatments, if applicable.
4. Project must be approved by department head.
5. Weekly progress report to preceptor. Biweekly report to Department Head.
6. At the end of the rotation, the student must present either an oral or written presentation of the data collected. This can be in the form of a manuscript to be published.
7. IRB approval will be obtained as needed.
<table>
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<tr>
<th><strong>ELEC 795:</strong></th>
<th><strong>Pain Management</strong></th>
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| **Clerkship Directors:** | Ramsin Benyamin, M.D. – (309) 662-4321, Bloomington  
Stuart King, M.D. – 366-5027, Christie Clinic |
| **Reporting Time:** | 8:30 a.m. |
| **Sites:** | Millennium Pain Center  
Neuroscience Foundation Building  
1015 South Mercer Avenue, Bloomington, IL 61701  
Christie Clinic  
101 West University Avenue, 3rd Floor  
Champaign, IL 61820 |
| **Length of Clerkship:** | Two weeks (also four weeks with Dr. King) |
| **Dates:** | Available all year |
| **Prerequisites:** | Medicine and Surgery clerkships |
| **Methods of Evaluation:** | General attendance, evaluation of student’s participation in patient evaluation and management |
| **Student’s Per Rotation:** | One per rotation |
| **Calls:** | No calls; no weekends |
| **Supervision:** | Always under the attendings supervision |

**NARRATIVE DESCRIPTION**

Following initial orientation in the pain center and its facilities, the student will be introduced to the field of pain management by review of the most common pain problems and close observation of the pain patient’s evaluation and management. This will include first hand exposure to interventional pain management and procedures such as, but not limited to: cervical, thoracic, lumbar epidural, SI blocks, facet blocks, nerve root blocks, radiofrequency neurolysis, spinal cord stimulators, and infusion pumps, discography, percutaneous intra discal therapies (e.g., IDET, nucleoplasty), vertebroplasty.

**OBJECTIVES**

1. Introduction to basic principles of pain management.
2. Evaluation and diagnosis of common pain problems and their management in order to relieve pain and suffering and improve quality of life.
3. Review of anatomy as related to the different procedures performed.
4. Hands-on experience with interventional pain management.
5. Review of pain related pharmacology (analgesic and local anesthetic).
APPENDIX
### Appendix

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix 1</td>
<td>UICOM-UC Policy on Graduate Assistantships and Tuition Waivers</td>
<td>158</td>
</tr>
<tr>
<td>Appendix 2</td>
<td>UICOM-UC Electronic Residency Application Service (ERAS)</td>
<td>160</td>
</tr>
<tr>
<td>Appendix 3</td>
<td>UICOM-UC Student Promotion/Progress Decision Making Process and Student Appeal of Academic Progress Decisions</td>
<td>162</td>
</tr>
<tr>
<td>Appendix 4</td>
<td>UICOM Policy and Procedures for Leaves of Absence Academic Year 2008-2009</td>
<td>165</td>
</tr>
<tr>
<td>Appendix 5</td>
<td>UICOM-UC Resident and Student Conduct at the Clinical Education Centers (CEC) Clinical and Hospital Sites</td>
<td>168</td>
</tr>
<tr>
<td>Appendix 6</td>
<td>UICOM-UC Registration Deadline Policy: Payment of Tuition and Fees</td>
<td>169</td>
</tr>
<tr>
<td>Appendix 7</td>
<td>UICOM-UC Request to Suppress Directory Information</td>
<td>170</td>
</tr>
<tr>
<td>Appendix 8</td>
<td>UICOM-UC Foreign Clerkship Scholarship Available</td>
<td>171</td>
</tr>
<tr>
<td>Appendix 9</td>
<td>UICOM-UC Alpha Omega Alpha Medical Honor Society</td>
<td>172</td>
</tr>
<tr>
<td>Appendix 10</td>
<td>UICOM Criteria for Graduation with Honors from the College of Medicine Class of 2009 (Selected Early Spring of Senior Year)</td>
<td>174</td>
</tr>
<tr>
<td>Appendix 11</td>
<td>UICOM-UC Policies and Procedures Pertaining to MSP Students Withdrawing from Their Planned Degree Program in Graduate Studies</td>
<td>175</td>
</tr>
<tr>
<td>Appendix 12</td>
<td>UICOM Procedures for Students Requesting Reasonable Accommodation under the Americans with Disabilities Act</td>
<td>177</td>
</tr>
<tr>
<td>Appendix 13</td>
<td>UICOM-UC Policies for a Student Complaint or Grievance of a Grade Awarded in a Course or Clerkship</td>
<td>181</td>
</tr>
<tr>
<td>Appendix 14</td>
<td>UICOM Vaccination/Immunization and CPR Policies</td>
<td>184</td>
</tr>
<tr>
<td>Appendix 15</td>
<td>UICOM-UC Nondiscrimination Statement</td>
<td>188</td>
</tr>
<tr>
<td>Appendix 16</td>
<td>UICOM-UC Guidelines for Implementing University of Illinois at Chicago’s Policy on Sexual Harassment and Discrimination</td>
<td>189</td>
</tr>
<tr>
<td>Appendix 17</td>
<td>UICOM-UC Academic Year 2008–2009 Monthly Clerkship Calendar</td>
<td>200</td>
</tr>
<tr>
<td>Appendix 18</td>
<td>UICOM Policy on Student Behavior and Discipline Procedures</td>
<td>201</td>
</tr>
<tr>
<td>Appendix 19</td>
<td>UICOM-UC Guidelines and Policy for Infectious Disease Prevention for Medical Students’ Exposure to Blood and Body Fluids and Risks Related to HIV and Viral Hepatitis</td>
<td>203</td>
</tr>
<tr>
<td>Appendix 20</td>
<td>NBME Step 2 Clinical Skills Examination Frequently Asked Questions</td>
<td>213</td>
</tr>
<tr>
<td>Appendix 21</td>
<td>UICOM-UC College – Campus – Community Resources</td>
<td>216</td>
</tr>
<tr>
<td>Appendix 22</td>
<td>UICOM-UC Policy Regarding Sitting for Examinations</td>
<td>217</td>
</tr>
<tr>
<td>Appendix 23</td>
<td>How the Matching Algorithm Works</td>
<td>218</td>
</tr>
<tr>
<td>Appendix 24</td>
<td>Time Limit for Completing M.D. Degree</td>
<td>224</td>
</tr>
<tr>
<td>Appendix 25</td>
<td>UICOM Student Academic Promotions Policy Academic Year 2007-2008. (Policy will be distributed in late summer or early fall)</td>
<td>225</td>
</tr>
</tbody>
</table>

**NOTE** – AY 2008–2009 UICOM-UC and College Promotion Policies will be distributed in late summer or early fall.
APPENDIX 1

UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE AT URBANA-CHAMPAIGN

POLICY ON GRADUATE ASSISTANTSHIPS AND TUITION WAIVERS

Introduction and Definitions:
Medical students at the College of Medicine are eligible for two types of assistantships. Each has a different set of responsibilities.

Graduate Research Assistantships must include two or more of the following departmental responsibilities:
1. Active participation in design of research methods;
2. Active participation in collection and analysis of data;
3. Active participation in writing or presentation of manuscript(s) sufficient to qualify for authorship;
4. Skill development in specific research techniques.

Graduate Teaching Assistantships must require student responsibility for one or more of the following:
1. Active participation in didactic instruction in a University of Illinois course;
2. Active participation in small group instruction;
3. Tutorial assistance to medical students;
4. Writing or development of educational materials for instruction or assessment, such as teaching syllabi, educational videos, CAI software, standardized patient evaluation programs, written examinations, etc.

Eligibility Requirements:
To qualify for a research or teaching assistantship, students must remain academically eligible each semester based on the following two criteria:

1. No outstanding failures on end of course exams, USMLE or clerkship exams, or required remediations.

AND

2. Students granted repeat years are ineligible.

Tuition Waiver Requirements:
1. Current and incoming students who undertake a new research or teaching assistantship, within a College of Medicine department, for 25% or more time as described above will receive the “in state” graduate student base rate tuition waiver. These students also must meet the academic eligibility requirements described above. Students to hold assistantships outside of the College of Medicine will not be eligible for the base-rate waiver.
2. Assistantship contracts are written for one semester at a time and cannot be renewed if the student fails to remain academically eligible as described above.
3. Individual departments have the option to augment the assistantship stipend out of their own discretionary funds.
**Exemptions:**
Students receiving tuition waivers in the M.D./Ph.D. and Medical Scholars dual degree programs will receive full waivers of College of Medicine tuition and their designated stipends.

Students who held research or teaching assistantships prior to Fall 1996 which meet the Graduate Research Assistantships or Graduate Teaching Assistantships requirements described above will continue to receive full professional tuition waivers as long as they remain academically eligible based on the definitions listed above.
APPENDIX 2

UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE AT URBANA-CHAMPAIGN

ELECTRONIC RESIDENCY APPLICATION SERVICE (ERAS)

2008-2009 INFORMATION NOT AVAILABLE AT TIME OF PRINTING

What is ERAS?
The Association of American Medical Colleges (AAMC) developed ERAS®, — the
Electronic Residency Application Service, to transmit residency applications, letters of
recommendation, Dean’s Letters, transcripts, and other supporting credentials from
applicants and medical schools to residency program directors using the Internet.
Please see this website for the most current information:
www.aamc.org/students/eras/start.htm.

How does ERAS work?
The ERAS solution is made up of three components: The applicant web site MyERAS,
The Dean’s Office Workstation (DWS), and the Program Director’s Workstation
(PDWS). Using a current web browser, (Netscape 4.76 or higher, Internet Explorer Ver
5 or higher, AOL Ver 5 or higher, or Opera 5) applicants complete an application,
select programs, and create and assign supporting documents using a secure site.
They then submit these files to ERAS for processing. School staff uses the DWS to
scan and store the applicant’s transcripts, Dean’s Letter and letters of recommendation
and transmit them to the ERAS Post Office. Residency programs use the PDWS to
connect to the ERAS Post Office to download applications, and to review them using
criteria they establish.

Which programs will use ERAS in 2007-2008?
Most PGY1 specialties, including the Army and Navy, will use ERAS® 2007 to receive
their applications. A list of programs participating in ERAS will be available on
MyERAS and on the ERAS web site in late-June at www.aamc.org/students/eras/ in
the Applicant Support section.

Applicants should contact programs directly to confirm their participation.

How much does ERAS cost?
ERAS processing fees are based on the number of programs to which you apply.
ERAS® 2007 fees, per specialty, are: $60 (includes up to 10 programs); $8 each for
11–20 programs; $15 each for 21–30 programs; $25 each for program(s) over 30.

MISCELLANEOUS FEES

US (Allopathic and Osteopathic) and Canadian Applicants
The National Board of Medical Examiners (NBME) charges a flat $50 fee to U.S. and
Canadian applicants who request transmission of USMLE and/or NBME to programs,
regardless of the number of transcripts requested. The NBME fee is included on your
invoice and collected by the AAMC.

-160-
ECFMG will also provide a USMLE transcript for $50, regardless of the number of transcripts transmitted during ERAS 2007.

**How do I gain access to the ERAS system?**
Contact your designated dean’s office. They will provide you with instructions for processing applications via ERAS.

<table>
<thead>
<tr>
<th>Applicant Type</th>
<th>Designated Dean’s Office</th>
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<tbody>
<tr>
<td>Canadian</td>
<td>CaRMS*</td>
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<tr>
<td>IMG</td>
<td>ECFMG+</td>
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<tr>
<td>Military#</td>
<td>Your Medical School</td>
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<tr>
<td>US Prior Yr Grad</td>
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<tr>
<td>US Seniors</td>
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<tr>
<td>US Osteopathic</td>
<td>Your Medical School</td>
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</tbody>
</table>

* Email [carmsmail@carms.ca](mailto:carmsmail@carms.ca)
+Click on [www.ecfmg.org/eras](http://www.ecfmg.org/eras)

Military applicants should also consult with their military counselor for special instructions.

**When can I get started?**
ERAS instructions and your electronic token or access key to MyERAS will be distributed from your dean’s office later-June, 2007. MyERAS will be available around July, 2007.

**What will my school do?**
Your school (or designated dean’s office) will establish processing procedures for ERAS, and the schedule for distributing MyERAS information. They will also process supporting application documents. Schools scan transcripts, attach documents, process letters of recommendation, send files to selected programs via the ERAS Post Office, etc. Student affairs staff can also help you with career planning and targeting appropriate programs to apply to with ERAS.

**When is the deadline?**
Individual programs set deadlines. Contact the programs directly for more information about their requirements, facilities, and deadlines.

**I don’t have a computer at home. How can I apply?**
You can use any computer with an Internet connection. The computer must have Internet Explorer Version 5 or Netscape 4.77 (or higher) or a compatible (AOL Ver 5.0 or greater will work). An e-mail address is also required so programs can contact you.

**How do I apply to programs not participating in ERAS?**
Contact the program directly for their application requirements. You cannot use ERAS to apply to a program that is not available on the MyERAS web site.
APPENDIX 3

UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE AT URBANA-CHAMPAIGN

STUDENT PROMOTION/PROGRESS DECISION MAKING PROCESS
AND
STUDENT APPEAL OF ACADEMIC PROGRESS DECISIONS

Decision Making Process – Levels of Review
Three different levels of faculty committees review student academic progress in the College of Medicine. Two levels of review are conducted at the site level (COM-UC) and final review is at the College level. The first level review at the College of Medicine at Urbana-Champaign is conducted by the Student Progress and Promotions Committee (SPPC). This committee reviews the academic performance of all medical students and makes the initial recommendation about the progress and promotion of each student. Information about student academic performance is received by the Associate Dean for Student Affairs, who, in turn, presents it to the SPPC. After review, preliminary recommendations are made by SPPC and forwarded to the site Executive Committee. The COM-UC Executive Committee may approve SPPC recommendations, modify them, or adopt new recommendations. All actions of the Executive Committee are sent to the College of Medicine Committee on Student Promotions, where final review and action are taken. The College of Medicine Committee on Student Promotions comprises faculty from all four sites of the College. The Committee on Student Promotions may approve, disapprove, or modify recommendations from each regional site in the College of Medicine or adopt new recommendations. The decisions of the College of Medicine Committee on Student Promotions are final.

First-Order Review and Student Access to Committees
The SPPC is the first-order site committee to review information pertaining to student academic progress. Students who wish to provide information relevant to their academic progress and/or compelling extenuating circumstances may do so only in writing. The information may include a written statement by the student, letters of support from faculty members, and other information documenting the existence of compelling extenuating circumstances. Students should direct all written material to the attention of the Associate Dean for Student Affairs. The SPPC does not allow affected students or representatives who may wish to speak on their behalf to appear in person at its meetings. After a preliminary recommendation is made by SPPC, the affected student is informed and the preliminary recommendation is sent to the COM-UC Executive Committee for review and action. If the SPPC preliminary recommendation is adverse, affected students are informed of their right to present further information to the Executive Committee. The student may also appear, unaccompanied, to discuss their case before the Executive Committee.

Appeal Process of an Adverse COM-UC Site Recommendation – One Appeal Allowed
Students have the right to appeal adverse academic progress decisions made by the site Executive Committee to the College Committee on Student Promotions:
1. If the COM-UC Executive Committee approves the adverse preliminary recommendation made by the SPPC or adopts de novo an adverse recommendation, affected students have the right to appeal to the College Committee on Student Promotions. The site Executive Committee does not hear student appeals. The appeal to the College Committee on Student Promotions is made through the College Office of the Dean in Chicago and sent to the attention of the College Committee on Student Promotions. Students who are eligible to appeal to the Committee on Student Promotions have the right to do so in person and/or in writing if they are recommended to be dropped; all other appeals to the Committee must be in writing only. The College Committee on Student Promotions will have access to the student’s complete academic file, including documents that are available at the site level. The affected student may provide additional information or documentation to support his/her appeal to the College Committee. If the affected student is allowed to appeal in person (drop recommendation only) s/he may also ask a faculty member to attend the meeting. All recommendations made by the site are heard normally by the College Committee on Student Promotions at its next meeting. However, if a drop recommendation has been made, the affected student may request that the College Committee delay hearing the appeal until the next meeting beyond the one at which the appeal would be heard normally. Requests to delay hearing the appeal must be addressed to the College of Medicine Office of the Dean, Attention: College Committee on Student Promotions. Extensions may be granted by the Chairperson of the Committee when the presence of extenuating circumstances has been established clearly or when a strong case has been made that additional information pertinent to the appeal cannot be made available by the time the appeal would be heard normally. After an appeal is heard by the College Committee on Student promotions, the Committee will make a decision. This decision is final.

2. If the College of Medicine Committee on Student Promotions takes an adverse action on a site recommendation that is not adverse, the College Committee must hold over implementation until its next regularly scheduled meeting. Students may then appeal this adverse action directly to the College Committee on Student Promotions at this meeting. An oral appeal presentation will be permitted only if the student is recommended to be dropped from the College. All other student appeals must be in writing only.

Questions and Clarifications
More information about the appeals process appears in the College of Medicine “Student Academic Promotions Policies” and the College of Medicine at Urbana-Champaign “Student Promotions Policies.” Specific questions about appeals should be directed to the Associate Dean for Student Affairs. Further, all students are urged to consult both policy documents distributed to them by the Office of Student Affairs at the beginning of the academic year.

Petitions For Readmission: Please consult the College of Medicine Student Academic Promotions Policies, Section IX for specific information.

Sa/policies/Appeals.doc
OASEA-June 15, 1993
Revised September 20, 1996
Corrections: November 13, 2002 and February 15, 2005
IMPORTANT NOTE: If an affected student wishes to bring an attorney to a meeting where his/her appeal will be heard, the student must notify the College no less than five working days in advance of the meeting. An attorney representing the student may act only as an observer and advisor to the student and cannot participate in the proceedings.
APPENDIX 4

UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE AT URBANA-CHAMPAIGN

POLICY AND PROCEDURES FOR LEAVES OF ABSENCE AY 2008–2009

GENERAL POLICY
Leaves of Absence will be granted judiciously to students in the College of Medicine, according to the policies described below. At the site at which the student is enrolled, the Dean, Regional Dean, or the Regional Dean’s designee may grant a Leave for up to 12 months. Leaves beyond 12 months may be granted in rare circumstances for formal, approved research or a formal educational endeavor. A Leave is not to be used to allow a student to avoid paying tuition and fees during a period of remedial study. For example, students who are required to participate in remedial study after failing a certifying examination, e.g., the USMLE Step 1, must register as a College of Medicine student.

Requests for Leaves beyond one year or for a second Leave for the same reason are subject to promotions committee review.

A Leave of Absence is one of four types:

1. personal – to permit a student to take care of significant, extenuating personal circumstances, such as a serious illness in the immediate family, death of a member in the immediate family, divorce/separation from one’s spouse, financial problems;
2. medical – to allow a student to address significant health problems;
3. research/educational – to allow a student to engage in formal research or participate in a structured educational program. Students granted a Leave of Absence for research/educational reasons must be in good academic standing when they begin their Leave; or
4. reconsideration of career choice – to permit students to reconsider medicine as a career. Students may request this type of Leave at any time during the year, providing they are in good academic standing. However, the date on which third and fourth year students are approved to begin their Leave will reflect the clerkship/elective activities in which students are involved and potential disruption to the clerkship/elective and other students participating in the clerkship/elective.

Leave of Absence Request
A request for a Leave of Absence must be initiated in writing in a timely manner by the student and state clearly the basis of the request and duration. Documentation must accompany the request, if applicable. For example, a student who requests a medical Leave must provide appropriate evidence of his/her health problem.

Granting Leaves of Absence
The Dean, Regional Dean, or his/her designee, may grant a Leave of Absence for up to 12 months. Leaves beyond 12 months may be granted in rare circumstances for formal, approved research or a formal educational endeavor.
**Leave of Absence for One Semester or Less**
The Dean, Regional Dean, or his/her designee, may grant a Leave of Absence for one semester or less, with information to the site Student Progress and Promotions committee and Committee on Student Promotions, accompanied by a recommendation to delay the student’s anticipated graduation date. Students must return to the curriculum at the beginning of the semester in which the Leave occurred. A Continuing student who takes a Leave during the spring semester after having completed the fall, will have the option of auditing the fall semester.

**Leave of Absence for More Than One Semester**
The Dean, Regional Dean, or his/her designee, may grant a Leave of Absence for more than one semester up to 12 months, after consulting with the site student progress and promotions committee, with information to the Committee on Student Promotions accompanied by a recommendation to delay the student’s anticipated graduation date. Leaves beyond 12 months may be granted in rare circumstances for formal, approved research or a formal educational endeavor. M-1/M-2 students must return to the curriculum at the beginning of the semester in which the Leave occurred. A continuing student who takes a Leave during the spring semester after having completed the fall, will have the option of auditing the fall semester. If an M-3/M-4 student takes a Leave during a clinical rotation, the number of weeks of instruction earned (if any) will be determined by the clerkship director, in consultation with the Student Affairs Dean.

**Role of Committee on Student Promotions**
The Committee will act to delay a student’s anticipated graduation date if the Leave is granted consistent with policy.

**Returning to the College of Medicine**
The status of a student who takes a Leave prior to completing the M-1 or M-2 year will convert to Continuing Status when appropriate documentation is received and approved by the student affairs Dean that the student is ready to return.

Students on Continuing Status will return to the curriculum at the beginning of the semester in which the Leave occurred. The academic record accrued to the time of re-entry will be in effect as the student’s current record.

A Continuing student who takes a Leave during the spring semester after having completed the fall will have the option of auditing the fall semester. A Continuing student will be allowed to complete the year to determine his/her status:

1. Promotion to the next year;
2. Qualify for a repeat year; OR
3. Dropped for poor scholarship.

Only two attempts to pass a course will be permitted. Students may retake failed progress examinations during the semester as their make-up attempt, or they may defer until the summer make-up period.

All students on Leave must submit a letter of intent to return to the appropriate site officer at least one month in advance of their return date.
Students who do not return to the College of Medicine at the conclusion of their approved Leave of Absence will be withdrawn administratively from the College. The action will be reported to the Committee on Student Promotions for review and approval. Policies detailed in the “Student Academic Promotions Policies” apply to individuals who wish subsequently to be readmitted to the College.

**Extension of a Leave of Absence**
Requests for Leaves beyond one year or for a second Leave *for the same reason* are subject to promotions committee review.
Students and residents are reminded that professional dress and demeanor is expected of them at all times in the CECs and other hospital sites. The following topics are brought to the attention of clinical students and residents because of past abuses and a desire to avoid repetition:

1. Students and residents are expected to maintain patient confidentiality at all times. Patient problems should not be discussed in any public area where there would be the most remote possibility of being overheard. In discussing patient problems, names of patient, relatives, attending physicians, or other identifying words should be avoided unless absolutely essential to the conduct of the case.

2. Students and residents are expected to dress in a professional manner at all times whenever they are in hospital, clinic, or CEC for any reason.

3. Use of On-Call Facilities. Students and residents are reminded that on-call facilities are to be used and maintained in a professional and mature fashion. Students and residents should make every effort to see that these facilities are kept clean and presentable at all times. At Carle Foundation Hospital and Provena/Covenant Medical Center, on-call room utilization is strictly limited to students and residents actually on-call. While the Department of Veterans Affairs Medical Center has facilities for any student or resident assigned to the DVAIHCC who wishes to live on the grounds, arrangements to stay should be made with Sandy Calhoun (217) 554-4511.

4. The use of telephones is strictly limited to professional calls. Personal long distance calls are not to be made from any CEC, hospital, or clinic phone without prior authorization and arrangements for payment by the caller.

5. Use of Scrub Suits. Students and residents are not to use the scrub suits outside the hospital environment. Students and residents may not wear scrub suits home or wear them to another hospital. After using a scrub suit they should be returned to the proper receptacles for dirty linen.

6. Sexual Harassment. Students and residents are reminded that sexual harassment charges can arise from behavior that may not be intended as such. Any form of sexual harassment is unacceptable. Patients and employees with whom the students and residents may come in contact have been instructed not to accept sexual harassment passively and are encouraged to file harassment charges when indicated.

7. Meal Tickets. Meal tickets will not be provided for medical students at a CEC, whether or not the medical student is on-call. Residents on-call may be provided with meal tickets as per stipulation in individual contracts.

8. Students and residents driving on the Department of Veterans Affairs Medical Center grounds are reminded that speed limits (20 m.p.h.) and parking regulations are strictly enforced. Significant fines may be assessed for violations.

Prepared by the Office of Student Affairs, January 26, 1987
REGISTRATION POLICY—Students must register and pay tuition and fees for each term in a timely manner. Students are required to register for the fall and spring semesters. Registration for the summer term is also required after the M-2 and M-3 years. If the University is somehow at fault for delayed student aid, the OSA may be able to waive some or all of the late payment fines and finance charges. Contact OSA when making full tuition payment.

Medical students in Urbana are officially students of the University of Illinois at Chicago (UIC) as the UI at Chicago is the degree granting campus for the Doctor of Medicine degree. Therefore, many administrative functions must occur at the UIC campus: financial aid, admissions, and records for academic transcripts, to name but a few.

IMPORTANT NOTE: While a medical student (including all years in the Medical Scholars Program), all financial aid (documents and awards) are through the Chicago campus.
An act of U.S. Congress includes various provisions for the “protection of the rights and privacy of parents and students.” Among those provisions is the requirement that educational institutions allow students to suppress the release of those items of information which the institution has designated as “public information.” The University of Illinois College of Medicine at Urbana-Champaign has declared the following items to be public information:

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<th>Item</th>
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<tr>
<td>Name</td>
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<tr>
<td>Honors Received or Anticipated</td>
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<tr>
<td>Addresses</td>
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<tr>
<td>Institutions Previously Attended</td>
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<tr>
<td>Telephone numbers</td>
</tr>
<tr>
<td>Degrees and certificates Received of</td>
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<tr>
<td>Anticipated</td>
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<tr>
<td>College of Enrollment</td>
</tr>
<tr>
<td>Participation in Officially Recognized</td>
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<tr>
<td>Activities</td>
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<td>Class Level</td>
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<tr>
<td>Eligibility for Membership in University</td>
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<tr>
<td>Honoraries</td>
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<tr>
<td>Date of Birth</td>
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<tr>
<td>Dates of Attendance</td>
</tr>
<tr>
<td>Picture Composite</td>
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<tr>
<td>All of the Above</td>
</tr>
</tbody>
</table>

The Office of Student Affairs produces a directory of students at the University of Illinois College of Medicine at Urbana-Champaign listing students’ names, local addresses, and telephone numbers alphabetically by class level for distribution to all UICOM-UC students, faculty, and staff. Also, we produce a picture composite to allow students and staff to become familiar with each student’s name and associate the name with the person’s face. If you want part or all of the information deleted from the directory and/or the picture composite, please stop by the Office of Student Affairs, Room 125 MSB to complete a “Suppress Student Data” form by Friday, August 22, 2008. Also, if you want part or all of the above information to be suppressed by the University of Illinois at Urbana-Champaign, you must complete a similar form at the Admissions & Records Building by Friday, August 22, 2008.

Please check the information listed above for the information items you do not want released to the public.

Print Name          Signature          Date
The College of Medicine and each of its sites does provide opportunity for students to pursue travel to participate in clerkships in foreign countries. Specifically, the College of Medicine does support the Richardson Scholarship.

This program is described below and is aimed for senior student participation. However, advanced planning needs to be made during your junior year so that you can be eligible the scholarship.

Richardson Scholarship
The Richardson Scholarship is a College of Medicine program available to senior students in the College of Medicine to support and encourage student travel to foreign countries for medical experience. Junior students may be considered for the latter part of their academic year if funds are available. The program must be at least four weeks in length and the student must establish the contact with the hospital in the foreign country she/he wishes to attend. The student is responsible for developing a program in conjunction with that hospital and gaining the hospital’s support of their participation, and arranging for housing and transportation. Students interested in the program must write up a protocol and have it accepted by the foreign institution and their College of Medicine site. In the early fall of the senior year, the student will submit an application for the Richardson Scholarship to the Office of Student Affairs. Awards vary from $500 to a maximum of $700 in support of this program. If you need further information about this program, please contact the Office of Student Affairs for application materials. The deadline date for all required application materials is November 1.

Completed Richardson Scholarship application consisting of the following:

a. Personal statement giving the reasons and goals for the trip in relation to the student’s total educational program. Also explain how you found out about the rotation, and how the rotation was set up.

b. A reference letter stating the appropriateness of the overseas study from the student’s faculty advisor, a department head, or other faculty member well acquainted with the academic program of the student.

c. Letter or e-mail from the foreign institution inviting and agreeing to accept the student for a specific program of study (MINIMUM TIME OF (4) FOUR WEEKS).

d. Letter from the Office of Student Affairs acknowledging that the study assignment abroad has been approved for credit and that the student is in good academic standing.

e. Proposed budget, itemizing anticipated expenses. Indicate if others are included in the cost.

f. Submission of a brief written report summarizing/evaluating the overseas experience to the College of Medicine within sixty (60) days after completion of the experience. In particular, what were the strengths and weaknesses of the rotation?

Prepared by the Office of Student Affairs, June, 2006.
Updated OSA, December, 1998.
APPENDIX 9

UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE AT URBANA-CHAMPAIGN

REVISED TO THIS POLICY MAY BE MADE.

ALPHA OMEGA ALPHA MEDICAL HONOR SOCIETY

One of the top honors a medical student may achieve in medical school is to be selected for membership in Alpha Omega Alpha (AOA). The University of Illinois College of Medicine is very proud to have been the initiator of this honor medical society and its group is the Alpha Chapter. Medical students in the College of Medicine have two opportunities to be selected into the AOA. The first opportunity is to be selected as a junior student. Students to be selected in the junior year will be chosen on the basis of their performance on the Basic Science Comprehensive (M-1 and M-2) examinations and the USMLE Step 1 scores (each weighted 50%). The top four percent of junior students will be selected for induction.

"Those candidates whose scholastic qualifications place them in the upper twenty-five percent of their class shall be considered for election. From that number, one-sixth of the total number of the class expected to graduate may be elected to membership. Up to one quarter of the quota for any class may be elected to membership in the spring of the junior year. Criteria for election: Scholastic achievement should be the primary but not sole basis for election of a student. Leadership capabilities, ethical standards, fairness in dealing with colleagues, potential for achievement in medicine, and a record of service to the school and community at large should be criteria in addition to the academic record"

To Summarize
1. To be eligible for AOA, you must be in the top 25% of your class (as determined solely by the registrar; see below).
2. Up to approximately 4% (one twenty-fourth) of juniors may be elected from the top 25% of the junior class.
3. Up to approximately 16% (one eighth) of seniors may be elected from the top 25% of the senior class.

In addition, specific UIC College of Medicine criteria require a letter from a UIC faculty member (not necessarily an AOA member) in support of your application packet for potential induction, attesting to your personal and academic merit. A curriculum vitae is also required.

The percentile rank for consideration into AOA is determined by the same ranking system used by the Office of Student Affairs for the Dean’s Letter. Failure of any class/clerkship will automatically exclude a student from consideration.

These guidelines are as follows:

Junior student criteria: 50% preclinical grades and 50% USMLE Step 1 score (3-digit score)
**Senior student criteria**: 25% preclinical grades, 25% USMLE Step 1 score, and 50% Core clerkships (two-thirds clinical, one-third final exam)

After summation of the above data, a rank order list is created that includes students who are already members (junior-year inductees) and all remaining students, including MD/PhD students and ISP students. An additional one-eighth of the senior-year class will be inducted as senior-year members. No more than one-sixth of any class can be inducted into AOA. This one-sixth is made up of the one twenty-fourth inducted as juniors plus the next one-eighth selected as seniors. This rank order list will only be used for consideration into AOA. As a matter of policy, the University of Illinois does not publicize student rank.

**NOTE**: As has been the case for the past several years, MD/PhD students and James Scholar (ISP) students will be eligible for consideration into AOA. These students must have completed at least three-quarters of their third-year clerkships for eligibility.

**IT IS IMPORTANT TO NOTE**: The criteria for selection in AOA is subject to change, annually, as the local AOA chapter determines on the criteria for selection.

**IMPORTANT NOTE**: To be eligible for consideration for junior or senior selection, a candidate **MUST** complete and return an AOA authorization form by the deadline specified. This form is distributed in the summer. You must complete this for both junior and senior years.

If you wish more information about junior and/or senior selection into the Alpha Omega Alpha Medical Society for the University of Illinois College of Medicine, please contact the Office of Student Affairs.
CRITERIA FOR GRADUATION WITH HONORS
At the end of the M-2 year, each educational site will recommend up to the top 25% of their students for further consideration for Honors, based on end of course grades for academic courses only, plus consideration for professionalism and other factors determined by the site. Once the baseline eligibility has been established by the sites and approved by the CCSP, the COM will apply the objective criteria of clerkship grades and USMLE Step 1 and Step 2 CK scores as follows:

1. Total score on the USMLE Step 1 greater than or equal to 240.
2. Total score on the USMLE Step 2 CK greater than or equal to 245.
3. Core clerkship performance on Family Medicine, Medicine, Surgery, Pediatrics, Psychiatry, and Obstetrics/Gynecology at the Outstanding level in at least four of the M-3 clerkships.

Therefore, in the table below, a candidate for Graduate with Honors must have been recommended by his/her site and met the following criteria.

<table>
<thead>
<tr>
<th>Selection Criteria</th>
<th>Score ( \geq 240 )</th>
</tr>
</thead>
<tbody>
<tr>
<td>USMLE Step 1 Total Score</td>
<td></td>
</tr>
<tr>
<td>USMLE Step 2 CK Total Score</td>
<td></td>
</tr>
<tr>
<td>Core Clerkships (Family Medicine, Medicine, Surgery, Pediatrics, Psychiatry, Obstetrics Gynecology, Surgery)</td>
<td>At least four Outstanding grades</td>
</tr>
</tbody>
</table>
Appendix 11

UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE AT URBANA-CHAMPAIGN

MEDICAL SCHOLARS PROGRAM
POLICIES AND PROCEDURES PERTAINING TO STUDENTS WITHDRAWING FROM THEIR
PLANNED DEGREE PROGRAM IN GRADUATE STUDIES

(Approved by the Medical Scholars Program Steering Committee on May 4,
1993; Revisions approved by MSP Steering Committee on November 6, 2006)

A. Responsibility to the Program
The Medical Scholars Program (MSP) enables students to combine the study of
medicine with graduate or professional study in a relevant, recognized second
discipline leading to the M.D. and a second advanced degree, usually the Ph.D.
Students are admitted to pursue the joint degree program in an integrated
manner, and they have an equal responsibility to fulfill the commitments to both
the College of Medicine and the graduate program.

B. Request to Change Graduate Programs
If a MSP student wishes to change graduate programs, the student must receive
permission from the MSP Director. Major changes in training (e.g., from Ph.D. to
J.D. or M.B.A.) will require the student to:

1. Submit a letter to the MSP Director detailing the rationale for the
   proposed degree change.
2. Submit at least one current letter of recommendation, including one
   from the student’s current graduate advisor.
3. Interview with a panel of 3-4 MSP faculty.

If the MSP Subcommittee on Admissions denies the request to change graduate
programs, the student can pursue the original graduate plan or must agree to
withdraw from the MSP.

C. Failure to Complete Graduate Degree Program
If a MSP student decides not to pursue the originally agreed upon graduate, J.D.,
or M.B.A. degree, or fails to make satisfactory progress in pursuing that degree,
as defined by the responsible academic unit, the student will be automatically
withdrawn from the Medical Scholars Program.

D. Continuation or Matriculation in the College of Medicine of Students after
Withdrawing from the Medical Scholars Program
Students who withdraw or are withdrawn from the MSP and who wish to
commence or continue in the College of Medicine must request approval by
means of the following procedures:

a. The student, after consultation with the MSP Director and either the
   student’s graduate advisor or a designated representative of the graduate
   program, submits a petition to the MSP Director, stating the reasons for
   withdrawal from the graduate program and requesting approval to continue
   his/her studies in the College of Medicine.
b. The MSP Director refers the matter to the COM-UC Associate Dean for Student Affairs with an accompanying letter stating the recommendation of the Medical Scholars Program. This recommendation will be based upon the record of the student, including input from the graduate advisor or another representative of the graduate program and the clinical advisor, where appropriate.

c. If the student is: (1) in good academic standing as determined by the Associate Dean for Student Affairs and (2) the recommendation from the Director of the Medical Scholars Program supports the student’s petition, and (3) if no other reason for denial is evident, the Associate Dean for Student Affairs will ordinarily recommend to the COM-UC Student Progress and Promotions Committee the continued matriculation of the student in the COM-UC.

d. Students have the right to appeal an adverse decision of the COM-UC Student progress and Promotions Committee to the Executive Committee as well as to the College Committee on Student Promotions if the Executive Committee upholds the decision of the SPPC and the SPPC makes no further adverse recommendation.

E. Both Graduates and Former Students will be Considered Alumni of the Medical Scholars Program
These procedures outline the general process the college of Medicine will follow with respect to student claims of disability, and requests for reasonable accommodation. Students who have questions should consult with the Americans with Disabilities Act (ADA) administrator at their assigned site. Please consult the site Student Affairs Officer to determine who serves as the site ADA administrator. Students also may confer directly with the College of Medicine ADA officer: Associate Dean Lillye Hart (312) 996-4496.

**Applicability**

1. The College of Medicine will follow the procedures described below in receiving and evaluating information from students and in determining if reasonable accommodation is appropriate under the Americans with Disabilities Act.

2. Requests for reasonable accommodation are considered at any time during the academic year. However, reasonable accommodations are granted for one academic year only. Requests beyond the initial application for accommodation must be done through re-application each academic year.

**Procedures**

1. Students requesting accommodation under the ADA
   A. are advised that the *entire* process for requesting accommodation, beginning with the student completing and submitting forms and providing appropriate documentation and concluding with the ADA Committee taking action on the request, may require six or more weeks;
   B. are advised, but not required, to talk with their advisor about their request;
   C. are required to talk with their site ADA administrative officer about the disability they believe they have and the accommodations they believe are reasonable:
   D. must obtain the *Student Disability and Accommodation Request Form from the site ADA administrative officer*, complete, and attach all relevant diagnostic documentation to support the diagnosis of a disability. Additionally, attach copies of all undergraduate and graduate profiles.
     1. a recent comprehensive evaluation of disability is most beneficial for assessment of reasonable accommodation.
     2. if accommodated, students previously diagnosed with a disability under the ADA may be asked to provide a yearly medical evaluation update/report, in those instances when doing so is judged necessary by the College of Medicine ADA officer, and
     3. students are responsible for the cost of the diagnostic evaluations and reports.
F. In specific cases of a Learning Disability, the diagnostic evaluation should contain the following:
   1. the testing must be comprehensive and consist of more than one test. The evaluation must contain, at a minimum, information on cognitive processing, achievement and aptitude. Background information regarding the student’s history with respect to age at diagnosis and educational interventions are valuable.
   2. clear, specific evidence and identification of a learning disability.
   3. a detailed description of the current functional limitations of the disability.
   4. actual test scores and data.
   5. specific recommendations for the amelioration of the substantially limiting effects of the disability.
   6. evaluators conducting the testing must be professionals with experience working with adults.
   7. the evaluation reports must include the testing data and the names and titles of the evaluators.
   8. in cases where there is no prior testing or accommodations granted, the current evaluator must state why accommodations are needed now.

G. are advised, but not required, to review the completed form with their advisor and obtain his/her signature, and

H. are required to review the completed form with the site ADA administrative officer to ensure the form is complete; sign and date the form; and obtain the signature of the site ADA officer.

II. The site ADA administrative officer forwards the completed and signed Student Disability and Accommodation Request Form with accompanying documentation, to the College of Medicine ADA officer. *All material must be submitted to the College of Medicine ADA officer at least one month in advance of the date of the requested accommodation.*

III. The College of Medicine ADA officer distributes all material to the ADA Committee members for their review and action at the regularly scheduled meeting.

IV. The College of Medicine ADA Committee (a) receives all material provided by the student; (b) if necessary, meets with students and their advisors (if students request their participation) to discuss the student’s request; (c) evaluates the information provided by students; (d) identifies reasonable accommodations if ADA criteria are satisfied and if requested accommodations do not compromise academic standards or alter the nature of the curriculum; and (e) takes action within 45 calendar days of the date the request is received by the College of Medicine ADA officer.

V. The College of Medicine ADA officer writes students to inform them of ADA Committee action with regard to their requests and provides information about alternate dispute resolution (ADR) procedures should the student wish to take issue with the committee’s action.
VI. The College of Medicine ADA officer interacts with each site ADA administrative officer, apprises the site officer of ADA Committee action, and answers questions about implementing accommodations.

VII. Students who take issue with ADA Committee action must first attempt to resolve their concerns through alter alternative dispute resolution (ADR) procedures within 15 calendar days of the date the student reasonably could have been expected to know the decision (e.g., was informed orally by the College of Medicine ADA officer) or of the date of official written notification, whichever occurs first.

VIII. Alternate dispute resolution procedures (ADR) allow students to attempt to resolve concerns stemming from action of the ADA Committee without requiring the student to file a formal grievance. Students and the College must state clearly their concerns in writing and address them to the ADR officer.

IX. Students direct their written request for resolution to the College of Medicine ADR officer. There is one ADR officer for the entire College; this individual is appointed by the Dean to serve a three-year term.

A. The College of Medicine ADA officer furnishes the ADR officer with all material given to the ADA Committee, as well as relevant portion(s) of Committee minutes.

B. The ADR officer reviews all material and gathers any additional information thought to be necessary.

C. Within 15 calendar days of receiving the student’s written request for resolution, the ADR officer determines the resolution, if any, between the ADA Committee and student. The ADR officer returns his/her resolution to the Vice Dean and ADA Officer of the College of Medicine.

X. The College of Medicine ADA officer informs the student in writing of the resolution determined by the ADR officer.

Students who continue to take issue with decisions about their disability and/or reasonable accommodation after pursuing resolution through ADR procedures must file a formal written grievance with the Office of Dean within 45 calendar days after the date the student reasonably could have been expected to know the decision (e.g., was informed orally by the College of Medicine ADA officer) or of the date of official written notification, whichever occurs first.
**Directions**: Students who wish to request reasonable accommodation under the Americans with Disabilities Act must complete this form. Please provide all the requested information. **TYPE OR PRINT LEGIBLY**. The form will be returned to you if it is not complete. Students also should review “Procedures for Students Requesting Reasonable Accommodation Under the Americans with Disabilities Act.” Review the information on this form with your site Americans and Disabilities Act (ADA) administrator. After you complete the form, sign it and obtain the signature of your site ADA administrator. Give the completed and signed form to your site ADA administrator, who then will forward it to the College of Medicine ADA officer. The completed form must be received by the College of Medicine ADA officer at least one month in advance of the date of the requested accommodation.

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<thead>
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</thead>
<tbody>
<tr>
<td>(1) Name</td>
<td>(2) Security Number</td>
<td>(3) Current Date</td>
<td>(4) Site</td>
</tr>
<tr>
<td></td>
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<tr>
<td>(5) Class in Medical School:</td>
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</tr>
<tr>
<td>(6) Local Address</td>
<td>(7) Local telephone number</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(8) Name of Advisor (optional)</td>
<td>(9) Advisor’s telephone number (optional)</td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>(10) Provide a succinct description of your disability:</td>
<td>(11) Briefly describe documentation to support diagnosis of disability; include name, title, address, and telephone number of individual who performed diagnostic evaluation and attach the documentation.</td>
<td></td>
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</tr>
</tbody>
</table>
APPENDIX 13

UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE AT URBANA-CHAMPAIGN

POLICIES FOR A STUDENT COMPLAINT OR GRIEVANCE
OF A GRADE AWARDED IN A COURSE OR
CLERKSHIP EFFECTIVE JULY 1, 1987
(REVISED JANUARY, 1997)

A. Scope

Grievance procedures relating to grades are subject to the general rules concerning grievances of graduate students as specified in the Academic Grievance Procedures of the University of Illinois at Chicago (hereafter referred to as UIC Academic Grievance Procedures) which became effective July 1, 1989. Grievances alleging discrimination by reason of race, sex, religion, national origin, age handicap, status as a disabled veteran, veteran of the Vietnam era, or other manner of discrimination are also subject to the Grievance Procedures of the University of Illinois at Chicago. A copy of these procedures is available to students at the Office of the Associate Dean for Student Affairs.

The following policies and explanatory notes apply only to complaints or grievances of students that do not have discrimination as a basis.

B. Informal Actions to Resolve a Complaint or Request for Change of Grade

1. Any student with a complaint or request for a change of grade shall be expected to attempt to resolve his/her complaint informally by discussion of the matter with the specific faculty member against whom the complaint is directed. The Office of Student Affairs will, on request, inform the student of the individual responsible for grades for any given course or clerkship.

2. The faculty person is expected to provide the student with a decision on the matter within 10 calendar days after receiving the student’s complaint or request for change of grade. Neither the student’s request or complaint nor the faculty member’s response need be in writing. The faculty member is not ordinarily expected to provide the student with justification for denying a request for a change of grade or for unwillingness to concur with the complaint.

3. These attempts to resolve a complaint informally must also include discussions with the student’s Primary Administrator (the Head or Chair of the department against whose action the grievance is directed).

C. Formal Grievance Procedures

1. If the student feels that his/her request or complaint about the grade has not been satisfactorily resolved, the student may register a formal grievance to be heard under the UIC Grievance Procedures. Obtain a copy of the procedures from the Office of Student Affairs.
ADDITIONAL RECOMMENDATIONS BY THE EXECUTIVE COMMITTEE ON BEHALF OF THE FACULTY RELATING TO STUDENT GRIEVANCES ON ACADEMIC MATTERS

The Executive Committee of the University of Illinois College of Medicine at Urbana-Champaign, acting on behalf of the Faculty, strongly recommends that, as a matter of sound academic policy the following guidelines be adhered to by any faculty member who acts to consider a request for a change of grade or other complaint relating to an academic determination, or who acts as a Primary Administrator or Grievance Officer in an investigation of a grievance relating to an academic determination.

1. The faculty member acting on a complaint, the Primary Administrator, or the Regional Dean acting as Grievance Officer should only consider relief in cases in which the allegation of the complaint or grievance is a charge of capricious grading. The Primary Administrator or Grievance Officer should not review the judgment of an instructor in assessing the quality of a student’s work.

2. The following definition of capricious grading is adopted as a guideline:
   a. the assignment of a grade to a particular student on some basis other than performance in the course.
   b. the assignment of a grade to a particular student by resort to more exacting or demanding standards than were applied to other students in the course.
   c. the assignment of a grade by a substantial departure from the instructor’s previously announced standards.

3. The Faculty shall elect a special faculty Grievance Committee to hear student grievances and complaints relating to grading. This committee, consisting of 3 members, shall be requested by the Grievance Officer to advise in matters relating to grievances by students alleging capricious grading.

4. It is recommended that if it is determined that the allegation of capricious grading is supported by substantial evidence, then the Grievance Officer, acting with the advice of the Grievance Committee, shall proceed to determine the most appropriate remedy. The Grievance Officer may direct the faculty responsible for grading to regrade the student’s work or to give the student a new examination or reevaluation, or may take such other action as will bring about substantial justice in the individual case. However, except in the most extraordinary circumstances, a new grade in the course should not be awarded by the Grievance Officer.

5. Students should be advised in writing of the “Policies for a Student Complaint or Grievance of a Grade Awarded in a Course or Clerkship” and of the Faculty’s guidelines relating to these policies.

**Procedure to Request Clerkship Grade Re-Evaluation**

A student who wishes to have a grade re-evaluation for a **non-grievable event**, should follow the following procedure.

6. Please note all requests for re-evaluation must be made within 2 weeks of issuance of grade. (Student Affairs will stamp the date of issuance on grade form.) Students fill out the Clerkship Grade Re-Evaluation Form.

7. Student submits form to Clerkship Director. Please note, it is inappropriate for students to contact other faculty or preceptors regarding re-evaluation of grades.

8. Clerkship director investigates student concerns. The Clerkship Director may conduct an investigation to include an interview of the student, review of documents, interview of faculty and other actions deemed appropriate at the sole discretion of the clerkship director.

9. In general, the activities should be concluded within ten working days. Student and Clerkship Director meet and discuss grade re-evaluation.

10. Clerkship Director determines final grade and notifies the student and the Office of Student Affairs.

The above time frames may be altered by extenuating circumstances.
APPENDIX 14

UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE

VACCINATION/IMMUNIZATION AND CPR POLICIES

A. General
It is the responsibility of each medical student to be protected against the preventable diseases. All students should be certain that they have immunity for or have received appropriate immunizations (and boosters as indicated) for diphtheria, hepatitis B, influenza, varicella, tetanus, polio, measles, mumps, and rubella. Read below for requirement and review the chart.

B. Cardiopulmonary Resuscitation
It is required for participation in clerkships that the student must have a current CPR card. The card given after the M-2 CPR course is valid for only two years.

C. Varicella (Chickenpox) – New Vaccine Available and Recommended –
students who are uncertain of their personal varicella immunity are required to have their antibody titers measured.
Students are required to provide documentation of a history of infection or titer for varicella immune status. If the student is not immune, a vaccination will be required. Because adult varicella is a far more serious illness than it is in childhood, students who are uncertain of their personal varicella immunity are required to have their antibody titers measured.

D. Influenza – Yearly vaccinations strongly recommended
Influenza vaccine with appropriate antigenicity for the upcoming influenza season is generally administered annually in the fall. The CDC criteria for recipients includes all health care personnel. The vaccine has a very low adverse reaction rate and a reasonable protective effect. Medical students are strongly recommended to consider use of this vaccine, since exposure to the influenza virus is almost inevitable during clerkship experience.

E. Hepatitis B
Hepatitis B virus (HBV) infection is known to be a cause of acute and chronic hepatitis, cirrhosis, and primary hepatocellular carcinoma. Groups at risk to contract the virus include (1) homosexual men; (2) parenteral drug users; (3) those engaging in heterosexual activity with infected individuals; (4) health care workers who are exposed to blood and body secretions or excretions (includes accidental needle sticks); (5) staff and clients at institutions for the developmentally disabled; (6) staff and patients in hemodialysis units. Students in the health professions are part of risk group (4). The potential risk for students may be compounded by virtue of their relative inexperience as beginners in safe technique.

Because of the risk to health and career opportunity of exposure to HBV during medical education, it is now policy of the University of Illinois College of Medicine that all medical students complete the HBV vaccination series during the M-1 year. First year students will not be allowed to enroll in the M-2 year unless the 3 dose series is completed.
The HIV (AIDS) virus is transmitted similarly to the Hepatitis B virus. No vaccination/immunization is available at this time. Students are cautioned to use extreme care (gloves, hand washing, masks) when dealing with the blood or body fluids of all patients.

F. **Measles**
Since measles is a much more serious and debilitating illness in adults, all medical students should be advised of the wisdom of obtaining a measles (or better, an MMR) booster as soon as possible. Ordinarily, there are no complications from this vaccine. It is contraindicated in those pregnant or at risk of pregnancy within three months and in the immunosuppressed. In the years between 1963–1967, a killed measles virus vaccine was utilized. It failed to give proper protection and recipients of this vaccine, when exposed to natural measles virus are at risk of developing the “atypical measles syndrome” a severe form of the disease. Those individuals may also have a mild to moderate reaction following re-vaccination, but far less severe than the atypical measles syndrome, therefore, re-vaccination is recommended for those individuals also. Therefore, it is recommended all students born after 1957 seek re-vaccination of measles.

G. **Policy on TB Testing** – An annual Mantoux PPD skin test is required prior to assignment to a clinical site. All PPD-negative students shall have repeat PPD testing annually.

PPD-positive students must have a screening chest X-ray. If the X-ray is clear and no preventive therapy is indicated, the students shall be required to complete a symptom self-assessment questionnaire annually in lieu of a repeat PPD and will be reminded that they should be evaluated promptly for any pulmonary symptoms consistent with TB. A checklist that includes, but is not limited to, pulmonary symptoms (productive prolonged cough, chest pain, hemoptysis) and generalized signs and symptoms (fever, chills, night sweats, easy fatigability, loss of appetite and weight loss) shall be used to screen for TB disease.

After the initial chest radiograph, repeat screening chest X-rays will not be required unless symptoms develop that may be due to TB. Repeat skin testing is not required. Routine, periodic chest radiographs should not be done. Chest radiographs do not take the place of a skin test or checklist.

H. **Exposure**
Students who believe they have been exposed to one of the above potential pathogen for which they have no immunity should immediately consult their personal physician, the Student Health Service, or an infectious disease specialist.
## COM-UC

**IMMUNIZATION REQUIREMENTS**

*(SUBJECT TO CHANGE)*

<table>
<thead>
<tr>
<th></th>
<th>INFLUENZA VACCINATION</th>
<th>TB SKIN TEST</th>
<th>CHEST X-RAY</th>
<th>VARICELLA TITER</th>
<th>VARICELLA VACCINATION</th>
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</thead>
<tbody>
<tr>
<td><strong>If Not Immune When</strong></td>
<td>Strongly Recommended</td>
<td>Yearly-Required</td>
<td>See Below</td>
<td>See Below</td>
<td>See Below</td>
</tr>
<tr>
<td></td>
<td>Annually</td>
<td>Annually</td>
<td>Required if TB Skin Test Positive</td>
<td>If History Unknown</td>
<td>Required If Not Immune</td>
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</tbody>
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### Provider/Cost (cost subject to change)

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<thead>
<tr>
<th>Provider</th>
<th>Influenza Vaccination</th>
<th>TB Skin Test</th>
<th>Chest X-Ray</th>
<th>Varicella Titer</th>
<th>Varicella Vaccination</th>
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<tr>
<td>Carle</td>
<td>$39.50</td>
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<td>Public Health</td>
<td>$15.00</td>
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<td>McKinley</td>
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### Basic Life Support (CPR)-Recertification for Health Care Providers – Partial List

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<thead>
<tr>
<th>Agency</th>
<th>Contact Person</th>
<th>Telephone Number</th>
<th>Cost per Student (subject to change)</th>
<th>Dates Offered</th>
<th>Length of Class</th>
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<tbody>
<tr>
<td>Veterans Administration Hospital (Group recertification possible with advanced notice)</td>
<td>Randi Talkowski</td>
<td>(217) 554-4305</td>
<td>No cost</td>
<td>After 2:00 p.m., but only by a prearranged appointment. Monthly by sign-up</td>
<td>New certification 8 hours Recertification 4 hours (packets of material passed out in advance)</td>
</tr>
<tr>
<td>Provena regional EMS (<a href="http://www.Provenaregionalems.com">www.Provenaregionalems.com</a>)</td>
<td>Debbie Woelfel</td>
<td>(217) 359-6619</td>
<td>Recert=$30 Certif.=$40</td>
<td></td>
<td>Recertification approximately 4 hours (materials provided at the time of the class)</td>
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<tr>
<td>Illini EMS (Group recertification available with advanced notice)</td>
<td>Matt Pontifex</td>
<td>(217) 333-9492</td>
<td>Recert=$10 Certif. (8 hrs) =$20</td>
<td>Negotiable (individual or group options by appointment only) 3-4 people at one time</td>
<td>Recertification 4 hours (materials provided at the time of the class)</td>
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<tr>
<td>Urbana Fire Department CPR Hotline</td>
<td></td>
<td>(217) 383-2420 Extension 200</td>
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*Veterans Administration Hospital – (To be eligible for recertification your CPR card must not have lapsed. There is no 30-day grace period.) The Carle Foundation Hospital Education department offers a four hour recertification process. The students will be involved in a two-step process: they will be given a packet of materials which they will be responsible for reading and preparing in advance, and then students will arrange a time when they will be tested cognitively and practically.*

**Note** Health Care Providers are given certification which is good for one or two years however the card holders are given a grace period of one month after the card expires with which to get recertified in CPR. If the cardholder allows the card to expire beyond the one month grace period, they are required by the American Heart Association to take the original certification course. The certifying course takes anywhere from six to eight hours and is provided at the cost identified on the above table.
The commitment of the University of Illinois to the most fundamental principles of academic freedom, equality of opportunity, and human dignity requires that decisions involving students and employees be based on individual merit and be free from invidious discrimination in all its forms.

It is the policy of the University of Illinois not to engage in discrimination or harassment against any person because of race, color, religion, sex, national origin, ancestry, age, marital status, disability, sexual orientation, unfavorable discharge from the military, or status as a disabled veteran or a veteran of the Vietnam era and to comply with all federal and state nondiscrimination, equal opportunity, and affirmative action laws, orders, and regulations. This nondiscrimination policy applies to admissions, employment, access to and treatment in the University program and activities. Complaints of invidious discrimination prohibited by University policy are to be resolved within existing University procedures.

For additional information on the equal opportunity, affirmative action, and harassment policies of the University, or information on Title IX, ADA, or 504, please contact:

For the Urbana-Champaign campus: Associate Chancellor William E. Berry, Third Floor East, Swanlund Administration Building, (MC-304), 601 East John Street, Champaign, IL 61820, (217) 333-4238; or Director Larine Cowan, First Floor West, Swanlund Administration Building, (MC-304), 601 East John Street, Champaign, Illinois, 61820; (217) 333-0885.

For the Chicago campus: Access and Equity, 809 South Marshfield, Room 717, (MC-602), Chicago, Illinois, 60612-7227; (312) 996-8670.
APPENDIX 16

UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE AT URBANA-CHAMPAIGN

GUIDELINES FOR IMPLEMENTING UNIVERSITY OF ILLINOIS AT CHICAGO’S POLICY ON
SEXUAL HARASSMENT AND DISCRIMINATION

Preamble
The University of Illinois College of Medicine at Urbana-Champaign (COM-UC) is one of four programs of the University of Illinois College of Medicine (UICOM). All programs report to the Dean of the UICOM. Each program within the UICOM is committed to maintaining an educational and professional environment that is free of all forms of harassment and discrimination. The University of Illinois at Chicago has a policy for addressing complaints of sexual harassment and discrimination and that policy governs the formal resolution of claims for sexual harassment and discrimination. (Attachment A). The Guidelines are intended to facilitate the implementation of that policy to the circumstances and environment in which COM-UC operates.

Discussion
This document is intended to help ensure a comfortable academic environment for all members of the College of Medicine community – an environment that is free from intimidation, mistrust, and fear; that makes possible discussion of instances of potential sexual harassment and discrimination; and that facilitates the informal resolution of problems or misunderstandings. There are, of course, procedures within the University and hospitals/clinics for filing formal complaints of sexual harassment and discrimination, and there may be occasions when that route is necessary. This document, however, describes an informal procedure for seeking advice and guidance from respected and trusted College faculty and staff without fear of recrimination or ridicule. The aim is to make it easier to obtain information and advice and to suggest possible avenues for resolving problems informally and confidentially.

Sexual harassment and discrimination are illegal and cannot be tolerated. The College of Medicine and its affiliated hospitals and clinics do not condone conduct that creates an intimidating, hostile, or offensive environment for any person. Therefore these institutions are committed to seeking as prompt and effective resolution as possible of alleged incidents of discrimination and harassment by College of Medicine faculty, staff, students, or affiliated hospital or clinic employees. Preferably this can be achieved in an atmosphere of cooperation and understanding.

Behavior that in the past might have passed without comment may now be regarded as unacceptable. Sexual harassment may include sexual advances, explicit sexual propositions, requests for sexual favors, and other physical, verbal, or visual conduct based on sex which is sufficiently severe or pervasive enough to interfere with the required tasks or career opportunities at the University. Sexual harassment involves the use and abuse of power and control. The root of such conduct may be in the harasser’s attempt at exercising power and control over the person subject to the harassment. Faculty, staff and students should always do what they reasonably can to discourage or prevent discrimination or harassment. For a specific definition and examples of sexual harassment, please review Attachment A.
Because of the nature of the medical school curriculum and training, matters of human sexuality and anatomy will be subjects for review and discussion. The academic setting is distinct in that wide latitude is required for professional judgment in determining the appropriate content and presentation of academic material.

**Suggested Approaches for Students**

Those who believe they have experienced sexual harassment or discrimination by a College of Medicine faculty, staff member, student, or a teaching hospital or clinic employee, can pursue one or more avenues for resolution. A personal, informal and confidential approach to resolving the situation and preventing repetition is recommended. If all attempts at informal resolution within the College fail and further action is desired, students should utilize the formal system approved by the UICOM campus or by the clinical institution where the offense occurred. Faculty or staff who have been harassed by a student, can consider filing a formal disciplinary complaint.

Students who feel discriminated against or harassed may pursue one or more approaches for resolution. One suggestion is to select a staff or faculty member with whom the incident can be comfortably discussed. In many cases, the student may choose to speak directly to the individual responsible for the perceived harassment. This approach may be sufficient to identify the perceived problem, make the individual aware of its effects, and ensure that it will not be repeated. If the student feels uncomfortable meeting the accused individual alone, the selected faculty or staff member may accompany the student to provide support and, perhaps, facilitate the discussion.

If the above approach is unsatisfactory or if the student does not want to have contact with the accused individual, the student may talk to one of the individuals designated by the College of Medicine at Urbana-Champaign as primary contact staff or to individuals designated by the appropriate affiliated clinical institution (Attachment B). These individuals have been chosen because of their expertise, varied background, and different institutional affiliations, with the intent that students can select the person with whom they feel most comfortable. All complaints will be considered thoroughly and promptly. Every effort will be made to resolve complaints at this level in an expeditious, confidential, discreet, and effective manner. Every effort will be made to avoid negative repercussions as a result of discussing an alleged offense and/or filing an informal complaint.

When a student is still not satisfied with the approaches described above, a formal complaint may be made to the appropriate affirmative action office or other responsible administrative official, using the system appropriate to the institution (University, hospital or clinic) to which the selected officer belongs. These procedures will be made available to the student. Formal complaints that are to be pursued through the University system must be made through an appropriate University administrator who will respond to student complaints. Formal complaints filed by students will be handled in accordance with the policies and procedures of the University of Illinois at Chicago. Contact the Office of Academic and Educational Affairs for information and procedures to file a complaint under the Student Disciplinary Code.

**Steps Within COM-UC**

Five individuals in COM-UC are designated as primary contact staff (Attachment B). In addition, students may contact the UIUC Dean of Students Office if they wish to speak with someone outside the College. The COM primary contact staff’s responsibilities
are to meet with the student, hear the details of the alleged incident, and complete a complaint form. Where action is desired, the primary contact staff should carry out such action or refer the matter to the chief contact person. Where behavior is unacceptable, the person responsible for that behavior will be made aware of it.

The primary contact staff should complete the complaint form (Attachment C) and determine what action, if any, has been taken by the complainant, and what action or remedy, if any, the complainant would like to be taken. A complainant may wish no action, only that the incident be noted. Whether or not action is requested, the primary contact staff will send the completed form immediately to the chief contact person.

When the student has requested that action be taken, the primary contact staff and/or chief contact person will ensure that the named individual is contacted and that appropriate resolution be sought. A written summary of the discussion and proposed resolution will be made. The complainant will be informed of the proposed resolution. If the resolution or corrective action is not acceptable to the complainant and an alternative compromise cannot be reached then a formal grievance may be filed by the student. The chief contact person will provide the name and telephone number of the appropriate affirmative action officer. Ordinarily, this process should not exceed thirty (30) calendar days.

Completed forms are to be used by the primary contact staff and chief contact person for the purposes of ascertaining pertinent information about the incident(s), counseling the complainant, attempting to resolve the complaint informally, tracking the incidence and scope of perceived harassment or discrimination at COM-UC, and providing a written summary of this information, as appropriate. The forms will be kept by the chief contact person in a separate secure file with identifiable names used only in efforts at resolution. For tracking and summary reporting, all personal identifiers will be removed. In all instances and throughout the process, every effort will be made to handle these concerns discreetly and confidentially.

**Steps Within Affiliated Teaching Hospitals and Clinics**

Each of the COM-UC teaching hospitals and clinics has formal policies and procedures for reporting and investigating complaints of sexual harassment and discrimination. These institutions have agreed to allow medical students to utilize their system for counseling and advice as well as for reporting incidents and seeking resolution. Students may prefer to use this approach if they wish to use a system that does not directly involve the College of Medicine or the University administration. The clinical institutions, however, shall notify the College of Medicine’s chief contact person of such complaints. The chief contact person, while not directly involved in the process, will keep advised of the progress and resolution of the complaint through the hospital’s or clinic’s procedure. Names of contact persons from the affiliated hospitals and clinics are attached. (Attachment B).
ATTACHMENT A

UNIVERSITY OF ILLINOIS AT CHICAGO
EXECUTIVE NOTICE 98-1

PROHIBITING SEXUAL HARASSMENT: POLICY AND PROCEDURES

Part I. Policy

What is the University of Illinois Policy on Sexual Harassment?
The University of Illinois will not tolerate sexual harassment of students or employees and will take action to provide remedies when such harassment is discovered. The University environment must be free of sexual harassment in work and study.

In order to assure that the University is free of sexual harassment, appropriate sanctions will be imposed on offenders in a case-by-case manner.

The University will respond to every complaint of sexual harassment reported.

The University will promulgate this statement to all units of the institution. Sexual harassment is prohibited under federal and state discrimination laws and the regulations of the Equal Employment Opportunity Commission.

Part II. Information

As an academic community concerned with the welfare of faculty, students, and staff, the University of Illinois at Chicago (UIC) is committed to providing an environment free of sexual harassment. In keeping with that commitment, everyone at UIC should be aware that sexual harassment takes many forms and occurs at many levels. Moreover, what may not be offensive to one person may be perceived as sexual harassment by another person, not only because of gender but also because of such differences as sexual orientation, culture, religion, class, and communication style. Because UIC is a diverse multinational and multiethnic community, everyone is expected to be sensitive to the impact of words and actions on others and to observe the procedures outlined below.

A. What is sexual harassment?
Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual or gender-related nature constitute sexual harassment when:

• Submission to or rejection of such conduct is used as the basis for decisions affecting an individual’s rewards or status in employment or in an academic program. Faculty and staff, including teaching assistants, should be aware of the possible consequences of entering into romantic relationships with individuals over whom they have academic, professional, or supervisory responsibility—even if by
mutual consent. They should also know about the possible effects of assuming professional or supervisory responsibility for those with whom they have an existing romantic relationship.

EXAMPLE: A staff associate is passed over for promotion because she refuses to date her supervisor.

- Such conduct is sufficiently severe to create a hostile, humiliating, offensive University-related environment or to interfere substantially with required tasks or career opportunities at the University. Repetition of the unwelcome behavior would be viewed as sexual harassment. However, in the case of an unwelcome intimate touch, one occurrence can be sufficient to constitute sexual harassment.

EXAMPLE: During a required laboratory experiment, a male student persists in telling off-color jokes which a female student finds offensive. When she asks him to stop, he refuses.

B. Who can be sexually harassed?

Anyone can be sexually harassed—male or female, student, or employee. In the majority of cases women are harassed by men, but harassment by a person of the same sex also takes place as does harassment of men by women. Sexual harassment occurs between co-workers, between students, or even when it is not aimed at one person as long as an entire group feels its effects.

Harassment occurs in a variety of situations. It occurs when someone is not in position to refuse a sexual advance or object to a hostile environment without fear of reprisal. It also occurs in a situation when someone in authority fails to curb harassing activity of which he or she has knowledge or has reason to know exists in a setting within his or her control. In cases where a consensual relationship results in an atmosphere laden with favoritism, third parties of either sex can be harassed.

C. How do I recognize sexual harassment?

Sexual harassment can be as subtle as repeated off-color jokes or as blatant as sex assault. When acceptance of such unwelcome behavior is the price of hiring, promotions, grades, it constitutes a violation of Title VII of the Civil Rights Act of 1964 and Title IX of 1976 Education Amendments. A few examples of typical harassment cases may help you recognize and avoid problems.

EXAMPLE: A professor invites a graduate student out to dinner to discuss her thesis. She accepts, but when he tries to kiss her at the end of the evening, she turns away. He accuses her of leading him on and tells her she may be too immature to continue in her current field of study.

Behavior such as this represents an impermissible exercise of the professor’s authority. Conceivably the student could feel compelled to change her field or at least her specialization, and this is an infringement on her educational rights.
EXAMPLE: A graduate assistant invites one of her promising students to her apartment to discuss his work and his career plans. When he declines, she suggests that it would be a good idea for him to accompany her to cultural events in order to broaden his experience and improve his chances for success.

This might not be recognized as sexual harassment because no direct proposition has been made. The graduate assistant is female, and harassment is usually associated with males. She is also a student, perhaps close in age to the young man. However, as a graduate assistant, she is in a position of power. She can affect her student’s grade. The muted suggestion that his success might be contingent on the attention he pays to her does constitute a form of sexual harassment. In fact, a large percentage of sexual harassment complaints are against graduate assistants.

Overtures such as this are frequently repeated and often become more blatant. This creates a tense and difficult situation, not only for the student who is the object of the graduate assistant’s attention, but often for other students in the class as well.

EXAMPLE: After a secretary ends her relationship with the department supervisor, she receives a below-average raise in spite of her above-average performance.

Consensual relationships in the workplace may pose problems because a perceived undue influence may exist in these situations. Should a charge of sexual harassment subsequently be claimed, the mutuality of past consent may be questioned in administrative or court proceedings.

Such relationships may then be viewed as unequal in nature and harassment imputed. In some cases, the courts have awarded retroactive raises and even punitive damages. Additionally, the woman’s colleagues might have had grounds for complaint if she had ever received preferential treatment while she was romantically involved with her supervisor.

EXAMPLE: A professor makes demeaning remarks about the intelligence of women in his lectures and teases his female students when they ask questions or take part in class discussions. When one of the students complains, he tells her she’s being too sensitive.

Repeated gender-related jokes or remarks that are demeaning, offensive, or just plain distracting can create what the courts call a ‘hostile environment’ in the classroom or workplace. Male students may get the idea that their female counterparts are targets, and the women students may find it increasingly difficult to participate in the class. The professor who does not seriously consider such complaints compounds the problem.

EXAMPLE: Chris and Pat are both students in an anatomy class. Chris is continuously making sexually suggestive comments to Pat about the photographs and diagrams in their textbook. Even though Pat has asked that the behavior stop, Chris continues.
When there is no difference in authority, either between people of the same sex or different sexes, individuals whose conduct is at issue must be informed that such behavior is unwelcome. Because Pat has asked for the behavior to stop yet Chris persists, Pat can speak to the class instructor (who has an obligation to act) or can seek assistance from a designated campus office.

EXAMPLE: A male worker repeatedly asks a female co-worker to go out with him after work. She declines. He persists in whistling, taping pornographic pictures to her locker, and spreading rumors about her allegedly promiscuous behavior. She asks him to stop. He refuses. She then complains to her supervisor, who promises to look into the matter, but does nothing.

In this case, both the male co-worker’s actions and the supervisor’s failure to handle the complaint quickly and appropriately open them to a charge of sexual harassment.

Managers, department heads, and supervisors are responsible for ensuring that the workplace is free of these and all other forms of sexual harassment. They can be held liable as well. When an employee or student registers a sexual harassment complaint about an individual or about the general environment, the director or manager should immediately consult with Affirmative Action Programs.

Part III. Support and Guidance

If you suspect sexual harassment:
Sexual harassment is against the law and against University policy. If you think you or someone else has experienced sexual harassment, you don’t have to put up with it. There are a number of possible options you might consider. Some of them are listed here. These are merely suggestions. They are not steps, so you don’t have to follow them in order or at all. Think about what feels comfortable to you and what type of action you want to take. You might want to talk to a friend or someone else you trust before you decide.

1. If you feel safe doing so, it can be effective simply to talk to the person. It helps to think through what you want to say. You can even role play with a friend first or bring a friend or advocate with you to the meeting. Tell the person exactly what is unacceptable: for example, ‘I prefer that you do not touch me when we talk’ or ‘I’m not interested.’ Say it firmly, without smiling or apologizing, making it clear that the behavior is inappropriate.

2. A letter can be a good way to express your objections and to document that the person suspected of harassment has been informed of your feelings. There are a couple of points you may want to keep in mind in preparing the letter:
• Describe the harassing behavior or comments.
• The letter will be most effective if you are specific, factual, calm, and firm. Give dates, locations, and details if you can. Stay away from name calling, extreme language, or threats. This will give the letter credibility to the recipient and as documentation should you decide to complain formally at a later date.

Keep a copy of the letter. If the person does not change this behavior, you can use it to show that you took action to stop the harassment.

3. Keep track of what is happening to you. Take notes in a bound book to which sheets of paper cannot be added. Include what is done or said with dates, times, places, direct quotes. Save letters, notes, or anything else sent to you. Be sure to put the log and these materials in a secure place, preferably at home rather than in your desk or locker at work or school.

4. Talk to your co-workers to learn if anyone has witnessed the behavior or has been harassed as well. Ask them to write an account of what they observed or experienced and sign and date it. This can be extremely important documentation if you decide to make a formal complaint at some point.

5. If you don’t want to address the person directly or by letter, you can take your concern to the next level of authority: for example, a supervisor or academic department head. The University mandates a response to all sexual harassment matters.

6. In this brochure you’ll find a list of campus offices that can provide various kinds of support and assistance, including information, advocacy, and official intervention.

If you are a supervisor, department head, or dean:
1. You are responsible for maintaining an environment free of sexual harassment. You are obligated to take every complaint of sexual harassment seriously. If you cannot resolve a situation brought to your attention, consult Affirmative Action Programs. The staff will advise you on how to deal with the problem.

2. You and the University may be liable for not dealing with sexual harassment problems in your unit. You may be held responsible for creating or tolerating a ‘hostile work environment.’

3. Be sure to follow University policy and campus procedures on sexual harassment described in this publication. They are provided for your protection.

If you think you may be accused – or have been accused – of sexual harassment:
1. Reread the campus policy prohibiting sexual harassment. Do not engage in behaviors that could be interpreted as harassing. The penalties are stiff. You could jeopardize your standing in the University. You could lose your job. If the case goes to court, you may be liable for attorney’s fees and damages.
2. If you are confused about what constitutes sexual harassment, consult Affirmative Action Programs.

3. If you are accused of sexual harassment, don’t retaliate in any way. That is also against the law.

4. If you have been accused of sexual harassment, you are entitled to a fair and impartial process under campus procedures. You may also choose to seek professional advice inside or outside the University.

Part IV. Procedures

What are the campus procedures for dealing with sexual harassment?

1. Which campus office is charged with primary responsibility for administering this policy?

   Even though every member of the campus community has a responsibility for promoting an environment free of harassment, the Chancellor has designated Affirmative Action Programs as the campus resource for seeking assistance and resolution of these claims. AAP has authority to investigate, issue findings, and make recommendations for remedies. Besides providing services in education, mediation, and intervention, this office can be contacted to answer questions, advise and clarify campus policy and procedures, and discuss issues or available options. Such inquiries will be treated confidentially, in that no written record of details or names will be released.

   For more information, contact Affirmative Action Programs.

2. What AAP will do with . . .

   Anonymous observations or complaints alleging harassment. Persons who believe they have observed or experienced sexual harassment are encouraged to report what they observed to AAP. AAP can inform the person or persons against whom a complaint is made of the anonymous observation or allegations. A person who has been so informed may respond in writing to AAP.

   Complaints involving contractors, vendors, or visitors. AAP has authority to investigate or act upon complaints involving UIC contractors, vendors, or visitors.

   Allegations made by a person who believes he or she has experienced sexual harassment. Upon discussion with an AAP representative, discussion which includes an explanation of available options, the person may decide to complete a Request for Action. The action requested can be formal or informal. Both types of action require a statement of allegations which, if assumed to be true, would constitute sexual harassment, and a statement of the outcomes or remedies sought.

   Informal resolution is appropriate where neither party requests an investigation or determination, but seeks intervention or conciliation.
This process ends by agreement of both parties. With consent of the parties, AAP can require the assistance of supervisors in the resolution of the problem at an appropriate level. At any time, an informal process can become formal at the request of either party.

**Formal resolution requires that:**

a. The person seeking redress makes a written request for investigation to AAP.

b. Both the people who are complained about, as well as appropriate administrative officials, be notified of the allegations and the request for investigation.

c. The accused person be given the opportunity to respond in writing to the allegations.

d. AAP commence investigation by gathering relevant facts and conducting interviews. Ordinarily, the period for investigation should not exceed 30 days.

e. AAP issue a written report which will include a summary of the allegations investigated, the findings which support or fail to support the complaint, and recommended remedies where appropriate. The report will be sent to both parties to the complaint, to the supervisor responsible for acting upon any recommendations which may be made, and to other appropriate University administrators. Within 10 days of receiving the report, comments which the complainant or respondent may wish to make should be submitted in writing to the appropriate University administrator (e.g., Chancellor, Vice Chancellor), with a copy sent to AAP. Within a reasonable period from the close of the comment period, the administrator should issue a written decision either dismissing the complaint or specifying actions to be taken responsive to the complaint. Copies of the administrator’s written decision shall be provided to the parties to the complaint and to AAP.

f. All parties behave professionally, keeping the proceedings and the outcome confidential. AAP will take steps to ensure confidentiality for all parties involved insofar as it does not interfere with the University’s obligation or ability to investigate the allegations of misconduct.

3. **AAP guidelines**

Nothing in these procedures should be construed to preclude AAP from developing internal guidelines for conciliating sexual harassment claims or conducting investigations. In the event that internal AAP guidelines conflict with campus procedures, campus procedures will be followed.

4. **Actions taken as a result of AAP findings**

If disciplinary action is taken as a result of an investigation and finding of a violation of the campus sexual harassment policy, that action will be imposed in accordance with appropriate disciplinary procedures.
ATTACHMENT B

SEXUAL HARASSMENT/DISCRIMINATION

INDIVIDUALS TO CONTACT

COM-UC CONTACT STAFF

Primary Contact Staff:
Dr. Ronald Brewer (217) 244-0659
Dr. Nora Few (217) 244-1512
Dr. James Hall (217) 333-5471

Clinical Sites:
Dr. Terry Hatch (Carle—CEC) (217) 383-4637
Dr. Claudia Nugent (Provena/Covenant—CEC) (217) 337-2373
Dr. William -Marshall (217) 554-4511

Chief Contact Person:
Dr. James Hall (217) 333-8146

UIUC DEAN OF STUDENTS OFFICE

(217) 333-1050

CARLE HOSPITAL AND CLINIC
Ms. Tara Swearingen, Associate Administrator (217) 383-3053
Human Resources, Carle Clinic

CHRISTIE CLINIC
Chief Executive Officer (217) 366-1200

PROVENA/COVENANT MEDICAL CENTER
Ms. Diane Ruedi, Director (217) 337-2224
Human Resources, Provena/Covenant Medical Center

DANVILLE VETERANS HOSPITAL
Ms. Rheta Bowen (217) 554-5283
Administrative Officer

Ms. Linda Smith (217) 554-4511
Program Assistant

DANVILLE VETERANS HOSPITAL
Mrs. Kim Wright (217) 554-5723
Equal Employment Opportunity Program Manager

FOR SITUATIONS INVOLVING MEDICAL RESIDENTS
Internal Medicine Robert Healy, M.D. (217) 383-3180
Family Practice David Whitehill, M.D. (217) 383-3302
# Appendix 17

## University of Illinois College of Medicine at Urbana-Champaign

**Academic Year 2008–2009 Monthly Clerkship Calendar**

### Clerkship Calendar for 2008-2009

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2009/2010 starts on June 29, 2009 and ends on July 6, 2009
Appendix 18

UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE

POLICY ON STUDENT BEHAVIOR AND DISCIPLINE PROCEDURES

The legal authority by which law and order are maintained within the academic community derives from the people of Illinois, whose representatives in the 1867 General Assembly issued the University its charter. Within the limits fixed by the Illinois Constitution and state laws, the Board of Trustees exercises final authority over the University, delegating certain duties to the president and other officers, and to the campus senates of the University.

According to the University of Illinois Statutes, the responsibility for administering a student disciplinary system is vested in a Senate Committee on Student Discipline. “Each senate shall establish a committee or other body concerned with student discipline. This body may appoint one or more subcommittees on which, unless the senate determines otherwise, there shall be voting student representatives. These subcommittees shall have original jurisdiction to hear and render decisions in all disciplinary cases, unless the body determines to exercise original jurisdiction.”

The Senate Committee on Student Discipline shall have jurisdiction over the hearing and adjudication of the application of rules of student conduct to particular cases. Such jurisdiction does not include any right or responsibility with respect to the making of rules or regulations. Just cause for student discipline includes, but is not limited to:

- Any conduct that violates any commonly recognized or generally accepted professional standard of the profession in which the student is training.

- Any conduct that constitutes a violation of local, state, or federal law or any stated University or campus rule, regulation, or procedure.

- Any conduct that results in damage, destruction, or mutilation of University property; that results in the unnecessary expenditure of University time and resources; or that constitutes misappropriation or willful waste of University funds or property.

- Any conduct disruptive of the normal operations of the University, including that which interferes with the treatment of patients in the University of Illinois Hospital or any clinic or outpatient facility of the University and that which interferes with the conduct of the teaching, research, and study programs of the University.

Academic dishonesty includes: giving or receiving unauthorized aid in any assignment or examination, plagiarism, or tampering with grades; failure to answer questions truthfully on any application for admission, readmission, or registration; failure to answer truthfully whenever providing information to be considered by the University in making any decision or falsification or alteration of any official University document; any conduct that is inconsistent with accepted principles of responsible citizenship or that is in substantial disregard of the rights of others; misuse or fraudulent use of a University of Illinois identification card whether at the University of Illinois or elsewhere.
Student organizations that engage in activities designated (above) as just cause for disciplinary action may have their campus privileges suspended or revoked; and officers and/or members may, as individuals, be subject to disciplinary action on the basis of their responsibility for or participation in the prescribed activities.

**Discipline Procedures**

The control of student discipline is vested in the Faculty Senate. The senate has established a Committee on Student Discipline and subcommittees for each college on the campus. In any charge of misconduct that is not handled by deans, these committees may impose discipline ranging from reprimand to expulsion. In the event a student is charged with misconduct, the procedures that control his or her case will be fully explained to him or her. Copies of the Student Discipline Procedures are available in the Office of Student Affairs and is available on-line at: http://www.uic.edu/depts/sja/cover.htm.
In general, outpatient services (except emergency described below) are to be provided by the McKinley Health Center. For non-emergency care, seek treatment at the McKinley Health Center. For emergency care (e.g., needle stick or meningitis exposure), seek treatment at the facility where you had exposure. Refer to the card provided with the UICOM-UC name badge for specific contacts. Dial-a-nurse (217-333-2700) is available at McKinley Health Center 24 hours per day, 7 days per week, and can advise you on availability of services there.

The risk to students of acquiring infectious diseases, such as HIV (Human Immunodeficiency Virus) and HBV (Hepatitis B Virus), during their undergraduate medical education emphasizes the need for preventive measures. Accordingly, all students should be familiar with universal and standard precautions, blood and body fluid exposure procedures, and treatment available at each of the COM-UC teaching hospitals (Carle, Provena/Covenant, and Department of Veterans’ Affairs, Illiana Health Care Center, Danville) and also services available through the University of Illinois at Urbana Student Medical Health Center (McKinley Health Center). Students should also become familiar with provisions and limitations of the University of Illinois Student Health Insurance plan and the student Long Term Disability Insurance and HIV Infection Indemnity Insurance plan. The following policy applies to all University of Illinois College of Medicine at Urbana-Champaign undergraduate medical students, referred to hereinafter as the subject group.

1. The University of Illinois College of Medicine at Urbana-Champaign endorses the precepts and recommendations contained in the Association of Program Directors in Internal Medicine position paper on AIDS (July 14, 1989) as they apply to the subject group. Attachment #1 contains a summary of the precepts and recommendations contained in this position paper.

2. As part of the educational program the subject group will receive and familiarize themselves with information about HIV and viral hepatitis, specifically about methods by which these agents may be transmitted in the educational setting and how to prevent such transmission. They shall also be provided and familiarize themselves with the blood and body fluids exposure policy of each affiliated
institution and procedures to be taken if exposed. As part of the undergraduate medical curriculum, students will receive a series of informational and practical sessions regarding preventive measures before exposure and follow up procedures after exposure to these agents. The UICOM-UC Clinical Education Center Directors at the teaching hospital sites will monitor their affiliated institution’s policy, will identify procedures for individuals to take after exposure that will include the provision of immediate treatment and counseling, and will keep records of all subject group exposures.

3. Routine or mandatory HIV testing of the subject group is not recommended. All students are strongly advised to undergo personal assessment to determine their need for HIV testing. This assessment should include known high-risk behaviors as well as risks associated with health care related occupational exposure. If individuals in the subject group are at risk they should learn their HIV status in order to protect and improve their health and to receive appropriate treatment and counseling. All persons in the subject group who are infected with HIV/HBV or HCV are advised to report that information to the COM-UC Regional Dean, who will regard the information as confidential and privileged. In such circumstances, the Regional Dean should ascertain that the student has ready access to consultants with expertise in management of seropositive patients. All confidentiality laws shall be followed to protect the identity of students infected with HIV or other blood borne viruses.

4. Individuals in the subject group who have a confirmed diagnosis of the HIV infection are encouraged to inform the Director of Clinical Services at the University of Illinois Campus Health Service (McKinley) for further care. All care at McKinley Health Center is provided in strict confidence.

5. All persons in the subject group who are potentially exposed to HIV and viral pathogens in the course of their medical education should follow the routine teaching site defined reporting procedures (Attachment #2). Expert medical care and counseling will be provided at the site of exposure.

6. Exposed individuals will be able to receive, at the site where exposure occurred, primary injury treatment and management. This should include but not be limited to: wound care (needle punctures, small lacerations, etc.); tetanus prophylaxis, if indicated; the protocol for hepatitis B or C exposure; collection of reference serum samples from all exposed individuals, if possible; assessment of the degree the individual is at risk from the type of exposure; arrangement for counseling; and information and recommendations for zidovudine (AZT) and other antiviral prophylaxis. Such information should include protocol, dosage, duration of treatment, side effects, potential long-term effects, and a balanced assessment of the value of this prophylaxis. Antiviral prophylaxis will be made available if recommended by the medical consultation and desired by the exposed subject; written and informed consent is required. If the exposure risk warrants, counseling is provided, and if the student signs the voluntary consent form, the student will be able to receive sufficient dosage of AZT and other antiviral medication (if desired and within one to two hours of exposure, if possible) until source testing can be completed. A representative of the College will be identified by the Regional Dean to be available at all times to facilitate management of such exposure (See point 3.1 in Attachment #2 – Procedures).

7. The University of Illinois at Urbana-Champaign student health insurance does not provide for disability insurance related to anything other than accidental dismemberment. However, the University of Illinois College of Medicine has made available and requires that students purchase Long-Term Disability
Insurance and HIV Infection Indemnity Insurance. The Long-Term Disability Insurance provides for regular income should a student become disabled. Brochures explaining the policy is available from the Office of Student Affairs. Students are strongly encouraged to review the attached New England Journal of Medicine editorial. (Attachment 3).

8. Each year the UICOM-UC will distribute this policy and procedures document to the subject group and to each affiliated institution where a subject group may be at risk. The Clinical Education Center Director at each affiliated institution will be responsible for the development of specific site procedures and the distribution of those procedures to the subject group.

9. This policy will be reviewed on an annual basis by the Clinical Affairs Subcommittee of the UICOM-UC Educational Policy Committee; those reviews will include a review of adherence to each recommendation and the circumstances, management, and results of each policy, relevant to exposure.

Original December 2, 1992 - Approved COM-UC Executive Committee
Revised April 14, 1993
Revised August 8, 1993
Revised January, 1997
**General Educational Program**
As part of the overall educational experience of undergraduate medical students, training programs should include a formal educational segment that centers around the care of patients with HIV-related diseases. Such a program must emphasize and re-emphasize the principles of universal precaution promulgated by the Centers for Disease Control and the American Hospital Association. Formal educational sessions for medical students devoted to the care of patients with HIV-related diseases should entail up-to-date information of the modes of transmission and risks of the HIV virus. Also to be included are new information on the pathogenesis and treatment of the syndromes, on pharmacological and immunological therapies and on new approaches to the ambulatory or hospice treatments of patients with HIV-related disorders. Educational efforts that define the psychological impact and the fiscal implications should be part of the training.

**Counseling of Medical Students**
Counseling Services for medical students should be available with individuals with the expertise to address the emotional and psychological stresses embodied in the care of patients with HIV-related diseases. Special attention should be given to the student who expresses reluctance to participate in patient care and educational programs concerned with HIV-related individuals. Students must understand that the obligation to provide care to all patients, regardless of personal risks, whether real or perceived, is deeply rooted in medical history and medical ethics. Open discussions with the reluctant student by the clerkship director or other senior faculty members adept at counseling is often helpful and reduces the fear for the student.

**Special Features of the Educational Process**
Students should learn to incorporate into their practices, procedures for taking complete sexual histories of their patients. Students must discuss the sexual preference and partners of their patients. They should understand the terminology of specific groups of whom they are dealing, whether these be heterosexual, homosexual, or bisexual. Students should not make assumptions about the patient’s sexual orientation without appropriate questions. Clerkship directors should encourage students to participate in public education programs and community-wide efforts intended to eliminate general misconceptions about AIDS and to diminish public and professional anxiety about the disease.

**Confidentiality**
Clerkship directors must impart to all students, the concept of patient confidentiality and emphasis the individual patient’s right to privacy. Students have an obligation to maintain the confidentiality of their patient’s records and should never disclose information to outside sources.
In those circumstances where the health and welfare of individuals supersedes responsibility to maintain confidentiality, the student under the supervision of the attending physician, should inform present or recent sexual contacts, persons with whom an HIV-positive has shared needles, or other persons likely to have contact with the infected person’s blood or body fluids. Since the conflicts that exist between the obligation of confidentiality and the obligation to warn potentially exposed individuals are troublesome, input from the institution’s Ethics Committee might be beneficial. Students who convert or are found to be sero-positive deserve the same respect for confidentiality and individuals rights of privacy as non-health care workers. While the clerkship director or department head should be advised of the student’s serologic status, that information must be regarded as confidential and privileged and never disseminated. In such circumstances, the clerkship directors should ascertain that the sero-positive student has ready access to consultants with expertise and management of AIDS and to an appropriate counselor.

Special Considerations: Testing of Students For HIV Antibody
Mandatory or routine testing of students is not recommended. All students should have available on a voluntary basis the right to be tested for HIV-infection. If a student has exposure to blood or certain other body fluids through percutaneous inoculations or contact with non-intact skin or mucous membrane, prompt evaluation and follow-up should be arranged. Current public health service guidelines should be reviewed. Baseline testing for the student for HIV-antibodies and serologic testing is advised. Exposed individuals should follow precautions to prevent transmission of HIV to others pending results of follow-up testing. An ethical dilemma arises when a student sustains exposure to a known patient source and the patient refuses to consent to an HIV-antibody test. The APDIM agrees with the American College of Physicians and the Infectious Diseases Society of America that in situations of accidental exposure, the patient’s blood may ethically be tested for HIV antibody without the individual’s informed consent. The patient should be informed and counseled if this is deemed necessary. State laws on testing for antibodies without the individual’s informed consent are variable, so clerkship directors must be informed on the legality of such action in their state.

Sero-positive Student
Confidentiality is essential. The sero-positive student should be treated as any sero-positive patient. If otherwise able to care for patients, the HIV-infected student should be permitted to do so. Students present virtually no risk of HIV transmission to patients provided they observe the principles of universal precautions regarding blood and body fluids advocated for all health care workers. When an HIV-positive student begins to manifest physical or cognitive impairment that interferes with assigned responsibilities, the clerkship director or counselor should advise against further continuance of study.

Exposure to HIV-positive Material
Any student who sustains accidental percutaneous or mucus membrane exposure to infected blood, secretions or other body fluids should be encouraged to test voluntarily for HIV-antibody. Testing of the exposed student should be done at the time of exposure and then 6 weeks, 12 weeks, and 6 months later. The department head and/or clerkship director should be informed of any documented or perceived exposure by the student and appropriate counseling should begin even before test results are available. Exposed individuals should follow precautions to prevent transmission of HIV pending test results.
**Pregnant Student**
Provided the pregnant student adheres to the principals of universal precaution regarding blood and body fluids, no special precautions are needed.

**Reluctant Student**
The stressful, psychological, and emotional dimensions that caring for patients for HIV-related diseases and the fear of infection of the HIV virus are often the major reasons for student’s reluctance to care for such patients. Counseling with an experienced attending should be arranged.

**Homosexual or Bisexual Students**
Confidentiality and individual privacy are principles that pertain for health care providers including students as well as for patients. Such individuals should not be indiscriminately identified or singled out. Should a patient refuse care or attention by a student because the patient questions the student’s sexual orientation, the clerkship director or attending physician should intervene immediately and directly with the patient. In a diplomatic yet firm manner, the attending should use the occasion to educate the patient about HIV-related diseases and the public misconceptions that surround the disease.

**Recommendations**
1. Clerkship directors should assume the responsibility to assist students to address and cope with their fears and prejudices in treating HIV-infected patients. The clerkship director should articulate a clear policy which emphasizes the student’s responsibility to provide care to all patients without regard to the nature of their illness.
2. Clerkship directors and faculty have the responsibility to provide information and educational programs for students about HIV-infection. These should include:
   a. Up-to-date information on the modes and risks of transmission of the virus.
   b. Training in the universal precautions methods employed in clinical settings, and in the monitoring of compliance.
   c. The policy to be followed in the event of potential exposure.
   d. The appropriate facilities, equipment, and personnel needed to avoid unnecessary risks.
   e. Counseling to those who express reluctance to participate in the education and patient care of HIV-infected individuals.
3. Clerkship directors and their institutions should articulate a policy on HIV-screening and on the HIV-positive trainee.
   a. Mandatory screening of students should not be initiated.
   b. Students and faculty at risk of HIV infection should be encouraged to seek testing and counseling.
4. Clerkship directors should insure that HIV-infected students have access to:
   a. Expert medical care and counseling.
   b. A designated member of the faculty with whom to discuss, confidentially, career activities, and plans.
   c. Support and individualized educational and career counseling.
5. Clerkship directors should establish policies and procedures to insure confidentiality and appropriate handling of information related to a person’s HIV status.
   a. Clearly defined, confidential means of communication and information storage should be established.
   b. The rights and welfare of the individual patient are always of first concern so that information about a student or HIV positive patient should be shared only to a degree necessary for the effective implementation of policies.
The following procedures are in effect for University of Illinois College of Medicine at Urbana-Champaign students exposed to blood and body fluids in conjunction with clinical activities. These procedures serve as an addendum to the University of Illinois College of Medicine at Urbana-Champaign “Guidelines and Policy for Infectious Disease Prevention for Medical Students Exposure to Blood and Body Fluids and Risks Related to HIV and Viral Hepatitis” of 12/9/92. (Revised January, 1997)

1. **The first and fundamental step is prompt cleansing of the wound or exposed area with copious amounts of soap and water.**

2. **Access and follow the procedure in effect for the site where the exposure occurred.**
   2.1 Students at Carle Clinic or Carle Foundation Hospital should report their injury to the charge nurse of the unit where the injury occurred (so that primary injury treatment, source testing, and documentation can be initiated promptly) and then report to Carle Employee Health (7:00 am – 5:00 pm weekdays) or to the Nursing House Supervisor or the Carle Emergency Room (at other times). The exposure is then immediately reported to the on call site infectious disease section physician if he has not already been consulted by the physician providing immediate care (see pt. 3.1).

   Reimbursement: Carle pays for primary injury treatment and management including source testing. Subsequent management comes under the responsibility of the McKinley Health Center and student insurance. University of Illinois student health insurance does not pay for medications unless hospitalized.

   2.2 Students at Provena/Covenant Medical Center should follow its “Employee Blood/Body Fluid Exposure Management Protocol.” They should report their injury to the charge nurse of the unit where the injury occurred (who will be familiar with the protocol and will initiate primary injury treatment source testing, and documentation) and then report promptly to Provena/Covenant Emergency Services Department. The exposure must also be reported immediately to the appropriate site infectious disease section physician (see pt. 3.1).

   Reimbursement: Provena/Covenant pays for primary injury treatment and management including source testing not covered by insurance. Subsequent management comes under the responsibility of the McKinley Health Center and student insurance.

   University of Illinois student health insurance does not pay for medications unless hospitalized. Students should contact Director of Clinical Services at McKinley Health Center to arrange continued care.
2.3 Students at Christie Clinic should follow its “Employee Blood/Body Fluid Exposure Management Protocol.” They should report their injury to their attending physician (who will be familiar with the protocol and will initiate primary injury treatment, source testing, and documentation) and then report promptly to McKinley Health Center (8:00 am – 4:30 pm, Monday–Saturday) or report to the Provena/Covenant Emergency Services Department (at other times). McKinley should be alerted (333-2702, Monday–Friday; 333-3263, Saturday) before leaving Christie. The exposure must also be reported immediately to the appropriate site infectious disease section physician (see pt. 3.1).

Reimbursement: Christie pays for primary injury treatment and management including source testing. Subsequent management comes under the responsibility of the McKinley Health Center and student insurance. University of Illinois student health insurance does not pay for medications unless hospitalized. Students should contact Director of Clinical Services at McKinley Health Center to arrange continued care.

2.4 Students at the Department of Veterans Affairs Illiana Health Care Center, should report their injury to the charge nurse of the unit where the injury occurred (so that primary injury treatment, source testing, and documentation can be initiated promptly). Dr. Andrew Robbins’s office should be notified immediately (during business hours) or at the beginning of the next business day. The exposure must also be reported immediately to the appropriate site infectious disease section physician (see pt. 3.1).

Reimbursement: The VA will be responsible to insure subsequent care which may be carried out at the VA or McKinley.

2.5 Students at the Champaign-Urbana Public Health District should report their injury to a clinic nurse (so that primary injury treatment, source testing, and documentation can be initiated promptly).

Reimbursement: The Public Health District provides initial primary injury treatment including source testing free of charge. Subsequent management comes under the responsibility of the McKinley Health Center and student insurance. University of Illinois student health insurance does not pay for medications unless hospitalized. Students should contact Director of Clinical Services at McKinley Health Center to arrange continued care.

2.6 Students at other College of Medicine-affiliated sites (other than those covered in 2.1 – 2.5) should report their injury to their attending physician (so that primary injury treatment, source testing, and documentation can be initiated promptly) and then report promptly to McKinley Health Center (8:00 am – 4:30 pm, Monday–Saturday) or to the Carle Emergency Room or to Provena/Covenant Emergency Services Department (at other times). McKinley should be alerted (333-2702 Monday–Friday; 333-3263, Saturday) before leaving the site where the injury occurred.
Reimbursement: Primary injury treatment including source testing may or may not be provided at the affiliated site. If there is no on-site payment for primary injury treatment including source testing, subsequent bills should be submitted to the COM Office of Student Affairs. Subsequent management comes under the responsibility of the McKinley Health Center and student insurance. University of Illinois student health insurance does not pay for medications unless hospitalized.

3. **Additional procedures:**

3.1 Students must complete the procedural protocol for each institution and then must report every blood and fluid exposure to a physician in the University of Illinois College of Medicine at Urbana-Champaign Department of Internal Medicine section of infectious diseases as soon as possible. (There is a section physician available 24 hours a day.)

Students who are exposed and who receive care at Christie Clinic, Provena/Covenant Medical Center, should ordinarily report incidents to Dr. England (373-4313). Students who are exposed and who receive care at Carle or the Champaign-Urbana Public Health District should ordinarily report incidents to Drs. Spech or Musial (383-1554).

Students who are exposed and who receive care at the VA or any other affiliated site should complete the existing site treatment procedures and then call any of the four section physicians.

Students are reminded that they must report their injury to a person at the location where the injury occurred and to a physician in the Section of Infectious Diseases and report for care immediately. Failure to do so may jeopardize their ability to receive optimal care.

Students should understand that blood and body fluid exposure is a medical emergency that will cause their work to be interrupted as would be the case for any other serious injury.

3.2 Students should complete a University of Illinois Employee's Injury Report. Reports are available at the Clinical Education Center at each site. Completed reports must be forwarded immediately to the Section of Infectious Diseases physician to whom the incident was reported.

3.3 University of Illinois student health insurance is administered by its Benefits Center (333-0165). Currently, 80% of outpatient care expenses over $200 (the deductible) and up to a maximum of $3,000 each contract year are reimbursed. Students should ascertain whether they are covered under other policies (such as those held by parents) and, if so, what coverage is provided. Students are advised to speak to the administrative contact in the institution (see section 4 below) where an injury occurred to see if additional reimbursement is available.

3.4 These procedures do not apply to students exposed to blood and body fluids of nonhuman origin.
4. **Persons to whom questions may be addressed:**

4.1 Administrative questions regarding injuries occurring at Carle can be answered by their Infection Control Practitioner, Lynne Regan, RN, 383-4876.

4.2 Administrative questions regarding injuries occurring at Provena/Covenant can be answered by the Employee Health Coordinator, Lynda H. Creutzburg, RN, 337-2186. Bills from Provena/Covenant for uninsured services associated with primary injury treatment and source testing should be submitted to Patricia Davis-Hagers, Vice President for Patient Services, 337-2142.

4.3 Administrative questions regarding injuries occurring at Christie can be answered by the Risk Management Coordinator, Janice E. Bleich, RN, 366-7475.

4.4 Administrative questions regarding injuries at the Danville VAIHCS can be answered by the Chief of its Medical Service, H. Chani, MD, 554-4511) or 431-6511.

4.5 Administrative questions regarding injuries at the Champaign-Urbana Public Health District can be answered by the Director of Nursing, Jack McEntire, RN, 352-7961.

4.6 Any questions regarding these procedures should be addressed to a physician in the Section of Infectious Diseases.

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Revised August 11, 1993
Revised January, 1997
In mid-2004, a clinical skills examination will be added to United States Medical Licensing Examination™ (USMLE™) Step 2 that will test medical students on their ability to gather information from patients, perform a physical examination and communicate their findings to patients and colleagues. The name of the examination is Step 2 Clinical Skills, or Step 2 CS; the current multiple-choice component of Step 2 is being referred to as Step 2 Clinical Knowledge, or Step 2 CK.

**Here are commonly asked questions about the new clinical skills examination:**

**What does the clinical examinations entail?**
It will be a one-day test that mirrors a physician’s typical workday in a clinic. For 15 minutes each, examinees will examine 12 “standardized patients,” people trained to act like real patients. Examinees are expected to establish rapport with the standardized patients, elicit pertinent historical information from them, perform focused physical examinations, communicate effectively, and document findings and diagnostic impressions. After each encounter, examinees have 10 minutes to record a patient note, including pertinent history and physical examination findings, diagnostic impressions, and plans to further evaluation if necessary.

The cases will cover common and important situations that a physician is likely to encounter in a general ambulatory clinic. Standardized patients are selected to represent a broad range of age, racial, and ethnic backgrounds. Other possible stations include third party interviews (e.g., caregivers for children or frail elderly patients), telephone encounters, and physical examination stations. Pelvic, rectal, and female breast exams will not be part of the initial administration, but may be added later using mechanical simulators.

**Why is this additional test necessary?**
The test will protect patient safety by asking physicians in training to meet a minimum national standard for clinical and communication skills. A large body of literature has shown that poor communication skills and interpersonal and general clinical skills are related to a higher incidence of malpractice suits, lower treatment compliance by patients and decreased patient satisfaction.

The current three Steps of the USMLE measure medical knowledge and analytical skills through multiple-choice questions and computer-based case simulations. The medical community has always recognized the distinct differences between the cognitive skills needed by a physician to recognize and understand diseases and conditions and the clinical and communication skills needed to diagnose and treat patients and consult with colleagues. Medical educators, clinicians and state licensing authorities consider both sets of skills equally important.
The best multiple-choice examinations cannot adequately assess clinical and communication skills. Research shows that a small but significant number of examinees who pass the multiple-choice exams lack the basic clinical and communication skills necessary to practice medicine.

**How can you guarantee objectivity, fairness and reliability?**
In the past 15 years, the National Board of Medical Examiners, which develops and co-sponsors the test, has devoted considerable expertise and financial resources to determining how to evaluate clinical skills and devising an objectives, fair and reliable test measurable through empirical data. The NBME has fine-tuned the process by administering prototype exams to thousands of students at more than 50 US medical schools.

Use of standardized patients is the key to fairness and objectivity. These individuals go through extensive training to minimize any bias that could interfere with the examination process. After each encounter, the patients record the examinee’s performance using specific checklists and rating scales. Physicians and testing professionals watch samples of videotapes of the interactions to assure objectivity and fairness in the final scoring. Examinee notes are scored by trained physicians.

NBME, working in collaboration with the Educational Commission for Foreign Medical Graduates (ECFMG®), can provide the security, training for standardized patients and testing procedures necessary to ensure a fair, reliable and valid exam is administered across different sites throughout the country. A fair exam with the necessary degree of standardization cannot be delivered at the more than 100 medical schools in the United States.

**Don’t medical schools already require clinical skills for graduation?**
Medical schools vary in the ways they teach clinical skills and the standards they use to evaluate them. The clinical skills exam will establish a national standard that all students will need to meet before they practice medicine. Some US students still graduate without ever being observed in clinical settings. During recent field trials, 20 percent of the fourth-year students who completed a survey said they had been observed interacting with a patient by a faculty member two or fewer times. One in 25 said they had never been observed by a faculty member.

**How will the clinical skills examination be administered?**
The examination will be administered at regionally located centers operating year round. Staff members have evaluated a variety of delivery models, including multiple medical school centers operating for brief periods throughout the year, and have concluded that the fixed site model is the least expensive, most equitable, and most sound method for delivery of the clinical skills examination. Two sites — Philadelphia and Atlanta — have been completed and are currently being used by the ECFMG to administer its CSA. These two centers will close in spring of 2004 so that staff may prepare for administration of the Step 2-CS later in the year. Additional test centers will be opened in Los Angeles, Chicago, and Houston. Currently, test centers are expected to become available for administration of Step 2 CS according to the following schedule:

<table>
<thead>
<tr>
<th>City</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philadelphia</td>
<td>June, 2004</td>
</tr>
<tr>
<td>Atlanta</td>
<td>July, 2004</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>August, 2004</td>
</tr>
<tr>
<td>Chicago</td>
<td>September 2004</td>
</tr>
<tr>
<td>Houston</td>
<td>September, 2004</td>
</tr>
</tbody>
</table>
Will these centers have sufficient capacity to test all US and International examinees for the examination?
The five test centers can test approximately 30,000 examinees annually. By adding additional test sessions at each center, the system’s capacity can be increased as needed. It is estimated that approximately 25,000 to 27,000 US medical students and international examinees will take the examination during the first year of operation.

Will there be room for students who must retake the examination?
There is more than enough capacity in the delivery system to handle first time and repeat examination takers. By scheduling or rescheduling early, examinees can maximize their ability to test at times and places most convenient to them.

What roles do the various testing organizations play?
The Federation of State Medical Boards and the National Board of Medical Examiners sponsor the USMLE. Testing of the clinical skills exam also involved the educational Commission for Foreign Medical Graduates, which has administered a similar test to international medical graduates since 1998.

The FSMB represents state medical boards of the United States, District of Columbia, Puerto Rico, Guam, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, and 13 state boards of osteopathic medicine. The ECFMG certifies the readiness of graduates of medical schools outside the United States and Canada to enter supervised graduates medical education programs in the United States.

*Source: USMLE Website (www.usmle.org). Copyright © 2003 Federation of State Medical Boards of the United States, Inc. (FSMB) and National Board of Medical Examiners® (NBME®). The United States Medical Licensing Examination™ (USMLE™) is a joint program of the FSMB and the NBME.*
# APPENDIX 21

## UNIVERSITY OF ILLINOIS

### COLLEGE OF MEDICINE AT URBANA-CHAMPAIGN

### COLLEGE – CAMPUS – COMMUNITY, RESOURCES

## COLLEGE OF MEDICINE AT URBANA-CHAMPAIGN

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>James Hall</td>
<td>125 MSB 333-8146 355-0420 (evenings)</td>
</tr>
<tr>
<td>Nora Few</td>
<td>125 MSB 333-8146 344-8021</td>
</tr>
<tr>
<td>Ronald Brewer</td>
<td>Carle Foundation Hospital—CEC 244-0659 590-2563 (evenings)</td>
</tr>
</tbody>
</table>

## CAMPUS

### Ruth McCauley, Assistant Dean
(Specializes in women’s issues – sexual assault/harassment)

Fred H. Turner Student Services Building 333-0050

### Patricia Morey, Office of Women’s Programs
(Coordinator of Sexual Assault Programs)

Fred H. Turner Student Services Building 333-3137

### NITE RIDES (A free nighttime rape-prevention campus ride program)

333-3184

### C.A.M.P.U.S. (Campus Automobile/Motorist Protection Service Program)

244-HELP

### Emergency Dean (Available 24 hours a day)

333-0050

### Counseling Center

Turner Building 333-3704

### Counseling Center

McKinley 333-8360

### Police

from campus phone dial 9-911

### Student Legal Services

Illini Union 333-9053

### Tenant Union

Illini Union 333-0112

### To Contact Pertaining to Harassment or Discrimination

Larine Cowan (Employment Discrimination Complaints) 333-2147

Emergency Dean on Duty 333-0050

Sue Weidemann 244-5524

## COMMUNITY (partial list)

### A Women’s Place

384-4390

### Crisis Line

359-4141

### Rape Crisis Service (Available 24 hours a day)

384-4444

### Prairie Center for Substance Abuse

328-4500

### AIDS National Hotline

1-800-342-2437

### Carle Emergency Room

383-3313

### Provena/Covenant Emergency Room

337-2131
APPENDIX 22

UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE AT URBANA-CHAMPAIGN

POLICY REGARDING SITTING FOR EXAMINATIONS

General Policy
Attendance at the College of Medicine examinations is required, unless otherwise stated explicitly in advance.

Excused Absence: College of Medicine Examinations
An excused absence from a required College of Medicine examination will be granted only for serious personal illness, death in the immediate family, or other similar extenuating event. Students are expected to obtain prior permission for an absence from the appropriate administrative site officer. The student must provide written documentation when attempting to secure this permission. Documentation from the student health service [or its equivalent as specified by the appropriate administrative site officer] is required for all illnesses.

If prior permission for the absence was not obtained or written documentation is not provided to the satisfaction of the appropriate site administrative officer within seven calendar days of the date of the administration of the examination, the absence will be treated as an unexcused absence. A failing grade (zero) will be assigned to this missed examination. Further, this missed examination will count as an attempt. For example, if the student was absent without permission from the first administration of an examination, the missed examination will count as the student's first attempt.

Certifying Examinations
The College of Medicine defines the USMLE Step 1 and USMLE Step 2 as certifying examinations. Students who wish to schedule certifying examinations at times other than those specified in “Academic Student Promotions Policies” must petition in writing to the site student progress and promotions committee. Petitions should be directed to the appropriate site administrative officer.

Approved: College Committee on Student Promotions, April 29, 1994
Approved: College of Medicine Executive Committee, July 27, 1994

CCSP Policies/Sitting for Examinations.96
July 31, 1996
Differences Between The Results Produced By a Program Proposing and Applicant Proposing Algorithm

The study commissioned by the NRMP Board of Directors applied the applicant proposing algorithm to actual Rank Order Lists used in five previous matches. The match results achieved using the newly developed applicant proposing algorithm were then compared with match results from the actual 1987, 1993, 1994, 1995, and 1996 matches using the original NRMP algorithm. The major findings of the study are noted below.

1. Differences in the matchings produced by the two algorithms are very small. When comparing the results of the application of the two algorithms, fewer than 1 in 1,000 applicants would receive a different match.

2. Most (but not all) of the few applicants who are matched to different positions by the two algorithms do better when the applicant proposing algorithm is used. The opposite is true for programs.

3. Using either algorithm, how applicants and programs can be advised that trying to get a more preferred match by employing unusual strategies in the construction of Rank Order Lists is far more likely to produce negative results than to achieve an improved match outcome. When all the complexities of the NRMP match are included, it is possible with either algorithm to construct examples in which programs or applicants could improve their match result by submitting Rank Order Lists that do not contain their true preferences e.g., omitting choices. However, more frequently, such strategies produce less desirable match results for the applicant and/or program. In reality, opportunities for “gaming the system” to gain advantage are very rare for both applicants and programs. Developing a rank order list that does not reflect one’s true preferences in the hopes of improving one’s chances of securing a “better” match is not profitable for applicants or programs. Match participants do not have the information necessary to determine if or when such strategies would be helpful or what should be the best strategy. In general, both applicants and programs can be advised that Rank Order Lists should be developed in a manner that accurately reflects their true preferences, both in the number of programs/applicants ranked and in the sequence of choices on the Rank Order Lists.

Additional information concerning the results of the study can be obtained via the Internet at www.pitt.edu/~alroth/phasel.html
A New NRMP Algorithm for 1998
Based on the results of the study and the subsequent recommendations from NRMP participants (applicants, schools of medicine, and residency programs), the NRMP Board of Directors elected to change from the previous NRMP algorithm to the applicant proposing algorithm. This decision was rendered in May of 1997 and is effective for all matches conducted after January 1, 1998.
A description of the new algorithm is provided in the pages that follow. The 1998 NRMP Handbook was published before the Board of Directors had rendered their decision. Therefore, the description which follows supersedes the algorithm description in the NRMP Handbook.

How the Matching Algorithm Works
The following example illustrates how NRMP may best be used by all participants to prepare Rank Order Lists and how the matching algorithm works.

<table>
<thead>
<tr>
<th>Anderson</th>
<th>Brown</th>
<th>Carpenter</th>
<th>Davis</th>
<th>Eastman</th>
<th>Ford</th>
<th>Goodman</th>
<th>Higgins</th>
</tr>
</thead>
</table>

Applicants’ Rank Order Lists
Eight applicants are applying to four programs. After considering the relative desirability of each program, the applicants submit the following Rank Order Lists to the NRMP.

Applicant Anderson makes only a single choice, City, because he is under the impression from remarks made by the program director that he would be ranked very highly, and he had in turn assured the director that he would rank City number one. It is acceptable for programs to express a high level of interest in applicants to recruit them into their program and for applicants to say that they prefer one program over others. Such expressions, however, should not be considered as commitments.

Applicant Brown ranks only the two programs that were desired by every applicant—Mercy and City. As a member of AOA chosen in his junior year, he feels that he is a most desirable applicant. However, he has not been assured of a match with either of these programs. Applicants should consider ranking all programs that they are willing to attend to reduce the likelihood of not matching.

Applicant Carpenter ranks City, which she prefers, and Mercy. Standing first in her class in her junior year, she knows that she is a desirable applicant and she has been assured by the program director at Mercy that she will be ranked first. She is certain that Mercy will in fact rank her first, and therefore believes there is no risk of her being left unmatched even if she does not rank additional programs. If applicants are certain that they will be able to match to a program, and will not be left unmatched, they need not put less preferred programs on their list.

Applicant Ford would be very pleased to be at State, where she had a very good scholarship, and feels that they will rank her high on their list. Although she does not think she has much of a chance, she prefers City, General, or Mercy so she ranks them higher and ranks State fourth. She is using NRMP to maximum advantage.
**Applicant Higgins** is equally sure he will be able to obtain a position at State, but he also prefers the other programs. He ranks State first because he is afraid that State might fill its positions with others if he does not place it first on his list. **Applicants should rank programs in order of preference.** Their choices should not be influenced by speculations about whether a program will rank them high, low, or not at all. The position of a program on an applicant’s rank order list will not affect that applicant’s position on the program’s rank older list, and therefore will not affect the program’s preference for matching with that applicant as compared with any other of the program’s applicants. During the matching process, an applicant is placed into the most preferred program that ranks the applicant and does not fill all its positions with more preferred applicants. Therefore, rank #1 should be the applicant’s most preferred choice.

**Applicants Davis, Eastman, and Goodman** have interviewed at the same programs. Like the other applicants, they desire a position at City or Mercy and rank these programs either first or second, depending on preference. However, since they are not assured of a match to either of these desirable programs, these applicants also list State and General lower on their Rank Order Lists. They are using NRMP well.

**Summary of Guidelines for the Preparation of Applicant Rank Order Lists**
1. Applicants are advised to include on their Rank Order List those programs that represent their true preferences.
2. Programs should be ranked in sequence according to the applicant’s true preferences.
3. Factors to consider in determining the number of programs to rank include the competitiveness of the specialty, the competition for the specific programs being ranked, and the qualifications that the applicant offers. In most instances, the issue is not the actual number of programs on the Rank Order List, but the dilemma of whether to add one or more additional programs to the list in order to reduce the likelihood of being unmatched.
4. Applicants are advised to rank all programs acceptable to the applicant, *i.e.*, programs in which he or she would be pleased to undertake residency training. Conversely, if an applicant finds certain programs unacceptable and is not interested in accepting offers from these programs, said program(s) should NOT be included on the applicant’s Rank Order List.
5. It is highly unlikely that either applicants or programs will be able to influence the outcome of the match in their favor by submitting a list different from their true preferences.

**Programs’ Rank Order Lists**
Two positions are available at each program. The four programs, having determined their preferences for the eight applicants, also submit Rank Order Lists to the NRMP.

<table>
<thead>
<tr>
<th></th>
<th>Mercy</th>
<th>City</th>
<th>General</th>
<th>State</th>
</tr>
</thead>
</table>
The Program Director at Mercy Hospital ranks only two applicants, Carpenter and Goodman, for his two positions, although several more are acceptable. He has insisted that all applicants tell him exactly how they will rank his program and both of these applicants have assured him that they will rank his program very highly. He delights in telling his peers at national meetings that he never has to “go far down his Rank Order List” to fill his positions. The advantage of a matching program is that decisions about preferences can be made in private and without pressure. Both applicants and programs may try to influence decisions in their favor, but neither can force the other to make a binding commitment before the Match. The final preferences of program directors and applicants as reflected on the submitted Rank Order Lists will determine the placement of applicants.

The Program Director at State feels that his program is not the most desirable to most of the applicants, but that he has a good chance of matching Ford and Higgins. Instead of ranking these two applicants at the top of his List, however, he ranks more desired applicants higher. He also ranks all of the acceptable applicants to his program. He is using the NRMP well.

The Program Directors at City and General have participated in the matching process before. They include all acceptable applicants on their Rank Order Lists with the most preferred ranked high. These program directors are not concerned about filling their available positions within the first two ranks. They prefer to try to match with the strongest, most desirable candidates. They are using the NRMP to maximum advantage.

THE MATCHING ALGORITHM AT WORK
The NRMP matching algorithm uses the preferences stated on the Rank Order Lists submitted by applicants and programs to place individuals into positions. The process starts with an attempt to place an applicant into the program that is most preferred on the applicant’s list. If the applicant cannot be matched to this first choice program, an attempt is then made to place the applicant into the second choice program, and so on, until the applicant obtains a tentative match, or all the applicant’s choices have been exhausted.

An applicant can be tentatively matched to a program in this process if the program also ranks the applicant on its Rank Order List, and either:

- the program has an unfilled position. In this case there is room in the program to make a tentative match between the applicant and program.
- the program does not have an unfilled position, but the applicant is more preferred by the program to another applicant who is currently tentatively matched to the program. In this case the applicant who is the least preferred current match in the program is removed from the program to make room for a tentative match with the more preferred applicant.

Matches are referred to as tentative because an applicant who is matched to a program at one point in this process may later be removed from the program, to make room for an applicant more preferred by the program, as described in the second case above. When an applicant is removed from a previous tentative match, an attempt is then made to re-match this applicant, starting from the top of this applicant’s list.
This process is carried out for all applicants, until each applicant has either been tentatively matched to the most preferred choice possible, or all choices submitted by the applicant have been exhausted. When all applicants have been considered, the match is complete and tentative matches become final.

In summary, each applicant’s Rank Order List is traversed “downwards,” from most preferred program to least preferred, until the first program is reached at which the applicant can be tentatively matched, or until the applicant’s list of choices is exhausted. Each program accepts applicants “upwards” on its Rank Order List, continually removing less preferred matches in favor of more preferred applicants, until the program is matched to the most preferred applicants who wish to be matched to the program.

### THE MATCHING PROCESS

<table>
<thead>
<tr>
<th>APPLICANT</th>
<th>TRY TO PLACE IN</th>
<th>CURRENT PROGRAM STATUS</th>
<th>ACTION/RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDERSON</td>
<td>City</td>
<td>City has 2 unfilled positions.</td>
<td>Tentatively match Anderson with City.</td>
</tr>
<tr>
<td>BROWN</td>
<td>City</td>
<td>City has 1 unfilled position.</td>
<td>Tentatively match Brown with City.</td>
</tr>
<tr>
<td>CARPENTER</td>
<td>City</td>
<td>City is filled with more preferred applicants.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mercy</td>
<td>Mercy has 2 unfilled positions.</td>
<td>Tentatively match Carpenter with Mercy.</td>
</tr>
<tr>
<td>DAVIS</td>
<td>Mercy</td>
<td>Mercy did not rank Davis.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>City</td>
<td>City is filled with more preferred applicants.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>General</td>
<td>General has 2 unfilled positions.</td>
<td>Tentatively match Davis with General.</td>
</tr>
<tr>
<td>EASTMAN</td>
<td>City</td>
<td>Although filled, City prefers Eastman to its least preferred current match (Brown).</td>
<td>Brown is removed from City to make room for Eastman. Tentatively match Eastman with City. Since Brown has just been removed from a previous tentative match, an attempt must now be made to re-match Brown.</td>
</tr>
<tr>
<td>BROWN</td>
<td>City</td>
<td>City is filled with more preferred applicants.</td>
<td>Brown remains unmatched.</td>
</tr>
<tr>
<td></td>
<td>Mercy</td>
<td>Mercy did not rank Brown.</td>
<td></td>
</tr>
<tr>
<td>FORD</td>
<td>City</td>
<td>City is filled with more preferred applicants.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>General</td>
<td>General did not rank Ford.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mercy</td>
<td>Mercy did not rank Ford.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>State</td>
<td>State has 2 unfilled positions</td>
<td>Tentatively match Ford with State.</td>
</tr>
<tr>
<td>GOODMAN</td>
<td>City</td>
<td>Although filled, City prefers Goodman to its least preferred current match (Anderson).</td>
<td>Anderson is removed from City, to make room for Goodman. Tentatively match Goodman with City. Since Anderson has just been removed from a previous tentative match, an attempt must now be made to re-match Anderson.</td>
</tr>
<tr>
<td>ANDERSON</td>
<td>City</td>
<td>City is filled with more preferred applicants.</td>
<td>Anderson remains unmatched.</td>
</tr>
<tr>
<td>HIGGINS</td>
<td>State</td>
<td>State has 1 unfilled position.</td>
<td>Tentatively match Higgins with State.</td>
</tr>
</tbody>
</table>
The process is now complete, as each applicant has either been tentatively matched to the most preferred choice possible, or all choices submitted by the applicant have been exhausted. Current tentative matches are now finalized.

The results of the Match as outlined in the “Matching Process” illustrates that Applicants Anderson and had Brown went unmatched because they listed too few choices. Applicant Higgins could have matched at City Higgins ranked choices in order of preference.

The results of the Match as outlined in the “Matching Process” illustrates that Mercy, which ranked only two applicants, and General, which ranked seven out of eight, had unfilled positions. General could have matched with Ford, who ranked it #2, had Ford been on its Rank Order List.
Begin with the Class that matriculated in AY 00–01 (Class of 2004), students must complete the medical curriculum within seven years from the date of initial enrollment. A maximum of four years will be allowed to complete M-1 and M-2 years, which includes passing Step 1. Students enrolled in dual degree programs are excused from this requirement.

Students enrolled in the Decompressed Program must complete their degrees within eight years. A maximum of five years may be allowed to complete the M-1/M-2 years, which includes passing Step 1. Leaves of absence for any reason and periods of required remediation are included within the time limits specified.
Section I: General Policies
   Section IA: Introduction
   Section IB: Application of Academic Policies
   Section IC: Time Limit for Completing the MD Degree
   Section ID: Statement on Professional Behavior
   Section IE: Definition of Terms
Section II: M-1 Students
Section III: Students Granted a Repeat of the M-2 Year
Section IV: Decompressed Programs
Section V: M-2 Students
   Section VA: Students who Fail USMLE Step 1
   Section VB: Students who Fail USMLE Step 1 Twice
Section VI: M-3 Students
   Section VIA: Promotion to the M-4 Year
   Section VIB: Core Clerkships
   Section VIC: Other Required and Elective Experiences
Section VII: M-4 Students
   Section VIIA: Graduation
   Section VIIB: USMLE Step 2
   Section VIIC: Students Who Fail the First Attempt to Pass the USMLE Step 2
   Summary of Progress and Promotion Policies
Section VIII: Appeals
Section IX: Petitions for Readmission
Section X: Policy and Procedures for Leaves of Absence
   Leaves of Absence Request
   Granting Leaves of Absence
   Leave of Absence for One Semester or Less
   Leave of Absence for More Than One Semester
   Role of Committee on Student Promotions
   Returning to the College of Medicine
   Extension of a Leave of Absence
Section XI: Miscellaneous
   Policy and Procedures for Withdrawal
   Policy Regarding Sitting for Examinations
   Excused Absence: College of Medicine Examinations
   Involuntary Withdrawal of Students for Psychiatric Reasons
STUDENT ACADEMIC PROMOTIONS POLICIES

SECTION 1: GENERAL POLICIES

IA: Introduction
The procedures for considering student progress, promotion, graduation, delay in graduation, and dismissal for poor scholarship at the University of Illinois College of Medicine require faculty review at two levels. First, each regional site of the College will have a faculty committee that will function as a site student progress and promotions committee and will provide the first level of review. Second, this site student progress and promotions committee will report its recommendations for action to the College Committee on Student Promotions (CCSP) where final action will be taken. Finally, all actions of the College Committee on Student Promotions will be reported to the Executive Committee of the College of Medicine.

IB: Application of Academic Policies
Presented in the following pages are the academic policies, procedures, and requirements that medical students must follow and meet to maintain progress, to be promoted, and to graduate from the College of Medicine. Although students will be considered individually on the basis of the merits of their individual circumstances, policies will be applied strictly. Departure from policies will be based only on documented compelling extenuating circumstances. Students who experience compelling extenuating circumstances that adversely affect their ability to study and focus on their medical education are advised to discuss them with and seek guidance from the site student affairs officer before they lead to academic failures.

IC: Time Limit for Completing the MD Degree
Beginning with the Class matriculating in AY 2000-2001 (Class of 2004), students must complete the medical curriculum within seven years from the date of initial enrollment. A maximum of four years will be allowed to complete the M-1 and M-2 years, which includes passing Step 1. Students enrolled in dual degree programs are excused from this requirement.

Students enrolled in the Decompressed Program must complete their degrees within eight years. A maximum of five years is allowed to complete the M-1/M-2 years, which includes passing Step 1.

Leaves of absence for any reason and periods of required remediation are included within the time limits specified.

ID: Statement on Professional Behavior
Medicine is a profession that requires the mastery of a large body of knowledge and the acquisition of clinical skills, as well as high standards of behavior and appropriate attitudes. In addition to fulfilling all academic requirements, students are required to display attitudes, personal characteristics, and behaviors consistent with accepted standards of professional conduct at the University of Illinois College of Medicine, and further defined by other professional documents in medicine1.


Students who do not will be dismissed from the College of Medicine. The faculty believes that certain dimensions of professionalism may be amenable to remediation, in which case students would be required to complete satisfactorily additional activities/experiences specified by the appropriate site committee and approved by the College Committee on Student Promotions. Satisfactory completion of additional activities/experiences may result in a delay in the student's normal progress toward graduation. Alternately, the appropriate site administrative officer may opt to prefer disciplinary charges through the Senate Committee on Student Discipline.

The following personal characteristics and attitudes include but are not limited to those observed and evaluated throughout the medical curriculum. Students are expected to demonstrate these characteristics, both in their academic and personal pursuits.

**Integrity:** Displays honesty in all situations and interactions; is able to identify information that is confidential and maintain its confidentiality.

**Tolerance:** Demonstrates ability to accept people and situations. Acknowledges his/her biases and does not allow them to affect patient care or contribute to threatening or harassing interactions with others.

**Interpersonal relationships:** Provides support and is empathetic in interactions with peers, patients, and their families. Interacts effectively with "difficult individuals." Demonstrates respect for and complements the roles of other professionals. Is cooperative and earns respect.

**Initiative:** Independently identifies tasks to be performed and makes sure that tasks are completed satisfactorily. Performs duties promptly and efficiently. Is willing to spend additional time and to assume new responsibilities. Recognizes when help is required and when to ask for guidance.

**Dependability:** Completes tasks promptly and well. Arrives on time and actively participates in clinical and didactic activities. Follows through and is reliable.

**Attitudes:** Is actively concerned about others. Maintains a positive outlook toward others and toward assigned tasks. Recognizes and admits mistakes. Seeks and accepts feedback and uses it to improve performance.

**Function under stress:** Maintains professional composure and exhibits good personal and clinical judgment in stressful situations. Identifies unprofessional conduct while recognizing the importance of maintaining professional behavior in the clinical setting, in spite of inappropriate action on the part of others.

**Appearance:** Displays appropriate professional appearance and is appropriately groomed.

**IE: Definition of Terms**

**Academic Year:** An academic year consists consecutively of the fall semester, spring semester, and summer term. Thus, for example, AY 2007-2008 consists of the fall 2007 semester, spring 2008 semester, and summer 2008 term.
**Academic Good Standing:** A student is considered to be in good academic standing when he/she has no existing deficiency(ies) at the end of the academic year. A student who is repeating a year due to academic difficulty is considered to be in probationary status until the end of the year, or if applicable, the end of the makeup period. If the student satisfies all curricular requirements, he/she will be promoted to the next year in good academic standing.

**Administrative Good Standing:** A student is considered to be in good standing when he/she is enrolled in the College of Medicine and current with all tuition, fees and loan payments. A student who is in debt to the University at the end of any academic term, or for which suitable arrangements for payment have not been made, shall not be permitted to register in the University again, is not in good standing, and shall not be entitled to receive an official statement or transcript of credits until the indebtedness has been paid or suitable arrangements for payment have been made unless there is pending a bankruptcy petition of the student seeking discharge of all such indebtedness or all such indebtedness has been discharged.

**Certifying Examinations:** The College of Medicine defines the United States Medical Licensing Examination (USMLE) Step 1 and USMLE Step 2 CK and CS as certifying examinations. These examinations must be taken and passed at the appropriate time to permit progress, thus allowing the student to become eligible for graduation. To be eligible to register for and take the USMLE Step 1 or Step 2 students must be enrolled officially in the University of Illinois College of Medicine.

**Core Clerkships:** The College of Medicine defines six clerkships as core: Family Medicine, Medicine, Pediatrics, Psychiatry, Obstetrics and Gynecology, and Surgery.

**Delayed in Class:** A delay in class occurs when a student's expected graduation date is postponed. A delay in class is recommended by the appropriate site committee(s) and approved by the College Committee on Student Promotions for a variety of reasons, such as a Leave of Absence, an extended period of remedial study, a restart year, or a repeat year.

**Passing Grade:** The basic science courses utilize a three-point grading scale: Outstanding, Satisfactory (Passing), and Unsatisfactory. In bridging courses, clerkships and electives, a four-point scale is generally used to assign final grades: Outstanding, Advanced, Proficient, and Unsatisfactory. The temporary grade of Incomplete is not a passing grade.

**Repeat Year:** A repeat year permits students to participate for a second time in an academic year; the students' previous participation in that year counts as their first opportunity. Students may be granted a repeat year of the curriculum if requirements for promotion to the next year have not been fulfilled and if approval is given by the appropriate committees. Students are allowed only one repeat year during their undergraduate medical education.

**Restart Year:** A restart year allows students who experience documented compelling extenuating circumstances to begin an academic year anew as if the year constitutes their first opportunity to participate in the curriculum.
First and second year students and students in the Decompressed Program are eligible for a restart year if they:

1. experience documented compelling extenuating circumstances;

2. petition for a restart year before any progress examinations have been taken;

3. are approved by the appropriate site committee(s) and College Committee on Student Promotions to restart the year; and

4. have not previously restarted a year; that is, students are allowed only one restart year during their undergraduate medical education.

Continuing Status: Students who withdraw from the curriculum on leaves of absence prior to completing the M-1 or M-2 year will have their status converted to Continuing when appropriate documentation is received and approved by the student affairs dean that the student is ready to return. Students on Continuing status will return at the beginning of the semester in which the leave occurred. The academic record accrued to the time of re-entry will be in effect as the student's current record.

A Continuing student who takes a leave during the spring semester after having completed the fall, will have the option of auditing fall courses. Students will be allowed to complete the year to determine their status: 1) promotion to the next year; 2) eligibility for makeup examination(s) or a repeat year; or 3) dismissal for poor scholarship.

SECTION II: M-1 STUDENTS

Promotion to the M-2 Year
The appropriate site committee(s) and the Committee on Student Promotions will adhere to the following policies when reviewing students for promotion to the M-2 year.

1. Students who complete satisfactorily all M-1 curricular requirements will be promoted to the M-2 year.

2. Students who pass at least 67% of the weighted curriculum at their site will be allowed to take makeup examinations or participate in an approved summer course.

   a. Students who earn grades of Satisfactory (Passing) on makeup examinations and have met all other academic requirements will be promoted to the M-2 year. Their records will be annotated "Passed after makeup examination."

   b. Students who do not pass all requirements after participating in make-up examinations or approved summer courses are eligible for a repeat year when they comply with the following conditions. They are required to prepare a study plan that must be approved by their advisor and the student affairs dean or the dean's designee. The plan must address what they are going to do to ensure success during the repeat year. The Unsatisfactory grade(s) will remain on the transcript.
3. Students who pass 66% to 40% of the weighted curriculum at their site are eligible for a repeat year when they comply with the following conditions. They are required to prepare a study plan that must be approved by their advisor and the student affairs dean or the dean's designee. The plan must address what they are going to do to ensure success during the repeat year. They are not eligible to take makeup examinations. The Unsatisfactory grade(s) will remain on the transcript.

4. Students who pass less than 40% of the weighted curriculum at their site are subject to dismissal.

Note well: All students granted a repeat year must meet with an academic skills specialist. The OSA must also meet with repeating students on a frequency to be determined for each student. No student will be granted more than one repeat year. Students who fail to satisfy requirements after a repeat year will be dismissed.

SECTION III: STUDENTS GRANTED A REPEAT OF THE M-2 YEAR

Promotion to the M-2 Year
Students who are granted a repeat of the M-1 year are required to participate in all M-1 courses at their site. They are not eligible to take proficiency examinations to place out of (be exempt from) required courses. Repeating students who do not pass all courses by the end of the academic year are subject to dismissal.

SECTION IV: DECOMPRESSED PROGRAMS

The Decompressed Program permits a small number of first-year students to complete the academic requirements of the M-1 year over two years, completing approximately half of the curriculum each year. It is designed for students who may be less well prepared for medical school for various reasons. Students may apply 1) prior to matriculation, 2) upon matriculation, or 3) by the site application deadline, which is December 1st in Chicago and no later than five working days after the second set of examination results are distributed in the fall in Urbana.

Policies for the Decompressed Programs at Urbana-Champaign and Chicago are detailed in separate documents appended to these Guidelines and available at the following links:
Urbana-Champaign
Chicago

SECTION V: M-2 STUDENTS

Promotion to the M-3 Year
The appropriate site committee(s) and the Committee on Student Promotions will adhere to the following policies when reviewing students for promotion to the M-3 year.

1. Students who complete satisfactorily all M-2 curricular requirements, which include passing the USMLE Step 1, will be promoted to the M-3 year. Students who have
taken USMLE Step 1 will be allowed to begin M-3 core clerkships, pending the results.

Students who delay taking USMLE Step 1 may not begin clerkships until after they take the examination. Students who want to delay taking the examination must petition their student affairs dean for approval.

2. Students who pass at least 67% of the weighted curriculum will be allowed to take makeup examinations or participate in an approved summer course. Their records will be annotated “Passed after makeup examination.”

a. Students who earn grades of Satisfactory (passing) on makeup examinations and have met all other academic requirements will be promoted to the M-3 year. The Unsatisfactory grade(s) will remain on the transcript, as well as the passing grade(s).

b. Students who do not pass all requirements after participating in makeup examinations or approved summer courses are eligible for a repeat year, if they have not already repeated a year of the curriculum. They are required to prepare a study plan that must be approved by their advisor and the student affairs dean or the dean's designee. The plan must address what they are going to do to ensure success during the repeat year. The Unsatisfactory grade(s) will remain on the transcript. Students who have already repeated the M-1 or M-2 year are subject to dismissal.

3. Students who pass 66% to 40% of the weighted curriculum at their site are eligible for a repeat year when they comply with the following conditions. They are required to prepare a study plan that must be approved by their advisor and the student affairs dean or the dean's designee. The plan must address what they are going to do to ensure success during the repeat year. They are not eligible to take makeup examinations. Students who are granted a repeat year must participate in all M-2 courses at their site. Students who have already repeated the M-1 or M-2 year are subject to dismissal.

4. Students who pass less than 40% of the weighted curriculum at their site are subject to dismissal.

Note well: All students granted a repeat year must meet with an academic skills specialist. The OSA must also meet with repeating students on a frequency to be determined for each student. No student will be granted more than one repeat year. Students who fail to satisfy requirements after a repeat year will be dismissed.

VA: STUDENTS WHO FAIL USMLE STEP 1

Students who fail their initial attempt at USMLE Step 1 will be allowed to complete the clerkship in which they are enrolled. They must discontinue further clerkship activity and submit a remedial study plan for approval to the student affairs dean or the dean's designee. Study plans may also require the approval of the site Committee on Student Promotions. They must then engage in remedial study and retake USMLE Step 1 in accordance with the terms of their approved study plan. Once they have retaken USMLE Step 1, they may resume clerkship activity, as prearranged in the study plan.
**VB: STUDENTS WHO FAIL USMLE STEP 1 TWICE**

Students who fail their *second attempt* at USMLE Step 1 will be allowed to complete the clerkship in which they are enrolled. They must discontinue further clerkship activity and must submit a remedial study plan for approval to the student affairs dean or the dean's designee. Study plans may also require the approval of the site Committee on Student Promotions. They must then engage in the remedial plan and retake USMLE Step 1 in accordance with the terms of the plan. They may not return to clerkship activity until a passing score has been documented.

Students who matriculated into the College of Medicine in AY 2000-2001 or thereafter, for whom the *Time Limit Policy* applies, may be allowed more than three attempts at Step 1 and/or Step 2 as long as all requirements for graduation are satisfied within the constraints of the policy. Students who matriculated into the College prior to AY 2000-2001 are limited to three attempts at each licensure examination.

**SECTION VI: M-3 STUDENTS**

**VIA: Promotion to the M-4 Year**

The appropriate site committee(s) and the Committee on Student Promotions will adhere to the following when reviewing students for promotion to the M-4 year. To earn promotion to the M-4 year, M-3 students must complete satisfactorily all M-3 curriculum/clerkship requirements.

The appropriate site committee(s) will review the entire academic record of students who do not complete satisfactorily all M-3 curriculum and clerkship requirements. The appropriate site committee(s) may recommend that students be required to participate in specific clerkships/electives in areas of identified weakness or participate in other remedial activities deemed appropriate.

**VIB: Core Clerkships**

The College of Medicine defines six clerkships as *core*: Family Medicine, Medicine, Pediatrics, Psychiatry, Obstetrics and Gynecology, and Surgery. The clinical performance component and the end-of-clerkship examination component must be passed independently to satisfy requirements.

The appropriate site committee(s) and the Committee on Student Promotions will adhere to the following policies when reviewing the performance of M-3 students who are deficient in *core* clerkships.

1. **Initial Failure to Satisfy Clinical Requirements**

   Students may receive a temporary grade of Incomplete in a *core* clerkship if they have not satisfied all requirements within the usual time allotment. This grade is intended only for a student who has a specific deficit, but is otherwise proficient. The clerkship director will prepare an individualized study plan (ISP) and the student will be granted additional time to satisfy the clerkship requirements at a later date. *Failure to satisfy requirements after the ISP will result in an Unsatisfactory clinical grade.*
If the clerkship director believes that the problem could still be corrected, the student would be required to repeat the entire clerkship. **Failure in the second attempt at a full clerkship would be grounds for dismissal.**

Students who have had to repeat the clinical experience (or any part thereof) will receive a grade of Proficient if they successfully complete the study plan. **These students are not eligible to receive an Advanced or Outstanding Final Grade.**

2. **Failure to Satisfy Clerkship Requirements**
Students who are judged to be below the acceptable level of performance in a core clerkship by the department will receive a clinical grade of Unsatisfactory. They must repeat the clerkship in its entirety. **Failure in the second attempt at a full clerkship would be grounds for dismissal.**

3. **End of Clerkship Examination Failure**
Students who pass the clinical component but fail the subject examination will be allowed to retake the subject examination following a period of directed study. If they do not pass the second attempt, they fail the clerkship and will receive an Unsatisfactory grade on their transcript.

Students who have an Unsatisfactory grade due to subject examination failure will be allowed a final attempt to retake the clerkship in its entirety, including the end of clerkship examination. If they do not pass the clerkship (clinical component and end of clerkship examination) they would be dismissed.

The grade earned for the clinical component of the repeat clerkship will be used to calculate the final grade. The clinical grade used in the calculation cannot exceed the clinical grade earned for the initial rotation. **Note well that students must satisfy all clerkship requirements at least at the Proficient level.** This may result in a Proficient or Advanced, depending on the student's performance for the clinical component. **Students who have had to retake clerkship examinations are not eligible to receive an Outstanding Final Grade.**

4. **Multiple Clerkship Failures**
Students will be allowed a maximum of two clerkship Unsatisfactory grades. A third Unsatisfactory would be grounds for dismissal, even if students had retaken and passed the two failed clerkships.

**VIC: Other Required and Elective Experiences**

If an M-3 student fails any course or clinical experience, required or elective, that is counted toward weeks of instruction to satisfy graduation requirements, the Unsatisfactory grade will remain on the academic profile and transcript. For required experiences, students must repeat that experience in its entirety and earn a passing grade. For electives, students will have the option of repeating the failed experience or choosing an alternative.
SECTION VII: M-4 STUDENTS

VIIA: Graduation
To be eligible to graduate from the College of Medicine, students must

1. meet all requirements outlined in the preceding sections (M-1 Students through M-3 Students);
2. complete satisfactorily all M-4 curriculum/graduation requirements including the Technical Skills and Procedures Lists; and
3. take and pass the USMLE Step 2 Clinical Knowledge and Clinical Skills.

The entire academic record of all students who fail to complete satisfactorily all M-4 curriculum/graduation requirements will be reviewed. The appropriate site committee(s) and the Committee on Student Promotions may recommend alterations in the student’s M-4 year to remedy identified weaknesses. The committee(s) may require that M-4 students participate in specific clerkships in areas of identified weakness or participate in other remedial activities deemed appropriate.

Further, M-4 students who receive a grade of Unsatisfactory in any course or clinical experience, required or elective, counted toward weeks of instruction to satisfy graduation requirements will have the failing grade reflected on their academic profiles and transcripts. Students must repeat required experiences in their entirety and earn a passing grade. For electives, students will have the option of repeating the failed experience or choosing an alternative.

VIIB: USMLE Step 2
Students must take and pass the USMLE Step 2 Clinical Knowledge (CK) and Step 2 Clinical Skills (CS) during their M-4 year to be eligible for graduation.

1. Except for M-4 students in the Medical Scholars Program (MSP) in Urbana-Champaign or James Scholar Independent Study Program (ISP), all other students are required to complete successfully all M-3 core clerkships before sitting for the USMLE Step 2 for the first time.

2. Except for the students noted in Point 1 above, all other students who want to take the Step 2 before they have successfully completed all M-3 core clerkships must petition the appropriate site committee(s) and receive approval to do so.

3. To be eligible to register for and take the USMLE Step 2, M-4 students must be officially enrolled in the University of Illinois College of Medicine. Students engaged in approved research or educational experiences while on leaves of absence are eligible to take the USMLE Step 2. A leave of absence is not to be used to allow a student to avoid paying tuition and fees during a period of remedial study. However, students who receive permission to attend Board preparation courses as part of their official, approved program of remediation will be excused from the registration requirement during that term, or will have their tuition and fees prorated, depending on the length of the preparation course. Students in the Medical Scholars Program in Urbana may be permitted to register for and take the examination while registered in their graduate program. Students in this program should consult with the Urbana student affairs officer prior to registering for Step 2.
VII.C: Students Who Fail the First Attempt to Pass the USMLE Step 2

After reviewing the entire academic record of students who fail either component of Step 2, students will be required to participate in supervised remedial study. Students must prepare a supervised remedial study plan in consultation with the site academic student affairs officer and their faculty advisor.

Students who matriculated into the College of Medicine in AY 2000-2001 or thereafter, for whom the **Time Limit Policy** applies, may be allowed more than three attempts at Step 2 as long as all requirements for graduation are satisfied within the constraints of the policy. Students who matriculated into the College prior to AY 2000-2001 are limited to three attempts.

**Summary of Progress and Promotion Policies**

<table>
<thead>
<tr>
<th>Progress/Promotion/Graduation Element</th>
<th>Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>M-1 makeup examinations</td>
<td>Students who pass at least 67% of the weighted curriculum during the academic year may take makeup examinations or an approved summer remedial course.</td>
</tr>
<tr>
<td>Decompressed Program or Five Year Programs</td>
<td>Refer to site-specific policies.</td>
</tr>
<tr>
<td>Repeat M-1 year</td>
<td>In order to be eligible for a repeat M-1 year, students must pass at least 40% of the weighted curriculum. <strong>They are not eligible to take make-up exams.</strong> Students granted a repeat year are allowed an entire academic year in which to fulfill requirements of repeating M-1 students.</td>
</tr>
<tr>
<td>M-1 year to M-2 year</td>
<td>Students must satisfy all M-1 requirements.</td>
</tr>
<tr>
<td>M-2 makeup examinations</td>
<td>Students who pass at least 67% of the weighted curriculum during the academic year may take makeup examinations or an approved summer remedial course.</td>
</tr>
<tr>
<td>Repeat M-2 year</td>
<td>In order to qualify for a repeat M-2 year, students must pass at least 40% of the weighted curriculum. <strong>They are not eligible to take make-up exams.</strong> Students granted a repeat year are allowed an entire academic year in which to fulfill requirements of repeating M-2 students. <strong>Only one repeat year may be granted.</strong></td>
</tr>
<tr>
<td>M-2 year to M-3 year</td>
<td>Students must satisfy all M-2 requirements <strong>including passing the USMLE Step 1.</strong></td>
</tr>
<tr>
<td>M-3 year to M-4 year</td>
<td>Students must satisfy all M-3 curriculum/ clerkship requirements.</td>
</tr>
<tr>
<td>M-4 year to MD degree</td>
<td>Students must satisfy all M-4 curriculum/ graduation requirements, which include passing the USMLE Step 2 Clinical Knowledge (CK) and Clinical Skills (CS).</td>
</tr>
</tbody>
</table>
SECTION VIII: APPEALS

Each site student affairs officer will be responsible for notifying affected students of an adverse recommendation from the appropriate site committee(s). Notification will state clearly the nature of the appeal process. All appeals will be to the Committee on Student Promotions and, at a minimum, will provide the student with the opportunity to present in writing and/or in person new information and/or an explanation of extenuating circumstances.

If the site committee forwards an adverse recommendation or if the Committee on Student Promotions approves de novo an adverse recommendation, the site student affairs officer will notify promptly the affected students and advise them of their appeal rights. **Students who are eligible to appeal to the Committee on Student Promotions have the right to do so in person and/or in writing if they are recommended to be dismissed; all other appeals to the Committee must be in writing only.** An appeal to the Committee on Student Promotions will be through the College Office of the Dean in Chicago and sent to the attention of the College Committee on Student Promotions. The appeal will be presented at the meeting of the Committee that occurs immediately following site action. Requests for an extension should be directed to the Chairperson of the College Committee on Student Promotions. The Chairperson may grant an extension to the next regularly scheduled meeting beyond the one at which the appeal would be heard normally. Extensions may be granted by the Chairperson when the presence of extenuating circumstances has been established clearly or when a strong case has been made that additional information pertinent to the appeal cannot be made available by the time the appeal would be heard normally.

The Committee on Student Promotions will have access to the student's complete academic file, including documents of appeals that may have been made previously. A student's decision not to appeal to the College Committee on Student Promotions must be reported to the Committee. Students may appeal an adverse recommendation from a program site only once. Actions by the Committee on Student Promotions on adverse recommendations from a program site are final. No further appeal will be accepted. A student who has been dismissed as a result of this process may petition to the Committee on Admissions for readmission (see also Section IX: Petitions for Readmission).

If the Committee on Student Promotions takes an adverse action on a site recommendation that is not adverse, the Committee must hold over implementation until its next meeting. In the interim period, students will be advised by the College of the pending action and their appeal rights. **Oral presentation will be permitted only if a student who is eligible to appeal is recommended to be dismissed; appeals of all other recommendations must be in writing only.** Action by the Committee on Student Promotions at the following meeting is final and cannot be appealed further to the Committee.
SECTION IX: PETITIONS FOR READMISSION

Petitions for readmission submitted by former students who withdrew not in good academic standing or were dismissed from the College of Medicine will not be accepted or acted on by the Committee on Student Promotions. If individuals who withdrew not in good academic standing or were dismissed wish to seek readmission, they must reapply to the first-year (M-1) class through the College of Medicine's Committee on Admissions and meet all requirements for that entering class. Former students who are readmitted through the Committee on Admissions will be referred to appropriate site committee(s) for the development and implementation of an appropriate curriculum plan.

Petitions for readmission submitted by former students who withdrew in good academic standing from the College of Medicine will be accepted and acted on by the Committee on Student Promotions. Students petitioning for readmission must request a hearing before the Committee on Student Promotions within twelve (12) months from the effective date of the withdrawal. If this is not done, an individual seeking readmission will be required to apply to the first-year (M-1) class through the College of Medicine's Committee on Admissions and meet all requirements for that entering class. Individuals who are readmitted through the Committee on Admissions will be referred to appropriate site committee(s) for the development and implementation of an appropriate curriculum plan. If an individual's petition for readmission has been reviewed and rejected by the Committee on Student Promotions, further petitions will not be considered by the Committee.

Students who withdraw in good academic standing to pursue an advanced degree must petition and receive approval from the Committee on Student Promotions to gain an extension beyond the one-year deadline. If this is not done, readmission must be through the Committee on Admissions. Individuals readmitted through the Committee on Admissions will be referred to appropriate site committee(s) for the development and implementation of an appropriate curriculum plan.

All petitions for readmission or requests for an extension must be in writing and addressed to the Committee on Student Promotions. All correspondence between petitioners and the Committee will be through the College of Medicine Office of the Dean in Chicago and sent to the attention of the Committee on Student Promotions. The petitioner may appear in person before the College Committee or petition in writing only. All written materials will be distributed to the membership prior to the meeting at which the petition is reviewed.

SECTION X: POLICY AND PROCEDURES FOR LEAVES OF ABSENCE

Leaves of absence will be granted judiciously to students in the College of Medicine, according to the policies described below. At the site at which the student is enrolled, the Dean, Regional Dean or the Regional Dean's designee may grant a Leave for up to 12 months. Leaves beyond 12 months may be granted in rare circumstances for formal, approved research or a formal educational endeavor. A Leave is not to be used to allow a student to avoid paying tuition and fees during a period of remedial study. However, students who receive permission to attend Board preparation courses as part of their official, approved program of remediation will be excused from the registration requirement during that term, or will have their tuition and fees prorated, depending on the length of the preparation course.
Requests for leaves beyond one year or for a second leave for the same reason are subject to promotions committee review.

A Leave of Absence is one of four types:

1. **Personal**—to permit a student to take care of significant personal circumstances, such as serious illness in the immediate family, death of an immediate family member, divorce/separation from one’s spouse, financial problems;

2. **Medical**—to allow a student to address significant health problems;

3. **Research/educational**—to allow a student to engage in formal research or participate in a structured educational program. Students granted a Leave of Absence for research or educational reasons must be in good academic standing when they begin their Leave;

4. **Reconsideration of career choice**—to permit students to reconsider medicine as a career. Students may request this Leave at any time during the year, providing they are in good academic standing. However, the date on which third and fourth year students are approved to begin their Leave will reflect the clerkship/elective activities in which students are involved and potential disruption to the clerkship/elective and other students participating in the experience.

**Leave of Absence Request**
Request for a Leave of Absence must be initiated in writing in a timely manner by the student and state clearly the basis of the request and duration. Documentation must accompany the request, if applicable. For example, a student who requests a medical leave may be required to provide appropriate evidence of his/her health problem.

**Granting Leaves of Absence**
The Dean, Regional Dean, or his/her designee, may grant a Leave of Absence for up to 12 months. Leaves beyond 12 months may be granted in rare circumstances for formal, approved research or a formal educational endeavor.

**Leave of Absence for One Semester or Less**
The Dean, Regional Dean, or his/her designee, may grant a Leave of Absence for one semester or less. Information must be provided to the site student progress and promotions committee and Committee on Student Promotions, accompanied by a recommendation to delay the student's anticipated graduation date. Students must return to the curriculum at the beginning of the semester in which the Leave occurred. A student who takes a leave during the spring semester after having completed the fall, will have the option of auditing the fall semester.

**Leave of Absence for More Than One Semester**
The Dean, Regional Dean, or his/her designee, may grant a Leave of Absence for more than one semester, up to 12 months. Information must be provided to the site student progress and promotions committee and Committee on Student Promotions, accompanied by a recommendation to delay the student's anticipated graduation date. Leaves beyond 12 months may be granted in rare circumstances for formal, approved
research or a formal educational endeavor. M-1/M-2 students must return to the curriculum at the beginning of the semester in which the Leave occurred. A student who takes a leave during the spring semester after having completed the fall, will have the option of auditing the fall semester. If an M-3/M-4 student takes a leave during a clinical rotation, the number of weeks of instruction earned (if any) will be determined by the clerkship director.

**Role of Committee on Student Promotions**
The Committee will act to delay a student's anticipated graduation date if the Leave is granted according to policy.

**Returning to the College of Medicine**
The status of a student who takes a Leave prior to completing the M-1 or M-2 year will convert to Continuing Status when appropriate documentation is received and approved by the Student Affairs Dean that the student is ready to return. Students on Continuing Status will return to the curriculum at the beginning of the semester in which the Leave occurred. The academic record accrued to the time of re-entry will be in effect as the student's current record.

A student who takes a Leave during the spring semester after having completed the fall, will have the option of auditing the fall semester. A Continuing student will be allowed to complete the year to determine his/her status: 1. Promotion to the next year; 2. Eligibility for makeup exams or a repeat year; or 3. Dismissal for poor scholarship.

All students on Leave must submit a letter of intent to return to the appropriate site officer at least one month in advance of their return date. Students who do not return to the College of Medicine at the conclusion of the approved Leave of Absence will be withdrawn administratively from the College. The action will be reported to the Committee on Student Promotions for review and approval. Students who have been withdrawn administratively from the College and wish to be readmitted should refer to the "Student Academic Promotions Policies" (Section IX: Petitions for Readmission).

**Extension of a Leave of Absence**
Requests for Leaves beyond one year or for a second Leave for the same reason are subject to promotions committee review.

**SECTION XI: MISCELLANEOUS**

**Policy and Procedures for Withdrawal**
A request to withdraw from the College of Medicine must be initiated in writing by the student and state clearly that s/he wishes to withdraw and specify the effective date of the withdrawal. The request should be directed to the Dean, Regional Dean or his/her designee at the site attended by the student. The Dean, Regional Dean or his/her designee will forward the student's request to the appropriate site committees. The site student progress and promotions committee will review the request and academic record to determine whether the student is withdrawing in good academic standing. The site recommendation will be forwarded to the Committee on Student Promotions (referred to subsequently as the Committee). The recommendation from the site should be accompanied by the student's written request and copy of the entire academic record. The Committee will review the site recommendation. The Committee will acknowledge the withdrawal and confirm the student's academic status if the site recommendation is consistent with policy.
Appropriate University withdrawal forms must be completed by the student. The College Dean for Educational Planning will notify appropriate University offices of the withdrawal and student’s academic status at the time of the withdrawal after action by the Committee on Student Promotions.

Students who have withdrawn from the College and wish to be readmitted should refer to "Student Academic Promotions Policies" (Section IX: Petitions for Readmission).

Policy Regarding Sitting for Examinations
Attendance at College of Medicine examinations is required unless permission has been obtained in advance of the test administration from the appropriate person.

Excused Absence: College of Medicine Examinations
An excused absence from a required College of Medicine examination will be granted only for serious personal illness, death in the immediate family, or other similar extenuating event. Students are expected to obtain prior permission for an absence from the appropriate administrative site officer. The student must provide written documentation when attempting to secure this permission. Documentation from the student health service (or its equivalent as specified by the appropriate administrative site officer) is required for all illnesses.

If prior permission for the absence was not obtained or written documentation is not provided to the satisfaction of the appropriate site administrative officer within seven calendar days of the date of the administration of the examination, the absence will be treated as an unexcused absence. A failing grade (zero) will be assigned to this missed examination. Further, this missed examination will count as an attempt. For example, if the student was absent without permission from the first administration of an examination, the missed examination will count as the student’s first attempt.

Involuntary Withdrawal of Students for Psychiatric Reasons
The policy for the withdrawal of students for psychiatric reasons was approved by The Board of Trustees of the University of Illinois on 20 October 83. The policy is presented verbatim with the exception of minor word and format changes. For example, gender specific language was eliminated.

A student will be subject to withdrawal for psychiatric reasons if the Director of the Health Center (or Service) concludes, on the basis of clear and convincing evidence, that the student is suffering from a mental disorder, as defined by the current American Psychiatric Association Diagnostic and Statistical Manual or its equivalent, and as a result of the mental disorder, engages, or threatens to engage, in behavior that

(a) poses a significant danger of causing harm to him/herself and/or to others; or

(b) substantially impedes the lawful activities of the educational program and/or other members of the campus community.

Whenever a student refuses to be withdrawn by the Director of the Health Center (or Service), s/he may refer the matter to the Dean of Students. The Dean, or designee, may then implement an interim, mandatory psychiatric withdrawal, the equivalent of an immediate suspension, if the Dean determines that the student is suffering from a
mental disorder and if the student's behavior: (a) poses a significant danger of causing harm to the student or to others; or (b) substantially impedes the lawful activities of other members of the campus community. A student withdrawn on an interim basis will be given an opportunity to appear before the Dean of Students within 26 hours from the date of the interim withdrawal, in order to discuss the following issues:

- The reliability of the information concerning the student's behavior; and/or
- Whether the student's behavior poses a significant danger of causing harm to self or others, or substantially impedes the lawful activities of other members of the campus community.

If the student disagrees with the decision of the Director of the Student Health Service (for psychiatric withdrawal) or Dean of Students (for an interim psychiatric withdrawal), the student will request in writing from the Vice Chancellor for Student Affairs an informal proceeding. Such proceeding will be held within seven class days after the student has been evaluated as having to be withdrawn involuntarily. The student will remain withdrawn on an interim basis pending completion of the proceeding.

The informal proceeding will be convened by the Vice Chancellor or his/her designee. The student will be provided an opportunity to examine the psychiatric or other evaluations and discuss them. The student may be assisted by a member of the faculty, by a mental health professional of his/her own choice, or by other appropriate counsel. The student may request and shall receive a precise statement of the reasons for any decision requiring withdrawal on psychiatric grounds.

The Vice Chancellor for Student Affairs may require also that the student be seen by a mental health professional not on staff at the University of Illinois. A student who does not complete this mandatory evaluation may be withdrawn automatically from the University or be subject to further disciplinary action, including suspension or expulsion from the University. After such proceeding, the Vice Chancellor for Student Affairs will determine whether to uphold the withdrawal, or to reinstate the student. The decision of the Vice Chancellor is final.

When a student is withdrawn for psychiatric reasons, the withdrawal will remain in effect until such time as the student adequately demonstrates that the problems that caused the withdrawal are no longer in existence. Upon being withdrawn, the student may no longer attend classes, may no longer use University facilities, must vacate University housing, and will be entitled to whatever refunds of tuition, fees, and room and board charges as would be appropriate given the timing of the withdrawal.

As a general principle, the regular student discipline system and its policies and practices are preferred in the adjudication of serious instances of misconduct, without regard to whether there might be a mental disorder present. The procedures and specifications outlined above are to be employed in those extraordinary situations where, in the judgment of the appropriate administrative officers, the regular student conduct system is not applicable, or cannot be applied.