CLINICAL POLICIES

LEARNING OBJECTIVES FOR REQUIRED CLERKSHIPS

Upon completion of the required clerkships, it is expected that the student will be able to demonstrate:

1. the ability to take an accurate, focused patient history, including psychosocial and family issues;
2. the ability to perform a complete or focused physical and psychiatric examination;
3. the ability to give a complete, accurate and organized case presentation;
4. the ability to keep a complete, accurate, organized medical record;
5. knowledge of common acute and chronic problems across age and gender;
6. a basic knowledge of gender and age-specific preventive health measures;
7. interpersonal skills that enable the development of patient rapport;
8. the ability to use evidence-based medicine to solve clinical problems;
9. knowledge of appropriate use of imaging modalities, including conventional radiography, ultrasound, CT or MR imaging;
10. the ability to formulate a patient-centered management plan that incorporates the principles of prevention and health education;
11. knowledge of and sensitivity to cultural and socioeconomic issues that impact patient care;
12. knowledge and skills needed to provide cost-effective and appropriate care;
13. skills in lifelong learning, including skills to search computerized medical databases;
14. the ability to utilize other members of the health care team, including consultant physicians, nurse practitioners, nutritionists, and mental health professionals.

These policy guidelines have been compiled by the Clerkship Course Chairs’ Subcommittee of the Medical Education Committee in an effort to inform students as to expectations about their performance on clinical clerkships. These guidelines apply to all of the required clerkships at all clinical sites.
STUDENT RESPONSIBILITIES

I. CLINICAL RESPONSIBILITIES

In order to develop and refine history and physical examination skills, students are expected to perform frequent history and physical exams. On inpatient rotations, students should round with their team members and be responsible for patient care (write admission notes, progress notes, and discharge summaries). Medical students should not be dictating notes for housestaff. On ambulatory rotations, whenever possible students should have the opportunity to encounter patients first before they are evaluated by housestaff or faculty. On surgical rotations, students are expected to complete ward responsibilities in addition to observing surgeries in the operating room. On psychiatry and neurology rotations, students are expected to carry out—in addition to general histories and physicals—detailed psychiatric and neurological examinations.

II. CALL SCHEDULES

Students on Core (required) Clerkships are expected to take call (defined as spending the night at the hospital) as specified for the clerkship. Call should be no more frequent than every fourth night. However, at the same time, it is important to try to maintain continuity with teams on the ward.

For housestaff teams rotating on every third night call, the students may maintain continuity with their team by alternating "short call" (until 10 PM) with overnight call every three days (thus, overnight call would be every 6th night).

Students on Subinternships should plan to rotate with the team on the same schedule as interns and residents. Call should be equivalent to that of the applicable housestaff and no more frequent than every third night (same policy as for residents).

If a student is assigned to call with his/her team the night preceding Doctoring 3 and Longitudinal Preceptorship day, he/she must be released by 10:00 p.m. When a student is on-call the night before their Doctoring 3 and Longitudinal Preceptorship day, they may miss morning rounds.

Whenever a student is required to stay overnight, sleeping facilities that provide appropriate privacy must be made available. Additionally students may decide to stay overnight but not on call rather than leaving late and when tired. Beds for this use are often available and should be discussed with the student coordinator.

III. WEEKEND DUTY / DAYS OFF

Students are expected to comply with the weekend schedules of the clerkship, which should be explicitly stated orally and in writing on the first day of the clerkship. Students should have at least one 24-hour period off during a week, averaged over four weeks; the days off may not necessarily be consecutive or on a weekend. The day off is for all clinical clerkships, required and elective. Days off may include national and official University holidays. Doctoring 3 days are not counted as days off as they are part of the third year curriculum. The policy regarding days off conforms to the University of California policy for days off for housestaff.

IV. ABSENCES

It is the student's responsibility to notify his/her team of any absence and in advance when possible. For each day that a student is absent from the rotation, the course chair or site director may require the student to make up the time. If a student misses more than one day per two weeks of a rotation, the student may be asked to repeat the rotation at the site or course director's discretion. (For a 6-week rotation, a student may miss up to 3 days before risk of repeating the rotation; for a 12-week rotation, up to 6 days, etc.) Interviews should not be scheduled during required clerkships. The student should notify the resident and attending of an unexpected absence and obtain permission from the attending and site director for planned absences.
V. SCHEDULE PRIOR TO EXAMS

Students at all sites of a clerkship should have the same amount of time to study for the final exam. Night call should not be taken within two days before the final exam (e.g., if the exam is on Friday, the last call night should be Tuesday night). The Course Chair in consultation with the Site Directors will decide on a uniform policy for the clerkship.

Revised: 1/19/06