CORE CLINICAL CLERKSHIP IN OBSTETRICS & GYNECOLOGY

2014 SYLLABUS

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DEPARTMENT WEBSITE
www.uphs.upenn.edu/obgyn
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* While the whole syllabus is important, it is recommended that you particularly read these sections BEFORE you arrive on your clinical services!
I. WELCOME AND GENERAL INTRODUCTION TO CORE CLINICAL CLERKSHIP IN OBSTETRICS AND GYNECOLOGY

The Obstetrics & Gynecology Core Clinical Clerkship focuses on women’s health care including care of the pregnant female, normal labor and delivery, common obstetrical and gynecologic problems, preventive care, screening for gynecologic malignancies, diagnosis, prevention and treatment of sexually transmitted infections and family planning.

Students are assigned to one of the following four hospitals/practices:
- Hospital of the University of Pennsylvania (HUP)
- Pennsylvania Hospital (PAH)
- Chester County Hospital (CCH)
- Pinelands Ob/Gyn CCA Virtua Burlington Hospital

1. Each student will spend five weeks assigned to a clinical service or practice/clinic and one week of self-study, subspecialty clinics and case conferences (learning week). Students will spend time on labor & delivery and in the operating room, in-patient service, and prenatal and gynecology ambulatory clinics. There will also be the opportunity to attend certain sub-specialty clinics such as genetics, infertility, fetal surgery, obstetrical ultrasound, family planning and urogynecology. Students will be assigned to join the night float and/or weekend teams for both labor floor and inpatient and emergency room gynecology experience. The course coordinator at each site will provide you with a detailed schedule of your clinical assignments.

2. In-House Call/Night Float

At HUP and Pennsylvania Hospital, students are expected to participate in the equivalent of 4 night float shifts. This may include day and nighttime weekend shifts. Overnight/weekend experience is an important part of the rotation, especially on the Obstetric service. In general, students should expect to be assigned 4 “night float” shifts which may include overnight weekday and day and overnight weekend shifts.

Students will receive their night/weekend schedules on the first day of the rotation. If there is any weekend day that you need off, please notify Dr. Cummings and your on-site course director at least 2 weeks PRIOR to the rotation!

You are not expected at Grand Rounds/morning Resident Conferences/weekly meeting with Dr. Ronner or Dr. Cummings during your night float week.

At Chester County, where night call (as opposed to night float shift) is required, students should generally follow duty hour limits as discussed in section G of the appendix; pg.33. Students should use their judgment regarding participation in clinical activities on the day after call, especially if their night of “call” has been quiet. Students should also take advantage of on-site call rooms after their shift is over so they are adequately rested before driving home after night call.

At Pinelands, night call is optional. You can discuss overnight shifts with Dr. Chao at Pinelands and also should let Dr. Cummings know if you are interested in being assigned a weekend or night shift at HUP during your rotation.
3. **Learning Week**
During learning week students will be expected to attend didactic sessions, Grand Rounds at HUP and Pennsylvania Hospital, HUP resident lectures and small group discussions with Dr. Cummings and Dr. Ronner at **both** HUP and PAH, as well as join the HUP students in your group for their weekly preceptor meeting. In addition, students will be scheduled for 2-3 subspecialty clinic sessions during learning week. The rest of your time this week should be devoted to self-study. This is an ideal time to expand your knowledge base through reading and prepare for didactics and the end of rotation shelf exam.

4. **Didactic Sessions**
In General didactic sessions, including lectures and problem based learning sessions, are held on the 1**\textsuperscript{st}** Monday and the 2**\textsuperscript{nd}** - 5**\textsuperscript{th}** Friday afternoons. On the 1**\textsuperscript{st}** Friday there will be clinical skills practice at the Simulation Center at the Rittenhouse campus and didactics in the afternoon. Attendance is expected at all sessions and mandatory for Monday and First Friday sessions. **As with clinical activity, if a student needs to be excused from any didactic session he or she should notify Dr. Cummings and Gene Coletta and complete a Absence Report Form found in section H of the appendix; pg.34, and turn it into Suite 100.**

*The complete syllabus and other helpful information, including links to several of the didactic power-point presentations, can be found on VC2000. Please review the syllabus and any site specific information as soon as possible!*  

We hope you enjoy the clerkship and look forward to teaching you and getting to know you over the next 6 weeks!

Holly Cummings, MD  
Clerkship Director  

Wanda Ronner, MD  
Clerkship Coordinator, Pennsylvania Hospital  

DaCarla Albright, MD  
Associate Clerkship Director  

Mr. Gene Coletta  
Course Administrator
II. CLINICAL SITES AND COORDINATOR INFORMATION

**Hospital of the University of Pennsylvania**

Course Director: Holly Cummings MD  
Holly.Cummings@uphs.upenn.edu

Associate Course Director: DaCarla Albright MD  
DaCarla.Albright@uphs.upenn.edu

Course Coordinator: Mr. Gene Coletta  
579 Dulles  
215-615-3016  
Gene.Coletta@uphs.upenn.edu

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**Chester County Hospital**

Course Coordinator: William Atkins, M.D.  
915 Old Fern Hill Road, Building D  
West Chester, PA 19380  
atkinsw1022@gmail.com  
610-368-0910

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**Pennsylvania Hospital**

Course Coordinator: Wanda Ronner, M.D., Site Director  
Wanda.Ronner@uphs.upenn.edu  
800 Spruce Street, 2 East Pine Building  
215-829-3234

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**Pinelands OB/GYN CCA**  
**Virtua Burlington Hospital**

Course Coordinator: Christine Chao, M.D.  
Christina.Chao@uphs.upenn.edu  
Office: 1617  
Route 38  
Lumberton NJ  
609-261-5566
III. DIDACTICS

Didactic sessions are held all day on the 1st Monday and the 1st Friday, and on 2nd-5th Friday afternoons.

Didactics are a mix of lectures and problem-based learning (PBL) sessions. PBLs are interactive and designed to promote information synthesis, clinical decision-making and problem solving. Student participation is expected. We encourage students to prepare in advance. Cases, study questions, presentations and other information are included in the Didactic Presentations and Self Study section on VC2000.

On the 1st Monday there is a session on the Gyn Exam, and each student will perform an exam on a volunteer. There is also a session on how to scrub and gown using sterile technique. This is mandatory unless you have completed a surgical rotation AND are able to gown yourself quickly using sterile technique. You will need to be able to gown and glove yourself in the delivery room in order to participate in vaginal deliveries.

On the 1st Friday the students practice clinical skills at the Simulation Center at Rittenhouse from 1:00 to 4:30 pm (see VIII. Clinical Skills Sessions section on pg.19).

Attendance at all didactic sessions is mandatory. If you cannot attend you should email Dr. Cummings and Gene Coletta and submit an Absence Request Form (Section H of the Appendix; pg.34) to Suite 100. You are responsible for the material if you miss a didactic session.

The schedule is subject to change, so Gene will email you by the preceding Tuesday to confirm Friday’s schedule. The faculty will make every effort to be on time, but on occasion they may be delayed due to a delivery, surgery or patient care. If a lecturer is 15 minutes late please call Gene Coletta at 215-615-3016.
IV. TEXTBOOKS AND SELF STUDY MATERIAL

Reading is a critical part of your development as a physician. Listed below are selected Ob-Gyn textbooks.

Required Text (select one):

** Beckman CRB, Ling F, Baransky BM, Laube DW, Herbert WNP (Eds.) Obstetrics and Gynecology, Lippincott Williams & Wilkins, 6th edition, 2009


Callahan TL, Caughey AB, Heffner LJ (Eds) Blueprints in Obstetrics and Gynecology, Lippincott Williams & Wilkins, 5th edition, 12/08

** recommended

Review books with cases (optional):

Pfeifer S (Ed.) Obstetrics and Gynecology (NMS series), Lippincott Williams & Wilkins, 6th edition.12/07


UWISE

UWISE is a web-based study guide developed by the Association of Professors of Gynecology and Obstetrics (APGO). This program has sample practice questions and answers/explanations as well as a practice tests. We encourage you to use this tool as a supplement to your studying.

To create a UWISE account, go to https://www.apgo.org/login/register.html, use your Penn email address, and select “Hospital of the University of Pennsylvania” from the drop-down menus.

Please hit the “submit” button when using this site so that your answers can be aggregated with other Penn students. This lets us know how often students use this tool and provides us with comparative, subject-sorted data which helps us with curriculum development and justifies the department’s subscription expense. We do not receive any individual student information.

AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS (aka ACOG)

ACOG offers free membership to medical students. ACOG membership allows access to a variety of on line educational materials. You are encouraged to join by visiting the link: http://www.acog.org/About-ACOG/ACOG-Departments/Medical-Students/Membership-Application

In addition, membership in ACOG gives you access to information about many topics concerning Women's Health including advocacy/policy issues. You are also able to attend local and national meetings for free if you are an ACOG medical student member.
V. COURSE CLINICAL LEARNING OBJECTIVES

Obstetrics

Knowledge:
- Understand the management of labor and delivery of a low-risk patient.
- Understand the indications for cesarean section.
- Understand indications for antenatal testing (i.e. non-stress test, biophysical profile).
- Understand the differential diagnoses for third trimester bleeding.
- Recognize the presentation for preeclampsia and other hypertensive disorders of pregnancy.
- Understand the basic management of common medical conditions during pregnancy: hypertension, asthma, thyroid disorders and diabetes.
- Understand the basic management of common pregnancy complications such as third trimester bleeding, preterm labor and preterm rupture of membranes and hypertensive disorders in pregnancy.
- Recognize the presentation, recognition and initial management of postpartum mood disorders.
- Understand the differential diagnosis and basic management of postpartum hemorrhage.
- Understand the differential diagnosis and basic management of postpartum fever/sepsis.
- Understand the principles of prenatal care including the reasoning behind routine and problem-directed prenatal labs as well as the timing and elements of prenatal visits.

Skills:
- Obtain history and perform physical exam on a pregnant patient during antepartum visit and on admission to labor and delivery.
- Describe a normal labor and delivery and perform basic maneuvers to assist a spontaneous vaginal delivery.
- Understand the assessment of labor progress by vaginal exam.
- Interpret a fetal monitor strip and recognize normal and abnormal FHR tracing.
- Work with the Obstetric team in response to Obstetric emergencies.
- Measure uterine size after 16 weeks and evaluate fetal heart tones by Doppler.

Behavior/Attitude:
- Observe obstetrical ultrasound examinations and be able to recognize gross anatomical fetal structures.
- Become competent in interacting with pregnant women and their families from different cultural backgrounds/beliefs.
- Appropriately support actively laboring patients.
- Understand how to integrate into a clinical care team as a medical student/future resident.
- Follow-up on assigned obstetrical patients during their postpartum course and follow-up on their infants.
Gynecology

Knowledge:
- Understand age specific recommendations for preventive care in women.
- Understand the principles and practice of providing family planning services (risks and benefits, side effects, efficacy).
- Understand the physiology and normal variations in the menstrual cycle; recognize when bleeding is considered abnormal.
- Understand the differential diagnosis and basic work up/management of first trimester vaginal bleeding.
- Understand the differential diagnosis and basic work up/management of pelvic pain.
- Understand the differential diagnosis and basic work up/management of abnormal uterine bleeding.
- Understand the common presentations, diagnostic methods and staging of gynecologic cancers and basic principles in long-term follow-up of treated patients.
- Understand the principles for diagnosis and the management and indications for operative management of common GYN conditions: uterine myomata, ovarian cysts, ectopic pregnancy, and incomplete abortion.
- Correlate pre-operative presentation and diagnosis with operative findings and pathologic findings.
- Observe and understand indications for laparoscopic surgery.
- Understand routine post-operative care after major and minor GYN surgery.
- Observe and understand the role of the tertiary specialist in reproductive endocrine disorders and infertility and in GYN oncology.
- Understand the presentation, diagnosis and treatment of common sexually transmitted diseases, pelvic inflammatory disease and vaginitis.
- Understand the physiology, diagnosis and principles of treatment of common GYN issues for women in their post-reproductive years: menopausal symptoms, atrophic vaginitis and pelvic organ prolapse.
- Understand the physiology, work-up, diagnosis and treatment options for female urinary incontinence.
- Understand the common symptoms of the menopausal transition as well as risks and benefits of current treatment options.

Skills:
- Obtain history (including sexual and menstrual history) and perform a physical exam (including breast and pelvic exam and pap smear) on patients presenting for routine visit and common GYN conditions in GYN and/or family planning clinics.
- Maintain sterile technique in the operating room.
- Build surgical skills, especially basic suturing and knot tying.
- Counsel appropriate patients regarding contraceptive methods and prevention of sexually transmitted infections.
- Interpret and make management recommendations for both normal and abnormal pap smears.
- Prepare and interpret a wet mount of vaginal discharge.
Behavior/Attitude:
- Be culturally sensitive and competent in patient counseling surrounding sexual and family planning issues.
- Become comfortable in screening for domestic violence and in referral for assistance for victims of domestic violence.
- Follow pre- and postoperative course of assigned surgical patients; follow-up on pathology of assigned surgical patients.
- Understand how to integrate into a clinical care team as a medical student/future resident.

VI. COURSE REQUIREMENTS

1. Attendance Policy/Schedule Requests

Attendance at all clinical assignments and didactic sessions is expected. It is your responsibility to notify your on-site clerkship coordinator, your clinical team, Dr. Cummings and Gene Coletta if you need to miss a session, clinical duties or a didactic session. You must also send Suite 100 the Absence Report Form found in Section H of the Appendix; pg.34. If you are aware in advance that you will need to miss any weekday rotation time (i.e. research presentation at a conference), please let your on-site course coordinator and Dr. Cummings/Gene Coletta, as well as Suite 100, know as far in advance as possible (and at least 2 weeks before the scheduled start of your rotation) so your schedule can be made with this in mind and so make-up work can be arranged.

**Note that unexplained and unexcused absences are unprofessional and will affect your grade.**

You will receive your clinical schedule at the beginning of your rotation. We understand that students have lives and families outside of their clinical studies. Since there will be weekend assignments, if you know that there is a weekend when you would prefer not have any clinical assignments, please let Dr. Cummings/Gene Coletta and your on-site course director know at least 2 weeks prior to the rotation and we will make every effort to accommodate your request. Once schedules are given out at the beginning of the rotation, changes cannot be made.

2. Required Course Work

Patient Encounters/Log
You are required to maintain an on-line log of the patients you observe and procedures you do. We encourage you to enter your encounters regularly throughout the course of the rotation. Your final on-line log must be completed by the Monday following the completion of the rotation. If you fail to complete the log on time you will receive an incomplete grade until all requirements are fulfilled and this may impact your final grade.

While there are minimum encounter requirements, we encourage you to enter all significant patient encounters. While this may seem cumbersome, it allows us to make sure you are being exposed to important clinical experiences and to assure comparable experience across different rotation sites. In addition, it prepares you for when you become a resident and an attending physician, when keeping track of your clinical activity will be an ongoing process.
Specific Requirements/Checklist Directions for the OB/GYN Clerkship

To enter a requirement on-line, go to https://oasis.med.upenn.edu.

- A requirement is a procedure or history/physical you perform (with supervision), participate in or observe (see table on the next page).
- For less commonly seen conditions/patient types, you may count patients discussed **actively** in a case presentation or conference.
- The table lists the types and numbers of encounters and clinical skills you are required to complete.
- The log is designed to facilitate entry of required encounters however, we do want you to enter all significant patient encounters you are involved in during this rotation. If your particular patient doesn’t easily fit into a log “type”, please enter as “Other” and give a **brief** (one sentence or less) summary of encounter type under “Comments” section.
- One patient encounter may fulfill more than one required encounter. For example, if you see a patient with a vaginal discharge and you do her exam and wet mount, this could count as pelvic exam AND wet mount.

**Entering the data into the system**

- You will be entering data into the Oasis system. **Be sure to enter the patient’s medical record number for each encounter.** This allows random validation of encounters entered.
- If it is found that you have entered a requirement that is not verifiable, you will be asked to meet with the Associate Dean for Student Affairs.
- *If there is no medical record number* (as is the case in some of our ambulatory sites) please enter name of site where you saw the patient in the “medical record” field. **Please contact Nadir Shah at nad@mail.med.upenn.edu for any technical questions related to the requirements checklist system.**
### 3. Required Encounters

<table>
<thead>
<tr>
<th>Order</th>
<th>Requirement Checklist</th>
<th>Type</th>
<th>Description</th>
<th>Minimum required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>OB-Labor and Vaginal delivery</td>
<td>Experience</td>
<td>Follow a patient through labor and vaginal delivery and round post-partum.</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>OB-C-Section</td>
<td>Procedure</td>
<td>Scrub on a C-section, follow patient pre and post Op.</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>OB-First trimester bleeding</td>
<td>Experience</td>
<td>Participate in patient care or discuss a case of a patient with first trimester bleeding.</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>OB-Initial prenatal visit</td>
<td>Experience</td>
<td>Perform history and participate in exam with supervision; discuss testing and counseling.</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>OB- Return Prenatal Visit</td>
<td>Experience</td>
<td>Update history, review prenatal history, measure fundal height and check FHT with supervision</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>GYN-Breast/Pelvic Exam, Pap smear</td>
<td>Procedure</td>
<td>Perform speculum exam/pap smear/ and pelvic and breast exam with supervision.</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>GYN- Wet Mount</td>
<td>Procedure</td>
<td>Obtain and analyze microscopically a wet mount of vaginal secretions/discharge</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>GYN-Age appropriate preventive exam</td>
<td>Experience</td>
<td>Perform a history and participate in exam with supervision; discuss age appropriate testing and counseling.</td>
<td>2</td>
</tr>
<tr>
<td>9</td>
<td>GYN-Family Planning Options</td>
<td>Experience</td>
<td>Discuss family planning options with a patient or in a case presentation.</td>
<td>1</td>
</tr>
<tr>
<td>10</td>
<td>GYN-Sexual history</td>
<td>Experience</td>
<td>Interview a patient and take a sexual history with supervision.</td>
<td>1</td>
</tr>
<tr>
<td>11</td>
<td>GYN-Abnormal Vaginal Bleeding- non-pregnant patient</td>
<td>Experience</td>
<td>Evaluate and treat a GYN patient with abnormal vaginal bleeding or participate in case discussion.</td>
<td>1</td>
</tr>
<tr>
<td>12</td>
<td>GYN-Pelvic pain</td>
<td>Experience</td>
<td>Participate in patient care or discuss case of a patient with a pelvic pain.</td>
<td>1</td>
</tr>
<tr>
<td>13</td>
<td>GYN-Pelvic Mass Evaluation</td>
<td>Experience</td>
<td>Participate in patient care or discuss a case of a patient with a pelvic mass.</td>
<td>1</td>
</tr>
<tr>
<td>14</td>
<td>GYN-Gyn surgery</td>
<td>Procedure</td>
<td>Review patient history and scrub on a major GYN surgery case and follow a patient post op.</td>
<td>2</td>
</tr>
<tr>
<td>15</td>
<td>GYN-Sexually Transmitted Illness</td>
<td>Experience</td>
<td>Participate in patient care or discuss a case of a patient with diagnosis of STI.</td>
<td>1</td>
</tr>
<tr>
<td>16</td>
<td>OB or GYN other</td>
<td>Experience /procedure</td>
<td>Please record other encounters with BRIEF description in comment field</td>
<td>0</td>
</tr>
</tbody>
</table>
4. Feedback Cards

- The School of Medicine requires that all students have documented feedback sessions throughout the rotation. The requirement for this clerkship is 4 cards. The expectation is that you will get at least 1 card completed each week with the exception of the first and final weeks of the rotation.
- The purpose of these cards is to promote formative feedback from residents and attending physicians to medical students. While it is helpful to solicit feedback from many sources it is acceptable to seek feedback from the same individual on more than one occasion.
- The cards are used to document that you have received feedback during the rotation. The contents of the card will not be factored into your grade.
- If you do not hand in at least 4 cards by the end of the rotation, you will not be assigned a final grade. Submission of feedback cards is part of “citizenship” and will also be taken into account in your final grade.
- Feedback cards are available at the orientation session or from Gene Coletta.
- Feedback cards should be handed in weekly to Gene Coletta at the didactic sessions, or to his office at HUP (579 Dulles).

5. Mini-CEX

- The mini-clinical evaluation exercise (MCEX) focuses on the core skills that students demonstrate in patient encounters and presentations. You are required to have a minimum of 2 completed MCEX forms (found on the back of your feedback cards) completed during the rotation by an attending physician or resident.
- At least one MCEX should be filled out by an attending or resident to whom you presented a case and a second by an attending or resident who observed you actually seeing and examining a patient. Please note that not all skills will be observed in all encounters.
- MCEX forms are on the back of feedback cards and are available at the orientation session or from Gene Coletta.
- Completed MCEX cards should be handed to Gene Coletta prior to the last day of the rotation.

6. Written History and Physical Exam/Evidence-based Medicine Exercise

- Each student is required to post a minimum of one written history and physical exam on our course “My Wonderful Write-Up” blog. Students may be asked to do additional histories at the discretion of the course coordinator, particularly in the first 6 months. This should include every component of the history, exam findings, summary sentence or two, differential diagnosis, with concise discussion and supporting evidence for and against each diagnosis, problem list and plan.
- Students will get an invitation to join the blog from “Dr. H” during the first 2 weeks of the rotation. Pertinent due dates for posting your H&P and EBM exercise (see below) and comments are on the blog introduction.
- Students are also required to read and comment on 2 of your colleagues’ H&P’s. Please comment on your fellow students who are NOT at the same clinical site as you.
- Students are required to complete and post an evidence based medicine exercise and post and comment on 2 colleagues postings as well.
- You will receive more information about blog and posting at the beginning of the rotation.
VII. EVALUATION AND ASSESSMENT

Your final grade and written evaluation is derived from the following components:

1. Clinical Performance

Your clinical performance during the clerkship will be assessed by faculty and house staff you work with and the on-site course coordinator(s). Evaluation of clinical performance, along with professionalism and citizenship will comprise 75% of your final grade. The on-site coordinator assigns a clinical grade based on the feedback they receive regarding your performance. This includes constructive comments that we hope will be helpful to you as you progress in your development as a physician.

You will be evaluated on the following competencies:

PATIENT CARE
- History-taking
- Physical examination

MEDICAL KNOWLEDGE
- Actual knowledge
- Problem solving

PRACTICE-BASED LEARNING AND IMPROVEMENT
- Integration of instruction
- Efficiency and effectiveness

INTERPERSONAL AND COMMUNICATION SKILLS
- Humanism and interpersonal skills
- Oral presentations
- Written work

PROFESSIONALISM
- Skills in dealing with diversity and cultural differences
- Feedback/constructive criticism
- Commitment

SYSTEMS-BASED PRACTICE
- Collaborative practice skills
- Disease prevention/routine health maintenance
- Cost-consciousness

The scale for these competencies ranges from 1 (low) to 7 (high) and has behavioral anchors. A copy of the evaluation form used by evaluators is section I of the appendix; pg.35.
2. Citizenship and Professionalism

Clerkship “citizenship” is a component of your final evaluation. Citizenship includes prompt completion of all required paperwork, including patient encounter logs, History and Physical and evidence-based medicine exercises, 4 feedback cards and 2 “mini CEX” exercises.

Feedback cards’ content are not used to determine your final grade – they are intended to provide you with real time feedback.

Citizenship also includes prompt and attentive attendance (including no texting or cell phone use) at on-site conferences and didactic sessions. In addition, appropriate participation in team clinical duties is also an integral part of clinical citizenship and professionalism.

Professionalism is an important component of your clinical performance. Professionalism in a clerkship setting is measured by the following behaviors:

- Altruism
- Commitment to Competence and Excellence
- Dependability/Punctuality
- Empathy
- Honesty/Integrity
- Respect for Others
- Respect for Patients
- Responsibility/Reliability
- Self-Assessment/Self-Improvement

In addition to these behaviors, there are expectations for attendance, appropriate attire, timely completion of required paperwork/course requirements and general professional maturity.

You will be observed during the rotation, in the clinical setting, lectures, and small groups, and you will be evaluated. Evaluators will reply to the following question:

*Has the student met minimal competency in ALL domains on professionalism?*

- □ No
- □ Yes, but with concerns
- □ Yes

*Answers of ‘No’ or ‘Yes, but with concerns’ will be brought to Dr. Morris’ attention and generally prompts a meeting with Dr. Cummings.*

In addition, clinical care in Ob/Gyn often involves sensitive physical exams. In consideration of both patients and our students, it is our policy that whenever you are performing a breast or pelvic exam, this should be done with the patient’s permission, with a nurse or medical assistant chaperone, and under direct supervision by an attending physician or resident. Please also see policy for pelvic exams under anesthesia in section A of the appendix; pg. 23.
3. Written Examination

Your fund of knowledge will be assessed with the National Board of Medical Examiners (NBME) OB/GYN Subject Examination. This will account for 25% of your final grade. You must score at least a 65 to pass the course. You must score at or above the Honors cut-off of 80 to be eligible to receive a final grade of Honors. This cut-off is established annually based on the prior year’s average grade. If a student receives unanimous clinical honors from all evaluators AND the average for the rotation shelf score is less than honor’s cutoff AND the student’s shelf score is at or above the average for that rotation, Honors will be awarded.

- *The Exam is given on the last Friday morning of the rotation at 8:00 am in Hirst Auditorium.*
- *The exam is 2 hours 30 minutes and consists of 100 case-based multiple choice questions.*
- *Backpacks, textbooks, notes, beepers, briefcases, PDA’s and calculators are not allowed; please turn off your cell phones and be prepared to hand them in to the proctor.*
- *Hats with bills or brims (e.g. baseball caps) are not to be worn during the exam.*
- *You must be on time for the exam. The exam will proceed on time if a large percentage of the students are in attendance.*
- *Please bring two #2 pencils to the exam.*
- *You can best prepare by participating fully in the clinical rotation, attending didactic sessions, reading and utilizing UWISE.*

4. Grading Logic

Your final grade is based on your observed clinical performance/professionalism/citizenship (75%) and written exam grade (25%). Clinical Honors is generally awarded to those students who demonstrate a superior knowledge base and excellent team participation during their clinical time. See above regarding requirements for shelf scores to achieve a passing or honors grade. While you must score at or above the Honors cut off to get Honors as your final grade, a shelf score at or above the honors cut off does not guarantee a final grade of Honors.

If you fail the written exam then you will receive an unsatisfactory grade and must meet with Dr. Cummings and retake the exam within a reasonable period of time. Students who fail the exam once are not eligible for honors.

If you fail the exam twice then you will fail the course and it may be necessary to repeat the clerkship or complete remedial coursework at the discretion of the course director.

If you fail to complete the requirements including submission of 4 feedback cards, 2 mini-CEX, completion of your encounter log of all required encounters and blog submission of your H&P and EBM, you will receive a grade of incomplete until all requirements are fulfilled.

While it is unusual for a student to have difficulty completing required encounters, if you are not able to complete the required clinical encounters during the rotation, remediation will be assigned and must be completed before a final course grade can be assigned. If you are having difficulty completing required encounters please let your site course director and Dr. Cummings know during the rotation so that arrangements can be made for required clinical experiences.

A PASS grade requires satisfactory completion of exam and all minimum course requirements (including H&P, EBM, feedback cards and encounter log) and satisfactory clinical performance evaluations.
A HIGH PASS grade requires all of the above PLUS the majority of clinical evaluators must judge you to be consistently and significantly above average in your knowledge and clinical performance. Your H&P and EBM post count toward your clinical performance.

An HONORS grade requires an 80 or greater on the written exam AND completion of all minimum course requirements AND more than 75% of clinical evaluators judge you to be consistently and significantly above average in your knowledge and clinical performance and award an honors grade for your clinical performance. Your H&P and EBM post count toward your clinical performance. If a student receives unanimous clinical honors from all evaluators AND the average for the rotation shelf score is less than 80 AND the student’s shelf score is at or above the average for that rotation, Honors will be awarded. Achieving a shelf grade above the “honors” cut off does not guarantee a final grade of “Honors”.

Grades and evaluations will be available in Suite 100 approximately 6 weeks after completion of the course.

5. Grade Challenges

Every attempt will be made to ensure that your overall course grade is an accurate and fair representation of your performance on the rotation. Although it is rare for a grade to be changed, you have the right to a fair and thorough review of your grade. Dr. Cummings is available to discuss/clarify evaluation comments if you have concerns once your final grade is completed. If you wish to challenge your grade or discuss your evaluations, please follow the guidelines below:

- **Contact Dr. Cummings via email to explain your specific objections and concerns.** All questions about evaluations need to be handled through Dr. Cummings (see Medical School Grading Policy below).
- **Please DO NOT approach individual residents, Attending Physicians or on-site Course Directors/Coordinators to discuss your grade or evaluations.**
- **If the concern cannot be resolved via email or phone, a meeting with Dr. Cummings will be scheduled, during which you will have an opportunity to discuss your objection.**
- **If indicated, Dr. Cummings will contact evaluators to collect additional information regarding your clinical performance.**
- **Dr. Cummings will contact you to review the final determination regarding your grade.** In most cases, this process does not result in a grade change, but occasionally systematic irregularities are discovered whose correction not only helps the individual student involved, but students who come after them.

**School of Medicine Grading Policy**

The School of Medicine expects that any challenges to a grade be conducted in a professional manner by the student involved. **Under no circumstances should a student directly contact inpatient or outpatient team members to challenge their comments or scores. All communication should be conducted through the course director.** It is the responsibility of the course director to individually contact house staff and faculty on behalf of students. Any efforts to circumvent this process will immediately terminate the review process. If this or any other unprofessional behavior is identified during the process of a review, that information may be forwarded to the medical school for inclusion in the student’s record.
6. Student Evaluations of Course, Faculty and Didactics

Faculty and Course Evaluations

It is important for us to know what you think we are doing well and where you think we have opportunities to improve. Students are required to complete the course and faculty/resident evaluation forms prior to receiving their final evaluation and grade from the Dean's office.

Please include evaluations of attending physicians and residents with whom you have worked closely. If you have been assigned a faculty preceptor please evaluate him/her.

We also request that you complete a brief evaluation of our course after you complete your exam. These evaluations are completely anonymous and give us real time feedback that is helpful in continuous course improvement.

Didactic Session Evaluations

Students are asked to complete the evaluation forms for each teaching session the week following the session. Constructive written comments are appreciated.

The forms are available on-line and are reported in aggregate, without student identifiers.

We always welcome your feedback, complimentary and constructive! Please feel free to contact Dr. Cummings or Dr. Albright if you have any suggestions for course improvement.
VIII. CLINICAL SKILLS SESSIONS

The following sessions are designed to help students develop their clinical skills and are required.

GYNECOLOGY EXAM (LECTURE & WORKSHOP) - Held on Orientation day

All students are required to attend both the video/lecture and the small group sessions to which you have been assigned. The purpose of these sessions is to provide each student with an opportunity to perform a pelvic examination on a female patient under supervision.

Learning Objectives:

1. Demonstrate knowledge of a thorough and respectful gynecologic examination including breast and lymph nodes, abdomen, pelvic, pap smear, and obtaining testing for the detection of sexually transmitted diseases.

2. Identify the different types of speculums and their indications, know how to use a speculum effectively and producing the least discomfort for your patient.

STERILE TECHNIQUE/LEARN TO SCRUB - Held on Orientation day

All students are required to attend unless you have already completed the Surgery Clerkship and are confident with your scrubbing/sterile technique skills AND are able to gown and glove yourself quickly. You will need to be able to gown and glove yourself in order to fully participate in vaginal deliveries!!!

This session takes place in the Delivery Room at HUP (7th floor of the Ravdin Building). Students learn appropriate scrub, gown/glove technique as well as how to maintain sterile technique in the OR/DR.

SIMULATION CENTER at Penn Rittenhouse Campus - Friday morning of 1st week

All students are required to attend.

Skills practiced include:

- Spontaneous Vaginal Delivery
- Foley insertion-you will obtain certification during this session that allows you to insert Foleys at HUP.
- Orientation to surgical instruments
- Basic knot tying and suturing
- Assessment of cervical dilation
- Minor Gyn procedure/ IUD insertion simulation
- Access to venipuncture/IV start simulators

The goal is to familiarize you with these techniques and make you more comfortable with them in patient care.
IX. OTHER HELPFUL INFORMATION

A. Oral Presentation Guidelines
The oral case presentation (OCP) is an essential means of physician-physician communication. You are encouraged to present patients as often as possible since this is a skill you will use throughout your medical career. Guidelines below are used in structuring oral presentations and are used by evaluators in evaluating your presentation skills.

General Ob/Gyn Initial Sentence: _yo G_P_ with an LMP of _____ (with EDC of ____ for pregnant patients) presents with…(a brief summary of presenting complaint/issue)

History of Present Illness: Clearly states the chief complaint, provides chronology of events with severity, persistence, associated symptoms, exacerbating and relieving factors, pertinent positives and negatives.

Past Medical/Surgical History: Provides relevant information from the past medical and surgical history, including hospitalizations, surgeries.

Medications/Allergies: Current medications, allergies (with reaction).

Social History: Provides relevant history regarding occupation/living situation/sexual history/substance use/abuse/history of sexual abuse and/or domestic violence

Family History: Pertinent family history of illnesses

Ob Gyn History: History of prior pregnancies as well as menstrual history and contraceptive history and current method if appropriate.

Review of Systems: Reviews pertinent positives and negatives from other systems

Physical Exam: Presents relevant positive and negative findings in a logical sequence. In addition to the standard physical exam, you will generally also be recording a pelvic exam. In general, when describing your pelvic exam, report findings in the order you did the exam:

- **External Genitalia**: comment on any lesions if present, any anatomical abnormalities seen
- **Speculum**: comment on cervix/vaginal mucosal appearance, discharge if present, vaginal support
- **Bimanual**: comment on uterine size, position, consistency, tenderness; adnexal size, consistency and tenderness; cervical motion tenderness if present, any palpable vaginal abnormalities, assess vaginal support. For pregnant patients comment on cervical length, consistency, position and dilatation.
- **Recto-vaginal exam (if done)**: comment on rectal tone, recto-vaginal septum support and/or masses if present.

Studies: Provide relevant data including labs, imaging and other studies

Summary statement/differential diagnosis: Demonstrates judgment to synthesize and summary statement and generate an appropriate differential diagnosis.

Plan: Adequately characterizes diagnostic and therapeutic management, and provides rationale for proposed plan

General Organization/coherence: Prioritizes, is efficient and logical. Clearly tells the patient’s story, physical exam findings and plans for diagnostic tests/management.
B. SOAP, Operative Note and Post Op Note Guidelines

Once a patient has been admitted to the hospital and the admission H&P has been done, daily progress notes are used to communicate and document the patient’s hospital course and recovery.

**SOAP** is the acronym for the format for these progress notes. Also, when patients are seen in the outpatient setting for a problem visit, the SOAP note format is most commonly used. Postoperative care is also generally documented in the SOAP note format. The acronym stands for:

- **Subjective findings:** (How is the patient feeling? What symptoms does she have?)
  Eg: I have pain in my incision area.

- **Objective findings:** What are the patient’s vital signs (include fluid intake and urine output on post op patients)? What are pertinent physical exam and lab/radiologic findings?
  Eg: T 98.8, P 90, BP 140/80, R15, In-2000/ Out-1500
  Lungs: Clear; Cor: RRR, no Murmurs
  Abd: soft, + bowel sounds, incision clean dry and intact, tender over incisional area only

- **Assessment:** summary of diagnosis and/or patient status
  Eg: Satisfactory recovery Post op Day 1, s/p TAH/BSO

- **Plan:** What is the plan for this patient?
  Eg: Initiate PO fluids, pain meds and ambulation; D/C Foley

**Operative notes:** briefly communicate details regarding a surgical procedure. A more detailed summary of the operative procedure is also dictated by the resident or attending. While specific format may vary from site to site, in general, an operative note includes the following information:

- **Pre Op Diagnosis:** e.g. post-menopausal bleeding
- **Post Op Diagnosis:** e.g. same in addition to sub-mucous fibroid and abundant currettings suspicious for endometrial cancer
- **Procedure:** e.g. D&C, hysteroscopy
- **Surgeon:** Attending who scrubbed on the procedure
- **Assistants:** Residents/students scrubbed
- **Anesthesia:** Type of anesthesia used
- **Drains:** e.g. Foley
- **Fluids:** Amount of fluid given intra-op and amount of urine drained pre and intra-op, as well as amount of fluid in and out of uterus in a hysteroscopic case
- **Estimated Blood Loss:** How much blood was lost during the procedure?
  *If you are writing the note, ask the attending or resident what they think this is!
- **Specimen:** What, if any, tissue was sent to pathology
- **Complications:** What, if any, complications occurred intra-op?

*Ask residents about this if you are documenting - it can sometimes be tricky to judge what is a complication vs. a normal part of the procedure.

**Operative findings:** What was found at the time of surgery? In general, the findings on exam under anesthesia are included here as well as what was seen/measured intra-op and what the results of frozen section were if this was done.
C. Documentation Guidelines
The medical record is a permanent recording of a patient's hospital course or outpatient care. Documentation in the medical record is primarily used for communication among team members and for historical reference in the ongoing care of a patient. In addition, medical record documentation is used to support billing for patient care. When medical legal issues arise, the medical record is also the primary source for information and is frequently used in legal proceedings. For all these reasons, but most importantly because of the role of the record in patient care, accurate documentation is crucial. In addition, a particular format and documenter are often required to satisfy insurer imposed regulations for appropriate billing.

As a medical student, your role frequently is that of a reporter and gatherer of information. Learning what information to gather and report and how to concisely report it should be one of your major goals during all your clerkships. While different specialties may emphasize specialty specific areas for documentation, some general principles apply.

- It is only appropriate to document facts in the medical record. Especially as a medical student, be sure that you are only recording information that is important to the patient's care. If you are not sure about something, ask your resident or attending before you put it in the record.
- There are specific regulations that prohibit using medical student documentation for billing purposes. DO NOT be offended if the resident or attending “rewrites” what you have written. This is not because the information you have gathered/reported is not important or valued. It is because that information needs to also be recorded and verified by a resident or attending to support billing. Having your note for reference is very helpful.
- While not usable for billing in most circumstances, your chart documentation is a part of the permanent record and is read by the care team and by future caregivers reviewing the record. In addition, it will be part of the record if there is ever a medico-legal issue. Please keep all of this in mind when you enter documentation into the chart.
- Communicating and recording patient care in the medical record is a learned skill. Do not expect to be an expert at this on your first rotation. By the time you graduate, you should be (and are expected to be) a pro! If you are not sure if you should put something in the record, ASK!
X. APPENDICIES AND RELEVENT SCHOOL OF MEDICINE
POLICIES/DOCUMENTS

A. Policy for Pelvic Exam under Anesthesia by Medical Students

UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM
DEPARTMENT OF OBSTETRICS & GYNECOLOGY
POLICY STATEMENT

PELVIC EXAMINATIONS UNDER ANESTHESIA BY MEDICAL STUDENTS

STATEMENT OF POLICY:

Medical students are frequently assigned to the operating room as a member of the surgical team during the core clerkship and elective courses in Obstetrics and Gynecology. The attending physician, who is responsible for the care of the patient, also is responsible to determine the level of participation of the student, the specific tasks that the student may perform and to assure the appropriate supervision of the student.

As a part of many gynecologic surgeries, a pelvic examination under anesthesia (EUA) is performed to provide valuable information for the safe conduct of the operation. When an EUA is planned as part of the procedure, it is important that all aspects of the surgical procedure, including the EUA, be discussed with the patient and that the written consent specifically include “examination under anesthesia” along with other elements of the procedure. In addition to the surgeon, other physician members of the surgical team may perform an EUA to confirm the findings or render an additional opinion. In this circumstance, the EUA also may provide an opportunity to teach other physician members of the team regarding the surgical decision-making process, and the selection of the surgical approach.

A medical student who is part of the surgical team may not perform an EUA unless the patient specifically consents to also having a medical student perform the examination. This written consent for a medical student to perform an EUA should be obtained using the form entitled “Pelvic Examination under General Anesthesia”. This form must be signed by the patient and must be present in the medical record at the time of the EUA by the medical student, and will remain part of the permanent medical record. At all times, the personal wishes of the patient should determine the extent of her participation in the education process. Refusal to have a medical student perform an EUA should not in any way affect the care of the patient.

- EUA should be performed only by members of the surgical team who are directly involved in the care of that patient.
- The EUA should only be performed when it is an appropriate part of the evaluation of the patient and should never be performed solely for teaching.
- An EUA planned as part of the procedure should only be performed with the written consent of the patient.
- Prior to a medical student performing an EUA, the form entitled “Pelvic Examination under General Anesthesia” must be signed by the patient and be part of the medical record.
- When an EUA is performed, the patient should be draped similarly to when a pelvic examination is performed in the office.

EFFECTIVE DATE: July, 2003
B. Infectious Disease Precautions for Clerkships

*If you are exposed to patient blood and body fluids, immediately contact the Student Health Service on the Ground Floor of Penn Tower (215-662-2850).* Please notify the course coordinator and occupational health at your site.

All students enrolled in clerkships must take measures to prevent exposure to blood or body fluids. This policy applies to all students at the University of Pennsylvania School of Medicine.

**Procedures**

- Every patient and every patient specimen must be assumed to be a potential source of infection.
- Every effort must be made to avoid needle-stick injury or injury with other sharp instruments contaminated with blood or body fluids. Contamination of open cuts, abrasions, or mucous membranes with blood or other body fluids must be avoided.
- Gloves will be worn whenever contact with blood, body fluids, mucous membranes, or non-intact skin is anticipated. Gloves must be changed between patients or when torn. Gloves should be removed after patient contact, and before touching other surfaces such as door handles, counter tops etc. Gloves will be worn in the following situations:
  - Handling soiled items.
  - Touching/cleaning soiled surfaces.
  - Performing invasive or vascular access procedures.
  - Handling of blood or body fluid specimens and all fluid-filled containers.
  - Starting IVs, drawing blood, and manipulating stopcocks or lines.
  - Emptying the drainage from a urinary catheter. To prevent cross-contamination from one catheter drainage spout to another, medical students should discard used gloves, washed hands, and put on new gloves before emptying a second patient’s drainage bag.
  - Performing speculum or digital vaginal/rectal exam
- If aerosolization or spattering of blood or body fluids is likely, additional barrier precautions, i.e., gown, mask, and protective eyewear must be used.
- Careful hand-washing between patients and following contact with patient’s blood or body fluids is essential, *even when gloves have been worn.*
- Needles should not be bent, broken, or recapped into their original sheaths, removed from disposable syringes, or otherwise manipulated by hand before disposal. Needles should not be changed between venipuncture and injection of blood into blood culture bottles. If a needle must be removed, used the slot available on the needle disposal containers, or use a hemostat. If recapping is unavoidably necessary, either use a hemostat to hold the cap, or place the cap on a level surface and thread the needle without holding the cap. Needles and all sharp instruments must be disposed of in appropriate needle disposal containers. Such items must not be left of trays or on bed linens.
- Resuscitation masks will be readily available for all patients. Blood spills must be cleaned up promptly (wearing gloves) with a disinfectant solution.
- Medical students with exudative lesions or weeping dermatitis should not provide direct patient care or handle patient care equipment. Such personnel should report to the Student Health Service for evaluation.

- Health care workers sustaining needle sticks or other exposures to blood or body fluids must be evaluated by the Student Health Service. Laboratory tests and other diagnostic studies that are not covered by a student’s insurance will be paid for by the Medical School
providing they are required by the Student Health Service because of exposure of a student through the student’s activities in a course approved for credit by the University of Pennsylvania School of Medicine.

- Clinical Laboratory staff (medical students) must adhere to departmental infection control policies dealing with specimen handling.
- All medical students who have potential exposure to blood or body fluids are encouraged to obtain Hepatitis B vaccination from the Student Health Service.
- Any questions regarding this policy may be referred to the Infection Control Section or the Student Health Service.

C. Exposure to Blood or Body Fluids

Penn Med policy regarding potential exposures is as follows:

Any medical student who sustains a needle-stick or other wound resulting in exposure to blood or body fluids should follow the following protocol. Please keep in mind, that drug prophylaxis following a high-risk exposure is time sensitive, therefore you must immediately seek help from the appropriate hospital department.

Immediately wash the affected area with soap and water and cover the area with a dressing if possible. For an ocular exposure, flush thoroughly with water. Inform the supervising resident and immediately report to the areas listed below. Please bring the source patient information with you.

At HUP, the VA or CHOP
- Go directly to HUP’s Occupational Medicine Division.
- If they are closed, report to the HUP Emergency Department.
- Identify yourself as a medical student who has just sustained an exposure.
- You will see health care provider who is trained in assessing the risk of the exposure. If you are seen in the Emergency Room, an occupational medicine doctor is on-call 24 hours a day to provide immediate consultation on post-exposure drug treatment and counseling. Do not hesitate to ask the physician treating you to page the Occupational Medicine doctor carrying the needlestick pager.
- You will be counseled and advised about post-exposure prophylaxis, if necessary.
- If indicated, you will be given a starter pack of the prophylactic drugs which are recommended in accordance with the current guidelines of the Center for Disease Control.
- Base-line blood tests will be done on you.
- The physician at Occupational Health will contact the attending physician of the source patient to expedite the process of getting consent to test the source patient.
- You will be given a schedule as to when to return to Occupational Medicine for follow-up testing.
If you are at the following hospitals, please go to the place listed. You will be treated in accordance with the hospital’s needle-stick policy for healthcare workers. All affiliated hospitals’ needle-stick policies have been reviewed by the Director of Infection Control for HUP and meet established standards. All follow-up testing for the students is done at HUP Occupational Health. Students should bring their records to HUP Occupational Health so that appropriate follow-up testing can be scheduled.

**Chester County Hospital** - Report to the Emergency Department.
**Pennsylvania Hospital** - Report to Employee Health or to the Emergency Room if they are closed.
**Presbyterian Hospital** - Report to Occupational Medicine or to the Emergency Room if they are closed.
**Underwood Memorial Hospital** - Report to Employee Health or to the Emergency Room if they are closed.
**Virtua Health** - Report to Occupational Health or to the Emergency Room if they are closed.
**Outpatient Ambulatory Sites** - Report to HUP Occupational Medicine or to its satellite at Radnor, whichever is a closer distance to your site.

**Billing Procedures**
All expenses that a student incurs, associated with needle-sticks, will be paid for by the School of Medicine. At HUP or Presbyterian, these charges should automatically be billed to the School. However, if you do receive a bill for any of these services, please bring it to Nancy Murphy in the Office of Student Affairs immediately, so that the charges can be transferred to the school account. At affiliated hospitals, typically the bill will be sent to your home address. Please bring it to Nancy Murphy immediately so that the School of Medicine can pay the bill.

**D. Safe and Healthy Learning Environment**

[http://www.med.upenn.edu/student/safe_environ.html](http://www.med.upenn.edu/student/safe_environ.html)

**I. Introduction**
The University of Pennsylvania School of Medicine is committed to the principle that the educational relationship should be one of mutual respect between teacher and learner. Because the school trains individuals who are entrusted with the lives and well-being of others, we have a unique responsibility to assure that students learn as members of a community of scholars in an environment that is conducive to learning.

Maintaining such an environment requires that the faculty, administration, residents, fellows, nursing staff, and students treat each other with the respect due colleagues. All teachers should realize that students depend on them for evaluations and references, which can advance or impede their career development. They must take care to judiciously exercise this power and to maintain fairness of treatment avoiding exploitation or the perception of mistreatment and exploitation. The quality and worth of a University of Pennsylvania School of Medicine education rest not only in the excellence of the content and the skills that are taught, but also in the example provided to students of humane physicians and scientists who respect their professional colleagues at all career levels, their patients, and one another.
II. Responsibilities of Teachers and Learners

The teacher-learner relationship confers rights and responsibilities on both parties. Behaving in a way that embodies the ideal teacher-learner relationship fosters mutual respect, minimizes the likelihood of learner mistreatment, and optimizes the educational experience.

Responsibilities of Teachers:

- Treat learners fairly, respectfully, and without bias related to their age, race, gender, sexual orientation, disability, religion, or national origin.
- Distinguish between the Socratic method, where insightful questions are a stimulus to learning and discovery, and overly aggressive questioning, where detailed questions are repeatedly presented with the end point of belittlement or humiliation of the learner.
- Give learners timely, constructive, and accurate feedback and opportunities for remediation.
- Be prepared and on time for all activities.
- Provide learners with current material and information and appropriate educational activities.

Responsibilities of Learners:

- Be courteous and respectful of others regardless of their age, race, gender, sexual orientation, disability, religion, national origin, or role in your education.
- A medical student should act in accordance with the University of Pennsylvania School of Medicine Code of Conduct, [http://www.med.upenn.edu/student/standards/part3.htm#4](http://www.med.upenn.edu/student/standards/part3.htm#4)
- Be aware of the medical condition and current therapy of patients.
- Put patients’ welfare ahead of educational needs.
- Know limitations and ask for help when needed.
- Maintain patient confidentiality.
- View feedback as an opportunity to improve knowledge and performance skills.
III. Description of Inappropriate Behavior

Inappropriate behaviors are those that are not respectful or professional in a teacher-learner relationship. Determining whether a given behavior is inappropriate involves a subjective assessment of the intentions of the performer and the perception of the recipient. Clearly inappropriate behaviors, which compromise the integrity of the educational process, include, but are not limited to:

- Unwanted physical contact (such as touching, hitting, slapping, kicking, pushing) or the threat of the same;
- Sexual harassment (see the University of Pennsylvania Policy Sexual Harassment Policy, http://www.upenn.edu/almanac/v50/n20/OR-harassment.html);
- Discrimination based on age, race, gender, sexual orientation, disability, religion, or national origin;
- Requiring learners to perform personal chores (e.g., running errands or babysitting);
- Verbal harassment, including humiliation or belittlement in public or privately;
- Use of grading and other forms of assessment in a punitive or self-serving manner;
- Romantic or sexual relationships between a teacher and student (see the University of Pennsylvania Policy on Consensual Sexual Relations Between Faculty and Students, http://www.upenn.edu/assoc-provost/handbook/vi_e.html)

IV. What to do if You Believe Inappropriate Behavior or Mistreatment has Occurred

While we believe that the professional behavior is generally practiced and respected by the members of our diverse community of scholars throughout the School of Medicine, we recognize that there may be occasions when real or perceived incidents of unprofessional behavior directed toward learners occur.

The School of Medicine is committed to establishing the facts through a fair process, which respects the rights and confidentiality, to the extent possible, of the involved parties. Exchanges of information, whether verbal or written, will be handled in a confidential manner. However, at any level, there may be situations that limit the ability for confidentiality, such as those involving potential harm to a student or others, including sexual assault.

A complaint should be reported as soon as possible but not more than 90 days after the alleged incident. Several avenues are open to the student who experiences an incident of inappropriate behavior and mistreatment.

A. Informal Pathway

The student may consider speaking directly with the person. If the behavior stems from a misunderstanding or a need for increased sensitivity, the person will often respond positively and stop. Open communication may clarify any misunderstanding or issue(s) and lead to a successful, informal resolution.

B. Counseling and Guidance

A student, who has concerns about the learning environment, may speak with the Course Director, the Office of Student Affairs, an Advisory Dean, a School of Medicine Ombudsperson, or a peer advisor.
All involved parties must agree upon all informal resolutions. For tracking purposes, a written record of the resolution must be filed with the Associate Dean for Student Affairs; however, this can be done without reference to specific names.

**C. Consultation with the Associate Dean for Student Affairs**

If Steps A or B are not successful or appropriate, a student must refer the complaint to the Associate Dean for Student Affairs, who will make one last attempt at informal resolution.

**D. Formal Pathway – Preliminary Inquiry**

Inquiry into a violation of these standards of conduct committed by any individual, whether or not affiliated with the University, should be initiated by written complaint and filed with the Vice Dean for Education within 90 (ninety) days of the violation.

The complaint must be detailed and specific, and accompanied by appropriate documentation. The Vice Dean has the responsibility to protect the position and reputation of the complainant.

Upon receipt of a properly documented complaint, which has been made in good faith, the Vice Dean shall inform the respondent of the nature of the charges and identify the complainant. The Vice Dean shall also appoint an inquiry officer, who may not be a member of the same department as, or collaborator with, the complainant or respondent. The inquiry officer shall be unbiased and have appropriate background to judge the issues being raised. He/she must be a faculty member of the School of Medicine. An inquiry officer will be appointed within two weeks of the receipt of a properly documented complaint and the complainant and respondent will be notified. The Vice Dean shall also make every effort to protect the identities of both complainant and respondent with respect to the larger community.

The inquiry officer shall gather information and determine whether the allegation warrants a formal investigation. He/she shall then submit a written report to the Vice Dean, the complainant, and the respondent. The report shall state what evidence was reviewed, summarize relevant interviews, and include conclusions. This report shall ordinarily be submitted within 30 calendar days of receipt of the written complaint by the Vice Dean. If the inquiry officer finds that a formal investigation is not warranted, the complainant shall be given the opportunity to make a written reply to the officer within 15 calendar days following receipt of the report to the Vice Dean. However, if the inquiry officer finds that a formal investigation is warranted, the respondent shall be given the opportunity to make a written reply to the report within 15 calendar days following submission of the report to the Vice Dean. Such replies shall be incorporated as appendices to the report. The entire preliminary inquiry process shall be completed within 60 calendar days of the receipt of a properly documented complaint by the Vice Dean unless circumstances clearly warrant a delay. In such cases the record of inquiry shall detail reasons for the delay.

If the report of the inquiry officer finds that a formal investigation is not warranted, the Vice Dean may (i) initiate a formal investigation despite the recommendation of the preliminary inquiry committee, or (ii) not initiate a formal investigation, but take such other action as the circumstances warrant, or (iii) drop the matter. The Vice Dean ordinarily shall complete the review within 10 days of receipt of the report. The Vice Dean shall inform the concerned parties of the decision. In the event the Vice Dean determines, in consultation with legal counsel, not to initiate a formal investigation, the Vice Dean shall, as appropriate, use diligent efforts to restore the reputation of the respondent and to protect the position and reputation of the complainant if the complaint is found to have been made in good faith.
If no formal investigation of the respondent is conducted, sufficient documentation shall be kept on file to permit a later assessment of the reasons that a formal investigation was not deemed warranted.

If the report of the inquiry officer finds that a formal investigation is warranted or the Vice Dean decides the matter should be pursued through a formal investigation the Vice Dean shall:

- notify the complainant and respondent;
- initiate a formal investigation as provided in section E.

**E. Formal Investigation**

To initiate a formal investigation, the Vice Dean shall appoint a formal investigation committee of not less than three individuals, all of whom shall be faculty members of the School of Medicine. The Chair of the Student Standards Committee will chair the formal investigation committee. The formal investigation shall be initiated within two weeks of completion of any inquiry that finds that such an investigation is merited.

The formal investigation committee shall undertake a thorough examination of the charges. Whenever possible, interviews shall be conducted with the complainant and respondent, as well as with others having information regarding the allegations. Summaries of these interviews shall be prepared, provided to the interviewed party for comment or revision, and included as part of the file. During its proceedings, the committee shall have access to and consult legal counsel. When appearing before the committee the respondent and the complainant may each be accompanied by an adviser. The student's adviser shall be a School of Medicine faculty member and the respondent's adviser must be a University of Pennsylvania employee. The committee shall not conduct formal hearings. Except in unusual cases, the respondent and the complainant shall not appear before the committee at the same time.

Following the completion of its investigation the committee shall submit a written report with full documentation of its upholding the complaint or not to the Vice Dean with copies to the complainant and respondent. This report shall describe the policies and procedures under which the investigation was conducted, how and from whom information was obtained, the findings, and the basis of the findings and texts or summaries of the interviews conducted by the committee. This report shall ordinarily be submitted to the Vice Dean within 60 days of the appointment of the formal investigation committee. The complainant and respondent shall be permitted to make a written reply to the Vice Dean within 15 calendar days of receipt of the report. Such replies shall be incorporated as appendices to the report of the formal investigation committee. The entire formal investigation process shall be completed with 90 calendar days of its initiation, unless circumstances clearly warrant a delay. In such cases, the reasons for a delay shall be documented.

**F. Resolution**

If the report of the formal investigation committee finds the charges to be unfounded, the matter shall be dropped and the concerned parties shall be informed. The Vice Dean has the responsibility to take an active role to repair any damage done to the reputation of the respondent or the complainant (provided the complainant acted in good faith), and to take appropriate action should the Vice Dean determine that the accusation was knowingly false.
If the report of the formal investigation committee finds the charges against a respondent to be substantiated, the following offices will be notified.

For a non-faculty UPHS employee (including but not limited to nursing, housestaff, and fellows), the Vice Dean shall inform the UPHS Office of Human Resources.

If a non-faculty employee of the University of Pennsylvania is named in a complaint and charges are substantiated against him/her, the Vice Dean shall inform the University's Human Resources Office.

If charges against a faculty member (including Clinical Care Associates) are substantiated, the Vice Dean shall inform the Dean of the School of Medicine who will proceed to take whatever actions are appropriate to the seriousness of the offense and in accordance with University procedures and which consider the previous record of the respondent. For major offenses by members of the standing (including clinical) or research faculties, the Dean of the School of Medicine shall determine whether there is substantial reason to believe that just cause exists for suspension or termination, and shall take other steps as may be appropriate under the University's procedure for Suspension or Termination of Faculty for Just Cause. For less serious offenses which do not warrant suspension or termination, the Dean of the School of Medicine may impose penalties including, but not limited to, removal from a particular project, a letter of reprimand, special monitoring of future work, probation, or below average salary increases, including zero salary increases, for one or more years. The respondent shall have access to all established University grievance and appeal procedures in accordance with the stated jurisdiction of such procedures.

G. Procedures

If the Vice Dean is the respondent or in any other way has a conflict of interest or the appearance of a conflict of interest, he or she is obligated to remove him or herself from the case during the preliminary inquiry and formal investigation, and the Dean of the School of Medicine shall appoint someone else to assume responsibility for carrying out these procedures.

Complete records of all relevant documentation on cases treated under the provisions of this policy shall be preserved in the Office of the Vice Dean for at least ten years.

The School of Medicine may act under these procedures irrespective of possible civil or criminal claims arising out of the same or other events. The Vice Dean, with the concurrence of the Dean of the School of Medicine, after consulting with the Office of the General Counsel, shall determine whether the University shall, in fact, proceed against a respondent who also faces related charges in a civil or criminal tribunal. If the University defers proceedings, it may subsequently proceed irrespective of the time provisions set forth in these procedures.

The Vice Dean shall have the authority to take any actions on behalf of the School of Medicine that he or she deems necessary to protect the complainant and/or the respondent, or to address other needs or deliberations related to the situation, pending the investigation and resolution of the complaint.

Retaliation against any member of the school community, who comes forward with a complaint or concern, is prohibited. If an individual believes that he or she is being subjected to retaliation as a result of coming forward with a concern or a complaint, he or she should refer the matter to the Vice Dean.
E. Modules 4 and 5 Holiday Policy

Students are allotted the following holidays: Memorial Day, July 4th, Labor Day, and Thanksgiving (5:00PM Wednesday to 5:00AM Monday) and Summer and Winter breaks (see the academic calendar for details). [http://www.med.upenn.edu/student/holidays.html](http://www.med.upenn.edu/student/holidays.html)

The School of Medicine recognizes that there are other holidays, both religious and secular, which are of importance to some individuals and groups. Students who wish to observe these holidays must inform the course director before the course begins and during the site selection process, if applicable. The course director may provide the student with an alternative arrangement to make-up the day(s) missed, on-call assignments, exams, etc. The timing of make-up work is at the discretion of the course director and may fall during vacation periods. Missed days which can't be completed before the course end date will result in a grade of "Incomplete".

This general policy does not apply to sub-internships (where the student substitutes for an intern on a patient care team) or externships (where the student functions as an additional intern on a patient care team). In these situations, coverage is dictated by patient care needs, and holiday observances are the prerogative of the department involved. Students are advised to obtain departmental holiday policies prior to starting these rotations (and in the case of electives, prior to selecting the elective), and to discuss any special needs with the course director as far in advance as possible.

F. Penn Safety Net (formerly PORTS)

The Penn Safety Net is a web-based occurrence reporting and tracking system. This system is available to all clinical and non-clinical staff at each of the 3 Penn hospitals as well as all of the Penn outpatient clinics. **The link to Penn Safety Net is available on the intranet page for each UPHS hospital.**

The purpose of any incident reporting system is to provide an easy way for staff to identify events in which an error occurred or events in which the quality or safety of care was threatened in any way, even when no patient harm occurred (these types of scenarios are described in patient safety as “near misses”). These reports provide the opportunity for Penn to learn more about the at-risk areas and imperfect systems that exist within our hospitals and implement improvement projects to prevent future patient harm.

Medical students can enter reports. They can enter a report in one of 3 ways: using their Penn key, using their first and last name, or reporting anonymously. All information entered into Penn Safety Net is confidential. If students or any reporters do identify themselves with their PennKey or name, their name will never be disclosed (shared) with anyone else. On occasion, reporters will get called by a member of Risk Management or Patient Safety after their report is entered in order to ask additional questions more about the incident or to provide follow-up and feedback. If a medical student witnesses or is involved in an event and is unsure about whether it should be reported, they should ask their attending and/or clerkship director for direction. In addition, if a medical student is anxious or nervous about any part of the incident reporting process or if they are told specifically not to enter a report by their clinical supervisors and they are uncomfortable with this conversation or direction, they should consult with their clerkship supervisor. General questions from the clerkship directors about Penn Safety Net and patient safety concerns at Penn can be directed to one of the Patient Safety Officers at the 3 Penn Hospitals:

- Pennsylvania Hospital: Daniel Feinberg, MD
- Penn Presbyterian Hospital: Kevin Fosnocht, MD
- Hospital of the University of Pennsylvania: Ara Chalian, MD; Jennifer Myers, MD
G. Duty Hours

Duty Hours Policy (adapted for Medical Students on Ob Gyn Rotation)

Definitions

Duty hours are defined as all clinical and academic activities related to the on site clinical clerkship; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

Duty Hour Limits

Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Students may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

Time Off

Students must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties.

Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.
H. Suite 100 Absence Form

When you need to be absent from any part of your rotation FOR ANY REASON you must notify your local team, course coordinator, course director (Dr. Cummings) and Gene Coletta and submit the absentee form to Suite 100. Planned absences require as much advance notice as possible so make up work can be arranged, if necessary.

Absence Information

Student Name: _____________________________________________________________

Clerkship: __________________ Site: __________________

Dates of Absence: ____________________________ To: __________________________

Reason for Absence (examples of excused absences include traveling to present original work at national meetings, family wedding or participation in a wedding party, death in the family, personal or immediate family illness; examples of unexcused absences include traveling to spend time with significant other, attending to other SOM course assignments or attending to elective doctor appointments). Please be aware some make up work will be required in lieu of attendance.

You must submit requests for absences, other than illness or death in the family, at least 4 weeks prior to the first day of the affected clerkship to the clerkship director and Anna Delaney (delaneya@mail.med.upenn.edu).

STUDENT SIGNATURE ___________________ DATE __________

Approval

Approved

Rejected

Comments:

__________________________________________________________________________

__________________________________________________________________________
I. Evaluation Form

University of Pennsylvania School of Medicine Evaluation of Student Performance

Student Name: _______________________

Course Director: __________

Year in School: MS3    MS4    Other: ______________

Dates of Elective: ______________

I. PATIENT CARE  (Circle number most consistent w/observed behavior)

A. HISTORY TAKING (appropriate to the specialty)  [ ] Not Able to Assess (check only if appropriate)

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<tr>
<td></td>
<td>Incomplete and disorganized history; very poor interview skills</td>
<td>History lacks focus; barely adequate interview skills</td>
<td>Takes an appropriate history; adequate interview skills</td>
<td>Thorough and appropriate history; excellent interview skills</td>
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B. PHYSICAL EXAMINATION (appropriate to the specialty)  [ ] Not Able to Assess (check only if appropriate)

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<td></td>
<td>Incomplete and disorganized; major deficiencies in technique</td>
<td>Fails to follow-up/define clinical findings; some deficiencies in technique</td>
<td>Performs an appropriate and technically sound physical exam</td>
<td>Exceptionally thorough exam with careful attention to clinical findings; excellent technique</td>
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II. MEDICAL KNOWLEDGE (Circle number most consistent w/observed behavior)

A. ACTUAL KNOWLEDGE  [ ] Not Able to Assess (check only if appropriate)

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<tr>
<td></td>
<td>Fund of knowledge is inadequate</td>
<td>Weak knowledge base but shows potential for improvement</td>
<td>Solid fund of knowledge</td>
<td>Outstanding fund of knowledge</td>
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B. PROBLEM SOLVING  [ ] Not Able to Assess (check only if appropriate)

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<td></td>
<td>Unable to integrate the elements of a clinical database; has no or only rudimentary problem solving ability</td>
<td>Still learning how to integrate the elements of a clinical database but shows potential for improvement</td>
<td>Able to synthesize most aspects of the clinical database into a solid differential diagnosis and/or overall plan</td>
<td>Integrates all aspects of the clinical database completely and succinctly; produces sophisticated differentials and/or plans</td>
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### III. PRACTICE-BASED LEARNING AND IMPROVEMENT (Circle number most consistent w/ observed behavior)

#### A. INTEGRATION OF INSTRUCTION

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<tr>
<td>Little evidence of supplemental reading</td>
<td>Completes reading and study assignments</td>
<td>Does some supplemental reading as well as assigned reading</td>
<td>Self-motivated to expand knowledge; intellectually curious</td>
<td>Not Able to Assess (check only if appropriate)</td>
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#### B. EFFICIENCY AND EFFECTIVENESS

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<tbody>
<tr>
<td>Works slowly and in a disorganized manner</td>
<td>Basically organized but needs to be better focused</td>
<td>Organizes workload in an efficient and effective manner</td>
<td>Remarkably well organized and efficient</td>
<td>Not Able to Assess (check only if appropriate)</td>
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### IV. INTERPERSONAL AND COMMUNICATION SKILLS (Circle number most consistent w/ observed behavior)

#### A. HUMANISM AND INTERPERSONAL SKILLS

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<tr>
<td>Inensitive to patients and families feelings, needs and wishes</td>
<td>Sometimes has difficulty establishing rapport with patients and families</td>
<td>Relates well to most patients and family members</td>
<td>Consistently demonstrates respect, empathy and compassion</td>
<td>Not Able to Assess (check only if appropriate)</td>
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#### B. ORAL PRESENTATIONS

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<tr>
<td>Incomplete and disorganized; major deficiencies in characterization of clinical issues</td>
<td>Presentations incomplete; some omissions/ inaccuracies in characterization of clinical issues</td>
<td>Adequate delineation of primary problem with reasonable characterization of clinical issues</td>
<td>Clear delineation of primary and any secondary problems; excellent characterization of all clinical issues</td>
<td>Not Able to Assess (check only if appropriate)</td>
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#### C. WRITTEN WORK

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<tr>
<td>Recorded findings are inadequate; major deficiencies in analysis of problems</td>
<td>Lapses in recorded findings; some omissions/ inaccuracies in analysis of problems</td>
<td>Recorded findings are appropriate; analyzes primary problems in a complete manner</td>
<td>Recorded findings are well organized, conscientious and accurate; detailed analysis of all health care issues</td>
<td>Not Able to Assess (check only if appropriate)</td>
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V. SYSTEMS-BASED PRACTICE (Circle number most consistent w/ observed behavior)

A. DISEASE PREVENTION/ROUTINE HEALTH MAINTENANCE  Not Able to Assess (check only if appropriate)

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<td>Rarely raises prevention/routine health maintenance with patients or incorporates these needs into health care plan</td>
<td>Acknowledges importance of prevention/health maintenance issues but fails to incorporate them into health care plan</td>
<td>Generally able to integrate prevention/health maintenance needs with other elements of the health care plan</td>
<td>Expert in integrating prevention/health maintenance principles and practices into the health care plan</td>
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FEEDBACK

Has the student accepted and incorporated feedback? (PLEASE CHECK ONE)

- □ No
- □ Yes, but with concerns
- □ Yes

If you answered “NO” or “YES, BUT WITH CONCERNS” to the question listed above, comments MUST be provided.

PROFESSIONALISM

Professionalism is a code of conduct which includes: Honesty/Integrity; Responsibility/Reliability; Dependability/Punctuality; Respect for Others; Altruism; Empathy; Commitment to Competence and Excellence; Self-Assessment/Self-Improvement; Respect for Patients

Has the student met minimal competency in ALL domains of professionalism? (PLEASE CHECK ONE)

- □ No
- □ Yes, but with concerns
- □ Yes

If you answered “NO” or “YES, BUT WITH CONCERNS” to the question listed above, comments MUST be provided.

Please provide comments on any aspect of the student’s PROFESSIONAL BEHAVIOR. Strengths or weakness can be noted.

---

37
MEDICAL KNOWLEDGE and SKILLS

Has the student achieved minimal competency for medical knowledge and skills? (PLEASE CHECK ONE)

□ No  □ Yes, but with concerns  □ Yes

If you answered “NO” or “YES, BUT WITH CONCERNS” to the question listed above, comments MUST be provided.

OVERALL COMMENTS

Please describe the student’s strengths.

Please describe areas in which improvement is needed.

RECOMMENDED GRADE (PLEASE CHECK ONE)

□ Withdraw □ Incomplete □ Unsatisfactory □ Low Pass □ Pass □ High Pass □ Honors

Evaluator’s Signature ___________________________ Date _____________

FINAL GRADE (PLEASE CHECK ONE)

□ Withdraw □ Incomplete □ Unsatisfactory □ Low Pass □ Pass □ High Pass □ Honors

Course Director’s Signature ___________________________ Date _____________