

Ross University School of Medicine

CLINICAL SCIENCE DIVISION GENERAL GUIDELINES 2007

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ROSS
UNIVERSITY
SCHOOL OF MEDICINE

Ross University School of Medicine Clinical Science Division

General Guidelines

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Ross University School of Medicine (RUSM)

PROGRAM STRUCTURE

Study in the Clinical Science Division encompasses the fifth through the tenth semesters. The clinical curriculum consists of 90 weeks of "clinical clerkships" during which students participate in patient care. While rotating through various medical specialties, in cooperating teaching hospitals or other approved health care facilities, students are under the guidance of clinical faculty, and under the general supervision of Ross University School of Medicine's Dean of Clinical Sciences. The 12-week, "Advanced Introduction to Clinical Medicine" segment is designed to build on the students' training in medical history and physical diagnostic skills, as well as the students' approach to the patient. It is conducted in hospitals and related clinical facilities in the Miami area. Students then participate in clerkships for 78 weeks; this includes 48 weeks of required core clerkships and 30 weeks of elective clerkships. Faculty in the Clinical Science Division are staff physicians at affiliated hospitals and health care facilities.

PROGRAM OBJECTIVES

The educational objectives of the Clinical Program are:

- To provide training in basic clinical skills through patient contact, under close supervision.
- To provide students with a broad overview of medical practice so that they understand the interrelationships between different levels of practice and various areas of specialization.
- To present an opportunity to assess areas of medical practice in which students might wish to specialize upon graduation.
- To prepare students to function effectively in, and to gain the most from, graduate medical education.

REQUIRED CLERKSHIP

Advanced Introduction to Clinical Medicine (AICM)	12 weeks
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REQUIRED CORE CLERKSHIPS

Medicine	12 weeks
Surgery	12 weeks
Pediatrics	6 weeks
Obstetrics/Gynecology	6 weeks
Psychiatry	6 weeks
Family Medicine	<u>6 weeks</u>
Total	60 weeks

ELECTIVE CLERKSHIPS

The 30 additional weeks are spent in elective clerkships; these must include 8 additional weeks of medicine, which may be spent in general medicine or in medical subspecialties, and 4 additional weeks of surgery, which may be spent in general surgery or surgical subspecialties.

Medical Subspecialties (8 weeks minimum)

Allergy and Immunology
Cardiovascular Disease
Critical Care Medicine
Dermatology
Emergency Medicine
Endocrinology and Metabolism
Gastroenterology
Geriatric Medicine
Hematology
Infectious Disease
Medical Research
Medicine Sub-internship
Nephrology
Neurology
Occupational Medicine
Oncology
Physical Medicine and Rehabilitation
Preventive Medicine
Pulmonary Disease
Rheumatology
Sports Medicine
Tropical Medicine

Surgical Subspecialties (4 weeks minimum)

Anesthesiology (can be done before Surgery Core)
Colon and Rectal Surgery
Neurological Surgery
Ophthalmology
Orthopedic Surgery
Orthopedic Sports Medicine
Otolaryngology
Pain Management (can be done before Surgery Core)
Pediatric Surgery
Plastic Surgery
Surgery Sub-Internship
Surgical Critical Care
Thoracic Surgery
Transplant Surgery
Urology
Vascular Surgery

Free Electives

Neonatal Medicine
Nuclear Medicine
Obstetrics/Gynecology
Pathology
Pediatrics
Radiology
Radiation Oncology
Psychiatry

MATRICULATION POLICY

In order to be permitted to matriculate into the core clerkships of the Clinical Science Division, a student must:

- meet all financial obligations for the first clinical and all preceding semesters;
- have successfully completed all required Basic Science courses and the AICM clinical component;
- have all required administrative documentation on file;
- have passed Step I of the USMLE in three or less attempts.

Once matriculated, the Clinical Science Division schedules all clerkships. Students are not permitted, under any circumstances, to contact hospitals that have agreements with the medical school to try to arrange their own clerkships. Violation of this policy will subject the student to suspension.

PERSONAL LOG

All students must maintain a notebook in which they enter a copy of all their histories, physicals, and case write-ups. The notebook must also contain a complete log of all the patients assigned to the student (including age, sex, and diagnoses) and all procedures performed by the student.

THIRD YEAR PLACEMENT

As soon as the student receives a passing score on the USMLE Step I, that score should be sent to the University Registrar in the New Jersey Office. The Registrar's Office will then clear them to the Clinical Department to begin the placement process. Soon after the Clinical Department is made aware that the student has received clearance, the student will be notified by email of his or her placement schedule. Once students receive their schedule of clerkship assignments, they will be asked to sign an acknowledgement of receipt and agreement that they accept their entire assignment.

Clerkship assignment is at the sole discretion of the Clinical Science Division and depends on many variables. If a student refuses to accept an assignment for any reason, that student needs to notify both the Offices of the Clinical Science Division and the University Registrar, in writing. Please note that if you are a recipient of Title IV funds, you must also contact the Office of Financial Aid to determine if any break in your education will affect your student loan status.

FOURTH YEAR ELECTIVES

Students completing their third year core clerkships need to communicate with the Clinical Science Division regarding elective placement. There are two options: RUSM can assign electives based upon availability or students can arrange their own electives by applying to U.S. medical colleges as a fourth year visiting student. However, any request for clerkships at non-affiliated institutions must be put in writing, and is subject to the approval of the Dean of Clinical Sciences. Under no circumstances can a student begin any clerkship, either core or elective, without prior written approval from the medical school

SUPERVISION OF STUDENTS

Students will be supervised at all times by a physician. This physician will be a resident or an attending physician. There may be multiple physicians participating in the education of the student, but one physician will be designated at the start of the clerkship as the principal supervisor. It will be this physician who will oversee the day-to-day activities and assignments of the student.

PATIENT CARE

Students will be assigned direct patient care responsibilities. An adequate number and variety of cases will be assigned during each clerkship, so as to assure compliance with the learning objectives of the curriculum. Students will perform histories and physicals, write progress notes, present cases, and assist on procedures. The written notes may be incorporated into the medical record only if they are countersigned by the supervising physician.

CALL POLICY

Students will be expected to take overnight call during each clerkship in order to enhance the learning experience and to participate in continuity of care. Failure to do so may result in a grade of F for that particular assignment.

ATTENDANCE

Students in the Clinical Science curriculum are expected to be in attendance 100% of the time. It is up to each individual hospital to enforce their attendance rules and our students are expected to abide by those rules.

Dropping a Rotation

Students are not permitted to drop a clinical rotation within four weeks of the start date or after beginning the rotation. Exceptions to this policy can be given by the Dean of Clinical Sciences at his/her discretion in extreme circumstances, which would require the student take a leave of absence.

If a student drops a clinical rotation, within four weeks of the start date or after beginning the rotation, without permission of the Dean of Clinical Sciences, the student will:

1. be personally responsible for the tuition costs of the entire rotation
(The weekly amount is determined by dividing the tuition for one semester by the number of weeks in the semester.)
2. receive an "F" grade
3. not be permitted to begin another clinical rotation until after the end date of the rotation he/she has dropped, and
4. not have any priority in re-scheduling

Residency Interviews

It is unacceptable for a student to miss multiple days to interview for Residency Positions. Students should plan ahead to take time off during the interview period (November - January). Short (2-3 week) electives can be done so those interviews could be scheduled between them.

EVALUATION OF STUDENTS

The person responsible for the final evaluation of the student, at the completion of each clerkship, will be the student's principal supervising physician. However, data is collected from other supervising physicians and from other members of the health care team over the course of the clerkship; all this data is used by the supervising physician in the final evaluation. Students are required to take a final exam (subject exam) at the end of each core clerkship. Students may be evaluated by any or all of the following methods:

- Direct observation
- Case presentations
- Case write-ups
- Participation in conferences, case discussions, and rounds
- Written examinations
- Oral examinations
- Clinical competency examinations
- Attendance records
- Any other method determined reasonable by the supervising physician

GRADING

*Effective for all Clerkships Begun After **April 1, 2004***

In order to give greater weight to the students' knowledge, and to the overall impressions of students' performance as assessed by supervising physicians, the Academic Board has directed that the following process be followed when determining clerkship grades.

General Information

Students are graded on a scale of 1 to 5. A numerical entry of "1" in any of the following categories will result in a grade of "Fail" (F).

- Knowledge of medical sciences
- Knowledge of assigned patients
- Professionalism
- Character

Grade Determination

Step 1. Multiply by two (x2) the numerical entries for:

- Knowledge of medical science
and
- Knowledge of assigned patients

Step 2. Add the results from Step 1 to the numerical entries for:

- Professionalism
and
- Character

Step 3. Final grade determination:

- 27 - 30 = A
- 25 - 26 = B+
- 21 - 24 = B
- 19 - 20 = C+
- 14 - 18 = C
- 0 - 13 = F

Appealing a Grade

Students who wish to appeal a grade must do so in writing, directing a letter to both the clinical faculty preceptor and to the Office of the Clinical Dean. The appeal should explain clearly why it is felt that the evaluation of the clinical experience was not a fair assessment of the performance.

Students should be as specific as possible indicating, where feasible, other clinical faculty who might be able to support the appeal. Students will receive a written response from the Office of the Clinical Dean, after that office has had the opportunity to review the appeal with the appropriate clinical faculty members involved.

LECTURES

Students will be required to attend lectures during each clerkship. There will be regularly scheduled conferences for students, residents, and attending physicians, covering general and subspecialty topics. In addition, for the core clerkships, there will be a separate student lecture series covering the core content of the curriculum. These lectures will be given by the Course Directors and their designated faculty. The learning objectives of the curriculum will be used by the Course Directors to establish the appropriate lecture topics.

READING ASSIGNMENTS

Students will be given reading assignments by the supervising physician. Additionally, students will be expected to read independently from the recommended reading list. The learning objectives of the curriculum will be the guide for the independent reading.

HOSPITAL FACULTY

Each training site will have a Director of Medical Education, a Course Director of each clerkship, and clinical faculty. Residents and their supervising attending physicians will make up a large portion of the clinical faculty that directly supervise and evaluate the students. The clinical faculty, in any given clerkship, will be responsible to the Course Director of that clerkship. The Course Director will be responsible to the Director of Medical Education at the site and to RUSM's Department Chairman. Additionally, the Director of Medical Education at the site will be responsible to RUSM's Department Chairman, and Dean of Clinical Sciences.

APPOINTMENT OF FACULTY

Faculty appointments, and reappointments, will be made in accordance with the rules and regulations published in RUSM's Faculty Handbook. In brief, RUSM's Chairmen and Directors of Medical Education at the sites will be appointed by the Dean of Clinical Sciences; the Course Directors will be appointed by the Directors of Medical Education and/or the Chairmen; and the clinical faculty will be appointed by the Directors of Medical Education and/or the Course

Directors. All appointments and reappointments will require final approval by RUSM's Provost

EVALUATION OF FACULTY

Faculty evaluations will be performed in accordance with the rules and regulations published in the Faculty Handbook. In brief, clinical faculty will be evaluated by the Course Director. Course Directors will be evaluated by the Chairmen, and Chairmen will be evaluated by the Dean of Clinical Sciences. Criteria used will include direct observation, interviews, student performance, student evaluations, and trend data. The results of the evaluations will be made available to the faculty and the Directors, and will be used for continuous performance improvement.

CURRICULUM IMPLEMENTATION

The Clinical Science curriculum will be followed for each clerkship. It will be the responsibility of the Director of Medical Education to be sure that all Course Directors and their designated faculty are familiar with RUSM's curriculum, and implement it appropriately. The students shall be familiar with the curriculum in order to monitor their learning experiences and to guide their independent reading.

CLERKSHIP STRUCTURE

The overall structure of a clerkship will depend on specific training sites and the manner in which they implement their educational programs. At all times, however, the learning objectives of RUSM's curriculum will be satisfied. Training may take place at any of the following: hospital, clinic, and/or physician's office.

WRITTEN EXAMINATIONS

Clinical sites currently administer written examinations as part of the evaluation process. RUSM administers a standardized final written examination (Chairman's subject exam) at the completion of each core clerkship at the training sites; a passing score will be required in order to receive credit for the clerkship.

STUDENT EVALUATION OF CLERKSHIPS

Students will be required to evaluate their clerkships and clinical faculty at the completion of the Clinical Program. The results of the evaluation will be made available to the faculty and the Directors, and will be used for continuous performance improvement.

OBTAINING A RESIDENCY POSITION

Residency programs begin July 1 of every year. In order to be eligible, students must have the following before June 30:

- Passing scores on **USMLE Step I** and **USMLE Step II CK** and **CS**
- **Diploma** from Ross University
- **ECFMG** Certificate

The application process is complex, and deadlines are critical. Most residency programs accept applications from July to December for entry the following July. Therefore, students must call or write to all the programs that they have an interest in, and obtain applications as early as possible. Interviews are generally conducted from September to January; if invited, students should definitely attend. The best way to become familiar with programs and their addresses is to obtain a copy of the American Medical Association (AMA) Graduate Medical Education Directory (also called the "green book") from any medical library or bookstore. This book lists the programs accredited by the Accreditation Council for Graduate Medical Education (ACGME). It can also be purchased directly from the AMA. The Internet address is <http://www.ama-assn.org> and the book can be ordered from that site. Their mailing address is:

American Medical Association
515 N. State Street
Chicago, IL 60610
(312) 464-5000

MATCH PROGRAM

The National Residency Match Program (NRMP) is a universal placement service that most programs and applicants participate in; it greatly optimizes the chances of getting a residency position. Applications are available from July to October for entry the following July, and the deadline for receipt of the application is October. Applications can be obtained from:

National Resident Matching Program
2450 N Street, N.W., Suite 1
Washington, D.C. 20037-1037
(202) 828-0566

In order to be eligible to participate in the NRMP, students must have passed USMLE Step I and Step II CK and CS, by February of the year they wish to enter residency. Additionally, they must be scheduled to graduate medical school on or before June 30.

After applying to the NRMP, students must still apply to each residency program that they are interested in, and go on interviews. In February students must submit a "rank order list" to the

NRMP. This is basically a list of all the programs interviewed at in the order of most desirable to least desirable. Simultaneously, all the residency programs submit their rank order lists of the candidates they interviewed from their most desirable to least desirable.

Subsequently, a computerized matching process begins, with results released in March. If a student matches at a specific program, it is a legally binding contract and he/she must begin the residency that July.

If a student fails to match, or is not eligible to enter the NRMP, he/she can still apply to residency programs and hope to obtain a position "outside of the match." Additionally, simultaneously with the NRMP results release in March, a publication listing all unfilled residency positions is sent to all those who participated the NRMP, but did not match.

TRANSCRIPTS / RECOMMENDATIONS

All residency programs require a medical school transcript, a Dean's Letter, and three letters of recommendation, as part of the application process. Most programs indicate that the transcript and Dean's Letter must be official (sent directly from the school) and that the letters of recommendation must be confidential (sent directly from the persons writing them). For some programs, however, it may be possible to send unofficial copies of the transcript and letters directly with the application, and then have official/confidential originals sent only if the student is invited for an interview. Students should verify this issue with each program, before sending the application.

A Dean's Letter is a letter written by RUSM. It contains information about a student's academic performance and excerpts from letters of recommendation in each file. To assist the medical school in preparing this letter, students should be asking basic and clinical science faculty to write letters of recommendation on their behalf, and send them directly to the Clinical Science Division. Students should also ask them to provide copies of the letters for their own files. Students will be required to make a request in writing to the Graduate Affairs Office, for their Dean's Letters. The Office will also require a curriculum vitae, and a personal statement, to be sent along with each written request.

USMLE

The United States Medical Licensing Examination (USMLE) has four parts, leading to licensure. The USMLE Step I is taken immediately after the completion of the Basic Sciences and the first 9 weeks of clinical study. Clerkship opportunities are available only to students who have passed this phase of the USMLE.

A student who completed the 4th semester, and who passed the USMLE Step I exam is eligible to be certified to take the USMLE Step II CK and Step II CS provided that: the student has completed a minimum of 48 weeks of clinical training which must include Internal Medicine and is within 12 months of graduation.

Students must pass Step II CK and Step II CS in a maximum of three trials, and within two calendar years of becoming eligible, in order to receive the Doctor of Medicine degree from Ross University

School of Medicine.

Step III, the final step for licensure, is taken after graduation, during, or at the conclusion of residency training.

GRADUATION

To be eligible to graduate all students must:

- successfully complete all required coursework;
- pass USMLE Step I (in three or less attempts), Step II CK and Step II CS
- meet all financial obligations of the medical school;
- have all required administrative documents on file.

The Commencement exercise is held each year in June, in New York City.

ECFMG

The Education Commission for Foreign Medical Graduates (ECFMG) is an agency that validates the education of all foreign medical graduates and issues certification. The ECFMG certificate is required to enter residency and to obtain licensure. To obtain this certificate a student must:

- have a valid medical school diploma;
- pass USMLE Step I, USMLE Step II CK and Step II CS examination.

Students can apply for certification by contacting:

Educational Commission on Foreign Medical Graduates (ECFMG)
3624 Market Street, 4th Floor
Philadelphia, Pennsylvania 19104-2805
(215) 386-5900

LICENSING

Licensure to practice medicine is governed by each individual state, and each state has its own specific requirements. In order to better understand the requirements of the state(s) in which students intend to practice, they should call or write the state licensing board and request an application for medical licensure. All requirements will be published in the application package. Currently, all states require a diploma, an ECFMG certificate, and passing scores on USMLE Step I, Step II CK and Step II CS, and Step III.

Additionally, all states require completion of some residency training, with the number of years varying from state to state. The addresses of all the state licensing boards are published in the AMA Graduate Medical Education Directory ("green book"). Students should be aware that many states

have requirements beyond the evaluation of their medical school experience. They are therefore urged to make very specific inquiries of those states where they might have an interest in practicing.

PRACTICE TRENDS

The vast majority of Ross University School of Medicine graduates have entered into residency training in Internal Medicine, Pediatrics, and Family Practice. Additionally, there are Ross University graduates licensed in almost every state in the country, with significant representation not only in clinical practice but also in academic medicine and research. RUSM also plays a key role in medical management and leadership, having graduates in positions such as university professors, residency directors, department chairpersons, medical directors, and CEOs.

UNIVERSITY MONITORING

Ross University monitors all clerkships on a regular basis, to assure compliance with curriculum, standardization of education, and commonality between sites. The University maintains a very high level of on-site supervision to accomplish this.

RUSM's Chairmen review all clerkships within their departments on a quarterly basis, by communication with the Directors of Medical Education and the Course Directors at the sites. They will also visit each site annually and meet with the Directors of Medical Education, the Course Directors, and the students. Recommendations for continued performance improvement are made to the RUSM's Dean of Clinical Sciences and to the Directors of Medical Education at the sites.

RUSM's Chairmen holds an annual Leadership Development Workshop Conference. Attendees include the Chairmen, the Course Directors, and invited faculty from both the affiliated clinical training sites and the Basic Science campus. The agenda includes curriculum development, standardization of education, mechanisms of evaluation, faculty appointments, and faculty involvement in the Basic Science Curriculum.

The Associate Dean of Clinical Sciences visits all core clerkship sites annually and meet with the Directors of Medical Education, the Course Directors, and the students. Recommendations for continued performance improvement are made to RUSM's Dean of Clinical Sciences and to the Directors of Medical Education at the sites.

All students evaluate their clerkships at the completion of the Clinical Program. The information is used for continued performance improvement.

DIVISION INTEGRATION

The purpose of integration between the Basic Science Division, the Clinical Science Division and Administration is to continue to improve organization performance. This is accomplished as follows:

- Based on information received from the Associate Dean of Clinical Sciences, the Chairmen of the clinical departments, the Directors of Medical Education and Course Directors at the clinical

sites, and the students, the Dean of Clinical Sciences make appropriate recommendations to the Provost and Executive Dean of the School of Medicine.

- A Leadership Workshop of the School of Medicine is held annually. Attendees include Academic Deans, Administrative Deans, Department Chairpersons; Directors of Medical Education at affiliated hospitals, and invited faculty from affiliated clinical training sites, as well as the basic science campus. The following topics, at a minimum, are addressed:
 - Admissions policies
 - Promotions policies
 - Evaluation systems
 - Research initiatives
 - Curriculum
 - Faculty selection
 - Faculty appointments
 - Faculty development
 - Clinical faculty involvement in the Basic Science Division
 - Standardization of education at the clinical training sites
 - Clinical Science Division feedback to the Basic Science Division
 - The USMLE - new formats and student preparedness
 - Student performance and residency placement

RECOMMENDED READING LIST

Students should utilize the latest edition of each of the following texts.

[Additions and/or substitutions may be made at the discretion of the Course Director.]

American Psychiatric Association, *Diagnostics and Statistical Manual of Mental Disorders*, American Psychiatric Association, Washington, D.C.

Bates, Barbara, *A Guide to Physical Examination and History Taking*, J.P. Lippincott Co.: Philadelphia.

Cunningham, et al., *William's Obstetrics*, Appleton and Lange: Norwalk.

Isselbacher, et al., *Harrison's Principles of Internal Medicine*, McGraw-Hill, Inc.: New York.

Jones, et al., *Novak's Textbook of Gynecology*, Williams and Wilkins: Baltimore.

Nelson, et al., *Textbook of Pediatrics*, W.B. Saunders Co.: Philadelphia.

Rakel, Robert E., *Textbook of Family Practice*, W.B. Saunders Co.: Philadelphia.

Schwartz, et al., *Principles of Surgery*, McGraw-Hill Inc.: New York.

Squire, Lucy, *Fundamentals of Radiology*, Harvard University Press: Cambridge.

Talbot, et al., *Textbook of Psychiatry*, American Psychiatric Press: Washington, D.C.

The following texts are optional:

DeGowin and DeGowin, *Bedside Diagnostic Examination*, McMillan Co.: New York.

Dunnihoo, Dale R., *Fundamentals of Gynecology and Obstetrics*, J.B. Lippincott Co.: Philadelphia.

Kolb, et al., *Modern Clinical Psychiatry*, W.B. Saunders Co.: Philadelphia.

Wynngaarden, et al., *Cecil Textbook of Medicine*, W.B. Saunders Co.: Philadelphia.