CLER 656: REQUIRED FAMILY MEDICINE CORE

Clerkship Director: Phillip Barnell, MD - 217-383-3211

Reporting Time: 8:00 a.m.-Carle Forum, 611 West Park Street, Urbana, IL 61801

Site: Various departmentally approved sites

Length of Clerkship: Six weeks

Dates: Year round

Prerequisites: 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.

Methods of Evaluation: Day-by-day clinical performance of student; end-of-rotation examination; primary care behavior science performance

Students Per Rotation: One per site; multiple sites available; maximum Student’s Per six-week block: Four (exceptions are considered)

Night Call Required: Yes, as assigned by faculty preceptor

Weekends Required: Yes, as assigned by faculty preceptor

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  
|                           | Anu Mani, M.D.  – (217) 554-3000               |
| Reporting Time            | 6:30 a.m. – Carle Forum, 611 West. Park Street, Urbana, IL 61801  
|                           | 6:30 a.m.--Presence/Covenant 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  
|                           | Presence/Covenant 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 Presence /Covenant 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, Presence Health 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 subspecialty 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, Tracey Johnson, at tjohnsn@illinois.edu or 383-4612 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.</td>
</tr>
<tr>
<td></td>
<td>Orientation – location TBD – First Monday</td>
</tr>
<tr>
<td>Sites</td>
<td>Presence 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>
</tr>
<tr>
<td>Prerequisites</td>
<td>M-3 Standing</td>
</tr>
<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>
</tr>
<tr>
<td>Night Call Required</td>
<td>Yes</td>
</tr>
<tr>
<td>Weekend required</td>
<td>Yes</td>
</tr>
</tbody>
</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 Night Float, 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 ongoing 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 knowledgeable.
   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><strong>Clerkship Director:</strong></th>
<th>Gerald M. Welch, MD</th>
</tr>
</thead>
</table>
| **Sites**               | Carle Main Campus  
602 W. University Avenue  
Urbana, IL 61801  
Carle Champaign on Kirby  
1813 W. Kirby Avenue  
Champaign, IL 61821  
The Pavilion  
809 West Church Street, Champaign, IL 61820  
Presence/Covenant Medical Center  
1400 West Park Street  
Urbana, IL 61801  
Veterans Affairs, Illiana Health Care Center  
1900 East Main Street  
Danville IL 61832 |
| **Length of Clerkship** | Six week rotation, in two blocks, each a different experience |
| **Dates**               | Year round |
| **Prerequisites**       | M-3 Standing |
| **Methods of Evaluation** | Evaluation by preceptors and clerkship director, and NBME Subject Examination |
| **Students Per Rotation** | Between four to six students each rotation |
| **Night Call Required** | Specific to each site, may require nights and weekends |
| **Purpose**             | Students learn how to understand, diagnose, and treat 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. |

### 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.
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**

| Department Head | Uretz Oliphant, MD  
| Carle Main Campus in Urbana  
| 602 West University Avenue  
| Urbana, Illinois  61801 |
| Clerkship Director: | Magesh Sundaram, MD  
| Mills Breast Cancer Institute - Carle  
| 509 West University Avenue  
| Urbana, Illinois  61801 |
| Reporting Time: | 8:00 a.m. — Carle Forum, lower level, Brewer Conference Room (BCR)  
| (sliding door conference room in the U of I work area). |
| 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)  
| Oral examination  
| Students are evaluated clinically by the Attending faculty |
| Night Call Required: | Yes |

**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.