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Clerkship Administrative Manual for 2019-20

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    • Practice-Based Learning and Improvement
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Clinical Affairs Clerkship Personnel

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Department Head

John Kim, DO
Clerkship Director

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Surgery Coordinator klawhead@illinois.edu

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Department Head

M. Nadeem Ahmed, MD, MPH, PhD, FAAP, FFHM
Clerkship Director

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Department Head

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Department Head & Clerkship Director

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OB/Gyn Coordinator deedrich@illinois.edu

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Department Head & Clerkship Director

*Regina Duncan 265-0964
Psychiatry Coordinator rcook@illinois.edu

*Please contact coordinators with questions
Introduction to the Clinical Curriculum

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.

Academic Requirements

Graduation Competencies

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:

1.1 Obtain a full appropriate medical history;
1.2 Perform a skilful physical examination;
1.3 Formulate a differential diagnosis and problem list;
1.4 Perform competently all medical and invasive procedures required for graduation;
1.5 Perform, order and interpret diagnostic investigations that result in accurate diagnosis and treatment;
1.6 Utilize data to reason and solve problems;
1.7 Develop management plans;
1.8 Consider cultural and socioeconomic factors in management options;
1.9 Form an effective therapeutic relationship;
1.10 Recognize life threatening health problems and institute appropriate initial therapy;
1.11 Construct a therapeutic plan for relieving pain, ameliorating suffering and directed toward specific resolution of health problems;
1.12 Counsel and educate patients and their families;
1.13 Apply the principles of epidemiology and evidence-based medicine.

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:
2.1 Scientific principles of basic and clinical sciences that will enable him/her to competently practice evidence-based medicine;
2.2 Determinants of poor health, disease-based risk factors, factors for disease prevention and healthy lifestyles (principles of preventive medicine);
2.3 Principles of health education;
2.4 Principles of epidemiology and population-based medicine;
2.5 Principles, risks, and possible benefits of complementary and alternative medicine;
2.6 Concepts, principles, and application of evidence-based medicine;
2.7 Investigatory and analytical thinking approach to clinical situations to be able to translate new and emerging concepts to improve patient care;
2.8 Psychological, social, economic, and cultural factors pertaining to health;
2.9 Legal and ethical concepts relating to health care.

**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. He/she must be committed to lifelong learning.

The competent graduate:

Sets clear learning goals, pursues them, and continuously integrates knowledge gained and applies it to improve medical care;

3.2 Assesses his/her strengths and weakness in order to improve performance and identify effective ways to address limitations and enhance expertise;
3.3 Accesses information effectively, efficiently, critically appraises the information and relates it to their patients' health problems;
3.4 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;
3.5 Recognizes the need to learn is continuous;

**Interpersonal and Communication Skills**

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

The competent graduate:

4.1 Listens attentively and effectively;
4.2 Communicates clearly with colleagues and consultants;
4.3 Communicates clearly with patients, and patients’ families;
4.4 Manages difficult patients and/or difficult relationships such as angry or manipulative patients;
4.5 Works effectively with other members of interdisciplinary health care teams, including translators.

**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:

5.1 Is aware of the unique doctor/patient relationship;
5.2 Knows and admits to his/her limits of knowledge;
5.3 Recognizes the need to learn is continuous;
5.4 Balances personal and professional commitments to ensure that the patient's medical needs are always addressed;
5.5 Recognizes and avoids conflicts of interest in financial and organizational arrangements for the practice of medicine;
5.6 Demonstrates integrity;
5.7 Demonstrates respect for human dignity;
5.8 Recognizes key ethical dilemmas and applies ethical principles;
5.9 Demonstrates a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, and informed consent;
5.10 Demonstrates a commitment to excellence and on-going professional development.

**System-Based Practice**

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

The competent graduate:

6.1 Understands the principles of health care delivery and can describe the organization, strengths and limits of various models of health care delivery systems;
6.2 Defines health in terms of the community in which the patient lives (population-based medicine);
6.3 Describes how to appropriately utilize and integrate the services of multidisciplinary health providers;
6.4 Practices cost-effective health care that does not compromise quality;
6.5 Evaluates and integrates hospital and community resources well; minimizes overuse of health care resources;
6.6 Works collaboratively with other health professionals to optimize the quality of care rendered, reduce medical error and increase patient safety.

**Clinical Curriculum and Graduation Requirements**

To be eligible for graduation, a student must complete a minimum of 80 instructional weeks post M-2.

**M-3 Core Clerkships Requirements (Total of 48 weeks)**

1. Twelve weeks of Internal Medicine.
2. Six weeks of Psychiatry.
5. Eight weeks of Surgery.
M-4 Requirements (Total of 32 weeks)

1. **Four weeks of internal medicine II.** (M4RE612), designed for 4th year students to expand their experience and knowledge of internal medicine. More information is at [https://www.med.illinois.edu/depts_programs/sciences/clinical/internal_med/clerkships/medicine II.php](https://www.med.illinois.edu/depts_programs/sciences/clinical/internal_med/clerkships/medicine II.php)

2. **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.

3. **Four weeks of Medicine and Society.** The Medicine and Society course is distributed over the M-2, M-3, and M-4 years but all registration is assigned to the spring of M-4 year.

4. **Twenty additional weeks.** Of these 20 weeks, at least 4 must be clinical. The remaining 16 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 elective credit for their graduate work. Contact the SA/MSP Office for details and approvals.

**Health Insurance Portability and Accountability Act (HIPAA)**

All students must comply with HIPAA patient confidentiality training as requested by the University of Illinois and affiliated hospitals.

**Cardiopulmonary Resuscitation Requirement**

All students must successfully complete a basic course in Cardiopulmonary Resuscitation during the M-2 year. Students must keep their certification current throughout the clinical years, and must provide the Office of Student Affairs with proof of re-certification. Certification is usually for two years. **SHOULD THEIR CPR CERTIFICATE EXPIRE STUDENTS WILL BE REMOVED FROM ALL CLINICAL ACTIVITY UNTIL THEY PRESENT THE RECERTIFIED CARD TO STUDENT AFFAIRS.** Current certification is required for COM graduation.

Basic Life Support (CPR)-Recertification for Health Care Providers – Resource List

<table>
<thead>
<tr>
<th>Agency</th>
<th>Contact Person</th>
<th>Telephone Number</th>
<th>Cost per Student</th>
<th>Dates Offered</th>
<th>Length of Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illini EMS</td>
<td>(see website below for CPR course registration)</td>
<td></td>
<td>$40.00</td>
<td>Class times available on website below</td>
<td>Recertification Approximately 4 hours, including 3 hours of video instruction and hands-on practice, with the remainder of the class dedicated to the written exam and skills test.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="https://www.fsi.illinois.edu/iems/education/">https://www.fsi.illinois.edu/iems/education/</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital Education &amp; Care</td>
<td>(see website below for</td>
<td>(217) 359-0101</td>
<td>Prices available at</td>
<td>Instructor led options</td>
<td></td>
</tr>
</tbody>
</table>
Additional Requirements for Graduation

Successful passage of USMLE: Step 1 and Step 2 (both the Clinical Knowledge and Clinical Skills Components) examinations and completion of the Senior OSCE. Please note, students must have passing scores for both Step 2 examinations on file in order to march at Convocation.

Progress toward Meeting Graduation Requirements

If at any time students have questions about progress toward meeting UICOM-UC graduation requirements, they should contact the SA/MSP Office to request a review of their academic record. Senior student records are “audited” during late summer of the senior year. Students are then advised as to their status and requirements yet unmet.
Clerkship Grading

There are four possible grades for clerkships: outstanding, advanced, proficient, and unsatisfactory. For the core clerkships this grade is determined in part by your clinical grade and in part by your score on the subject exam. The passing score for the subject exams varies from subject to subject therefore the exam score points vary from core clerkship to core clerkship. The passing scores are also updated from time to time. The clinical grade points are the same from clerkship to clerkship. Below is an EXAMPLE of how this can work.

In our example, the following points will be given for the subject exam:

<table>
<thead>
<tr>
<th>Subject exam score</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 61 (pass = 62)</td>
<td>0</td>
</tr>
<tr>
<td>62 to 68</td>
<td>2</td>
</tr>
<tr>
<td>69 to 73</td>
<td>3</td>
</tr>
<tr>
<td>74 to 81</td>
<td>4</td>
</tr>
<tr>
<td>82 and above</td>
<td>6</td>
</tr>
</tbody>
</table>

The following points are standard for the clinical grade:

<table>
<thead>
<tr>
<th>Clinical grade</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsatisfactory</td>
<td>0</td>
</tr>
<tr>
<td>Proficient</td>
<td>6</td>
</tr>
<tr>
<td>Advanced</td>
<td>8</td>
</tr>
<tr>
<td>Outstanding</td>
<td>10</td>
</tr>
</tbody>
</table>

The final grade is calculated by adding the points for the subject exam and for the clinical grade.

<table>
<thead>
<tr>
<th>Total points</th>
<th>Final grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 6</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>8 to 10</td>
<td>Proficient</td>
</tr>
<tr>
<td>11 to 13</td>
<td>Advanced</td>
</tr>
<tr>
<td>14 to 16</td>
<td>Outstanding</td>
</tr>
</tbody>
</table>

For example, a student receiving 65 on this subject exam and an outstanding clinical grade will receive 2 points from the subject exam and 10 clinical points for a total of 12 points and a final grade for the clerkship of Advanced. Similarly a student receiving 83 on this subject exam and a clinical grade of advanced will receive 6 points from the subject exam and 8 clinical points for a total of 14 points and a final grade for the clerkship of outstanding.

The final grade, subject exam grade, and evaluations will be sent to students via PEAR (a secure email system).

The form used for the clinical evaluation is on the next two pages, followed by the Research Elective Evaluation Form.
University of Illinois College of Medicine at Urbana-Champaign

OFFICIAL FACULTY EVALUATION FORM
OF STUDENT CLERKSHIP PERFORMANCE
ON CLINICAL ELECTIVES

Student  ________________________________  Clerkship Director  ________________________________

<table>
<thead>
<tr>
<th>Clerkship Name &amp; Number</th>
<th>Clerkship Dates</th>
<th>Today's Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Location of clerkship/elective:

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.

**PR = 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>EVALUATION DIMENSIONS</th>
<th>GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASIC KNOWLEDGE OF –</td>
<td>pathophysiology, basic mechanisms, and clinical medicine in this discipline</td>
</tr>
<tr>
<td>APPROPRIATE USE OF ACADEMIC AND CLINICAL LITERATURE – independent reading and learning</td>
<td></td>
</tr>
<tr>
<td>ABILITY TO PRESENT AND DISCUSS CASES – clear, succinct, and well organized</td>
<td></td>
</tr>
<tr>
<td>CLINICAL SKILLS – ability to arrive at a reasoned problem list and differential diagnosis, to formulate a treatment plan, and to follow patient's progress</td>
<td></td>
</tr>
<tr>
<td>INITIATIVE – PERSEVERANCE – willingness to work hard, to learn, to accept responsibility, and to participate actively</td>
<td></td>
</tr>
<tr>
<td>HISTORY AND PHYSICAL EXAMINATION SKILLS – cogent and complete history, appropriately thorough and complete physical examination using proper technique and skill</td>
<td></td>
</tr>
<tr>
<td>DEPENDABILITY – PUNCTUALITY – RELIABILITY</td>
<td></td>
</tr>
<tr>
<td>PROFESSIONAL RELATIONSHIPS – attitude toward and respect for peers, physicians, other health team members, patients, and family</td>
<td></td>
</tr>
<tr>
<td>CLERKSHIP EXAMINATION (oral and/or written if applicable)</td>
<td></td>
</tr>
</tbody>
</table>

---

**OVERALL FINAL GRADE (Please Circle One)**

<table>
<thead>
<tr>
<th>Outstanding</th>
<th>Advanced</th>
<th>Proficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incomplete</td>
<td>Unsatisfactory</td>
<td></td>
</tr>
</tbody>
</table>
Please comment on the overall performance of the student to be included into the MSPE (a.k.a. Dean’s Letter).

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:

    Julie Wyant
    University of Illinois College of Medicine at Urbana-Champaign
    Carle Forum
    611 W Park Street
    Urbana, Illinois  61801

    Phone: 217.333.8146
    FAX: 217.333.2640
RESEARCH TITLE: ____________________________________________________________

COURSE NUMBER: __________________________________________________________

STUDENT RATED: ___________________________________________________________

RESEARCH DATES: FROM ____________ TO ______________

RESEARCH SITE: ___________________________________________________________

Is this site primarily: [ ] INPATIENT [ ] OUTPATIENT [ ] RESEARCH

RATER (Name, Degree, Title): _______________________________________________

[ ] ATTENDING [ ] CLINICIAN [ ] RESIDENT [ ] RESEARCH SCIENTIST

Please estimate the total number of hours of personal contact you have had with this student during the period of this clerkship: ________

RATING INSTRUCTIONS

Your rating should reflect the student's performance with respect to the standard of behavior expected at this juncture in the curriculum sequence. Evaluate each area of clinical performance and professional behavior using the rating categories provided. Describe the degree of proficiency which, in your best judgment, the student demonstrated on that particular criterion (as opposed to in-comparison-with-other-students). For each of the categories, please focus the criteria to expectations for this particular research elective.

The rating categories for various aspects of the elective are: Outstanding, Advanced, Proficient, Unsatisfactory, Incomplete, or N/A.

Outstanding. Student consistently performs at an exceptional level of knowledge, skills and attitudes. Students who receive this designation are those whose performance is consistently outstanding in meeting the goals of the clerkship and who are active, self-directed learners.

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

Proficient. While outstanding at times, performance is generally satisfactory. These students function and learn effectively in a variety of settings and have met all clerkship requirements.

Unsatisfactory. This grade is reserved for individuals who have not met all departmental requirements for successful completion of the course and further, are judged by the faculty to be beyond remediation. This grade is most likely assigned to a student who has completed one or more remediation attempts unsuccessfully but it might also be assigned if clerkship faculty are convinced that further efforts to complete the clerkship are not in the best interests of the student or the public. If an unsatisfactory grade is assigned, provide an appraisal of the deficiencies, the basis for the grade, supporting evidence and recommendations for consideration by members of the Committee on Student Promotions.

Incomplete. Student has not completed all requirements or activities due to illness, leave of absence, etc. If this grade is assigned, specify what remains to be completed in the Comments section. Include the arrangements for completion, including dates, required activities, length of time required, location and responsible individual.

Not Applicable (N/A). Research Electives have variations in time length, skills earned, and expectations. This category allows for a more malleable evaluation for supervisors to tailor to students’ unique experiences.
State the RESEARCH OBJECTIVES and APPROACH for this research rotation
(which may include proposal development, data gathering, analysis, or writing up of findings):
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Based on the stated objectives and approach, evaluate the student’s performance on the following criteria, with the understanding that not all criteria may be relevant.

KNOWLEDGE

1. Fund of knowledge (MEDICAL AND RESEARCH KNOWLEDGE)
Outstanding______ Advanced _______ Proficient _________ Unsatisfactory ______ Incomplete ______ N/A_______

Demonstrates knowledge which qualifies him/her as the “local expert” on the research problem
Shows adequate comprehension of basic medical principles and relates them to research problems
Shows very inadequate knowledge of medical situations related to the research problems

2. Professional judgment (RESEARCH)
Outstanding______ Advanced _______ Proficient _________ Unsatisfactory ______ Incomplete ______ N/A_______

Sound, logical thinker considers all factors to reach accurate decisions; sets priorities for research
Judgment is usually sound but makes occasional errors
Decisions and recommendations often wrong or ineffective

3. Assumption of research responsibility (RESEARCH)
Outstanding______ Advanced _______ Proficient _________ Unsatisfactory ______ Incomplete ______ N/A_______

Actively seeks opportunities to implement the research protocol on a timely basis
Usually attends to basic research implementation problems
Refuses to commit significant effort for timely implementation

4. Educational initiative (RESEARCH KNOWLEDGE)
Outstanding______ Advanced _______ Proficient _________ Unsatisfactory ______ Incomplete ______ N/A_______

Avidly searches for information from all available resources; literature explored in breadth and depth
Regularly consults common sources of information; studies most of the standard relevant literature
Passively acquires new information as offered; seeks little; reads seldom
5. **Willingness to ask for help**  
(RESEARCH OBJECTIVE)  
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| Does not hesitate to seek help when it is needed | Will accept help and suggestions gracefully but will not actively seek out assistance | Will not ask for help no matter how much it is needed and will not accept it if offered |

6. **Motivation and perseverance**  
(RESEARCH OBJECTIVE)  
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| Works conscientiously to complete research goals; can be trusted to finish each job assigned | Motivation and persistence vary according to the degree of personal interest in problems | Unable to maintain interest in research goals; must be prodded to finish each routine task |

**ATTITUDES**

7. **Communication with mentor and research team members**  
(INTERPERSONAL AND COMMUNICATION SKILLS)  
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| Openly responds to team needs; adjusts communication to each team member's personality | Generally deals with team member needs; uniformly courteous but takes no personal interest in team members | Refuses to deal with team members' needs; confines self to facts, demands compliance |

8. **Demonstrates sensitivity to subject’s social background, health & psychological status**  
(PROFESSIONALISM)  
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| Consistently considers subject’s psychosocial needs while maintaining adherence to relevant protocols. | Regularly considers subject’s psychosocial needs while maintaining adherence to relevant protocols. | Rarely to consider subject’s psychosocial needs while maintaining adherence to relevant protocols. |

9. **Response to Feedback**  
(PROFESSIONALISM)  
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| Accepts criticism easily; seeks out evaluative advice from colleagues | Accepts criticism but does not seek out colleagues’ opinions; can be convinced | Resists criticism; attempts to explain away shortcomings |
SKILLS

Indicate the RESEARCH COMPONENT that was accomplished during the elective:
(For example, study design, IRB submission, data gathering, analysis, writing abstract, writing article)

10. Initiate the research component
Outstanding_______ Advanced ________ Proficient _________ Unsatisfactory ________ Incomplete ________ N/A________

Initiated the research component promptly
Slow to initiate the research component
Began the project when contacted by the mentor

11. Written records (RESEARCH)
Outstanding_______ Advanced ________ Proficient _________ Unsatisfactory ________ Incomplete ________ N/A________

Records are protected, accurate, complete and well-organized; met all deadlines
Records are usually understandable and generally complete; met most deadlines
Records are grossly incomplete, disorganized and confusing; did not meet deadlines

12. Oral presentations (INTERPERSONAL AND COMMUNICATION SKILLS)
Outstanding_______ Advanced ________ Proficient _________ Unsatisfactory ________ Incomplete ________ N/A________

Research presentations always clear, concise, vivid, and complete
Research presentations usually clear, accurate, and complete
Research presentations are not clear, concise, or complete

Faculty Overall Evaluation for Research Elective

_______ Outstanding _______ Advanced _______ Proficient ________
_______ Unsatisfactory* _______ Incomplete*

*If Final Performance is Incomplete, describe the basis for this designation and the activities to be completed by the student prior to re-evaluation as well as the timeline.

If an Unsatisfactory grade has been assigned, provide your appraisal of the student’s performance, supporting evidence and recommendations.
COMMENTS

MEDICAL STUDENT PERFORMANCE EVALUATION (MSPE) NOTES: We strongly encourage recording any observations that characterize the assets and liabilities of this student in relation to the research elective. These comments will be included in the MSPE if the completed assessment is received by mid-September of the year in which the student will graduate.

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

ADVICE TO THE STUDENT: This Research Elective is first and foremost a learning experience for students. Provide constructive suggestions designed to assist the student to improve research performance and/or professional behavior.

___________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Best assessment practices encourage that you review this evaluation with the student.

Have you done so? ____ Yes ____ No

Faculty Signature ___________________________ Date __________________

Student Signature ___________________________ Date __________________
Clerkship Policies and Procedures

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 one—request one.

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 the attendings who participate in their instruction. Departmental student evaluation of clerkship forms will be distributed and collected by the Office of Academic Affairs. These evaluations are reviewed after the student’s grade has been determined.

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 UIC policy statement and procedures contained on the student affairs website. https://www.med.illinois.edu/SA/Policies/

Core Clerkship Orientation and Curriculum
The Wednesday, Thursday and Friday prior to the start of your first core clerkship in M3 is set aside for M3 Orientation. During the first day of each core clerkship a mandatory 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. Final evaluation forms will be sent to the SA/MSP Office for inclusion in the student's academic file.

Clinical Activities: 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 dress 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.

Scheduling to Retake a Core Clerkship NBME Subject Examination
The Office of Student Affairs and Medical Scholars Program will notify students if they fail a subject exam. Students may not prepare for and retake a failed NBME Subject exam while participating in another core clerkship. In such a case, students will consult with the relevant clerkship director and the student success team to develop a remediation plan for after the end of the clerkship year.

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. 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.

**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 the last rotation of one academic year and the first rotation of the subsequent academic year. 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. Students are encouraged not to schedule clerkships during the time they expect to be interviewing (generally November through January) as they cannot assume time off from clerkships will be approved.

**Policy on Excused Absences from Clerkships**

The entire policy on absences from M3 and M4 clinical experiences can be found at [http://www.med.illinois.edu/SA/Policies/M3-M4%20Clinical%20Experiences%20Absence%20Policy.pdf](http://www.med.illinois.edu/SA/Policies/M3-M4%20Clinical%20Experiences%20Absence%20Policy.pdf)

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. 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 (November through January).

**Unscheduled Time and Graduation**

The student should involve their Clinical Faculty Advisor in planning for unscheduled 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 SA/MSP Office (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.

**Leaves of Absence**

Leaves of absence, for up to one year, are available to students for personal, medical, research/educational reasons, and reconsideration of career choice. For more information see [https://www.med.illinois.edu/SA/Policies/College%20of%20Medicine%20Student%20Academic%20Policies%20and%20Professional%20Standards%202016_2017.pdf](https://www.med.illinois.edu/SA/Policies/College%20of%20Medicine%20Student%20Academic%20Policies%20and%20Professional%20Standards%202016_2017.pdf)

**Policy on Assistantships Held Concurrently with Clerkships**

In general, it is 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 clear the conflicting duties with both the clerkship director and the TA/RA sponsor at least eight weeks prior to the start of the overlap. Students should understand the clinical faculty members are under no obligation to approve the TA/RA duties. 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 Incomplete and be cause to repeat part or all of the clerkship.

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.
**Nondiscrimination Policy**
It is the policy of the University not to engage in discrimination or harassment against any person because of race, color, religion, sex, pregnancy, disability, national origin, citizenship status, ancestry, age, order of protection status, genetic information, marital status, sexual orientation including gender identity, arrest record status, unfavorable discharge from the military, or status as a protected veteran and to comply with all federal and state nondiscrimination, equal opportunity, and affirmative action laws, orders, and regulations.

http://cam.illinois.edu/ix/ix-b/ix-b-1.htm

**Access and Accommodations**
Your experience in your classes or clinical settings is important to us, and it is the policy and practice of the University of Illinois College of Medicine to create inclusive and accessible learning environments consistent with federal and state law. If you anticipate or have previously experienced barriers based on a temporary or permanent disability, please send an email to drc@uic.edu to connect with a representative from the Disability Resource Center to address your disability accommodation questions. **Requests and accommodation plans are confidential and are maintained separately from other academic records.** It is recommended that accommodation requests be made as soon as you become aware of your disability. **New procedures and forms are located at** drc.uic.edu.

**Positive Learning Environment Policy**
The University of Illinois College of Medicine is committed to providing and maintaining a safe and effective learning environment in which students, residents, fellows, faculty, and healthcare and administrative staff work together to both educate and learn in a manner that promotes the highest level of patient care. As an institution that trains the physician leaders of tomorrow, we expect members of our community to uphold an academic environment that encourages mutually respectful relationships, is conducive to learning, and is free of mistreatment, unlawful discrimination and harassment, and threats of retaliation.

We hold with the Mistreatment Guidelines of the Group on Student Affairs of the Association of American Medical Colleges in stating that, "The medical learning environment is expected to facilitate students' acquisition of the professional and collegial attitudes necessary for effective, caring and compassionate health care. The development and nurturing of these attitudes is enhanced and, indeed, based on the presence of mutual respect between teacher and student. Characteristic of this respect is the expectation that all participants in the educational program assume their responsibilities in a manner that enriches the quality of the learning process."

It is, therefore, unacceptable, for a teacher (e.g., faculty member, resident, or others acting in a teaching role) to engage in unlawful discrimination or harassment, and/or mistreatment of students, or fail to adhere to applicable college, campus and university-wide policies, procedures, and guidelines that establish standards for professionalism and conduct, as well as those principles of professionalism and ethics generally accepted within the medical profession.

All members of the medical education community have a shared responsibility to protect the integrity of the learning environment, a right to work and learn free of unlawful discrimination, harassment and mistreatment, and to report any incident in which that positive learning environment has been compromised.

https://www.med.illinois.edu/SA/Policies/Positive%20Learning%20Environment%20Policy.pdf

**Malpractice Coverage**
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.

**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.

**Extension of Student Health Insurance Coverage for Senior Students**

Student Health Insurance coverage for graduating seniors ends in mid-May. If a student wishes to extend their health insurance coverage from early June to late August, it is possible to do so after the senior year at the Student Insurance Office in the McKinley Health Center building. More information is available at www.si.illinois.edu. 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.

**Student Addresses and Telephone Numbers**

It is extremely important that the SA/MSP Office have a current accurate address (both regular and e-mail) and telephone number for 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. The student’s current address and e-mail will be used by VSLO and current e-mail will be used by ERAS. Therefore, please keep the SA/MSP Office 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.

**Alpha Omega Alpha-National Medical Honorary Society, Gold Humanism in Medicine Honor Society (GHHS), and Graduation with Honors**

See specific information and criteria on the Student Affairs website. 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 and GHHS 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.

**Transportation**

Core clerkship experiences are not solely located within the Champaign-Urbana community. Students may be assigned to sites in Danville, Bloomington, rural clinics, and other affiliates. Students are expected to provide their own transportation to assigned clinical sites.

**National Residency Match program (NRMP) and Residency Interviewing**

More detailed information on the residency matching process will be given to students in the M-3 year. Students are also encouraged to explore the information on the Electronic Residency Application Service (ERAS) on the Association of American Medical Colleges (AAMC) website.

It is extremely important that when students develop their academic plans and clerkship schedule for the senior year, they remember 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. 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 clerkship that has been scheduled and may not view positively a student’s desire to seek an excused absence from clerkship participation.
Calendars and Scheduling

Core Clerkship Scheduling

Students should complete the required core clerkships of Medicine I (12 weeks), Obstetrics and Gynecology, Pediatrics, Surgery, (8 weeks) and Psychiatry and Family Medicine (6 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 SA/MSP office provides schedules late in the M-2 academic year. 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 scheduling.

The core rotations for the M3 year total 48 weeks. There is a one week winter break and another three weeks between the end of the last rotation of one academic year and the first rotation of the subsequent academic year. Students will generally take Internal Medicine I (12 weeks), Family Medicine (6 weeks), and Psychiatry (6 weeks) in one term, and the three 8 week clerkships (Obstetrics and Gynecology, Pediatrics, Surgery) in the other term. The schedule of clerkship dates for the 2017-18 academic year can be found at the end of this section.

Important Dates for M4

| Summer | away rotations mid-June through early September |
| Summer | ERAS opens late May; students can start filling out information, personal statement, etc. |
| Summer | sign up for Step 2 Clinical Skills no later than the last day of February with a scheduled date preferably by the end of summer |
| Summer | take Step 2 Clinical Knowledge soon after cores, in summer or early fall |
| Sept | September 15 is the first day to submit your ERAS application |
| October | MSPE (Medical Student Performance Evaluation) released October 1 |
| Nov-Jan | Interview season |
| Feb | the 3rd Wednesday in Feb is the deadline to submit your rank order list |
| March | Match Day is the third Friday in March |
| May | convocation is early May (e.g. Saturday May 9, 2020) |
| June | residency orientations start as early as mid-June |
| July | July 1 is the official start date for residencies |

**NOTE – many residency programs will require passing Step 2 CK and CS scores in order to rank an applicant**

Comprehensive Clerkship Planning for Two Years

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. Important events that students should consider while planning are USMLE Step 2 clinical skills and Step 2 clinical knowledge, residency interviews (generally November through January), and the Medicine and Society Course in February of M-4. Use of unscheduled time is ideal for residency interviews and careful scheduling of elective time is important.
Adding or Dropping a Clerkship

Appropriate paperwork is needed to add, drop, or modify either a core or an elective clerkship taken either locally or elsewhere. This is done using the REQUEST TO ADD/DROP/MODIFY CLERKSHIP SCHEDULE form (a copy is later in this document). Please note the necessary signatures, deadlines, and needed documentation as indicated on the form.

A student who has not completed the appropriate paper work and obtained the required approvals for a clerkship will not be allowed to add, drop, or modify the clerkship. Without the required approved paperwork completed before the start of the clerkship, a student will not be covered by the University of Illinois Risk Management Insurance nor will clerkship credit be given.

Applying for and Scheduling Away Clerkships

• The first step is to identify locations and specialties of interest. Resources for this step include the AMA’s FREIDA data base, Careers in Medicine website, personal connections, and individualized searches on the web.

• Explore the institution’s policies (e.g. do they list pre-requisites such as all core clerkships?), timeline and application procedures.

  ○ If they use VSLO, contact Julie Wyant wyant@illinois.edu for permission to access the program (Julie will automatically send every M-3 student permission to apply to a number of programs in February).

  ○ If they are not a VSLO Home institution, download their individual application form. Complete your portions of the application (this is NOT Julie’s responsibility) and bring it to Julie to complete our portion. Julie will document your status and required criteria such as malpractice coverage and health insurance. Be sure to include pertinent information such as where Julie is to send the documents, the elective course number, dates desired and alternate dates, and other requirements such as immunization records and a check to cover your application fee!

  ○ MSP students who matriculated prior to 2006 will have to complete a Criminal Background Check and submit results to Julie as it is required by VSLO. Other individual residency programs have their own requirements such as a mask fit test, recent criminal background check or even a drug test, among other things.

• Once you have received approval from the away institution, take information regarding the elective and an add/drop form to the appropriate clinical department for approval. For medical specialties (including Radiology and Radiation Oncology) see Brenda Deaville, Debbie Deedrich is the resource for OB/GYN, Regina Cook for Psychiatry and Pediatrics, and Kirsten Lawhead for Family Medicine and Surgery.

• Bring the approved add/drop form with department head signature to Jim Hall for approval. Julie Wyant will then see the elective is documented in your record and add the elective to your Banner registration.

• It is likely you will need to apply to more electives than you intend to take as some programs will not have space or not have space available coinciding with your schedule. Students often accept an elective only to cancel it later when other offers come through. Of course, it is best to give as much advanced notice as possible with canceling a scheduled elective. You may still wish to apply to that school for their residency and you do not want to burn any bridges.
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**M-3 Orientation**

- Wed, 6/12/19 - Fri, 6/14/19 (tentative)
- **6/17/19**
- **7/26/19**
- **7/29/19**
- **9/6/19**
- **9/9/19**
- **10/18/19**
- **10/21/19**
- **Wed, 11/27/19**

**Med & Society**

- September 20, 2019
- **10/18/19**
- **10/21/19**

**Rot 4a begins (Mon)**

- 12/2/19
- **12/21/19 to 1/5/20**

**Break!**

**12/21/19 to 1/5/20**

**Rotation 4a ends**

- 1/10/20

**Rotation 4b begins**

- 1/13/20

**Rotation 4b ends**

- **2/7/20**

**Rotation 5a begins**

- 2/10/20

**Rotation 5a ends**

- 3/6/20

**Rotation 5b begins**

- 3/9/20

**Rotation 5b ends**

- **4/3/20**

**Rotation 6a begins**

- 4/6/20

**Rotation 6a ends**

- 5/1/20

**Rotation 6b begins**

- 5/4/20

**Rotation 6b ends**

- **5/29/20**
REQUEST TO ADD/DROP/MODIFY CLERKSHIP SCHEDULE

THIS FORM IS TO BE GIVEN TO THE APPROPRIATE CLINICAL COORDINATOR FOR PROCESSING

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.

Student-Name: ______________________________________________________________________ (print name) (signature ~ required) (date)

ADDED CLERKSHIP:

Clerkship Director: _______________________________________ Course# ____________

(print name) (for away use closest Urbana clerkship #)

Title of Clerkship: _______________________________________________________________________

Rotation/Block #: ________________ Dates ___________ to ________________ # of Weeks _______

Location (for registration purposes):

Carle________ OSF__________ Other____________________________________________

(Note: If you are requesting a clerkship at another institution, a description of the elective and a copy of your acceptance for that elective from the away institution must be given to the clinical coordinator before processing will take place.)

DROPPED CLERKSHIP:

Clerkship Director: _______________________________________ Course# ____________

(print name) (for away use closest Urbana clerkship #)

Title of Clerkship: _______________________________________________________________________

Rotation/Block #: ________________ Dates: ___________ to ________________ # of Weeks _______

My reason for this request is: ________________________________________________________

MODIFIED CLERKSHIP DATES:

Clerkship Director: _______________________________________ Course# ____________

(print name) (for away use closest Urbana clerkship #)

Title of Clerkship: _______________________________________________________________________

Rotation/Block #: ________________ Dates: ___________ to ________________ # of Weeks _______

FOR ELECTIVES and for ALL DATE CHANGES AND DROPS approval from the appropriate COM-UC department head and approval from Student Affairs are also needed.

_____ Approve __________________________ Date ___________________

_____ Disapprove Department Head (signature ~ required)

_____ Approve __________________________ Date ___________________

_____ Disapprove Office of Student Affairs (signature ~ required)

For SA/MSP Office Use Only: ☐ Access; ☐ Oracle; ☐ Table; ☐ E-mail; ☐ Banner CRN

Revised Jan 2014
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. Meet with each of your advisees at least once a semester to discuss their progress.
2. Ask students about career plans – advise them accordingly.
3. Share with students how the informal systems work within the healthcare setting.
4. Serve as a role model. Share your expertise and experiences.
5. Help students sort out their priorities and values.
6. Invite students to shadow you.
7. Put students in contact with colleagues at other institutions.
8. Encourage students to write up interesting cases, seek research opportunities, etc.
9. Advise students through the Match process.
10. Offer to edit advisee’s CVs, personal statements, and ERAS applications.
11. Write letters of recommendation for residency as requested.
12. Officially approve certain components of the student’s M-2 and M-4 clerkships schedule. This may include making recommendations about elective clerkships.
13. Refer students to the Office of Student Affairs for answers to questions you do not know the answer.
14. Serve as a liaison between the student and the College in scenarios that a faculty advocate is needed.
15. Hood Advisees at the White Coat Ceremony.
16. Attend the Awards Ceremony.

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 progress of each student. It is the student’s responsibility to meet regularly with his/her advisor.

**Medicine and Society Clerkship**

The Medicine and Society clerkship offers a multidisciplinary approach to social aspects of medicine and health care. The clerkship draws upon faculty from the social sciences, the humanities, law, medicine, and other fields to address topics such as cultural and social aspects of illness, ethical issues in health care delivery, medical economics, health care organizations, and the study of medicine as a profession. Health disparities, patient perspectives, communication, as well as class/income, race, ethnicity, disability, and gender serve as key focal points within the curriculum across all units of Medicine and Society. All medical students must satisfactorily complete the clerkship as a requirement for graduation.
CORE CLERKSHIPS

CLER 656: REQUIRED FAMILY MEDICINE CORE

<table>
<thead>
<tr>
<th>Clerkship Director:</th>
<th>Kristine Carpenter, MD</th>
<th><a href="mailto:Kristine.Carpenter@carle.com">Kristine.Carpenter@carle.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Time</td>
<td>8:00 a.m.-Carle Forum, 611 West Park Street, Urbana, IL 61801</td>
<td></td>
</tr>
<tr>
<td>Site</td>
<td>Various departmentally approved sites</td>
<td></td>
</tr>
<tr>
<td>Length of Clerkship</td>
<td>Six weeks</td>
<td></td>
</tr>
<tr>
<td>Dates</td>
<td>Year round</td>
<td></td>
</tr>
<tr>
<td>Prerequisites</td>
<td>M-3 Standing. It is recommended that the student take the core clerkships in internal medicine, pediatrics, obstetrics/gynecology and surgery prior to family medicine.</td>
<td></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>
<td></td>
</tr>
<tr>
<td>Students Per Rotation</td>
<td>One per site; multiple sites available; maximum Student’s Per six-week block: Four (exceptions are considered)</td>
<td></td>
</tr>
<tr>
<td>Night Call Required</td>
<td>Yes, as assigned by faculty preceptor</td>
<td></td>
</tr>
<tr>
<td>Weekends Required</td>
<td>Yes, as assigned by faculty preceptor</td>
<td></td>
</tr>
</tbody>
</table>

NARRATIVE DESCRIPTION

This is a six week required core clerkship in family medicine. The students will see and treat patients under the supervision of a family physician in both the in and out-patient settings, gaining knowledge and experience in meeting the primary care needs of patients of all ages.

OBJECTIVES

It is the goal of our clerkship to produce students who:

1. Are clinically excellent
2. Continue their personal growth to physician-hood by meeting the COM competencies
3. Meet and exceed expected parameters of national standards in family medicine
4. Prepare students for required NBME exam
5. Foster interest in family medicine
6. Provide an experience that meets college-wide standards

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 six-week clerkship, students will increase their ability to:

1. **Basic and Clinical Science Knowledge Base** – The core topics which the student should become familiar with include:
   - Arthritis - podcast
   - Asthma/COPD - podcast
• Back Pain - clerkship lecture
• Cancer Screening - clerkship lecture
• Chest Pain/ASCVD - podcast
• Cultural Competence - clerkship lecture
• Dementia - podcast
• Depression/Anxiety - clerkship lecture
• Diabetes - clerkship lecture
• Domestic Violence - podcast
• Dyspepsia - podcast
• Fatigue - clerkship lecture
• Frailty
• Headache - podcast
• Hypertension - clerkship lecture
• Immunizations - clerkship lecture
• Menopause - podcast
• Menstrual Disorders
• Nutrition/Obesity - podcast
• Osteoporosis - podcast
• Pain - podcast
• Perinatal Care
• Rural Care - podcast
• Skin Problems - podcast
• Smoking/tobacco abuse - podcast
• Strains/Sprains - clerkship lecture
• Stroke/Cerebrovascular Disease - podcast
• URI - clerkship lecture
• Vaginal/urinary symptoms – podcast

2. Communications/Biopsychosocial – The student will record their patient encounters in written form, with review by their preceptor. Oral presentations of the patient encounters will also be given and evaluated by preceptors.

3. Ethical Reasoning and Judgment – The student is to demonstrate advocacy for their patients, respect patient rights and privacy, and help empower patients in decision making as they confront ethical dilemmas in clinical care.

4. Lifelong Learning – The student is to demonstrate and continue to refine their skills in knowledge acquisition in the clinical setting on a case by case basis, with review and feedback from their preceptor.

5. Data Gathering/Problem Definition – The student is to demonstrate the ability to gather appropriate data, both from the patient as well as from other medical sources.

6. Management and Clinical Decision Making – The student is to continue to develop the ability to generate appropriate treatment plans, and discuss the correct course for continuing patient evaluation.

7. Health Maintenance/Disease Prevention – The student will continue to develop their data base in appropriate health screening examinations and testing. They will also demonstrate their skills in patient discussions of the risks and benefits encountered.

8. Social and Community Context of Health Care – The student will learn and discuss the impact of the family and community on common primary care problems and be able to discuss an integrated approach to the clinical issues.
9. **Professional Behavior (Personal, Family, and Community)** – The student is expected to demonstrate professionalism in all aspects of the clerkship – from attire to punctuality, from sensitivity to privacy – all issues are to be handled in a respectful and professional manner.

**INSTRUCTIONAL FEATURES**

Each student will be assigned a committed, enthusiastic faculty preceptor who provides the student a safe platform for individual patient encounters in a clinical practice setting. The preceptor will observe and provide feedback for all facets of the encounter (history, physical, treatment and documentation). Students participate in a series of clinical presentations/lectures on various subjects including hyperlipidemia, hypertension, diabetes mellitus, congestive heart failure, women's health issues, and behavioral medicine.

**ASSESSMENT**

1. Mid clerkship evaluation form will be completed on each student, giving them a chance to address areas of learning where improvement is needed.
2. Patient encounter logs are kept by each student. The required numbers in each area of patient encounters must be met in order to achieve a passing grade.
3. Student’s clinical performance is evaluated by faculty using the clerkship evaluation form. A proficient clinical grade must be obtained.
4. Students must pass a national clerkship exam in family medicine.
**CLER 655: REQUIRED MEDICINE I CORE CLERKSHIP**

| Clerkship Directors | J. April Yasunaga, M.D. – (217) 383-4612  
|                    | Kathleen Collins, M.D. – (217) 337-2373  
|                    | Sumuk Sundaram, M.D., Ph.D. – (217) 554-3660 |
| Clerkship Coordinator | Carle-Brenda Deaville—(217) 383-3579  
|                       | OSF-Lori Osterbur—(217) 244-2264 |
| Reporting Time | 6:30 a.m. – Carle Forum, 611 West. Park Street,  
|                | Urbana, IL 61801  
|                | 6:30 a.m. – OSF Medical Office Building I, 1405 West Park Street,  
|                | Suite 207, Urbana, IL 61801  
|                | 7:45 a.m. – Veterans Affairs Illiana Health Care Center, Danville |

| Site | Carle Physician Group, 602 West University Ave.,  
|     | Urbana, IL 61801  
|     | OSF Medical Center, 1405 West Park Street, Suite 207, Urbana, IL 61801  
|     | Department of Veterans Affairs Illiana Health Care System, 1900 East Main Street, Danville, IL 61832 |

| Length of Clerkship | 12 weeks |
| Dates | Year round |
| Prerequisites | M-3 Standing |
| Methods of Evaluation | NBME Medicine Subject Examination and faculty and resident evaluations |
| Students Per Rotation | Maximum of eight |
| 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 University of Illinois sponsors an Internal Medicine Residency Program, so clerks have the opportunity to work closely with residents as a member of a care team. Each team generally consists of one senior resident, one intern and one or two students, depending on site and scheduling. Each student will have the opportunity to work with multiple teams during the clerkship.

The junior student will work up patients during a 12-week rotation. The first 8 weeks will be split between Carle Foundation Hospital and OSF Medical Center. It will be followed by either 1 week at the Veterans Affairs Illiana Health Care Center in Danville, IL or 2 weeks assigned to a practicing internist in the outpatient setting, in either order. Patient work-ups will include performing a complete history and physical, developing a problem list, a differential diagnosis, and a management plan for that patient. The student will 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. 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. The rotation concludes with an NBME subject examination.
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

**Patient Care** - Students will be able to perform a patient’s medical history in a logical, chronologically organized and thorough manner that covers all essential aspects of the patient’s history. Students will demonstrate ability to develop a differential diagnosis for the patient’s presenting complaint and other pertinent medical problems as they relate to the patient’s problem list formed from the student’s history and physical exam of the patient. Students will be able to develop a patient management plan using concise progress notes, results of diagnostic tests and procedures, and information from the history and physical exam.

**Medical Knowledge** - Students will develop the understanding of general internal medicine by applying pathophysiology, epidemiology, and clinical manifestation of his/her patients. Students will be able to present a patient’s case in a logical concise manner with an appropriate amount of detail. Students will be able to obtain, interpret, and analyze critical information including lab results, EKG and chest x-rays.

**Practice-Based Learning & Improvement** - Students will be able to demonstrate a proficiency in the access of current medical literature via online and library resources and demonstrate independent learning. Students will independently seek out learning resources to further his/her medical knowledge.

**Interpersonal and Communication Skills** - Students will be able to communicate effectively and efficiently with patients, families, and others on the health care team. Students will demonstrate an ability to educate patients regarding their health problems. Ethical dilemmas and any conflict of interest will be identified and discussed in a timely and honest manner.

**Professionalism** - Students will demonstrate a high level of professionalism by treating patients, families, and health care providers with respect and dignity while acting with honesty and integrity. Students will demonstrate professionalism by their commitment to caring for patients regardless of race, socioeconomic status, sexual orientation, age, religion, culture or disability. The student will show respect for patients and their families and relay information to families and the health care team in an honest fashion.

**Systems-Based Practice** - Students will have the ability to work effectively with a variety of health care professionals to provide competent and quality care to patients. Students will learn and understand the varied roles of the health care team as they apply to patient care.

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.

EVALUATION SYSTEM
The final Medicine I core clerkship clinical grade is determined by the clerkship site directors by consensus. Evaluations are collected and reviewed in detail, including evaluations from the clerkship site directors, supervising inpatient attendings and residents, teaching attendings, and ambulatory block faculty. Improvement over the duration of the clerkship is expected and taken into account.

In addition, all required patient write-ups, other assignments, and the Medicine I Core Clerkship Patient Problems and Required Procedures checklist will be submitted by the designated due dates or the student will not be eligible for the clinical grade of Outstanding.

The final clerkship grade is calculated using a formula decided upon by the College Committee on Instruction and Appraisal of the University of Illinois, College of Medicine, which takes into account the clinical grade and the NBME exam score.

For example, in order to achieve a final clerkship grade of Outstanding, students must score at least the national mean on the NBME exam, which currently is 74.
NARRATIVE DESCRIPTION

Medicine II is a 4-week long core clerkship that may be taken in either the third or fourth year of medical school. This clerkship gives students the opportunity to expand their exposure to various areas of internal medicine and solidify their internal medicine skills. Students who are considering a career in internal medicine, or those who anticipate doing an internal medicine preliminary year before starting residency (i.e., in radiology, dermatology, or neurology) are urged to choose to do the fourth year sub-internship as their Medicine II experience. The Medicine II core clerkship requires, at minimum, satisfactory completion of the Medicine I core clerkship, and consists of the following described below.

**Ambulatory Medicine Sub-internship track:** 2-4 weeks of ambulatory medicine outpatient service at Carle, Christie Clinic, OSF Healthcare or Danville VA.

**ICU Sub-internship track:** (available only for M4 students who have completed the surgical clerkship): 4 weeks of experience in the Carle Foundation Hospital ICU, in which students will be given significant responsibility under the direct supervision of a senior resident and ICU attending staff.

**Clinical Medicine Sub-internship track:**
(available only for M4 students): 4 weeks of general medicine inpatient service at the Danville VA Hospital or with the hospitalist team at Carle Foundation Hospital, in which students will be given major responsibility for a limited number of general medical patients under the direct supervision of a resident and faculty attending. The number of patients will be limited so as to allow the student to assume the total care responsibilities. Students who are considering Internal Medicine as a career path and students who plan to complete an Internal Medicine preliminary year during their internship, are urged to choose this track for their Medicine II experience.

**Subspecialty Sub-internship track:** 2-4 weeks of subspecialty experience in cardiology, pulmonary, or gastroenterology offered at multiple sites. For two weeks at a time, students will be given responsibility for the care of subspeciality patients and work closely with a supervising attending subspecialist.

**Adult Neurology track:** 2-4 weeks of neurology clinic and in-patient neurology consults, in which students will be exposed to and become familiar with various neurologic disorders and neurologic manifestations of systemic disease.

**Geriatric & Palliative Care track:** 2 weeks of geriatric & palliative care service at the Danville VA Hospital, in which students become familiar with a variety of end-of-life care issues, the therapeutic use of opiates, geriatric assessment, the physiology of aging, and clinical geriatric care.

**Clinical Medicine track:** 2-4 weeks of general medicine inpatient service at the Danville VA Hospital.
Students may choose between these tracks provided they have satisfactorily completed the Medicine I Core Clerkship (and M4 students only may choose the subinternship track, and only M4 students who have completed the surgical clerkship may choose the ICU track). Please do not contact the attendings directly regarding your choices: contact the Medicine II Clerkship Coordinator, Brenda Deaville, at bdeavill@illinois.edu or 383-3579 at least one month prior to the beginning of the rotation regarding your choice of tracks. Options are available subject to faculty availability—for those tracks where student participation is limited, assignments will be made on a first-come, first-serve basis.
CLER 651: REQUIRED OBSTETRICS/GYNECOLOGY CORE

<table>
<thead>
<tr>
<th>Clerkship Director</th>
<th>Ralph Kehl, M.D., FACOG – (217) 383 4930</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerkship Coordinator</td>
<td>Debbie Deedrich. – (217) 244-0598, <a href="mailto:deedrich@illinois.edu">deedrich@illinois.edu</a></td>
</tr>
<tr>
<td>Reporting time</td>
<td>8:30 a.m. Orientation – location TBD – First Monday</td>
</tr>
<tr>
<td>Sites</td>
<td>OSF Medical Office Building – Administration, Classrooms 1405 West Park Street, Suite 207 Urbana, IL 61801</td>
</tr>
<tr>
<td></td>
<td>Carle Clinic, 602 West University Ave., Urbana, IL 61801</td>
</tr>
<tr>
<td></td>
<td>Christie Clinic, 101 W. University Ave, Champaign, IL 61820</td>
</tr>
<tr>
<td>Length of Clerkship</td>
<td>Eight weeks</td>
</tr>
<tr>
<td>Dates</td>
<td>Year round in sequence with UICOM UC clerkship dates</td>
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<tr>
<td>Prerequisites</td>
<td>M-3 Standing</td>
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<tr>
<td>Methods of Evaluation</td>
<td>National Board Subject Exam scores; Performance evaluations</td>
</tr>
<tr>
<td>Students Per Rotation</td>
<td>Minimum 3, Maximum 5</td>
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<tr>
<td>Night Call Required</td>
<td>No</td>
</tr>
<tr>
<td>Weekend required</td>
<td>No</td>
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</table>

NARRATIVE DESCRIPTION

The OB/GYN clerkship is eight weeks in length. Students rotate through a schedule of one week in Maternal Fetal Medicine, one week of OB Labor and Delivery, two weeks of Gyn and two weeks with an assigned preceptor. 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.

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.

BIBLIOGRAPHY

Required reading:


Required assignments:

3 formally written H&P’s with one presented orally
Procedure and case logs
uWISE quizzes
4 mini-CEX evaluations
CLER 653: REQUIRED PEDIATRICS CORE CLERKSHIP

| Department Head | Charles Morton, MD  
| Carle, Champaign on Curtis  
| 1701 West Curtis Road  
| Champaign, IL 61822 |

| Clerkship Director: | M. Nadeem Ahmed, MD, MPH, PhD, FAAP, FFHM  
| Carle Main Campus  
| Pediatrics-Hospital  
| 602 W University Ave  
| Urbana, Illinois 61801 |

| Reporting Time: | Arranged |
| Length of Clerkship: | Eight weeks |
| Dates: | Year round |
| Prerequisites: | M-3 Standing |
| Students Per Rotation: | 3-6 |
| Methods of Evaluation | National Boards Subject Examination (NBME) examination  
| Students are evaluated clinically by the Attending faculty |
| Night Call 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, pulmonary, neurology, gastroenterology) in the clinic setting, and will observe newborn care in the nursery. Practical experience will be supplemented by a series of conferences, mentoring, and lectures.

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 adolescence and some of the more common adolescent health problems—drugs, alcohol, sexually transmitted infections, 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 within the 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 reports the student is assigned to prepare.

GRADUATION COMPETENCIES

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

2. Medical Knowledge
   a. Demonstrate ability to pass the pediatric subject exam.
   b. Demonstrate ability to discuss case histories knowledgeably.
   c. Demonstrate ability to discuss issues relevant to case management, including cultural and socioeconomic factors.

3. Practice Basic Learning
   a. Demonstrate ability to obtain pertinent information from current literature relating to specific cases.
   b. Show interest and enthusiasm for learning.

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

5. Professionalism
   a. Demonstrate integrity
   b. Demonstrate respect for others
   c. Respect opinions of others
   d. Maintain confidentiality
   e. Conducts self in a professional manner

6. Systems Based Practice
   a. Appropriately utilize services of various health care providers within a system
   b. Evaluate community resources
CLER 652: REQUIRED PSYCHIATRY CORE CLERKSHIP

<table>
<thead>
<tr>
<th>Clerkship Director:</th>
<th>Gerald M. Welch, MD</th>
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</thead>
<tbody>
<tr>
<td>Sites</td>
<td>Carle Main Campus</td>
</tr>
<tr>
<td></td>
<td>602 W. University Avenue</td>
</tr>
<tr>
<td></td>
<td>Urbana, IL  61801</td>
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<tr>
<td></td>
<td>Carle Champaign on Mattis</td>
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<td></td>
<td>1802 S Mattis</td>
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<td></td>
<td>Champaign, IL  61821</td>
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<tr>
<td></td>
<td>The Pavilion</td>
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<tr>
<td></td>
<td>809 West Church Street, Champaign, IL  61820</td>
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<td></td>
<td>OSF Medical Center</td>
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<td></td>
<td>1400 West Park Street</td>
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<td>Urbana, IL  61801</td>
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<td></td>
<td>Veterans Affairs, Illiana Health Care Center</td>
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<tr>
<td></td>
<td>1900 East Main Street</td>
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<td></td>
<td>Danville IL  61832</td>
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<tr>
<td>Length of Clerkship</td>
<td>Six week rotation, in two blocks, each a different experience</td>
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<tr>
<td>Dates</td>
<td>Year round</td>
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<tr>
<td>Prerequisites</td>
<td>M-3 Standing</td>
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<tr>
<td>Methods of Evaluation</td>
<td>Evaluation by preceptors and clerkship director, and NBME Subject Examination</td>
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<tr>
<td>Students Per Rotation</td>
<td>Between four to six students each rotation</td>
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<tr>
<td>Night Call Required</td>
<td>Specific to each site, may require nights and weekends</td>
</tr>
<tr>
<td>Purpose</td>
<td>Students learn how to understand, diagnose, and treat adults and children 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.</td>
</tr>
</tbody>
</table>

NARRATIVE DESCRIPTION

Students will work directly with practicing psychiatrists, caring for adult and children. Responsibilities include evaluation of newly admitted inpatients and consultation for medical and surgical inpatients. Students may also spend time in outpatient adult and/or psychiatry. Students are able to assume responsibility for direct, supervised care of inpatients and consults, and work within the framework of a health care team.

DIDACTIC MATERIALS

Students are allowed access to the psychiatry Blackboard website, which includes handouts, rating scales, and articles on psychiatric disorders and issues. The clerkship supplies the required books, including the most recent publications of First Aid for the Psychiatry Clerkship; Case Files: Psychiatry (Toy and Klamen); The Psychiatric Interview (Carlat); and First Aid for the USMLE Step 2 CS. Other recommended study books are discussed during the clerkship, and may change over time.

CHOICE OF TRAINING SITES

Students will receive an email about 4 weeks prior to the clerkship requesting information about preferences. The Clerkship Director will use these preferences, while blinded to names, to make the best match to experiences. Students must spend one month on adult inpatient psychiatry.

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.

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 acquire an elementary understanding of various theoretical models for conceptualizing mental illness and its treatment.
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 midpoint 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 preceptorship 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 evaluations 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.
CLER 654: REQUIRED SURGERY CORE CLERKSHIP

<table>
<thead>
<tr>
<th>Department Head</th>
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<tbody>
<tr>
<td>Uretz Oliphant, MD</td>
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<tr>
<td>Carle Main Campus in Urbana</td>
</tr>
<tr>
<td>602 West University Avenue</td>
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<tr>
<td>Urbana, Illinois 61801</td>
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<tr>
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<tbody>
<tr>
<td>John Kim, DO</td>
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<tr>
<td>General Surgery and Trauma Service - Carle</td>
</tr>
<tr>
<td>602 West University Avenue</td>
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<tr>
<td>Urbana, Illinois 61801</td>
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<tbody>
<tr>
<td>8:00 a.m. — Carle Forum, lower level, Brewer Conference Room (BCR) (sliding door conference room in the U of I work area).</td>
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<tr>
<td>Oral examination</td>
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<tr>
<td>Students are evaluated clinically by the Attending faculty</td>
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<th>Night Call Required:</th>
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NARRATIVE DESCRIPTION
The General Surgery Clerkship is designed to be an introduction to Surgery and selected surgical subspecialties. Students are assigned to the inpatient surgical wards and clinics. The students are taught the approach to the surgical patient and participate in pre- and postoperative care as well as perform certain invasive techniques safely. By the end of rotation, students are expected to know the indications and the contradictions and the role of ancillary services in managing surgical diseases.

COMPETENCIES:
As a result of attending this clerkship, the student should be familiar with and be able to perform the following functions

1. Perform a complete and competent history and physical examination on surgical patients on the wards and in the surgical clinics.
2. Review, record, and communicate clinical observations both in the chart and on rounds.
3. Perform a variety of invasive procedures.
4. Know when to order and how to interpret common diagnostic tests and laboratory results in surgical patients.
5. Be familiar with sterile technique, common operative procedures, and the operating room environment.
6. Detect and anticipate common postoperative complications.
7. Gain initial exposure to selected surgical subspecialties.
8. Understand indications per various surgical procedures and their timing.

INSTRUCTIONAL FEATURES:
The students are expected to participate in all activities of the service. These include daily rounds with the Surgical Residents, outpatient clinics, teaching rounds, interdisciplinary conferences, conferences with the Attending Staff, and informal teaching sessions. Students are expected to become familiar with sterile technique, common operative procedures and the operating room environment. "Scrubbing" on actual surgical procedures is encouraged during all phases of the rotation. A didactic lecture series is offered to the students and is given by the faculty in Surgery. The lecture series is attended by students occurs on Wednesday’s and is mandatory. The lecture series is meant to supplement and not replace the student's reading and independent study.

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OVERALL GOALS

On satisfactory completion of this clerkship, the student will understand the role of the addictions as a provider of detoxification and rehabilitation services for addicts. Students will also understand the role of the addictions 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
   b. Alcohol
   c. Depressants
   d. Stimulants
   e. Opioids
   f. Hallucinogens
   g. Rehabilitation
   h. Non-pharmacologic interventions such as group therapy, individual therapy, family therapy, and twelve-step involvement.
   i. Pharmacologic therapies
   j. Special situations
   k. The pregnant addict
   l. The adolescent addict
   m. Patients with dual diagnosis
   n. Personal development
   o. Time management
   p. Continuing education
   q. Practice management
   r. Describe health resources at the clinical site including resource limitations.
s. 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.

8. **Social and Community Context of Healthcare** – The student becomes aware of community resources available for the addict and the families of addicts.

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.

10. **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.
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:
treated 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 Public Health Association:  http://www.apha.org/
Association of Teachers of Preventive Medicine:  http://www.atpm.org/
ELEC 163: FAMILY MEDICINE – SCHOLARLY ACTIVITY ELECTIVE

Clerkship Coordinator | Kristine Carpenter, MD Kristine.carpenter@carle.com
Reporting Time | Schedule orientation meeting with Dr. Carpenter prior to start of clerkship
Sites | Affiliated Clinical Institutions
Length of Clerkship | 2-8 weeks
| In 2-week blocks
Dates | Year around
Prerequisites | Satisfactory completion of M2 year
Methods of Evaluation | Night call Required
| None required
| Weekends Required
| None required
Supervision | Faculty

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:
   a. Discuss current clinical research priorities in medical discipline of interest and the appropriate focus for a medical student defined scholarly activity.
   b. Discuss theories and principles of clinical research methodologies and the applicability of specific designs to the research question of interest.
   c. Describe the importance of ethics in clinical research and importance of maintaining patient confidentiality, confidence and trust.
   d. Outline a clinical research question followed by a clear hypothesis and timetable for data collection as appropriate.
   e. Complete the necessary Institutional Review Board application(s) and informed consent documents.
   f. Demonstrate the ability to perform a comprehensive literature review to support the significance of the clinical research question.
   g. Demonstrate the ability to select a research design, collect data, analyze data and synthesize data into a scholarly presentation.
   h. Demonstrate constructive response to input from peers, supervisors, colleagues and granting agencies on completed work.
   i. 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
   a. 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.
   b. Describe the relevance of scholarly work to the clinical sciences

3. Professionalism
   a. 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. Carpetner 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:

ELEC 605: FAMILY MEDICINE – SUB-INTERNSHIP

<table>
<thead>
<tr>
<th>Clerkship Coordinator</th>
<th>Brandyn Mason, DO</th>
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<tbody>
<tr>
<td>Other Participants</td>
<td>Faculty and Senior residents from Carle Family Medicine Residency</td>
</tr>
<tr>
<td>Reporting Time</td>
<td>Contact Mindy Wolf (<a href="mailto:Mindy.Wolf@Carle.com">Mindy.Wolf@Carle.com</a>) one week prior to start for detailed schedule</td>
</tr>
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<td>Sites</td>
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<td>Methods of Evaluation</td>
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<td>Yes – one weekend call</td>
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<tr>
<td>Weekends Required</td>
<td>Yes – one weekend call</td>
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NARRATIVE DESCRIPTION:

The goal of this elective is for the student to learn how the principles of Family Medicine are applied in multiple settings. It is designed to give students the opportunity to function as interns on a Family Medicine inpatient service and in the Family Medicine outpatient clinic. The time will be split equally between outpatient and inpatient. This elective maximizes students' opportunities to take responsibility for patients while still having support and active teaching from faculty and residents. The sub-intern will admit patients, prepare orders and make treatment decisions. Time will also be spent on the maternity ward and in the newborn nursery. Students completing the subinternship will leave with experience and confidence in providing full-spectrum hospital and clinic patient care.

OBJECTIVES

1. Develop a comprehensive assessment and plan for a patient presenting to the hospital or the clinic. (Patient Care)
2. Generate differential diagnoses for common inpatient and outpatient complaints and describe the pathophysiology of these diseases. (Medical Knowledge)
3. Employ evidence-based and cost-effective management strategies. (Practice-based Learning and Improvement)
4. Compose and enter all types of medical record documents. (Patient Care and Interpersonal and Communication skills)
5. Present patients to attendings with effective and efficient communication. (Interpersonal and Communication skills)
6. Monitor and respond to labs, images and other diagnostic studies. (Patient Care)
7. Identify appropriate times for specialty consultation and arrange for that consultation. (System-Based Practice)
8. Develop and implement transition care plans. (Patient Care and System-Based Practice)
9. Develop a “whole person” approach to the patient. (Patient Care)
10. Demonstrate empathy and respect for the patient. (Professionalism)
11. Work as a member of a health care team. (System-Based Practice)
12. Describe the influences and importance of the family and community on patient care. (System-Based Practice)

TEACHING METHODS

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.
Students 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 counter transference 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. Counter transference 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 counter transference 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 counter transference 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 counter transference 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
### ELEC 859: Sports Medicine

<table>
<thead>
<tr>
<th>Clerkship Director</th>
<th>Jerrad Zimmerman, MD</th>
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<tbody>
<tr>
<td>Reporting Time</td>
<td>Arranged</td>
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<tr>
<td><strong>Site</strong></td>
<td></td>
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<tr>
<td>Carle North Annex</td>
<td></td>
</tr>
<tr>
<td>810 West Anthony Drive</td>
<td></td>
</tr>
<tr>
<td>Urbana, Illinois 61802</td>
<td></td>
</tr>
<tr>
<td>Christie Clinic Sports Medicine</td>
<td></td>
</tr>
<tr>
<td>2110 Fox Drive, Suite B</td>
<td></td>
</tr>
<tr>
<td>Champaign, IL 61822</td>
<td></td>
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<tr>
<td><strong>Length of Clerkship</strong></td>
<td>Two or four weeks</td>
</tr>
<tr>
<td><strong>Dates</strong></td>
<td>Year round</td>
</tr>
<tr>
<td><strong>Prerequisites</strong></td>
<td>Satisfactory completion of M-3 year</td>
</tr>
<tr>
<td><strong>Methods of Evaluation</strong></td>
<td>Observation</td>
</tr>
<tr>
<td><strong>Students Per Rotation</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Night Call Required</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Weekends Required</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Faculty Participants</strong></td>
<td>Scott Paluska, MD, Jeremy Henrichs, MD, Amy MacDougall, MD</td>
</tr>
</tbody>
</table>

**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 sport injuries and sports medicine problems. The experience will include time in a sports injury evaluation clinic for evaluation and rehabilitation.
INTERNAL MEDICINE ELECTIVES

ELEC 783: ALLERGY

<table>
<thead>
<tr>
<th>Clerkship Director</th>
<th>John Zech, M.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerkship Coordinator</td>
<td>Brenda Deaville, <a href="mailto:bdeavill@illinois.edu">bdeavill@illinois.edu</a></td>
</tr>
<tr>
<td>Reporting Time</td>
<td>8:30am</td>
</tr>
<tr>
<td>Site</td>
<td>Carle Physicians Group</td>
</tr>
<tr>
<td></td>
<td>1701 West Curtis Road, Champaign, Illinois 61821</td>
</tr>
<tr>
<td>Length of Clerkship</td>
<td>Two-Four weeks</td>
</tr>
<tr>
<td>Dates</td>
<td>Anytime by arrangement</td>
</tr>
<tr>
<td>Prerequisites</td>
<td>Satisfactory completion of Medicine I core clerkship</td>
</tr>
<tr>
<td>Methods of Evaluation</td>
<td>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.</td>
</tr>
<tr>
<td>Student’s Per Rotation</td>
<td>1</td>
</tr>
<tr>
<td>Night Call Required</td>
<td>No</td>
</tr>
</tbody>
</table>

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 communication 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 will spend time in the department of allergy-immunology and be exposed to patients of all ages.
ELEC 608: CARDIOLOGY

<table>
<thead>
<tr>
<th>Clerkship Director</th>
<th>Christopher Ken Bodine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Participants</td>
<td>Naveed Adoni, M.D.</td>
</tr>
<tr>
<td></td>
<td>Andrea Brasch, M.D.</td>
</tr>
<tr>
<td></td>
<td>Anuj Garg, M.D.</td>
</tr>
<tr>
<td></td>
<td>Abe Kocheril, M.D.</td>
</tr>
<tr>
<td></td>
<td>B. Lakshmi, MD</td>
</tr>
<tr>
<td></td>
<td>Prakash Thopiah, M.D.</td>
</tr>
<tr>
<td></td>
<td>Mbu Mongwa, M.D.</td>
</tr>
<tr>
<td></td>
<td>Sanjay Mehta, M.D.</td>
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<tr>
<td></td>
<td>Reinaldo Sanchez-Torres, M.D.</td>
</tr>
<tr>
<td></td>
<td>Ibrahim Shaik, M.D.</td>
</tr>
<tr>
<td>Clerkship Coordinator</td>
<td>Brenda Deaville, <a href="mailto:bdeavill@illinois.edu">bdeavill@illinois.edu</a></td>
</tr>
<tr>
<td>Reporting Time</td>
<td>8:30am</td>
</tr>
<tr>
<td>Site</td>
<td>Carle Physicians Group, Heart Center</td>
</tr>
<tr>
<td></td>
<td>602 West University Avenue, Urbana, Illinois 61801</td>
</tr>
<tr>
<td></td>
<td>OSF Medical Center</td>
</tr>
<tr>
<td></td>
<td>1400 West Park Street, Urbana, Illinois 61801</td>
</tr>
<tr>
<td></td>
<td>Christie Clinic</td>
</tr>
<tr>
<td></td>
<td>101 West University Avenue, Champaign, Illinois 61820</td>
</tr>
<tr>
<td>Length of Clerkship</td>
<td>Two-Four weeks</td>
</tr>
<tr>
<td>Dates</td>
<td>Year round</td>
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<tr>
<td>Prerequisites</td>
<td>Satisfactory completion of M 3 year</td>
</tr>
<tr>
<td>Student’s Per Rotation</td>
<td>1</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>Direct - eight hours per day</td>
</tr>
</tbody>
</table>

NARRATIVE DESCRIPTION

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

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 for surgery and other interventions 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.

**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.

Students are expected to evaluate all patients seen in consultation with their attending.

Complete evaluation of the patient with particular attention paid to the cardiovascular system is undertaken and reviewed by the faculty supervisor. Assistance in performing noninvasive studies such as treadmill stress testing and echocardiography will be undertaken. Daily interpretation of electrocardiograms is required. In addition, emergency call for the Coronary Care Unit will be expected and will be closely supervised by the cardiologist.

**TEACHING METHODS**

Students will outline a diagnostic and/or therapeutic approach to the patient’s problem and help administer that plan.
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 of the doctors listed above 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 and have the ability to interpret the results of dermatopathology reports.

3. **Interpersonal and Communication Skills.** Students will improve their ability to communicate, discuss cases and interact with staff and patients in an intelligent and thoughtful way, and respond to clinical questions appropriately as knowledge of the field increases. Students will be expected to communicate effectively with the dermatology patient, his/her family, and all members of the health care team.

4. **Professionalism.** Students will understand the role of dermatology as a specialty and its role in diagnosing and caring for patients with systematic disease, as well as interact in a professional manner with patients, physicians, nurses, and staff.

5. **Practice-based Learning and Improvement.** Students will be expected to read about and study the dermatological problems encountered in the clinic, and expand their clinical knowledge about dermatologic conditions. Students should access the American Academy of Dermatology site for student educational opportunities.
ELEC 613: ENDOCRINOLOGY-METABOLISM-NUTRITION

<table>
<thead>
<tr>
<th>Clerkship Director</th>
<th>Kingsley Onyemere, M.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerkship Coordinator</td>
<td>Brenda Deaville, <a href="mailto:bdeavill@illinois.edu">bdeavill@illinois.edu</a></td>
</tr>
<tr>
<td>Other Participants</td>
<td>Toufic Abdo, M.D.</td>
</tr>
<tr>
<td></td>
<td>Shruti Dave, M.D.</td>
</tr>
<tr>
<td></td>
<td>Owaise Mansuri, M.D.</td>
</tr>
<tr>
<td></td>
<td>Sathya Subbiah, M.D.</td>
</tr>
<tr>
<td>Reporting Time</td>
<td>8:30am</td>
</tr>
<tr>
<td>Site</td>
<td>Carle Physicians Group</td>
</tr>
<tr>
<td></td>
<td>1813 West Kirby Avenue, Champaign, Illinois 61821</td>
</tr>
<tr>
<td></td>
<td>Christie Clinic</td>
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<tr>
<td></td>
<td>1801 West Windsor Road</td>
</tr>
<tr>
<td></td>
<td>Champaign, IL 61822</td>
</tr>
<tr>
<td>Length of Clerkship</td>
<td>Two-four weeks</td>
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<tr>
<td>Dates</td>
<td>Year round</td>
</tr>
<tr>
<td>Prerequisites</td>
<td>Satisfactory completion of Medicine I core clerkship</td>
</tr>
<tr>
<td>Student’s Per rotation</td>
<td>1</td>
</tr>
<tr>
<td>Night call/weekends</td>
<td>None</td>
</tr>
<tr>
<td>Supervision</td>
<td>Endocrinology faculty</td>
</tr>
</tbody>
</table>

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.

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 endocrinology as a primary specialty and as a member of the medical team in complex medical problems.

TEACHING METHODS

1. Students will evaluate and present patients referred for consultation in the Carle Clinic and Christie Clinic endocrine clinics and the Carle Foundation and OSF Medical Center.
2. Students will participate in the following conferences:
   a. Endocrine subspecialty 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.
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.
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 multidisciplinary 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 obtain 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 the care of the geriatric patient, including caregiver burdens, living wills, refusal of treatment, competency, capacity, etc.
6. **System-Based Practice.** Students will become familiar with the specialty of geriatrics. 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 Carle facilities.

1. **Student will assist the attending in the care of geriatric patients.** The student will perform history, physical examination, and outline treatment plans and problem lists for each case assigned.
2. **Daily work schedule.** The student will follow patients under the care of a geriatrician.
3. **Outpatient geriatrics consultation (ambulatory experience).** The student will assist evaluating new patients and follow patients in the clinic setting.
4. **Geriatric conferences.** The students are expected to attend the Geriatric based conferences. This conference series emphasizes pathophysiology, diagnosis and treatment, and incorporates basic science and recent advances in geriatric 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.
ELEC 804: HEMATOLOGY/ONCOLOGY

Clerkship Director  James Egner, M.D.
Clerkship Coordinator Brenda Deaville bdeavill@illinois.edu

Other Participants  Sohail Chaudhry, M.D.
                    Kendrith M. Rowland, M.D.
                    Kalika Sarma, M.D.
                    Vamsi Vasireddy, D.O.
                    Yujie Zhao, M.D., Ph. D.

Reporting Time    8:30am

Sites
Carle Physicians Group
602 West University Avenue, Urbana, Illinois 61801
OSF Medical Center
1400 West Park Street, Urbana, Illinois 61801
Christie Clinic
101 West University Avenue, Champaign, Illinois 61820

Length of Clerkship Two-four weeks
Dates Year round
Prerequisites Satisfactory completion of Medicine I Core Clerkship
Student’s Per Rotation 1
Night Call Required No

NARRATIVE DESCRIPTION
This clerkship provides an introduction to the clinical diagnosis of anemias, as well as solid organ and hematological malignancies. 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.

An introduction to radiation therapy will be provided by the Radiation Therapy Department. Outpatient chemotherapy experience is available.

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.  

**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.
**ELEC 922: INTRODUCTION TO HOSPITAL MEDICINE**

<table>
<thead>
<tr>
<th>Clerkship Director</th>
<th>Sumak Sundarum, M.D.</th>
</tr>
</thead>
</table>
| Other Participants: | Mehtab Mizan, M.D.  
Harminder Chani, M.D. |
| Clerkship Coordinator | Brenda Deaville, bdeavill@illinois.edu |
| Reporting Time | By arrangement |
| Site | VA Illiana Health Care System  
1900 East Main Street, Danville, IL  61832  
Carle Physician Group  
602 West University Avenue, Urbana, Illinois 61801  
Christie Clinic  
101 W. University Avenue, Champaign, IL  61820  
OSF Medical Center  
1400 W. Park, Urbana, IL  61801 |
| Length of Clerkship | Two-four weeks |
| Dates | Year round |
| Prerequisites | None |
| Methods of Evaluation | Grading based on attendance, attention, and application |
| Student’s Per Rotation | 2 |
| Night Call Required | Yes |
| Weekends Required | Yes |

**NARRATIVE DESCRIPTION**

The general guidelines of the Medicine I Clerkship will apply, however the student will be immersed into clinical duties at a pace that is consistent with the needs of the student. The supervising physicians and the clerkship director will assess the speed of progression of the student. This rotation is particularly appropriate for those students requiring a clinical refresher prior to starting core clerkships.

**OVERALL GOALS**

To introduce the student to general internal medicine in a manner that is educationally sound and focused on the student's specific needs and level.

**OBJECTIVES OF PROGRAM**

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 plan are expected to improve during the duration of the rotation. Students 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.

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 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.

3. **Practice-Based Learning & Improvement:** Students are expected to independently seek 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. Students will have a greater
understanding of the risk factors for disease processes and identify factors that lead to a healthier lifestyle.

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. They will be able to communicate effectively and compassionately with their patients and patient families.

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 forthright manner. Students will be prompt, 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 and clinical services in relation to the patient’s medical and 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 an attending either in the inpatient or outpatient services. If on either of the inpatient or outpatient services, the student will be expected to participate and give an accurate presentation of the patients to the attending. Students are expected to be knowledgeable of his/her patient’s medical history, physical exam, 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.
ELEC 621: NEPHROLOGY

Clerkship Director | Abdel-Monheim Attia, M.D.
Clerkship Coordinator | Brenda Deaville, bdeavill@illinois.edu
Other Participants | Abdel-Monheim Attia, M.D.
| Ismail Qattash, M.D.
| Erlandas Ulozas, M.D.
| Temitope Shodunke, M.D.
Reporting Time | 8:30am
Site |
| Carle Physician Group 602 West University Avenue, Urbana, Illinois 61801
| Christie Clinic 1801 West Windsor Road Champaign, IL 61822
| OSF Medical Center 1400 W. Park, Urbana, IL 61801
Duration of Clerkship: | Two-four weeks
Dates Available | Year round
Prerequisite | 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, acid-base disturbances, and dialysis.

By the end of the elective the student will:

Be able to obtain a focused history and perform a skillful physical exam of the nephrology patient.

1. 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.
2. 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.
3. Understand the indications and contraindications for peritoneal and hemodialysis and kidney transplantation.
4. Gain familiarity with common pharmacological agents used in nephrology, including diuretics and antihypertensives and recognize the importance of adjusting medication doses for kidney function.
5. Communicate effectively as a consultant with referring physicians and other health care providers, patients, families, and all members of the health care team.
6. 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.
7. 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.
8. 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.
ELEC 635: NEUROLOGY (ADULT)

<table>
<thead>
<tr>
<th>Clerkship Director</th>
<th>Graham Huesmann, M.D., Ph.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerkship Coordinator</td>
<td>Brenda Deaville <a href="mailto:bdeavill@illinois.edu">bdeavill@illinois.edu</a></td>
</tr>
</tbody>
</table>
| Other Participants | Kenneth Aronson, M.D.  
Mingtao Wang, M.D. |
| Reporting Time | 8:30am |
| Site | Carle Physician Group  
602 West University Avenue, Urbana, Illinois  61801  
Christie Clinic  
101 West University Avenue, Champaign, Illinois 61820 |
| Length of Clerkship | Two to four weeks |
| Dates | Year round |
| Prerequisites | 4th Year Medical Students Only |
| Student’s Per Rotation | 1 |
| Methods of Evaluation | Yes |
| Night Call Required | Yes |

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. 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. The student is allowed to join the internal medicine team at OSF Medical Center if there are no neurology cases to discuss. Daily attendance is required. Attendance at noon 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 two-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, TIAs/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.
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.

EVALUATION

Evaluations are completed by using input from all physicians and other professional staff with whom the student has interacted. A neurology shelf exam will be administered at the end of the rotation for formative purposes.
ELEC 865: NUTRITION (CLINICAL)

<table>
<thead>
<tr>
<th><strong>Clerkship Director:</strong></th>
<th>LaDonna Jenkins, M.S., R.D., LDN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clerkship Coordinator:</strong></td>
<td>Brenda Deaville <a href="mailto:bdeavill@illinois.edu">bdeavill@illinois.edu</a></td>
</tr>
<tr>
<td><strong>Other Participants</strong></td>
<td>John Hill, M.D.</td>
</tr>
<tr>
<td><strong>Reporting Time</strong></td>
<td>8:30am</td>
</tr>
</tbody>
</table>
| **Site** | Carle Physician Group  
602 West University Avenue, Urbana, Illinois 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** | 1 |
| **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**
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 psychology. Outpatients are seen for musculoskeletal problems.

Exposure to Inpatient Rehabilitation, electrodiagnosis, general outpatient and musculoskeletal rehabilitation, and non-healing wound care.

OBJECTIVES

1. **Patient Care:** Students will be able to obtain a focused history and perform a skilful 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. 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.
ELEC 625: PULMONARY DISEASE

<table>
<thead>
<tr>
<th>Clerkship Director</th>
<th>Danish Thameem, M.D.</th>
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<tbody>
<tr>
<td>Clerkship Coordinator</td>
<td>Brenda Deaville <a href="mailto:bdeavill@illinois.edu">bdeavill@illinois.edu</a></td>
</tr>
</tbody>
</table>
| Other Participants | Paramesh Dakshinesh, M.D.  
David Main, M.D  
Vishesh Paul,  
Salman Sheikh, M.D.  
Kaushik Patel, M.D. |
| Reporting Time | 8:30am |
| Sites | Carle Physician Group  
602 West University Avenue, Urbana, Illinois  61801  
Christie Clinic  
101 West University Avenue, Champaign, Illinois  61820  
OSF Medical Center Ambulatory Care  
1400 West Park Street, Urbana, Illinois  61801 |
| Length of Clerkship | Two-four weeks |
| Dates | Year round |
| Prerequisites | Satisfactory completion of M3 year |
| Methods of Evaluation | Informal daily interaction with faculty |
| Student’s Per Rotation | 1 |
| Night Call Required | No |
| Weekends Required | No |
| 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 gases, 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 common pulmonary procedures, including bronchoscopy, and thoracentesis.
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.
ELEC 671: Diagnostic Radiology and Non-Cardiac Nuclear Medicine

<table>
<thead>
<tr>
<th>Clerkship Director</th>
<th>Elizabeth E. Kuntz, MD, PhD, Carle Clinic-Main Campus, <a href="mailto:Elizabeth.Kuntz@Carle.com">Elizabeth.Kuntz@Carle.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerkship Coordinator</td>
<td>Brenda Deaville <a href="mailto:bdeavill@illinois.edu">bdeavill@illinois.edu</a></td>
</tr>
</tbody>
</table>

**Other Participants**
- Devarshi Desai MD (2 hr am or pm, half days plain film, MSK, MRI)
- William Manzo, M.D., Ph. D., M.B.A. Body Radiology (half days plain film stats)
- Jon Hendrickson, MD and Thomas Deschler MD (PRN)-Body or Neuro CT/plain film
- Martin Kuntz MD PhD -Body, Nuclear, Neuro (all studies; daytime assignment)
- Jay Jimenez MD (Head of Radiology-- by request or special arrangement)
- Mike Reiter, MD-Peds Radiology; half day on pm of early shift availability/plain film
- Vivek Bogale, MD- Body half days (MRI, CT, Plain films)
- Dean Hoffmeister, MD- MSK plain film and MRI; MSK ultrasound by arrangement
- Jason Huston, MD Neuro-Neuroradiology is limited to special arrangements
- Tina Molis, MD, PhD

**Reporting Time**
- 8:00 am or by discretion of studies (6:30 am for ultrasound; can attend emergency radiology sessions in the evening or overnight with Marshall Hay)

**Site**
- Carle Foundation Hospital, 611 W Park St., Urbana, IL 61801
- Christie Clinic, 101 W University Ave, Champaign, IL 61820

**Length of Clerkship**
- Two week survey (Students interested in Radiology for residency may make arrangements for longer duration, but not during the summer)

**Dates**
- To be arranged

**Prerequisites**
- Satisfactory completion of M3 core clerkships

**Methods of Evaluation**
- Subjective

**Students Per Rotation**
- 1

**Night Call Required**
- No, but can be arranged for students interested in emergency radiology

**Weekends Required**
- No

**Supervision**
- Rotating assignments to one of the radiologists of duration per radiologist discretion.

**NARRATIVE DESCRIPTION**
Students will observe available diagnostic interpretations. These will include, but are not limited to, plain film, fluoroscopy, 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 interpretations will include bone scans, thyroid scans, PET/CT. 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.

**METHODS OF EVALUATION**
The Clerkship Director will assign the final grade after consultation with participating radiologists.
ELEC 692: RADIATION ONCOLOGY

<table>
<thead>
<tr>
<th>Clerkship Director</th>
<th>Daniel Barnett, M.D., Ph.D</th>
</tr>
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<tbody>
<tr>
<td>Other Participants</td>
<td>Steven J. Damore, M.D.</td>
</tr>
<tr>
<td></td>
<td>Harold Yoon, M.D.</td>
</tr>
<tr>
<td></td>
<td>Sinisa Stanic, M.D.</td>
</tr>
<tr>
<td></td>
<td>Kalika Sarma, M.D.</td>
</tr>
<tr>
<td>Clerkship Coordinator</td>
<td>Brenda Deaville, <a href="mailto:bdeavill@illinois.edu">bdeavill@illinois.edu</a></td>
</tr>
<tr>
<td>Reporting Time</td>
<td>8:00 a.m. daily, Monday Friday – (217) 383-3273</td>
</tr>
<tr>
<td>Site</td>
<td>Carle Clinic – South, Dept. of Radiation Oncology, 602 West University Ave., Urbana, IL 61801</td>
</tr>
<tr>
<td></td>
<td>Christie Clinic -- 109 West University Ave., Champaign, IL 61820</td>
</tr>
<tr>
<td>Length of Clerkship</td>
<td>Two weeks</td>
</tr>
<tr>
<td>Dates</td>
<td>To be arranged</td>
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<tr>
<td>Prerequisites</td>
<td>Medicine Core Clerkship</td>
</tr>
<tr>
<td>Supervision</td>
<td>Direct supervision by Clerkship Director</td>
</tr>
<tr>
<td>Students Per Rotation</td>
<td>1-2</td>
</tr>
<tr>
<td>Night Call Required</td>
<td>No</td>
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<tr>
<td>Weekends Required</td>
<td>No</td>
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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 image 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.
ELEC 850: RURAL HEALTH

<table>
<thead>
<tr>
<th>Clerkship Director</th>
<th>Narain Mandhan, M.D.</th>
</tr>
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<tbody>
<tr>
<td>Other Participants</td>
<td>Cortney Joneikis, M.D.</td>
</tr>
<tr>
<td>Clerkship Coordinator</td>
<td>Brenda Deaville, <a href="mailto:bdeavill@illinois.edu">bdeavill@illinois.edu</a></td>
</tr>
<tr>
<td>Reporting Time</td>
<td>8:30am</td>
</tr>
<tr>
<td>Reporting Site</td>
<td>Kirby Medical Center</td>
</tr>
<tr>
<td></td>
<td>1000 Medical Center Drive, Monticello, Illinois 61856</td>
</tr>
<tr>
<td></td>
<td>Carle Hoopesston Regional Health Center</td>
</tr>
<tr>
<td></td>
<td>701 E. Orange Street, Hoopeston, IL 60942</td>
</tr>
<tr>
<td>Length of Clerkship</td>
<td>Two to four weeks</td>
</tr>
<tr>
<td>Dates</td>
<td>To be arranged</td>
</tr>
<tr>
<td>Prerequisites</td>
<td>Completion of 12-week Internal Medicine core clerkship</td>
</tr>
<tr>
<td>Supervision</td>
<td>Faculty preceptor</td>
</tr>
<tr>
<td>Methods of Evaluation:</td>
<td>Oral case presentation, written patient care records, presentation to hospital medical staff</td>
</tr>
<tr>
<td>Student’s Per Rotation</td>
<td>1</td>
</tr>
<tr>
<td>Night Call Required</td>
<td>Yes</td>
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</tbody>
</table>

**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
   k. Time management
   l. Informatics
m. Continuing education
n. Practice management
o. Describe community health resources at the clinical site, including resource limitations.
p. 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 counsel 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 162: INTERNAL MEDICINE – SCHOLARLY ACTIVITY ELECTIVE**

<table>
<thead>
<tr>
<th>Clerkship Director</th>
<th>Holly Rosencranz, MD, <a href="mailto:harosen@illinois.edu">harosen@illinois.edu</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerkship Coordinator</td>
<td>Brenda Deaville <a href="mailto:bdeavill@illinois.edu">bdeavill@illinois.edu</a></td>
</tr>
<tr>
<td>Reporting Time</td>
<td>Schedule orientation meeting with Dr. Rosencranz prior to start of clerkship</td>
</tr>
<tr>
<td>Site</td>
<td>Affiliated Clinical Institutions</td>
</tr>
<tr>
<td>Length of Clerkship</td>
<td>2-week block</td>
</tr>
<tr>
<td>Dates</td>
<td>Year around</td>
</tr>
<tr>
<td>Prerequisites:</td>
<td>Satisfactory completion of M-2 year</td>
</tr>
<tr>
<td>Methods of Evaluation</td>
<td></td>
</tr>
<tr>
<td>Night call Required</td>
<td>None required</td>
</tr>
<tr>
<td>Weekends Required</td>
<td>None required</td>
</tr>
<tr>
<td>Supervision</td>
<td>Faculty</td>
</tr>
<tr>
<td>Students per rotation</td>
<td>No limit</td>
</tr>
</tbody>
</table>

**NARRATIVE DESCRIPTION:**

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

**OBJECTIVES**

**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:

a. Discuss current clinical research priorities in medical discipline of interest and the appropriate focus for a medical student defined scholarly activity.
b. Discuss theories and principles of clinical research methodologies and the applicability of specific designs to the research question of interest.
c. Describe the importance of ethics in clinical research and importance of maintaining patient confidentiality, confidence and trust.
d. Outline a clinical research question followed by a clear hypothesis and timetable for data collection as appropriate.
e. Complete the necessary Institutional Review Board application(s) and informed consent documents.
f. Demonstrate the ability to perform a comprehensive literature review to support the significance of the clinical research question.
g. Demonstrate the ability to select a research design, collect data, analyze data and synthesize data into a scholarly presentation.
h. Demonstrate constructive response to input from peers, supervisors, colleagues and granting agencies on completed work.
i. Demonstrate ability to use evidenced-based medicine and case studies to assist in effective evidence-based patient care drawing on scholarly activity experiences.

**Communication Skills**

a. 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.
b. Describe the relevance of scholarly work to the clinical sciences.
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. Holly Rosencranz 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 a PhD educator and/or a content expert 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:

**ELEC 386: WOUND CARE**

| Clerkship Director: | Sanjiv Jain, MD  
|                    | Carle Foundation Hospital and Clinic  
|                    | 611 W University Ave  
|                    | Urbana, Illinois |
| Clerkship Coordinator: | Brenda Deaville bdeavill@illinois.edu |
| Additional Faculty: | Allan File, MD  
|                    | Carle Foundation Hospital and Clinic  
|                    | 611 W. Park Street  
|                    | Urbana, IL  
|                    | Karen Broaders, MD  
|                    | Carle-Danville on Vermilion  
|                    | 2300 N. Vermilion Avenue  
|                    | Danville, IL |
| Reporting Time: | 8:00 am |
| Length of Clerkship: | Two weeks |
| Dates: | 12 times/year |
| Prerequisites: | Third year Medicine Clerkship |
| Students Per Rotation: | 1 |
| Night Call Required: | No |
| Weekends Required: | No |

**Narrative Description:**

Students see consultations in the hospital and patients in the clinic. They will develop familiarity with different types of wounds, wound management and debridement, vascular disorders of the lower extremities, different types of pharmaceutical products for wound management and receive hyperbaric oxygen education. 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 wound clinic team members. The student will also round with other Wound Care health professionals.

**OBJECTIVES**

1. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

2. **Medical knowledge** about established and evolving biomedical, clinical and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Student will gain knowledge about the stages of pressure ulcers, knowledge of different types of drainage and management of wounds in the Wound Clinic.

3. **Practice-based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care. The responsibilities include evaluation of wound and patient evaluation for Hyperbaric Oxygen treatment.

4. **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals. Have good communication skills with families, patients, and multidisciplinary staff in the Wound Clinic.

5. **Professionalism**, as manifested through a commitment to carrying out behaviors of punctuality, reliability,
peer support, appropriate peer evaluation, appropriate time management, and community activity. Be well groomed. Become efficient in explaining the procedures to the patient.

6. System-Based Practice, If the project involves quality improvement then the System-Based Practice competency will be addressed and evaluated. System-Based Practice is manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. In the Wound Clinic, the student will collaborate with the nurses, therapists, and case coordinators.

**METHODS OF EVALUATION**

The Clerkship Director will assign the final grade after consultation with participating wound care clinicians. Students are evaluated through the rotation by attending physicians and preceptors. Performance is appraised through direct observation, case review, chart audit, and verbal and written feedback. A formal written competency-based evaluation is completed at the end of the block rotation.

Consequences for a poor evaluation are determined by the faculty and subject to approval by the Clerkship Director. This may include repeating the block rotation, additional assignments, additional call hours, and/or further remediation as needed.

**REFERENCES**


Adapted February 19, 2018, HAR

Approved CC March 16, 2018

Approved CCIA May 2, 2018
### OB/GYN ELECTIVES

**ELEC 792: ADVANCED OB/GYN**

<table>
<thead>
<tr>
<th>Clerkship Director</th>
<th>Ralph Kehl, M.D. – (217) 383 4930</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinator</td>
<td>Debbie Deedrich, <a href="mailto:deedrich@illinois.edu">deedrich@illinois.edu</a>, (217) 244-0598</td>
</tr>
<tr>
<td>Reporting time</td>
<td>By arrangement</td>
</tr>
<tr>
<td>Sites</td>
<td>Carle Clinic, 602 West University Ave., Urbana, IL</td>
</tr>
<tr>
<td></td>
<td>Christie Clinic, 101 W. University, Champaign, IL</td>
</tr>
<tr>
<td>Length of Clerkship</td>
<td>Four weeks or Two weeks</td>
</tr>
<tr>
<td>Dates</td>
<td>By arrangement</td>
</tr>
<tr>
<td>Prerequisites</td>
<td>Successful completion of OB/GYN Clerkship; prior approval</td>
</tr>
<tr>
<td>Methods of Evaluation</td>
<td>Student Performance Evaluation form</td>
</tr>
<tr>
<td>Students Per rotation</td>
<td>1</td>
</tr>
<tr>
<td>Night call required</td>
<td>Yes, to be arranged</td>
</tr>
<tr>
<td>Weekends required</td>
<td>Desirable</td>
</tr>
</tbody>
</table>

### 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

This elective is for students interested in the field of Obstetrics and Gynecology who seek deeper knowledge and responsibility in the field of REI. The experience will provide the student with a very complete exposure to the clinical practice of reproductive endocrinology and infertility.

TEACHING METHODS

The student will be working with Dr. John Jarrett in his private practice in Indiana 3 days a week and at Carle Clinic on Windsor in Urbana the other 2 days per week.

During the elective the student will:

- See patients in a private clinic setting with Dr. Jarrett. The student will be allowed to interview all willing new patients prior to them seeing Dr. Jarrett.
- Attend all surgical procedures (laparoscopies) performed by Dr. Jarrett as an observer. This numbers approximately 10 per week.
- Attend all IVF retrievals and transfers.
- Spend one to two days a week in the IVF lab observing and becoming familiar with all IVF lab procedures.
- Prepare and present a literature review and discussion of a topic chosen by the student and Dr. Jarrett.

OBJECTIVES

- Review normal physiology of reproduction;
- Understand abnormalities of the hypothalamo pituitary gonadal axis;
- Assist in the standard work up of the infertile couple;
- Understand the indications for assisted reproductive technology procedures in infertility;
- Observe assisted reproductive technology procedures; and
- Assist in operative endoscopic procedures for patients with anatomical reproductive disorders.
- Learn both infertility related and early obstetrical ultrasound.
ELEC 158: OBSTETRICS AND GYNECOLOGY – SCHOLARLY ACTIVITY ELECTIVE

<table>
<thead>
<tr>
<th>Clerkship Coordinator</th>
<th>Franklyn Christensen, MD <a href="mailto:Franklyn.Christensen@carle.com">Franklyn.Christensen@carle.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Time</td>
<td>Schedule orientation meeting with Dr. Christensen prior to start of clerkship</td>
</tr>
<tr>
<td>Sites</td>
<td>Affiliated Clinical Institutions</td>
</tr>
<tr>
<td>Length of Clerkship</td>
<td>2-8 weeks</td>
</tr>
<tr>
<td></td>
<td>In 2-week blocks</td>
</tr>
<tr>
<td>Dates</td>
<td>Year around</td>
</tr>
<tr>
<td>Prerequisites</td>
<td>Satisfactory completion of M-2 year</td>
</tr>
<tr>
<td>Methods of Evaluation</td>
<td></td>
</tr>
<tr>
<td>Night call Required</td>
<td>None required</td>
</tr>
<tr>
<td>Weekends Required</td>
<td>None required</td>
</tr>
<tr>
<td>Supervision</td>
<td>Faculty</td>
</tr>
<tr>
<td>Students per rotation</td>
<td>No limit</td>
</tr>
</tbody>
</table>

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:

   a. Discuss current clinical research priorities in medical discipline of interest and the appropriate focus for a medical student defined scholarly activity.
   b. Discuss theories and principles of clinical research methodologies and the applicability of specific designs to the research question of interest.
   c. Describe the importance of ethics in clinical research and importance of maintaining patient confidentiality, confidence and trust.
   d. Outline a clinical research question followed by a clear hypothesis and timetable for data collection as appropriate.
   e. Complete the necessary Institutional Review Board application(s) and informed consent documents.
   f. Demonstrate the ability to perform a comprehensive literature review to support the significance of the clinical research question.
   g. Demonstrate the ability to select a research design, collect data, analyze data and synthesize data into a scholarly presentation.
   h. Demonstrate constructive response to input from peers, supervisors, colleagues and granting agencies on completed work.
   i. 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**

   a. 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.
   b. Describe the relevance of scholarly work to the clinical sciences
3. **Professionalism**

   a. 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. Christensen 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:

PATHOLOGY ELECTIVES

**ELEC 644: ANATOMIC PATHOLOGY**

<table>
<thead>
<tr>
<th>Clerkship Director</th>
<th>Frank Bellafiore, M.D. – (217) 383 3342</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Time</td>
<td>8:30 a.m. – 1st day</td>
</tr>
<tr>
<td></td>
<td>7:30–8:30 a.m. – Other days variable</td>
</tr>
<tr>
<td>Site</td>
<td>Carle Foundation Hospital, 611 West Park Street, Urbana, IL</td>
</tr>
<tr>
<td>Length of Clerkship</td>
<td>Four weeks</td>
</tr>
<tr>
<td>Dates</td>
<td>Approval of Director needed</td>
</tr>
<tr>
<td>Prerequisites</td>
<td>Satisfactory completion of Basic Science Pathology</td>
</tr>
<tr>
<td>Methods of Evaluation</td>
<td>Observation of student, and final glass slide open book exam</td>
</tr>
<tr>
<td>Students Per Rotation</td>
<td>1</td>
</tr>
<tr>
<td>Night Call Required</td>
<td>No but can follow Pathologist on call if interested</td>
</tr>
<tr>
<td>Weekends Required</td>
<td>No</td>
</tr>
<tr>
<td>Supervision</td>
<td>Pathologists will supervise anatomic pathology teaching.</td>
</tr>
</tbody>
</table>

**NARRATIVE DESCRIPTION**

1. Sign out daily surgical pathology specimens with Dr. Bellafiore.
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
ELEC 810: ANATOMIC AND CLINICAL PATHOLOGY

<table>
<thead>
<tr>
<th>Clerkship Director</th>
<th>Krishnarao Tangella, M.D. – (217) 337-2174</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Time</td>
<td>8:30 a.m. on first day; after that as agreed by rotation plan</td>
</tr>
<tr>
<td>Site</td>
<td>OSF Medical Center, 1400 West Park Street, Urbana, IL 61801</td>
</tr>
<tr>
<td>Length of Clerkship</td>
<td>Two weeks; maximum of eight weeks:</td>
</tr>
<tr>
<td>Dates</td>
<td>Year round</td>
</tr>
<tr>
<td>Prerequisites</td>
<td>Satisfactory completion of Basic Science Pathology</td>
</tr>
<tr>
<td>Students Per Rotation</td>
<td>2</td>
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<tr>
<td>Night Call Required</td>
<td>No</td>
</tr>
<tr>
<td>Weekends Required</td>
<td>No, but can be offered if student is interested</td>
</tr>
<tr>
<td>Supervision</td>
<td>Personal-by pathologist of Department of Pathology, OSF Medical Center and Christie Clinic</td>
</tr>
</tbody>
</table>

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.
ELEC 178: IN-PATIENT PEDIATRICS

**AVAILABILITY IS VERY LIMITED**

**AVAILABILITY IS LIMITED TO UICOM STUDENTS**

<table>
<thead>
<tr>
<th>Clerkship Director</th>
<th>M. Nadeem Ahmed, MD, MPH, PhD, FAAP,</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Time</td>
<td>Arranged</td>
</tr>
<tr>
<td>Site</td>
<td>Carle Foundation Hospital, North Tower 8 611 West Park Street, Urbana, Illinois 61801</td>
</tr>
<tr>
<td>Length of Clerkship</td>
<td>Four 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>Students Per Rotation</td>
<td>1</td>
</tr>
</tbody>
</table>

Approval by the Department Head or Clerkship Director coordinated through the department contact to avoid scheduling conflict

<table>
<thead>
<tr>
<th>Night Call Required</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekends Required</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**NARRATIVE DESCRIPTION:**

The inpatient pediatric clerkship rotation is designed to develop competency in caring for infants, children, and adolescents who require hospital care. The program is focused particularly for students who would like to pursue their career in pediatrics. The clerkship will provide more hands-on experience in diagnosing and managing acute and chronic medical illnesses unique to the pediatric population in a hospital setting. Students will work closely with the Pediatric Hospitalist staff, a group of pediatricians specialized in acute and intermediate care management throughout the rotation. Students will participate actively in developing plans of care and follow-up of patients from the beginning of admission through discharge. The program requires students to participate in daily rounds, patient-care discussions, seminars, and teaching activities as directed by the staff. Students will be asked to formally present an interesting education clinical case in which they were personally involved during the rotation.

**OBJECTIVES:**

1. Understand the continuum of care for children with acute illness/injury, from initial presentation (office, clinic, Emergency Department), through acute hospital care (including transfer into and out of PICU), to discharge planning, home health services, and office follow-up care.
2. Understand how to assess and manage common signs and symptoms associated with acute illness during hospitalization.
3. Understand how to assess and manage common childhood conditions cared for in the inpatient setting.
4. Understand the indications, limitations, and interpretation of common laboratory tests and imaging studies utilized in inpatient care.
5. Understand the application of physiologic monitoring and special technology and treatment in the general inpatient setting.
6. Develop a logical and appropriate clinical approach to the care of hospitalized children, applying principles of decision-making and problem solving.
7. Understand how to function as part of an interdisciplinary team on a general pediatric ward.
8. Understand how to provide sensitive support acutely to patients and families of children with acute illness, and arrange for on-going support and/or preventive services at discharge.
9. Understand key aspects of cost control in the hospital inpatient setting.
10. Understand how to maintain accurate, timely, and legally appropriate medical records in the hospital inpatient setting.
CURRICULUM CONTENT:

1. Participate in the pediatric care across the full continuum of services, including
   a. presentation of acute illness at emergency department.
   b. decision to admit to the hospital.
   c. inpatient acute care.
   d. decision to transfer to the intensive care unit.
   e. discharge planning to facilitate transition to home care.
   f. post-hospital care coordination of home health services, ensuring office/clinic follow-up care.
2. Discuss for a given family and child the impact of each phase of care on final health care outcome, psychosocial impact of illness on the child and family, and financial burden to the family and health care system.
3. For each case
   a. perform a directed history and physical examination.
   b. format a differential diagnosis with age-appropriate considerations.
   c. discuss indications for hospitalization.
   d. formulate a plan for inpatient diagnosis and management.
   e. describe criteria for admission to inpatient service and/or transfer to PICU.
   f. describe criteria for discharge and principles of discharge planning.
4. Participate in the daily care of “technology dependent” children and those who require parenteral hyper alimentation and enteral tube feedings; describe key issues for on-going management both in the hospital and at home.
5. Demonstrate the skills for assessing and managing pain.
6. Demonstrate awareness of the unique problems involved in the care of children with multiple problems or chronic illness, and serve effectively as an advocate and case manager for such patients.
7. Identify and attend to issues such as growth and nutrition, developmental stimulation and schooling during extended hospitalizations.
8. Identify problems and risk factors in the child and the family, even outside the scope of this admission (e.g., immunizations, social risks, developmental delay) to appropriately intervene or refer.
9. Facilitate the transition to home care by appropriate discharge planning and parent/child education.

SKILLS ACQUISITION:

1. Apply principles of decision-making and problem solving in the care of hospitalized children.
2. Recognize the limits of one’s own knowledge, skills, and tolerance for stress; ask for help as needed.
3. Consistently act responsibly and adhere to professional standards for ethical and legal behavior.
4. Seek information needed for patient care decisions and apply this knowledge appropriately.
5. Develop and maintain comprehensive problem list with accurate prioritization.
6. Communicate well and work effectively with rotating residents, attendings, consultants, nurses, ancillary staff, and referring physicians.
7. Demonstrate skills as a team participant.
8. Demonstrate sensitivity and skills in dealing with death and dying in the hospital setting.
9. Consistently listen carefully to the concerns of patients and families, and provide appropriate information and support.
10. Demonstrate sensitivity to family, cultural, ethnic, and community issues when assessing patient and making health care plans.
11. Prepare appropriate discharge summaries and off-service notes, including adequate follow-up with primary care provider.

EVALUATION/SUPERVISION:

The evaluation is usually done by the Pediatric Hospitalist Staff and/or Course Director with whom the student is working. It includes the student’s ability to perform in the clinical setting, the student’s ability to familiarize herself/himself with the materials, the student’s professional interactions with the attending, associate staff, patients, and their families. At the end of the clerkship, the student will be asked to formally submit or present
an interesting educational clinical case in which she/he was personally involved during the rotation. The quality of the presentation and/or report material will be a part of the evaluation.
ELEC 654: NEONATOLOGY

<table>
<thead>
<tr>
<th>Clerkship Director</th>
<th>Reporting Time</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Arranged</td>
</tr>
<tr>
<td>Site</td>
<td>Carle Foundation Hospital Neonatal Intensive Care Nursery 611 West Park Street, Urbana, IL 61801</td>
</tr>
<tr>
<td>Length of Clerkship</td>
<td>Four weeks</td>
</tr>
<tr>
<td>Dates</td>
<td>Year round</td>
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<tr>
<td>Prerequisites</td>
<td>Satisfactory Completion of M-3 year</td>
</tr>
<tr>
<td>Methods of Evaluation</td>
<td>Observation</td>
</tr>
<tr>
<td>Students Per Rotation</td>
<td>1</td>
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<tr>
<td>Night Call Required</td>
<td>Yes</td>
</tr>
<tr>
<td>Weekends Required</td>
<td>Yes</td>
</tr>
<tr>
<td>Participating Faculty</td>
<td>Nasiruddin Mansury, MD Vitaliy Soloveychik, MD Thao (Tina) Ho, DO Derrick Rollo, DO, FAAP</td>
</tr>
</tbody>
</table>

NARRATIVE DESCRIPTION

The clerkship will include evaluation and care of sick neonates, including attendance with the neonatologist at high-risk deliveries.

The student will participate in daily rounds and follow infants under guidance of 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 neonatal 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 him/herself 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
   
a. Perform a thorough history and a comprehensive physical examination on a minimum of eight hospitalized patients.
b. Develop a differential diagnosis for each of the clinical cases of hospitalized patients.
c. Develop a proposed diagnostic plan for each of the cases.
d. Utilize data from history, examination, and diagnostic studies to formulate a treatment plan for each patient.
e. Demonstrate an awareness of developmental, cultural, social, and economic factors in the
management of each case.
f. Educate families regarding diagnosis, treatment, and prevention.

2. **Medical Knowledge**
   a. Demonstrate ability to pass the pediatric core clerkship
   b. Demonstrate ability to discuss case histories knowledgeably.
   c. Demonstrate ability to discuss issues relevant to case management, including cultural, social, and economic factors in the management of each case.

3. **Practice Based Learning**
   a. Demonstrate ability to obtain pertinent information from current literature relating to specific cases.
   b. Show interest and enthusiasm for learning.

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

5. **Professionalism**
   a. Demonstrate integrity.
   b. Demonstrate respect for others.
   c. Respect opinions for others.
   d. Maintain confidentiality.
   e. Demonstrate professional conduct.

6. **System Based Practice**
   a. Appropriately utilize services of all health care providers.
   b. Interact with referring physician promptly and in a timely fashion.
   c. Assure appropriate patient follow-up care.
ELEC 636: NEUROLOGY (CHILD) - NOT AVAILABLE

<table>
<thead>
<tr>
<th>Clerkship Directors</th>
<th>Reporting Time</th>
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<tr>
<td>Length of Clerkship</td>
<td>Four weeks</td>
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<tr>
<td>Dates</td>
<td>Year round</td>
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<tr>
<td>Prerequisites</td>
<td>Satisfactory Completion of M-3 year</td>
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<tr>
<td>Methods of Evaluation</td>
<td>Observation</td>
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<tr>
<td>Students Per Rotation</td>
<td>1</td>
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<tr>
<td>Night Call Required</td>
<td>Yes</td>
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<td>Weekends Required</td>
<td>Yes</td>
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<td>Approval by the Department Head or Clerkship Director coordinated through the department contact to avoid scheduling conflict</td>
</tr>
</tbody>
</table>

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. Students 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 the 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 him/herself 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
   a. The student can obtain and record a relevant, age-appropriate, and complete history, and also give a succinct oral presentation of the case.
   b. The student is able to perceive the unique needs of the patient/family.
   c. The student demonstrates sensitivity to and a respect for differences among people.

2. Medical Knowledge
   a. The student will possess a thorough understanding of the scientific principles of basic and clinical sciences that will enable him/her to competently practice evidence-based medicine.

3. Life-Long Learning
   a. The student regularly uses appropriate data sources to enhance his/her knowledge, including seminars, conferences, textbooks, journals, and Internet resources.
   b. The student demonstrates an understanding of the concept of evidence-based medicine and a
critical evaluation of the literature.

4. **Communication**
   a. 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.).
   b. The student can competently perform a comprehensive physical exam and with this information, develop a list of patient problems and recognize which problem needs consideration in light of current concerns.

5. **Professionalism**
   a. The student is prompt, prepared, and accurate in detail.
   b. The student interacts appropriately with all members of the health care team.
   c. The student accepts and responds appropriately to reasonable criticism.
   d. The student is aware of the needs of fellow students and treats everyone with kindness and respect.
   e. The student is aware of his/her limitations and does not exceed or avoid appropriate duties and responsibilities.
   f. The student appreciates the confidential nature of medical information and the unique doctor-patient relationship.

6. **Systems Based Learning**
   a. The student can evaluate the patient database he/she has compiled to lead a working diagnosis or to recommend further investigation or therapy, depending upon the nature of the problem.
   b. The student recognizes and counsels regarding healthy lifestyles to promote wellness.
   c. The student knows age-appropriate immunization levels and age-recommended screening tests.
**ELEC 647: PEDIATRICS (ADVANCED CLINICAL)**

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<td>Reporting Time</td>
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<td>Length of Clerkship</td>
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<td>Dates</td>
<td>Year round</td>
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<td>Prerequisites</td>
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<td>Students Per Rotation</td>
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<tr>
<td>Night Call Required</td>
<td>Yes</td>
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<tr>
<td>Weekends Required</td>
<td>Yes</td>
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</tbody>
</table>

Approval by the Department Head or Clerkship Director coordinated through the department contact to avoid scheduling conflict

**NARRATIVE DESCRIPTION**

Experience in ambulatory pediatric care in both acute and chronic illnesses, including developing plans for ongoing care. Participation in patient-care discussions and seminars, and departmental meetings of educational nature will 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 him/herself 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

<table>
<thead>
<tr>
<th>Clerkship Director</th>
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</table>
| Reporting Time     | Arranged  
| Site               |  
| Length of Clerkship| Four weeks  
| Dates              | Year round  
| Prerequisites      | Satisfactory completion of M-3 year  
| Methods of Evaluation| Observation  
| Students Per Rotation| 1  
| Night Call Required| Yes  
| Weekends Required  | Yes  
| Participating Faculty| Terry Hatch, MD  
|                     | Mu Wang, MD  

NARRATIVE DESCRIPTION

Student will participate in inpatient and outpatient activities, seeing and presenting elected new and return patients. The elective 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 him/herself 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 XXX: PEDIATRIC DEVELOPMENTAL

<table>
<thead>
<tr>
<th>Clerkship Director</th>
<th>Charles T. Morton, MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Time</td>
<td>By arrangement</td>
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<tr>
<td>Site</td>
<td>Carle on Curtis</td>
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<tr>
<td>Length of Clerkship</td>
<td>Two or Four Weeks</td>
</tr>
<tr>
<td>Dates</td>
<td>Year round</td>
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<tr>
<td>Prerequisites</td>
<td>Satisfactory completion of Pediatric core clerkship</td>
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<tr>
<td>Students Per Rotation</td>
<td>1</td>
</tr>
<tr>
<td>Night Call Required</td>
<td>None</td>
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<tr>
<td>Weekends Required</td>
<td>None</td>
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NARRATIVE DESCRIPTION: This rotation for fourth year medical students is designed to expose the student to an in-depth acquaintance of the commonplace developmental and behavioral problems experienced by up to 15% of children in our community.

OBJECTIVES:

Learn about the evaluation and treatment of children with the following disorders:

1. Delayed Development and various subtypes such as speech and language disorders
2. Autism
3. ADHD
4. Common behavior disorders (excluding mood disorders which are treated by psychiatry)
5. Common disorders associated with neurological and developmental impairments such as Down syndrome, Fragile X, Alcohol-related neurodevelopmental disorders, spina bifida, cerebral palsy.

CURRICULUM CONTENT: Didactic readings will be suggested. The student will be expected to participate in the outpatient setting for new patient evaluations and established return visits. Knowledge of community resources for children is required, and a visit to one or more of these programs is recommended.

SKILLS ACQUISITION: Interviewing skills and physical exam are emphasized. The student is expected to be able to properly introduce himself to the family (using AIDET). It is hoped that the student will be able to give some recommendations to the parent and patient at the end of the visit as well.

EVALUATION/SUPERVISION: The student will be evaluated based on interview and PE skills, in addition to the usual expectations of appropriate promptness, learning, discussion participation. There may be a request for a brief presentation about a developmental topic.
# Psychiatry Electives

## ELEC 844: Psychiatry Clinical Elective

<table>
<thead>
<tr>
<th>Clerkship Director</th>
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</thead>
<tbody>
<tr>
<td>Gerald Welch, MD, Head, Department of Psychiatry</td>
</tr>
</tbody>
</table>

**Sites**

- Carle Urbana Main Campus  
  602 W. University Avenue  
  Urbana, IL  61801
- Carle Champaign on Mattis  
  1802 S Mattis  
  Champaign, IL  61821
- The Pavilion  
  809 West Church Street  
  Champaign, IL  61820
- OSF 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**

Four weeks

**Dates**

Year round

**Purpose**

Additional experience in an area of interest to the student, including Adult Psychiatry, Child and Adolescent Psychiatry, and Consultation/Liaison Psychiatry

**Prerequisites**

Successful completion of Psychiatry core clerkship. Permission for this clerkship must be obtained no less than 16 weeks prior than start of 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

## 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.
SURGERY ELECTIVES

Offsite Electives: The following information needs to be presented to the Surgery Department Head before an offsite elective will be approved. You must provide a course description along with the approval/acceptance.

Electives are four weeks in length unless specified otherwise.

ELEC 601: ANESTHESIOLOGY

<table>
<thead>
<tr>
<th>Clerkship Director</th>
<th>Jarrod Almaroad, MD and Alexia Beccue, MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Time</td>
<td>7:00 am</td>
</tr>
<tr>
<td>Site</td>
<td>Carle Main Campus in Urbana</td>
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<tr>
<td></td>
<td>602 West University Avenue</td>
</tr>
<tr>
<td></td>
<td>Urbana, Illinois 61801</td>
</tr>
<tr>
<td>Length of Clerkship</td>
<td>Four Weeks</td>
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<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>Observation</td>
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<tr>
<td>Students Per Rotation</td>
<td>1</td>
</tr>
<tr>
<td>Night Call Required</td>
<td>Yes</td>
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<tr>
<td>Weekends Required</td>
<td>Yes</td>
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<tr>
<td>Participating Faculty</td>
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</table>

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>Brian Wheatley, MD</th>
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</thead>
<tbody>
<tr>
<td>Reporting Time</td>
<td>Arranged</td>
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</tbody>
</table>
| Site                  | Carle Main Campus in Urbana  
602 West University Avenue  
Urbana, Illinois 61801 |
| Length of Clerkship   | Four Weeks          |
| Dates                 | Year round          |
| Prerequisites         | Satisfactory completion of M-3 year |
| Methods of Evaluation | Observation         |
| Students Per Rotation | 1                   |
| Night Call Required   | Yes                 |
| Weekends Required     | Yes                 |
| Participating Faculty | Jennifer Ash, MD  
Timothy Connelly, MD  
Ravishankar Hasanadka, MD  
Syed Hussain, MD  
Brian Wheatley, MD |

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.
<table>
<thead>
<tr>
<th><strong>ELEC 698: COLON AND RECTAL SURGERY</strong></th>
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<tr>
<td><strong>Clerkship Director</strong></td>
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<tr>
<td><strong>Reporting Time</strong></td>
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</tbody>
</table>
| **Site**                             | Carle Main Campus in Urbana  
|                                      | 602 West University Avenue  
|                                      | Urbana, Illinois 61801 |
| **Length of Clerkship**              | Four Weeks |
| **Dates**                            | Year round |
| **Prerequisites**                    | Satisfactory completion of M-3 year |
| **Methods of Evaluation**            | Observation |
| **Students Per Rotation**            | 1 |
| **Night Call Required**              | Yes |
| **Weekends Required**                | Yes |
| **Participating Faculty**            | Michelle Olson, MD  
|                                      | Paul M. Tender, MD |

**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**

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)

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<thead>
<tr>
<th>Clerkship Directors</th>
<th>Uretz J. Oliphant, MD</th>
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<tbody>
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<td>Reporting Time</td>
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</table>
| Sites                      | Carle Main Campus in Urbana  
|                            | 602 West University Avenue  
|                            | Urbana, Illinois 61801    |
| Length of Clerkship        | Four Weeks             |
| Dates                      | Year round             |
| Prerequisites              | Satisfactory completion of M-3 year |
| Methods of Evaluation      | Observation            |
| Students Per Rotation      | 1                      |
| Night Call Required        | Yes                    |
| Weekends Required          | Yes                    |

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 694: NEUROSURGERY**

<table>
<thead>
<tr>
<th>Clerkship Director</th>
<th>Arundhati Biswas, MD</th>
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<tbody>
<tr>
<td><strong>Site</strong></td>
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<tr>
<td>Carle Main Campus in Urbana</td>
<td>602 West University Avenue</td>
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<tr>
<td>Urbana, Illinois 61801</td>
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<tr>
<td>Central Illinois Neuro Health Sciences</td>
<td></td>
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<tr>
<td>1015 South Mercer Avenue</td>
<td>Bloomington, Illinois 61701</td>
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<tr>
<td><strong>Report Time</strong></td>
<td>7:00 am in the ICU</td>
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<tr>
<td><strong>Length of Clerkship:</strong></td>
<td>Four weeks</td>
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<td><strong>Dates</strong></td>
<td>Year round</td>
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<td><strong>Prerequisites</strong></td>
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<td><strong>Weekends Required</strong></td>
<td>Yes</td>
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<tr>
<td><strong>Participating Faculty</strong></td>
<td>Emilio Nardone, MD</td>
</tr>
<tr>
<td></td>
<td>Richard Rak, MD</td>
</tr>
<tr>
<td></td>
<td>Ann Stroink, MD</td>
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<td>Kevin Teal, MD</td>
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**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 639: OPHTHALMOLOGY

| Clerkship Director          | George Panagakis, DO  
|                           | Chris Schmidt, MD     |
| Reporting Time             | Arranged              |
| Site                       | Carle Main Campus in Urbana  
|                           | 602 West University Avenue  
|                           | Urbana, Illinois 61801  
|                           | Christie Clinic  
|                           | 501 North Dunlap  
|                           | Savoy, Illinois 61874  |
| Length of Clerkship        | Two weeks             |
| Dates                      | Year round            |
| Prerequisites              | Satisfactory completion of M-3 year |
| Methods of Evaluation      | Observation           |
| Students Per Rotation      | 1                     |
| Night Call Required        | Yes                   |
| Weekends Required          | Yes                   |
| Participating Faculty      | Melissa Ajunwa, MD  
|                           | Douglas Bull, MD  
|                           | Gary Gillham, DO  
|                           | Leanne Labriola, DO  
|                           | Angela Lewis, MD      |

NARRATIVE DESCRIPTION

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.

**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.
**ELEC 803: OPHTHALMOLOGY (VITREO-RETINAL)**

<table>
<thead>
<tr>
<th>Clerkship Director</th>
<th>Michael Tsipursky, MD</th>
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<tbody>
<tr>
<td>Reporting Time</td>
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</table>
| Site                    | Carle Main Campus in Urbana  
                         | 602 West University Avenue  
                         | Urbana, Illinois  61801 |
| Length of Clerkship     | Four weeks             |
| Dates                   | Year round             |
| Prerequisites           | Satisfactory completion of M-3 year |
| Methods of Evaluation   | Observation            |
| Students Per Rotation   | 1                      |
| Night Call Required     | Yes                    |
| Weekends Required       | Yes                    |

**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

**OBJECTIVES**

To teach ocular and periocular examination skills (direct ophthalmoscopy, etc.) and diagnosis and treat common eye diseases.
ELEC 833: ORAL AND MAXilloFACIAL SURGERY I

<table>
<thead>
<tr>
<th>Clerkship Director</th>
<th>Jonathan Bailey, DMD, MD, FACS</th>
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<td>Reporting Time</td>
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<td>Site</td>
<td>Carle Main Campus in Urbana</td>
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<td>602 West University Avenue</td>
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<td>Urbana, Illinois 61801</td>
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<td>Length of Clerkship</td>
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<td>Dates</td>
<td>Year Round</td>
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<td>Prerequisites</td>
<td>Satisfactory completion of M-3 year</td>
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<td>Methods of Evaluation</td>
<td>Observation</td>
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<td>Students Per Rotation</td>
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<td>Night Call Required</td>
<td>Yes</td>
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<td>Weekends Required</td>
<td>Yes</td>
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<tr>
<td>Faculty Participants</td>
<td>Craig S. Norbutt, DMD</td>
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<tr>
<td></td>
<td>Ashley Manlove, MD</td>
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</tbody>
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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.
ELEC 834: ORAL AND MAXILLOFACIAL SURGERY II

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<thead>
<tr>
<th>Clerkship Director</th>
<th>Jonathan Bailey, DMD, MD, FACS</th>
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<td>Reporting Time</td>
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<tr>
<td>Site</td>
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<td>602 West University Avenue</td>
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<td>Urbana, Illinois 61801</td>
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<td>Methods of Evaluation</td>
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<td>Students Per Rotation</td>
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<td>Night Call Required</td>
<td>Yes</td>
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<tr>
<td>Weekends Required</td>
<td>Yes</td>
</tr>
<tr>
<td>Faculty Participants</td>
<td>Craig S. Norbutt, DMD</td>
</tr>
<tr>
<td></td>
<td>Ashley Manlove, MD</td>
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</table>

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;

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 640: ORTHOPEDICS

<table>
<thead>
<tr>
<th>Clerkship Directors</th>
<th>Mark Palermo, DO</th>
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<tr>
<td>Reporting Time</td>
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</table>
| Site                         | Carle Clinic in Champaign  
                             | 1802 South Mattis Avenue  
                             | Champaign, Illinois 61821 |
| Length of Clerkship          | Four weeks       |
| Dates                        | Year round       |
| Prerequisites                | Satisfactory completion of M-3 year |
| Methods of Evaluation        | Observation      |
| Students Per Rotation        | 1                |
| Night Call Required          | Yes              |
| Weekends Required            | Yes              |

| Participating Faculty        | Sarah Anderson, DPM  
                             | Robert Bane, MD          
                             | Robert Gurtler, MD       
                             | Clifford B. Johnson, Jr, MD  
                             | Phillip Logsdon, DPM      
                             | Jeffrey Low, MD           
                             | James Sobeski, MD         
                             | Muthana Sartawi, MD       |

NARRATIVE DESCRIPTION

To provide an opportunity for students to recognize and treat common orthopedic problems. There will be an emphasis on adult reconstructive orthopedics.

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.
**ELEC 643: OTOLARYNGOLOGY – HEAD AND NECK SURGERY**

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<thead>
<tr>
<th><strong>Clerkship Director</strong></th>
<th>Ryan Porter, MD</th>
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<tbody>
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<td><strong>Reporting Time</strong></td>
<td>Arranged</td>
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<tr>
<td><strong>Sites</strong></td>
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</tbody>
</table>
| Carle Clinic in Champaign  
  1802 South Mattis Avenue  
  Champaign, Illinois 61821 |
| Christie Clinic  
  101 West University  
  Champaign, Illinois 61820 |
| **Length of Clerkship** | Two or four weeks |
| **Dates**              | Year round     |
| **Prerequisites**      | Satisfactory completion of M-3 year |
| **Method of Evaluation** | Observation  |
| **Students Per Rotation** | 1            |
| **Night Call Required** | Yes           |
| **Weekends Required**  | Yes           |
| **Faculty Participants** |                |
| Kelly Cunningham, MD  
  Amit Date, MD  
  Robert Kuramoto, MD  
  Charles Maris, MD, VACS  
  Michael Novak, MD  
  William D. Youngerman, MD |

**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.
ELEC 795: PAIN MANAGEMENT

<table>
<thead>
<tr>
<th>Clerkship Directors</th>
<th>Ramsin Benyamin, MD</th>
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<tbody>
<tr>
<td></td>
<td>Hyunchul Jung, MD</td>
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<td>Shaberra Rauther, MD</td>
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<tr>
<td>Reporting Time</td>
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<tr>
<td>Sites</td>
<td>Millennium Pain Center</td>
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<tr>
<td></td>
<td>1015 South Mercer Avenue</td>
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<td></td>
<td>Bloomington, Illinois 61701</td>
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<td></td>
<td>Carle Clinic</td>
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<td>1802 S. Mattis Avenue</td>
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<td>Champaign, IL 61821</td>
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<td>Length of Clerkship</td>
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<td>Students Per Rotation</td>
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<td>Night Call Required</td>
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<td>Weekends Required</td>
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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).
ELEC 679: PLASTIC AND RECONSTRUCTIVE SURGERY

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<tr>
<th>Clerkship Director</th>
<th>Paul Li, MD</th>
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</table>
| Site                     | Carle Plastic Surgery Center  
                          | 1702 South Mattis  
                          | Champaign, Illinois 61821 |
| Length of Clerkship      | Four weeks              |
| Dates                    | Year round              |
| Prerequisites            | Satisfactory completion of M-3 year |
| Methods of Evaluation    | Observation             |
| Students Per Rotation    | 1                       |
| Night Call Required      | No – optional for interesting trauma cases |
| Weekends Required        | No                      |

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.
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.
ELEC 859: SPORTS MEDICINE
CURRENTLY NOT AVAILABLE

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</table>
| Site               | Carle North Annex  
|                    | 810 West Anthony Drive  
|                    | Urbana, Illinois 61802 |
| Length of Clerkship| Four weeks |
| Dates              | Year round |
| Prerequisites      | Satisfactory completion of M-3 year |
| Methods of Evaluation | Observation |
| Students Per Rotation | 1 |
| Night Call Required | No |
| Weekends Required  | No |
| Faculty Participants | Jeremy Henrichs, MD  
|                    | Amy MacDougall, MD |

**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 sport injuries, surgery and sports medicine problems. The experience will include time in a sports injury evaluation clinic for evaluation and rehabilitation, medical coverage of athletic events, evaluation of athletes at local high schools and universities, modules, and emergency department.
**ELEC 676: SURGICAL CRITICAL CARE**

<table>
<thead>
<tr>
<th>Clerkship Director</th>
<th>Henry Moore, MD</th>
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<tr>
<td>Site</td>
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<td>602 West University Avenue</td>
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<td>Urbana, Illinois 61801</td>
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<td>Length of Clerkship</td>
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<td>Weekends Required</td>
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<tr>
<td>Faculty Participants</td>
<td>John Hill, MD</td>
</tr>
<tr>
<td></td>
<td>Uretz Oliphant, MD</td>
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<td>Karen White, MD</td>
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**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.
**ELEC 161: SURGERY – SCHOLARLY ACTIVITY ELECTIVE**

**CURRENTLY NOT AVAILABLE**

<table>
<thead>
<tr>
<th>Clerkship Coordinator</th>
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<tbody>
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<td>Reporting Time</td>
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<tr>
<td>Sites</td>
<td>Affiliated Clinical Institutions</td>
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<td>Length of Clerkship</td>
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<td>Year around</td>
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<td>Supervision</td>
<td>Faculty</td>
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<td>Students per rotation</td>
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**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:
   
   a. Discuss current clinical research priorities in medical discipline of interest and the appropriate focus for a medical student defined scholarly activity.
   
   b. Discuss theories and principles of clinical research methodologies and the applicability of specific designs to the research question of interest.
   
   c. Describe the importance of ethics in clinical research and importance of maintaining patient confidentiality, confidence and trust.
   
   d. Outline a clinical research question followed by a clear hypothesis and timetable for data collection as appropriate.
   
   e. Complete the necessary Institutional Review Board application(s) and informed consent documents.
   
   f. Demonstrate the ability to perform a comprehensive literature review to support the significance of the clinical research question.
   
   g. Demonstrate the ability to select a research design, collect data, analyze data and synthesize data into a scholarly presentation.
   
   h. Demonstrate constructive response to input from peers, supervisors, colleagues and granting agencies on completed work.
   
   i. 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**

   a. 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.
   
   b. Describe the relevance of scholarly work to the clinical sciences
3. **Professionalism**
   a. 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 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:
ELEC 683: UROLOGY

<table>
<thead>
<tr>
<th>Clerkship Director</th>
<th>Glen Yang, MD</th>
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<td>602 West University Avenue</td>
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<tr>
<td>Urbana, Illinois 61801</td>
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<tr>
<td>Urologic Surgery Associates</td>
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<tr>
<td>2005 Jacobssen Drive</td>
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<td>Normal, Illinois 61761</td>
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<td>Length of Clerkship</td>
<td>Two to Four weeks</td>
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<td>Prerequisites</td>
<td>Satisfactory completion of M-3 year</td>
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<td>Night Call Required</td>
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<td>Weekends Required</td>
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<tr>
<td>Faculty Participants</td>
<td>Ronald Konchanin, MD</td>
</tr>
<tr>
<td></td>
<td>Scott Morgan, MD</td>
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<td>Richard Wolf, MD</td>
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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.