Third Year Internal Medicine Clerkship
2014 - 2015

Junior Internal Medicine Syllabus

Department of Internal Medicine
James H. Quillen College of Medicine

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Co-Directors of Junior Clerkship

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Clerkship Coordinator

[last revised 6/26/14]
I. OVERVIEW

Welcome to the Junior Medicine Clerkship. We hope you will enjoy the time you share with us. We are proud of our reputation as dedicated medical educators and hope you enjoy the knowledge and experience you will gain while rotating with the Department of Internal Medicine.

The Junior Clerkship experience in Internal Medicine consists of six weeks of ward medicine divided into two three week rotations. These rotations will be at two different locations which may include The VA Medical Center, Johnson City Medical Center and Holston Valley Medical Center. This will give a different hospital setting to experience.

A. ORIENTATION

Orientation is held at 7 a.m. on first Monday of the clerkship. This is a live interactive orientation conducted by one of the co-clerkship directors and coordinator, which is designed to outline the course and expectations as well as tips on how to succeed. Included in the orientation will be a discussion regarding professionalism and its vitality in medicine. The theme of orientation is an adaptation from John Wooden’s Pyramid of Success. Students will have an opportunity to ask questions at this time.

II. EXPECTATIONS:

Students are expected to:

A. Admit at least 12 patients during the 6 week ward service. Perform a complete history and physical exam on these patients. Assist the PGY-1 with entering admission orders into the hospital order entry system. Leave history, physical exam and assessment on patients chart to be countersigned by the attendings. Copies of the H&P should be made and submitted to the attending for critique. An H&P template will be emailed to you for assistance with structure and content. In addition, one H&P will be submitted to the clerkship office for review and evaluation. It will be counted as 5% of your total grade.

B. Write daily progress (SOAP) notes on patients you are covering to be co-signed by attendings. Cover 2 patients while on rotation during any one given time.
C. Attend morning report and/or attending rounds daily. Students are expected to be prepared for patient presentations or admission H&P’s from the previous night.

D. Take overnight call – no more than 1 in 7 days (average over 6 weeks) If you are assigned to the VAMC you will be expected to take one week of night float. Student’s should be aware that night float begins on Sunday night at 7 p.m. and ends Friday morning at 7 a.m.

E. Attend Student Education Conference each Thursday afternoon from 1-5 p.m. in VAMC, Building 1.

F. Watch assigned videos not covered during Student Education Conference (questions from quizzes will come from lectures.

http://www.etsu.edu/com/intmed/educationprograms/juniormed/lecture.aspx

The prerecorded lectures can also be retrieved by accessing the Department of Internal Medicine website – “clerkships” – “junior medicine” – “student lecture series”

III. GOALS AND OBJECTIVES:

A. GOALS:

1. Develop a solid foundation of medical knowledge regarding the care and management of patients presenting with a variety of medical diseases. This will include formulating a diagnosis, patient care plan, medical diagnostic procedures, adherence to evidence-based guidelines and follow up care that includes both medical and psychological support.

2. Students are required to effectively participate as team members while maintaining a professional demeanor that includes communication with fellow students, residents, attending physicians and patient’s family members.

The attending will review student’s histories and physical exams to include assessments and plans. Students and attendings should evaluate patients at the bedside. The attending should review the written record and assess that the student is able to present each case succinctly. Attendings will submit an evaluation via New Innovations of each student after the ward rotation.

The attendings are expected to observe each student perform components of a history and physical exam on a patient some time during their ward rotation. During the ward rotation a strong emphasis on the development of bedside clinical skills is a necessity. Students should see as many patients as possible with abnormal physical findings. Physical diagnosis textbooks such as Bates Guide to Physical Examination and History Taking will be available at each site. Students should perform the following.
PROCEDURE REQUIREMENTS

A. Review/Interpret peripheral blood smear. Attend laboratory session.
B. Interpret an EKG.
C. Interpret components of urinalysis.
D. Interpret gram stain.
E. Perform prostate exam.

B. OBJECTIVES:

COMMUNICATION:

1. Communicate effectively with patients, family members and the health care team in a respectful and professional manner while receiving and giving feedback during H&Ps, ward rounds, and case presentations, and in the counseling and in the waiting room. Derive a differential diagnosis and patient treatment plan that includes appropriate Internal Medicine subspecialty consultation and therapy.

CLINICAL SKILLS

1. Gather, interpret and record an accurate history and physical examination for presentation at morning rounds.
2. Assess, choose, and demonstrate learned patient care activity that confirms to the health care team, knowledge of procedures used during clinical situations.
3. Associate and communicate the physiologic responses to metabolic challenges of varying degrees as identified or needed, to the health care team during patient encounters, morning rounds, case presentations, simulation lab scenarios and in the emergency room.
4. Recognize and understand the indications for diagnostic procedures involved in the evaluation of medical conditions that might provide additional diagnostic or therapeutic benefit to the medical patient.

MEDICAL KNOWLEDGE

Students shall acquire the body of knowledge and thinking processes necessary to becoming a competent physician.

a. Apply the basic science principles of normal and abnormal structure, development, and function of the human body to clinical medicine.
b. Acquire the scientific knowledge of the nature of agents and mechanisms that produce alterations in the structure and function of the human body.
c. Demonstrate an understanding of normal human behavior and the impact of human behavior on health and illness.
STUDENT EDUCATION CONFERENCE (SEC)

The SEC will be held each Thursday afternoon in an effort to help bolster medical knowledge as well as help students develop their medical management skills. Faculty and residents will be responsible for facilitating each session that will consist of up to date audio lectures followed by a “Washington Manual” review session. The class will culminate in a case conference. The Washington Manual session and case conference will be live discussions with faculty and/or residents. Below is the schedule for each of the six weeks students will be rotating on the Internal Medicine ward service. Quiz 1 will be comprised of questions from the first three session topics and Quiz 2 will be comprised of questions from Sessions 4 through 6, and other prerecorded lectures

SESSION 1: Cardiovascular  
SESSION 2: Pulmonary  
SESSION 3: Nephrology and Endocrine (quiz and review to follow lectures)  
SESSION 4: Infectious Disease  
SESSION 5: Neurology  
SESSION 6: Thrombotic Disorders (quiz and review to follow lectures)

DEPARTMENT OF MEDICINE EDUCATION CONFERENCE

Each student is required to attend this conference each Tuesday at 8 a.m. at the Votaw Auditorium located at the ETSU Physicians and Associates building. Students on call Monday night should attend this conference. Following the 8 a.m. conference students are to report to their respective sites.

CARDIAC REHABILITATION

As a component of Internal Medicine, students will attend a lecture given by Dr. Timir Paul – ETSU Physicians, Cardiologist.

References and Materials to read: *(Optional)*


Hammill BG, Curtis LH, Schulman KA, Whellan DJ. Relationship Between Cardiac Rehabilitation and Long-Term Risks of Death and Myocardial Infarction Among Elderly Medicare Beneficiaries. *Circulation*. 121(2010); pp 63-70.


**Knowledge Base**

The Department of Internal Medicine wants each ETSU student to have strong medical knowledge in internal medicine. To aid in the development of this knowledge base the course includes an academic half day each Thursday during the course.

**Textbooks for Reading**

Dr. Berk’s *Pre-Test Medicine: Self-Assessment and Review* book will be available to all clerkship students from the office of the Clerkship Secretary.

*Harrison’s Principles of Internal Medicine* available to all clerkship students on loan from the office of the Clerkship Secretary.

*Step Up To Medicine* available to all clerkship students on loan from the office of the Clerkship Secretary.

*Cecil’s Essentials of Medicine – 7th Edition* available to all clerkship students on loan from the office of the Clerkship Secretary.

*Bates History and Physical Examination – 11th Edition* available to all clerkship students on loan from the office of the Clerkship Secretary.
Course Grading

21 points—NBME EXAM
29 points—2 Quizzes (15 and 14 points)
10 points—H&P
40 points—Faculty Evaluations

A=100-90%
B=89-80%
C=79-70%

In an effort to create a greater distribution of fairness throughout the academic year and additionally generate an incentive for students to excel in the clinical setting, we have developed a grading system designed to foster enhancement of medical knowledge and development of clinical management of patients during the 6 week Internal Medicine Clerkship.

Our tracking of the NBME shelf exam scores demonstrates higher raw scores as the year progresses. Although the mean exam score is modestly elevated it is significant enough to unfairly affect the final grade. Additionally, clinical and history taking skills improve over time. It’s not difficult to imagine a clerk in the last period to have superior skills than a clerk just finishing the basic science part of their training.

Therefore, the final shelf will be adjusted to the clerk at a particular point of their training (See below).
I. **Distribution of grades based on NBME Percentile Scores for 2011-2012 IM Shelf.**

-1>90  -6>65  -11>40  -20>19 or below

-2>85  -7>60  -12>35

-3>80  -8>55  -13>30

-4>75  -9>50  -14>25

-5>70  -10>45  -15>20

Based on this system, students who begin in period 1&2 will have their scores compared to US medical students who took the NBME exam in Quarter 1 and so forth. So if you fall into the 60th percentile for that quarter (total of 4 quarters) you will lose 7 points from 21 total possible.

II. **Quizzes**

Two quizzes will be administered throughout the clerkship (week 3 and week 6). The quizzes will correlate with the conferences and pre-recorded audio lectures (PRL). Questions will be taken from the PRL and several lectures (Palliative, Osteoporosis, and Dermatology) will need to be watched prior to the student education conferences. Quiz grades will be based on your medical knowledge performance and participation during the review that will follow.

Students must earn a 60% on each quiz to get full credit plus satisfy participation requirements during the review. A score of 18 is the minimum you can get. Quiz questions are a mixture of board-style questions and questions designed to generate discussion. Students will lose a point for scores under 18."
III. **Clinical Evaluations**

We are attempting to tilt the final grade more evenly towards your clinical performance during the clerkship. To this end, we are adding more weight to the evaluations that are completed only by faculty. Faculty will be looking at your medical knowledge, clinical skills performance as well as attitude and professionalism when they complete your final evaluations. We have built in incentives to perform at a high level in the hospital setting rather than basing your grade so heavily on the shelf exam only. The clerkship directors will review all clerkship evaluations as a component of the final grade. Particular focus will be on student’s clinical acumen while on the wards. Points can be subtracted from the faculty evaluations if a student’s performance drops below expectations, and students can earn extra points for excelling on the wards. Please remember that the mid-term review does not count toward your final grade but serves only as a tool to help gauge progress at the mid-point of the rotation.

IV. **History & Physical Examination**

The H&P will need to be turned in by week 5. You will be given a template at orientation to serve as a guide. The H&P will be graded and returned to you prior to your final quiz.

Your final grade will be based on a 100 point scale. There is no certain score you have to achieve on the shelf, however, performing well on the shelf helps your chances of getting the highest possible grade.
STUDENT SHOULD FAMILIARIZE THEMSELVES WITH THE COLLEGE OF MEDICINE (COM) REQUIREMENTS WHICH ARE LISTED BELOW:

**COM: ASSESSMENT OF STUDENT**
The clerkship director and coordinator manage the assessment process for all the clerkship students. QCOM uses an on-line assessment system, New Innovations (NI), to assess each student's performance. Individual faculty assessment of each student will be combined into the Clerkship Director's final composite assessment form for each student. The final composite will contain faculty comments and the final course grade. Students will be notified when their final assessment is available in NI to view. This should be approximately 3 weeks following the conclusion of the clerkship. Final grades will be posted into the ETSU Banner system and become the official grade for the student's transcript.

**Mid-clerkship review:** An integral part of the Assessment process is the Mid-clerkship Review with the clerkship director which all students will have. It is the student's responsibility to complete their portion of the Mid-Clerkship Review form and to arrange for a faculty member they have worked closely with during the clerkship to review and complete the faculty portion of the form prior to the Mid-Clerkship Review. During the Mid-clerkship Review the clerkship director will review and discuss the completed form with the student. The completed form will remain with the Clerkship throughout the rotation. The Mid-Clerkship Review form can be found in the Administrative Forms folder in New Innovations under my Favorites/Department Manuals or it may be provided to the student by the clerkship coordinator. The Mid-Clerkship Review form can be found in the Administrative Forms folder in New Innovations under Intranet or it may be provided to the student by the clerkship coordinator.

**COM: EVALUATION OF FACULTY AND COURSE:**
The on-line system is also used for the students to evaluate the faculty and the course. This evaluation tool is used to provide information to the clerkship administration about the teaching/learning process with the intent of improving learning. Student feedback is essential for curriculum planning. Students will be notified electronically when these required evaluations are available to complete. Timely completion of evaluations is required. Individual clerkships may also request students to evaluate its' Resident Physicians using the on-line system, also with the intent of improving learning.
COM: PROFESSIONAL EXPECTATIONS FOR STUDENTS:

Student behavior is expected to be professional in all areas at all times.

Professionalism: Students shall demonstrate the behaviors befitting an ethical professional at all times.

Students shall:
- exhibit respect, compassion, humility, altruism, duty, and honesty with patients, patient’s families, staff, faculty, members of the healthcare team, fellow students, and themselves.
- be punctual, reliable, and conscientious in completing academic and patient care responsibilities.
- recognize limitations in knowledge and pursue appropriate activities to effectively address learning needs.
- demonstrate personal accountability and admit professional mistakes.
- adhere to legal and ethical principles related to patient consent and confidentiality.
- demonstrate awareness and sensitivity to age, gender, race, ethnicity, culture, spiritual beliefs, socioeconomic background, family support, sexual orientation, and healthcare beliefs in interactions with others.
- demonstrate professionalism in dress, hygiene, and demeanor.
- utilize appropriate boundaries within the patient/physician relationship.
- Social Media.

For the vast majority of students these expectations are natural and intuitively known. However, a limited number of specific unprofessional behaviors are identified below. Of course, it is impossible to delineate each and every aspect of professionalism. Consequently, the final Decision of what constitutes unprofessional behavior lies with faculty preceptors and the clerkship director. Faculty preceptors may report any unprofessional actions of concern on their assessment of student form or to the clerkship director prior to the end of the rotation. The student may be assigned a grade of R, which requires a review by the Student Promotions Committee. Students may fail a clerkship based solely on unprofessional behavior.

Examples of Unprofessional Behavior Include:

- Absence from duty without excuse.
- Substance abuse either on duty or off duty which affects performance while on duty (in addition, legal or criminal action, will be dealt with as an infraction of professional behavior).
- False witness in any statement in a chart or document related to the practice of medicine.
- Failure to safeguard patient’s rights.

- Willful neglect of patients.
- Expressions of prejudice in any form (this includes verbal comments or behaviors expressing prejudice based on age, sex, sexual orientation, race, religion, nationality, origin, or disability).
- Inappropriate personal behavior in professional settings including abusive language, unprofessional appearance or sexual misconduct.
- Use of patient’s chart or record for any purpose other than rendering health care (i.e., criticism of colleagues, demeaning remarks toward the patients).
- Non-compliance with HIPAA guidelines (Refer to QCOM’s HIPAA and Social Medical Policies for additional information.)
- Acute or chronic neglect of professional/educational schedule.
- Failure to comply with the hospital or clinic bylaws.
- Willful failure to comply with the reasonable professional directions of an attending physician or faculty preceptor.
- Texting or sleeping during clinical or laboratory activities.

**COM: SOCIAL NETWORKING GUIDELINES**

The Quillen College of Medicine recommends that students exercise caution in using social networking sites such as Facebook, MySpace, and Twitter. Items that represent unprofessional behavior posted by students on such networking sites are not in the best interest of the University or Quillen College of Medicine and may result in disciplinary action up to and including termination. For a complete details of QCOM guidelines please refer to Academic Affairs – Ms. Cathy Peeples.

**POLICY ON STUDENT HIPAA TRAINING, VIOLATIONS AND DISCIPLINARY ACTION**

The Health Insurance Portability and Accountability Act (HIPAA) is federal legislation which protects the health information of individuals. Medical students will routinely be exposed to Protected Health Information (PHI) during clinical rotations.

As part of their orientation to medical school students will receive HIPAA training which will be periodically updated. HIPAA violations can result in significant federal penalties for both individuals and organizations. Quillen College of Medicine regards HIPAA violations as serious offenses.

Discussion of patient cases in educational conferences and among students for educational purposes is not a HIPAA violation. However, if such PHI was disseminated beyond these settings, it would likely be a HIPAA violation. Use of PHI in research requires approval of an
Institutional Review Board (IRB). Medical students who do not know if a particular use of PHI is appropriate should ask their supervisor.

<table>
<thead>
<tr>
<th>Level of Violation</th>
<th>Examples of HIPAA Violations (these are not inclusive)</th>
<th>Review and Minimum Disciplinary Action</th>
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<tbody>
<tr>
<td>Level I</td>
<td>• Unauthorized copying of medical records</td>
<td>• Verbal counseling</td>
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<td></td>
<td>• Leaving PHI in a public area</td>
<td>• Written warning in student’s permanent file</td>
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<td></td>
<td>• Discussing PHI in a non-secure area</td>
<td>• and Retraining</td>
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<td></td>
<td>• Posting PHI on any social networking site</td>
<td>• Multiple careless Level I violations shall be subject to progressive disciplinary action which may include a failing grade in the course/clerkship and/or dismissal from QCOM</td>
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<tr>
<td>Level II</td>
<td>• Removing medical records from a hospital or clinic without proper authority</td>
<td>• Verbal counseling</td>
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<td>• Unapproved accessing of PHI when the student is not involved in the care of the particular patient</td>
<td>• Written reprimand in student’s file</td>
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<td></td>
<td>• Intentional assisting another person in gaining unauthorized access to PHI</td>
<td>• and Retraining</td>
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<td></td>
<td>• Inappropriate sharing of ID/Password with another person</td>
<td>• A single incident may result in suspension, a failing grade in the course/clerkship and/or dismissal from QCOM</td>
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<tr>
<td>Level III</td>
<td>• Disclosure or abusive use of PHI</td>
<td>• Immediate dismissal</td>
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<td>• Tampering with or unauthorized destruction of information</td>
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<td></td>
<td>• Unauthorized delivery of PHI to any third party</td>
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Violations should be reported to the Executive Associate Dean for Academic Affairs immediately for consideration by the Student Promotions Committee which will make an action recommendation. The student may appeal the recommendation of the Student Promotions Committee to the Executive Associate Dean for Academic Affairs. Final determination will be made by the Dean based on the committee’s recommendation.

**COM: MEDICAL STUDENT DUTY HOURS:**

Medical student assignments, including the nature and content of activities and the number of duty hours required, must be determined by the educational value of the assignment. All assignments must provide meaningful educational value. Excessive work hours and fatigue can impact medical student learning just as it impacts patient care.
1. Duty hours consist of hours required
   o In hospital or clinic/office.
   o In didactic education (lectures, conferences, etc.).
   o In any mandatory educational activity.
2. At home call is not included in duty hours determinations.
3. Student study at home is not counted as duty hours.
4. Medical student duty hours should not exceed 80 hrs / week.
5. IN-HOUSE NIGHT CALL is permitted under the following conditions:
   o If it's a valuable educational experience. Facilitates being a member of healthcare team.
   o Adequate rest facilities available in hospital.
   o Occurs no more frequently than once every week.
   o Call will not precede day of an exam or quiz.
   o If student feels fatigued after the call, he/she is to be excused for an appropriate length of time from rounds, classes, etc. Any didactic materials should be made available to the student. It is the responsibility of the student to effectively communicate with team members regarding their need for a period of post-call rest.
   o The student should not leave normal student responsibilities without such communication.
   o Hours of in-house call count toward 80 hours total.

Students are to log their duty hours weekly into New Innovations for each clerkship period for documentation purposes. Duty hour compliance will be monitored by Academic Affairs on a periodic basis.

Students who feel they are consistently expected to work more than 80 hours per week should notify the clerkship director. If the issue is not resolved the student should contact the Executive Associate Dean for Academic Affairs.

**COM: IDENTIFICATION BADGES**

Students are to wear their College of Medicine Identification badges at all times while on any clinical rotation

- Students are to wear their Veteran’s Administration Medical Center (VAMC) identification badge at all times during any clinical rotation which requires the student to be present in any VA facility.
- It is the student’s responsibility to keep their VA credentials current in accordance with VA policy during their M3 and M4 year. Students may not participation in any rotation occurring at the VAMC without a valid VAMC identification badge.
COM: APPROPRIATE DRESS: (revised 9/18/12)

It is the consensus of the faculty and administration of the Quillen College of Medicine that students should maintain a neat, clean personal appearance and dress in a professional manner at all times. Since students are intimately involved with patients and members of the health care team, wearing reasonable clothing and avoiding extremes of dress is imperative. Individual clerkships may have more specific criteria.

GUIDELINES:

- All students shall wear their white lab coats, unless the department indicates otherwise.
- Current identification badge is to be displayed in a location that is easily visible to patients and staff.
- General attire must be clean and neat at all times.
- Appropriate attire is considered to be dress shirts, dresses, pantsuits, blouses, skirts, sport coats, dress slacks, and shirts with collars.
- Jeans, tennis shoes, shorts, skirts three inches of more above the knee, tube tops, low cut tank tops, t-shirts, midriff tops, sundresses without a jacket or blazer, see-through and low cut blouses, sweatpants, sweatshirts, and leather attire are considered inappropriate attire.
- When patient care responsibilities necessitate physical contact do not wear large bulky jewelry or jewelry that may inadvertently cause injury to patients.
- Hair should be neatly arranged in such a manner that it does not fall on patients or be grabbed by a patient. Facial hair should be neatly groomed to present a professional image.
- Perfume, cologne, or other fragrance products should be moderately used to avoid being offensive or causing discomfort to others.
- Undergarments should not be visible through outer clothing.
- Shoes must be closed-toed in the patient care areas (no flip-flops or sandals). Shoes should be of reasonable height and comfortable enough for the student to be able to respond to any type of emergency in a healthcare setting.
- Visible body piercing must be conservative and jewelry must be small in size.
- CDC requires that fingernails be kept clean and short for patient care and for the proper fit of gloves or other protective equipment. Artificial Nails are not permitted.
- Scrubs need to be covered when leaving patient care areas.

COMPLIANCE:

All students are expected to comply with these guidelines. If a faculty preceptor deems the student’s attire is inappropriate, the student will be counseled appropriately and may be sent home to correct attire before returning to their duties.
COM: STUDENT ILLNESS:
In the event of illness, the student must contact on the day of absence the preceptor/resident they are assigned to work with that day. The student is to update the Clerkship Coordinator upon their return to work.

COM: STUDENT ABSENCES:
During Jr. clerkships there is no annual leave / time off. Students will work the schedule of the location they are assigned to during the clerkship. ETSU COM Administrative office closures do not necessitate student time off.

All requests for absence from the clerkship rotation must be requested in advance on the Request for Leave form prior to the date(s) needed for justifiable circumstances. The Request for Leave form is located in the Administrative Forms folder in NI, on the Intranet. Additional call may be required for time away for other approved educational activities.

A clerkship may provide the student a paper copy of the required experiences specific to that clerkship and require that each accomplished experience be validated by the observing faculty. This documentation assures the requirements of the clerkship are met by each student and builds the student's portfolio. A single observer cannot validate all of a student's documentation.

Students are expected to enter their documentation at least weekly into New Innovations and document at least 1/3 of the required clerkship procedures/patient types by the clerkship midpoint. Students’ progress will be monitored by the Clerkship Director and Coordinator in addition to Academic Affairs.

Students are to document all clerkship identified experiences in the Case Logger module of New Innovations by the end of the clerkship. Only the electronic log will be accepted as evidence of meeting the requirements. The ability to log diagnosis or procedures into NI closes at midnight the last Friday of the clerkship rotation.

Those students who do not document in New Innovation accomplishing all clerkship specific required procedures/patient types by the end of the clerkship will have their final numeric grade lowered by 5%.

COM: NBME EXAMINATION POLICY:
For those clerkships utilizing NBME end of clerkship exams:

- NBME End of clerkship exams will be administered the last day of the clerkship. Specific time and location information will be provided by each clerkship.
  - If a student is not present at the announced location and time the exam is to begin, that student will have to make special arrangements to take the exam at
another time/location and will receive a grade of "I" for the rotation. No Requests for Leave will be granted for scheduled exam times.

-15-

- Students must bring a laptop computer with Ethernet capability and related cables for the exam. The exam cannot be taken wirelessly.
- No food or drinks of any type are permitted in the exam area.
- Books, all electronic devices, including cell phones, and other personal items, including baseball caps, are not permitted in the exam area. These items should be left at home, in lockers or cars.
- Examinations will be proctored by staff and/or faculty from the department responsible for administering the examination.
- Students will be required to sign in. ETSU ID cards are required.
- Students may leave the room to attend to personal needs. They may not remove any items from the and may not talk with classmates when out of the room.

Any grade less than a C requires a deficiency grade sheet to be submitted to the COM Registrar’s office outlining the issues and remediation plan. All will be discussed at the next regularly scheduled Student Promotions Committee meeting.

D = Requires review and approval of the remediation plan by the Student Promotions Committee. A D grade indicates that in the judgment of the course faculty, an additional period of prescribed remediation (assuming no deficiencies in other courses), if successfully completed, will qualify a student for a grade of C*. If a grade of D is not successfully remediated in the time period allotted by the faculty and/or the Student Promotions Committee, a grade of F will be assigned.

I = Incomplete, requires completion of work within 12 months or grade will automatically be changed to an F. A grade of "I" may be given in cases wherein students, for an acceptable reason, have been unable to complete all of the required work in a course. An incomplete grade must be removed within twelve months after it has occurred or it will automatically be changed to F. If the student removes the incomplete within the time period, the instructor may assign any appropriate grade according to the quality of the work completed for the entire course.

R = Review by Student Promotions Committee; If for some appropriate reason a course faculty wishes to insure that the performance of a student is discussed at a Student Promotions Committee meeting, a grade of R (review) may be assigned. Following the consideration by the Student Promotions Committee, the R will be changed to the appropriate grade.

IF the student has a grade below 70 it is the course directors choice to assign a D-which would allow the student to remediate part of the course at which time they could earn a C* or F which means they failed the course and must retake the entire course.*

*per Ms. Cathy Peeples – Curriculum coordinator – 6/19/12.
COM: STUDENT PROCEDURES FOR SPECIAL SERVICES (ADA):
ABSENT A LETTER FROM DISABILITY SERVICES, STUDENTS ARE NOT ELIGIBLE FOR ACCOMMODATION

It is the policy of ETSU to accommodate students with disabilities, pursuant to federal law, state law and the University’s commitment to equal educational access. Any student with a disability who needs accommodations, for example arrangement for examinations or seating placement, should inform the instructor at the beginning of the course.

All students seeking accommodation for disabilities are to contact Ms. Linda Gibson, M.Ed., Director, ADA Coordinator for Disability Services at East Tennessee State University (439-8346). Faculty accommodation forms are provided to students through Disability Services in the D. P. Culp center, Suite A.

COM: ASSESSMENT OF STUDENT:

The clerkship director and coordinator manage the assessment process for all the clerkship students. QCOM uses an on-line assessment system, New Innovations (NI), to assess each student’s performance. Individual faculty assessment of each student will be combined into the Clerkship Director’s final composite assessment form for each student. The final composite will contain faculty comments and the final course grade. Students will be notified when their final assessment is available in NI to view. This should be approximately 3 weeks following the conclusion of the clerkship. Final grades will be posted into the ETSU Banner system and become the official grade for the student’s transcript.

An integral part of each student’s assessment process is the Mid-clerkship Review with the clerkship director. It is the student’s responsibility to complete their portion of the Mid-Clerkship Review form and to arrange for a faculty member they have worked closely with during the clerkship to review and complete the faculty portion of the form prior to the Mid-Clerkship Review with the Clerkship Director. During the Mid-clerkship Review the clerkship director will review and discuss the completed form, accomplishment and documentation of required procedures and/or patient types, and duty hours issues with the student. The completed form will remain with the clerkship through the remainder of the Clerkship. The Mid-Clerkship Review form can be found in the Administrative Forms folder in New Innovations under Intranet or it may be provided to the student by the clerkship coordinator.

COM: EVALUATION OF FACULTY AND ROTATION:
The on-line NI system is also used for students to evaluate the faculty and the rotation. This evaluation tool is used to provide information to the clerkship administration about the teaching/learning process with the intent of improving learning. Student feedback is essential for curriculum planning. Students will be notified electronically when these required evaluations are available to complete. Timely completion of evaluations is required. Individual clerkships may
also request students to evaluate its’ Resident Physicians using the on-line system, also with the intent of improving learning.

-17-

COM: TUTORING:
The Office of Student Affairs will make tutors available to any QCOM student. Contact Student Affairs at 439-2037.

COM: COUNSELING:
Confidential academic and personal counseling are available through the Professional and Academic Resource Center – PARC (Mr. Phil Steffey, 232-0275 or pager 854-0342.)

COM: INCLEMENT WEATHER POLICY:
The official radio station for reporting the status of classes and other activities of the College of Medicine during inclement weather is WETS-FM 89.5. All students - including all medical students - are to govern themselves according to the status as reported by this station for the University. In the event of missed classes due to inclement weather, makeup may be required on Saturdays.

Each rotation will provide students addition information including, but not limited to, the following:

- Course outline and expectations
- Methods of instruction and assessment
- Class attendance policy
- Schedule
- Rotation Location Specific
- Grading Policy: Assessment practices are designed to be fair and equitable for all students. The clerkship activities which will comprise the final grade for each clerkship represents a composite of specific clerkship graded items and % of the final grade.

-18-
• Policy on NBME score or final departmental exam.
• Textbooks are available through the COM Bookstore (423)926-0833 or Electronically via the QCOM Library
• Access to recorded information in D2L. Appropriate use of electronic material is governed by copyright and intellectual Property Laws. Schedule
• Issued and Loan Items guidelines.

CONTACT NUMBER FOR HOSPITALS

In the event of needle stick, spattered blood, etc., the student should immediately contact the following people so the necessary paperwork and testing may be started.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Contact Person</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>JCMCH</td>
<td>Ms. Tawana Holland</td>
<td>431-6431</td>
</tr>
<tr>
<td>VAMC</td>
<td>Ms. Anetha Wright</td>
<td>926-1171 ext. 7358</td>
</tr>
<tr>
<td>HVHMC</td>
<td>Ms. Rita Forrester</td>
<td>224-5075</td>
</tr>
<tr>
<td>BRMCH</td>
<td>Ms. Jane Lipscomb</td>
<td>844-6650</td>
</tr>
<tr>
<td>Academic Affairs</td>
<td>Ms. Cathy Peeples</td>
<td>439-6311</td>
</tr>
<tr>
<td>Clerkship Office</td>
<td>Ms. Yvette Font</td>
<td>439-6381</td>
</tr>
</tbody>
</table>