Clerkship Administrative Manual for 2017-18

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**Clinical Affairs Clerkship Personnel**

**Surgery**

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Clerkship Director  

*Kirsten Lawhead  383-3211  
Surgery Coordinator  kla\text{whead}@illinois.edu

**Pediatrics**

Charles Morton, MD  
Department Head  

M. Nadeem Ahmed, MD, MPH, PhD, FAAP, FFHM  
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*Regina Cook  265-0964  
Pediatrics Coordinator  rcook@illinois.edu

**Internal Medicine**

Janet Jokela, MD  
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*Mindy Garth  383-4662  
Internal Medicine Coordinator  garth@illinois.edu

*Lori Osterbur  337-2373  
Clerkship Coordinator, Presence Site  loserbu@illinois.edu

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**OB/Gyn**

Ralph Kehl, MD  
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*Debbie Deedrich  244-0598  
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*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 skillful 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/medicineII.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>Parkland College</td>
<td>(see website below for)</td>
<td>(217) 351-2235</td>
<td>Prices available at</td>
<td>Both Online and</td>
<td></td>
</tr>
</tbody>
</table>

https://www.fsi.illinois.edu/ems/education/
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.
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.

<table>
<thead>
<tr>
<th>EVALUATION DIMENSIONS</th>
<th>GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASIC KNOWLEDGE OF – pathophysiology, basic mechanisms, and clinical medicine in this discipline</td>
<td></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>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding</td>
</tr>
<tr>
<td>Advanced</td>
</tr>
<tr>
<td>Proficient</td>
</tr>
<tr>
<td>Incomplete</td>
</tr>
<tr>
<td>Unsatisfactory</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:

__________________________________      ________________________
Signature – Student

_________________________________       ________________________
Signature – Faculty

Print Student Name

Print Faculty Name

I have read this report.

Final Grade forms are to be returned to:

Julie Wyant
University of Illinois College of Medicine at Urbana-Champaign
125 Medical Sciences Building
506 South Mathews
Urbana, Illinois 61801

Phone: 217.333.8146
FAX: 217.333.2640
Research Elective Evaluation Form

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

<table>
<thead>
<tr>
<th>MEDICAL AND RESEARCH KNOWLEDGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding</td>
</tr>
</tbody>
</table>

   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

<table>
<thead>
<tr>
<th>RESEARCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding</td>
</tr>
</tbody>
</table>

   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

<table>
<thead>
<tr>
<th>RESEARCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding</td>
</tr>
</tbody>
</table>

   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

<table>
<thead>
<tr>
<th>RESEARCH KNOWLEDGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding</td>
</tr>
</tbody>
</table>

   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)

Outstanding______ Advanced ________ Proficient ________ Unsatisfactory _______ Incomplete _______ N/A_______

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)

Outstanding______ Advanced ________ Proficient ________ Unsatisfactory _______ Incomplete _______ N/A_______

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)

Outstanding______ Advanced ________ Proficient ________ Unsatisfactory _______ Incomplete _______ N/A_______

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)

Outstanding______ Advanced ________ Proficient ________ Unsatisfactory _______ Incomplete _______ N/A_______

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)

Outstanding______ Advanced ________ Proficient ________ Unsatisfactory _______ Incomplete _______ N/A_______

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

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

11. Written records

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

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 _______ N/A _______

*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 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 generally sit for the exam on specially established re-take dates one week after the end of rotations in December and in June.

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

**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."

[https://www.aamc.org/members/gsa/54690/gsa_Mistreatment.html](https://www.aamc.org/members/gsa/54690/gsa_Mistreatment.html)

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.


**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 Illini Union Bookstore 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 VSAS 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 4th 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 5, 2018)
- **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 paperwork 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 database, 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 VSAS, 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 VSAS 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 VSAS. 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 Mindy Garth, 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.
## Clerkship Calendar for 2017-2018

*(Subject Exam Dates Highlighted in **Yellow**)*

*Dates are Subject to Change*

<table>
<thead>
<tr>
<th>Clerkship</th>
<th><strong>8-Week</strong> (OB, Peds, Surg)</th>
<th><strong>6-Week</strong> (Psych, FP, Med)</th>
</tr>
</thead>
<tbody>
<tr>
<td>M-3 Orientation</td>
<td>Thursday, 6/15/17 &amp; Friday, 6/16/17</td>
<td></td>
</tr>
<tr>
<td>Rotation 1a begins</td>
<td>6/19/17</td>
<td>6/19/17</td>
</tr>
<tr>
<td>Rotation 1a ends</td>
<td>7/14/17</td>
<td></td>
</tr>
<tr>
<td>Rotation 1b begins</td>
<td>7/17/17</td>
<td>7/28/17</td>
</tr>
<tr>
<td>Rotation 1b ends</td>
<td>8/11/17</td>
<td>7/31/17</td>
</tr>
<tr>
<td>Rotation 2a begins</td>
<td>8/14/17</td>
<td></td>
</tr>
<tr>
<td>Rotation 2a ends</td>
<td>9/8/17</td>
<td>9/8/17</td>
</tr>
<tr>
<td>Rotation 2b begins</td>
<td>9/11/17</td>
<td>9/11/17</td>
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<tr>
<td>Med &amp; Society September 22, 2017</td>
<td></td>
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<tr>
<td>Rotation 2b ends</td>
<td>10/6/17</td>
<td>10/20/17</td>
</tr>
<tr>
<td>Rotation 3a begins</td>
<td>10/9/17</td>
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<tr>
<td>Rotation 3a ends</td>
<td>11/3/17</td>
<td>10/23/17</td>
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<tr>
<td>Rotation 3b begins</td>
<td>11/6/17</td>
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<tr>
<td>Rotation 3b ends</td>
<td>12/1/17</td>
<td>12/1/17</td>
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<tr>
<td>Rot 4a begins (Mon)</td>
<td>12/4/17</td>
<td>12/4/17</td>
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<tr>
<td>Medicine and Society December 15, 2017</td>
<td></td>
<td></td>
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<tr>
<td>Break!</td>
<td>12/23/17 to 1/1/18</td>
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<tr>
<td>Rotation 4a ends</td>
<td>1/5/18</td>
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<tr>
<td>Rotation 4b begins</td>
<td>1/8/18</td>
<td>1/19/18</td>
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<tr>
<td>Rotation 4b ends</td>
<td>2/2/18</td>
<td>1/22/18</td>
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<tr>
<td>Rotation 5a begins</td>
<td>2/5/18</td>
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<td>Rotation 5a ends</td>
<td>3/2/18</td>
<td>3/2/18</td>
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<tr>
<td>Rotation 5b begins</td>
<td>3/5/18</td>
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<tr>
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<td>3/30/18</td>
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<tr>
<td>Rotation 6a begins</td>
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<td>4/16/18</td>
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<tr>
<td>Rotation 6b begins</td>
<td>4/30/18</td>
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</tr>
<tr>
<td>Rotation 6b ends</td>
<td>5/25/18</td>
<td>5/25/18</td>
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</table>
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 ______ Presence ______ 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.