

University of South Florida

Morsani College of Medicine

ELECTIVE

CLINICAL ENRICHMENT

BMS 8942

Syllabus
2022-2023



COVID 19 COMPLIANCE STATEMENT

All students must be aware of and comply with university policies regarding Covid-19. They should also be aware of and comply with the policies at the clinical affiliates where their clinical training occurs. Failure to do so may result in disciplinary action

Message from the Course Directors

Welcome!

We are looking forward to working to design an individual learning plan with each student to work on advancing self-, and faculty- identified gaps in the various competencies as detailed below. The clinical enrichment elective is tailored to the needs of the individual student. We will specifically identify, and use simulated learning, real clinical settings, study aides, and professional expertise to allow students to work on student perceived deficiencies in competencies. The course duration for each student is based on the educational goals, and learning plan devised by the team. We have one overarching goal, and that is for our students to achieve success!

How to Be Successful during this elective (this is not an all-inclusive list)

- Work hard with the cases that we provide you, read about the cases that we worked on during the day when you get home. To learn as much as possible from each SP interaction and paper case that we complete.
- Review special PE tests that are pertinent to the CC for any of the cases discussed, when at home the following night.
- Incorporate the feedback that is given with each successive SP and paper case encounter.
- Show up prior to the scheduled start time in order to guarantee an on-time start time.
- Let us know as soon as you find out, if there are conflicts with your schedule, cancelling SPs last minute costs money.

Course Leaders:

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Elective Catalog Description

Faculty will work with each student to design a personalized curriculum to develop advanced proficiency in the various clinical competencies based on self-reflection of the student and the assessment of the faculty. The elective is tailored to the need of the individual student. Faculty will specifically identify, and use simulated learning, real clinical settings, study aides, and professional expertise to allow students to work on competency based clinical skills.

Elective Objectives

At the end of this elective the student will (depending on the initial goals of the students from the course):

1. Demonstrate proficiency with presentations based upon a validated assessment tool
2. Discuss the process to efficiently conduct a chart review
3. Display confidence and assertiveness when developing a management plan for the patients with whom the student is involved
4. Analyze their improvements in their communication skills
5. Document an improvement in the flow of their history taking
6. Document an improvement in the flow of their physical exam

Elective Schedule

This elective can be either 2-4 weeks long. (sometimes longer based on the learning needs of the student). The exact schedule depends on SP availability and simulation space availability. Generally, the student will fill out a learner's needs assessment prior to the start of the elective. The student will meet with one or both course directors on the first day of the elective and the student will then complete SP cases and paper cases with the course directors along with feedback for the cases at the minimum of four half days a week. The student will be given at home assignments to complete as well depending on the individual learning plan they created with the course directors.

Elective Locations

A schedule and locations of elective sessions will be discussed with the students on the first day of the elective.

CAMLS 3rd floor CSEC or VPCC

Teams virtual sessions for paper cases and feedback

Occasionally (if the student is a returning from LOA student) Morsani Center, Tampa General and 17 Davis clinical sites.

Elective Educational Sessions

As stated above the sessions will consist of SP sessions, paper case session and occasionally clinical sessions depending on the Individual Learning Plan created by the student and the course directors.

Recommended Textbook, Online Material, and Medical Tools

1. Mosby's Guide to Physical Examination or Bates Guide to PE and history taking. Dr. Slone's PE videos that were made available during Doc 1 and Doc 2.
2. The Patient History: Evidence-Based Approach, Tierney & Henderson, 2005, ISBN: 0-07-140260-8 (available at the Shimberg Library)
3. Medical Interview: Mastering Clinical Practice 5th Edition, Coulehan & Block, 2005, ISBN:080361246X (kindle version available)
4. Symptoms to Diagnosis: An Evidence Based Guide (available as an eBook)
5. Aquifer cases- IM, Peds and Family Medicine cases (ask how to get access to these cases)

MCOM Program Objectives

1. Patient Care

Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health

- 1.1 Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice
- 1.2 Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging, and other tests
- 1.3 Organize and prioritize responsibilities to provide care that is safe, effective, and efficient
- 1.4 Interpret laboratory data, imaging studies, and other tests required for the area of practice
- 1.5 Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- 1.6 Develop and carry out patient management plans
- 1.7 Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making
- 1.8 Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes
- 1.9 Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health
- 1.10 Provide appropriate role modeling
- 1.11 Perform supervisory responsibilities commensurate with one's roles, abilities, and qualifications

SELECT 1.12 Perform values-based patient-centered comprehensive assessment, diagnosis and patient management, utilizing shared decision making in care of the patient.

2. Knowledge for Practice

Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care

- 2.1 Demonstrate an investigatory and analytic approach to clinical situations
- 2.2 Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations
- 2.3 Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision-making, clinical problem-solving, and other aspects of evidence-based health care
- 2.4 Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations
- 2.5 Apply principles of social-behavioral sciences to provision of patient care, including assessment of the impact of psychosocial and cultural influences on health, disease, care seeking, care compliance, and barriers to and attitudes toward care
- 2.6 Contribute to the creation, dissemination, application, and translation of new health care knowledge and

Practices

SELECT 2.7 Examine national and international health systems, policy and finance.

3. Practice-Based Learning and Improvement

Demonstrate the ability to investigate and evaluate one's care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning

- 3.1 Identify strengths, deficiencies, and limits in one's knowledge and expertise
- 3.2 Set learning and improvement goals
- 3.3 Identify and perform learning activities that address one's gaps in knowledge, skills, and/or attitudes
- 3.4 Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
- 3.5 Incorporate feedback into daily practice
- 3.6 Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems
- 3.7 Use information technology to optimize learning
- 3.8 Participate in the education of patients, families, students, trainees, peers, and other health professionals
- 3.9 Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care
- 3.10 Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes

SELECT 3.11 Demonstrate advanced competency in self- assessing knowledge gaps and setting improvement goals, then perform activities to accomplish these.

SELECT 3.12 Analyze a health care environment or system and recommend changes to improve patient outcomes.

4. Interpersonal and Communication Skills

Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals

- 4.1 Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
- 4.2 Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health related agencies
- 4.3 Work effectively with others as a member or leader of a health care team or other professional group
- 4.4 Act in a consultative role to other health professionals
- 4.5 Maintain comprehensive, timely, and legible medical records
- 4.6 Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics
- 4.7 Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions

SELECT 4.8 Demonstrate advanced team leadership skills that enhance team functioning, the learning environment, and/or the health care system.

SELECT 4.9 Communicate effectively and sensitively with patients, adjusting language and style in order to incorporate their knowledge, values, and culture.

5. Professionalism

Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles

- 5.1 Demonstrate compassion, integrity, and respect for others
- 5.2 Demonstrate responsiveness to patient needs that supersedes self-interest
- 5.3 Demonstrate respect for patient privacy and autonomy
- 5.4 Demonstrate accountability to patients, society, and the profession
- 5.5 Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity

in gender, age, culture, race, religion, disabilities, and sexual orientation

- 5.6 Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations

SELECT 5.7 Demonstrate advanced ability in all of the above [Core Professionalism objectives], and the ability to inspire and instruct peers in these areas

6. Systems-Based Practice

Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care

- 6.1 Work effectively in various health care delivery settings and systems relevant to one's clinical specialty
6.2 Coordinate patient care within the health care system relevant to one's clinical specialty
6.3 Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care
6.4 Advocate for quality patient care and optimal patient care systems
6.5 Participate in identifying system errors and implementing potential systems solutions
6.6 Perform administrative and practice management responsibilities commensurate with one's role, abilities, and qualifications

SELECT 6.7 Show advanced ability to incorporate knowledge of health systems and cost of care into medical decisions.

SELECT 6.8 Strategize, practice, and advocate for quality improvement in patient care and health care systems.

SECECT 6.9 Integrate knowledge of healthcare systems into individual patient care.

7. Interprofessional Collaboration

Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care

- 7.1 Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust
7.2 Use the knowledge of one's own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served
7.3 Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations
7.4 Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable

SELECT 7.5 Demonstrate advanced team competencies in assessment and coaching in order to achieve a common patient-centered end.

8. Personal and Professional Development

Demonstrate the qualities required to sustain lifelong personal and professional growth

- 8.1 Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors
8.2 Demonstrate healthy coping mechanisms to respond to stress
8.3 Manage conflict between personal and professional responsibilities
8.4 Practice flexibility and maturity in adjusting to change with the capacity to alter one's behavior
8.5 Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients
8.6 Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system
8.7 Demonstrate self-confidence that puts patients, families, and members of the health care team at ease
8.8 Recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty

SELECT 8.9 Demonstrate emotional intelligence by showing awareness of strengths, weaknesses, and idiosyncrasies of self, team, and systems, and then show the ability to modulate one's behavior to positively affect each of these.

SELECT 8.10 Describe the basic competencies necessary for effectiveness as a potential future physician and leader.

SELECT 8.11 Implement the professional and personal development process.

SELECT 8.12 Actively participate in one's own personal and professional development through individual and group coaching.

MCOM Clinical – Specialty Track Phase Objectives

Track EPA 1.1 Student will demonstrate the ability to gather a history

Track EPA 1.2 Student will demonstrate the ability perform a physical exam

Track EPA 2 Student will demonstrate the ability prioritize a differential diagnosis following a clinical encounter

Track EPA 3: Student will demonstrate the ability to recommend and interpret common diagnostic tests

Track EPA 4: Student will demonstrate the ability to enter and discuss orders and prescriptions

Track EPA 5.1: Student will demonstrate the ability to document a clinical encounter in the patient record

Track EPA 5.2: Student will demonstrate the ability to see multiple patients in a clinical session while maintaining accuracy and thoroughness of their history taking, physical exam skills, ability to create a differential diagnosis, implementation of the clinical plan and documentation.

Track EPA 6: Student will demonstrate the ability provide an oral presentation of a clinical encounter

Track EPA 7: Student will demonstrate the ability to form clinical questions and retrieve evidence to advance patient care

Track EPA 8: Student will demonstrate the ability to give or receive a patient handover to transition care responsibly

Track EPA 9: Student will demonstrate the ability to collaborate as a member of an interprofessional team

Track EPA 10: Student will demonstrate the ability to recognize a patient requiring urgent or emergent care and initiate evaluation and management

Track EPA 11: Student will demonstrate the ability to obtain consent for tests or procedures

Track EPA 12: Student will demonstrate the ability to perform procedures appropriate for their track specialty

The process for referral to the Clinical Enrichment Elective:

The student can take this course through self-referral, referral from small group preceptor, clerkship or course director. The course or clerkship director can refer a student to the Clinical enrichment elective (CLEE) Course. Once referred, the following process will be completed to exact a course for the student to follow.

1. The clerkship or course director will be emailed the Clinical Enrichment Elective Referral Form and an invitation to the Clinical Enrichment Elective Canvas site. The faculty member will complete this referral form, and upload this completed form to the canvas site as a file (**Appendix 1**).
2. The Clinical Enrichment Elective faculty will acknowledge receipt of this referral form and invite the student to join the Clinical Enrichment Elective Course Canvas site via email.

The process for assessment to progress through the Clinical Enrichment Elective:

The following process will be completed to determine what course of action will be followed by the student and CLEE faculty:

1. The Student will be invited to the CLEE Canvas site, once there, the student will be asked to complete the Clinical Enrichment Elective Self-Assessment form under their name on the Assignments Page in the CLEE canvas site (**Appendix 2**).
2. The referring faculty will be sent an invitation to complete the competency-based assessment on the student, so that the CLEE faculty will have guidance and make the appropriate referral for the student's success in completing this course (**Appendix 3**).

The clinical enrichment elective team will review the assessments from the student and faculty, and meet as a team to develop an individualized success plan for the student.

The following are general templates which will be further customized to fit the individual goals for the student in the CLEE course:

Competency#1 Medical Knowledge

1. The remediation for **specific medical knowledge content** is **NOT** the role of the Clinical Enrichment Elective (i.e., failed NBME shelf exam).
2. The CLEE faculty will work with the clerkship and/or course director to provide resources if the need is limited.
3. The student will be encouraged to meet with the USF Health Morsani College of Medicine Learning Specialist.

4. Students with broader knowledge gaps (i.e., difficulty with testing across more than one clerkship) will automatically be referred for evaluation to the USF Health Morsani College of Medicine Learning Specialist.
5. The Clinical Sciences Review Team will:
 1. Identify the learner's knowledge gaps
 2. Inform the learner how they will be reassessed and what is required to pass the remediation (ie, question banks)
 3. Schedule regular sessions with the learner to receive verbal and written feedback on progress
 4. Require the learner to complete a self-reflection on their progress on a bi-weekly basis
 5. Verbally discuss the learner's progress during the CLEE course process
 6. The CLEE faculty will review the learner's healthy study, and sleep hygiene habits
 7. The CLEE faculty projects a learner's comprehensive program will include recommendations on:
 - a. Study habits, schedule, types of learning styles
 - b. Review material, appropriate amounts, and number of review questions
 - c. Working through various exam taking barriers/difficulties
8. Medical knowledge will be applied during the CLEE sessions through:
 - a. Emphasis on symptom-based reading and illness scripts
 - b. Emphasis on understanding why and when
 - c. Encouraging learner to compare and contrast disease
 - d. Encouraging learner to link reading to patient cases
 - e. Encouraging self-reflection by having the learner create an ongoing list of questions requiring answering

Adapted from

Remediation of the struggling medical learner Jeannette Guerrasio. Association for Hospital Medical Education 2013

Competency #2 Clinical skills

1. The clinical enrichment elective team (CLEET) will
 - a. Review OSCEs, CPXs, and written exams that relate to clinical skills, and other clinical items that will give an idea of learner's clinical skills (i.e., preceptor evaluations)
 - b. Review student's logbook to identify if the learner has had deficits in certain areas in the clinical setting

- c. Review the information the clerkship/course director has provided regarding the learner
- d. If there is insufficient information on hand, the CLEET will create a simulated situation in the Center for Advanced Clinical Learning (CACL) to obtain further information regarding the learner's clinical skills
- e. Synthesizing all of this information, the CLEET will complete an assessment and develop a plan regarding the clinical skills deficits the learner has, based on what is required for the course/clerkship objectives and for the year of medicine the student is in (MS1, 2, 3 or 4)
- f. Document the skill goal with a timeframe for achieving them as well.
- g. This plan will be discussed with the learner, and the document will then be signed by all parties involved as written agreement.
- h. Reading assignments, online modules and/or videos of the identified clinical skills will be assigned to the student. The learner will also practice the skills multiple times in CACL. If appropriate, the learner may be sent to work with preceptors one on one to enhance their learning capability in the actual clinical setting.
- i. After pre-determined amount of practice time (a week to a month) the learner will then complete an activity in CACL, which will document visa via video completing the skill. Both the learner, and a member of the CLEET, will grade the video with a validated, reliable checklist.
 - i. The student and the CLEET team member will then review the video together, to see if there are differences, give feedback
 - ii. Does the learner have insight?
 - iii. (if no insight) Assign a gold standard video to the learner to grade from home, having them compare the gold standard with their own performance. Review again with the learner.
 - iv. If needed, the CLEET will use SPs or preceptors to have learner practice the skill on, so the learner gets immediate feedback if the video sessions have proved unhelpful with learner self-awareness.
- j. Provide the learner with multiple opportunities to practice the skill (in the clinical setting, in the simulation center, one on one with preceptor) and then reschedule a new video-taped session in CACL. The learner will self-assess. Feedback will be given. This process will be repeated to adequately address the learner's and the CLEET's needs. Once improvement is documented, the CLEET may have the final video assessed by a third party for final assessment.
- k. Feedback from clinical preceptors of the learner will be used in conjunction with the final video to determine satisfactory completion of the Clinical Sciences Review Course.

Competency #3 Clinical Reasoning and Judgement

1. Call a team meeting to review remediation plan, methods for learner reassessment and goals, team includes:
 - a. Program, course or clerkship director
 - b. Remediation faculty
 - c. Learner
2. Determine learners strengths and weakness
 - a. CLEE Faculty will review learner's H and Ps, and progress notes
 - b. CLEE Faculty will review clinical assessment videos
 - c. CLEE Faculty will review the clinical reasoning in these cases with the learner
 - d. CLEE Faculty will present unfamiliar cases through role play, use of SPs or real patients with the objective of assessing the learner's ability to reason clinically through a new case.
 - e. CLEE Faculty will evaluate for heuristic failures which the learner may be repeating
 - i. Anchoring bias
 - ii. Availability bias
 - iii. Gambling bias
 - iv. Confirmation bias
3. CLEE faculty will teach the learner a framework for creating a differential diagnosis
 - a. Anatomical framework
 - b. Systems approach (i.e., VINDICATED APE)
 - c. Pathophysiologic framework
4. The CLEE Faculty will ask the learner to create a differential dx (DDx) based on a given age, gender, race/ethnicity and chief complaint
 - a. Include most likely dx and the diagnoses that you don't want to miss
 - b. List these 3-6 diagnoses
 - c. Repeat these steps practicing with different presentations
 - d. Resources: First consult
5. The CLEE Faculty will have the Learner identify relevant HPI and ROS questions
 - a. Collecting initial chronological info detailing the chief complaint
 - b. Asking rule in and rule out questions for the 3-6 diagnoses
 - c. Repeat this step with different scenarios to practice streamlining to ask the most high yield questions
6. The CLEE Faculty will provide the learner with feedback on Steps 4, and 5, then direct the learner toward references to self-correct for future cases:
 - a. Is the differential appropriate?
 - b. What questions did he/she remember to ask?

- c. What questions did he/she forget to ask?
 - d. Are there too many extraneous questions?
 - e. What additional information is needed from the patient?
 - f. Have the learner re-examine the differential
7. The CLEE Faculty will ask the learner to list the physical exam elements that are crucial in assessing the patient as well as those that will help rule in or rule out the 3-6 diagnoses in the differential
 - a. Emphasize that each element of the physical exam should be intentional so that he/she is alert and looking for specific information
 - b. Engage the learner to repeat this step of creating physical exam elements with different case presentations
8. The CLEE Faculty will provide feedback, and then for future cases direct the learner to published references to check reasoning and judgement
 - a. What PE elements did he/she remember to perform?
 - b. What PE elements did he/she forget to perform?
 - c. Is he/she performing too many extraneous exam elements?
 - d. Ask the learner to reorder the differential, or expand differential
9. The CLEE Faculty will ask the learner to create a problem list
 - a. The problem list should include every abnormal piece of information collected
10. The CLEE Faculty will encourage the learner to ask herself/himself these questions
 - a. Have you seen or read about a similar case before?
 - b. Compare and contrast the cases
 - c. Analyze each diagnosis in the differential. What information (positive and negative) helps to rule in or rule out each of the diagnoses?
11. The CLEE Faculty will give the learner a framework for choosing the diagnostic plan and review the case appropriate options
 - a. Diagnostic framework
 - i. Monitor the patient
 - ii. Order a lab
 - iii. Order a test
 - iv. Prescribe a medication
 - b. Have the learner predict outcomes, a simplistic way to get at pre/post-test probabilities
 - c. Have the learner reflect on his/her choices
 - i. Patient risks, efficiency, too much data or not enough
12. Provide feedback, and then direct your learner towards published references with practice algorithms to confirm the appropriate workup for future cases
 - a. Which elements did you choose correctly?

- b. Which diagnostic elements did you choose incorrectly, and why?
 - c. What are you missing and why/
13. Review treatment options including the follow up plans
- a. Have the learner provide a disease course without treatment
 - b. Have the learner review treatment options
 - c. Have the learner anticipate consequences of his/her treatment choices, including benefits and potential complications
 - d. Have learner state his/her final treatment recommendation as learning how to commit to ones beliefs is a crucial learning curve in medicine
14. Have the learner create an ongoing list of questions to look up and apply to the care of his/her patients
15. Reinforce the use of additional resources, such as senior clinicians or consultants for feedback
16. On rounds and in clinic, the learner should be encouraged to explain her/his reasoning on major clinical decisions for additional feedback
- a. Errors in reasoning must be corrected immediately
 - b. This will likely require some role modeling of the mentor in the form of ‘thinking out loud. Encourage the learner to pay attention to how his/her colleague formulate and present plans
 - c. For higher level learners ie residents, and senior learners do not give the plan if he/she is able to develop one; rather teach her/him where to find the answer.
17. After establishing expectations, the learners performance is best assessed by conversations with the supervising attendings/clinicians and having an unbiased faculty member conduct an assessment of the learners H and Ps/charts

TOOLS to assist learner

Employ SNAPPS model of presentation, a learner centered model for medical education

S- Summarize history and findings

N- Narrow the differential to 2-3 most likely

A-Analyze the differential by comparing and contrasting

P-Plan treatment and further work-up

P-Probe the preceptor about uncertainties and alternatives

S- Select an issue related to the care for self-directed learning

Adapted from

Remediation of the struggling medical learner Jeannette Guerrasio. Association for Hospital Medical Education 2013

Competency #4 Time Management and Organization

1. The clinical enrichment elective team (CLEET) will
 - a. Review OSCEs, CPXs, preceptor evaluations, and patient write-ups done by the student. This data will give an initial idea of student's time management and organization skills
 - b. Review the information the clerkship/course director has provided regarding the student
 - c. If this is not enough information the CLEET will create a simulated situation in the sim center to obtain further information regarding the student's time management and organizational skills
 - d. Ask the student how the lack of organization and efficiency is hindering them in the clinical setting. If the student does not see this link, the team will help to point this out.
 - e. Obtain the learner's perspective
 - i. Is this a new problem? Is time management/organization something they struggle with at home? Has anything worked at home? Can they bring those successes here to med school?
 - ii. Is there something specially preventing organization and efficiency?
 - iii. Do his senior residents or fellow students do things that the learner could incorporate?
 - f. Use all this information the CLEET will make an assessment and plan regarding the time management and organizational skills deficits the student has based on what is required for the course/clerkship objectives and for the year of medicine the student is in (MS1, 2, 3 or 4)
 - i. Provide very specific goals to the student—for example
 1. You should be able to write a f/up note in 15 minutes or less
 2. You will have 15 minute to review the old records. Think about where you should look first to find what is most important.
 3. You should be able to see four patients this afternoon with the notes completed by 7:30 PM tonight.
 - g. Document the skill goals with a timeframe for achieving them as well. This plan will be discussed with the learner. The document will then be signed by all parties involved as written agreement.
 - i. Possibly assign readings, online modules and/or videos of time management and organization skills .
 - ii. Provide opportunities for the student to practice the skills multiple times in the simulation center.
 - iii. Possibly model the behavior we wish to see
 1. By demonstrating how to collect info in a quick systematic way
 2. Learner should then use the same quick systematic way to go through charts (the repetition will solidify the desired behavior)
 3. Plan the patient encounter before walking in the room, by trying to come up with a ddx before hand and then asking the pertinent questions.

- iv. Have the learner discuss observe time management and organization techniques with their peers and seniors.
- v. Encourage the learner to be insightful of the amount of stress they are experiencing (they are coming in earlier than their peers and not accomplishing as much).
 - 1. Encourage stress management
 - 2. Suggest ways for stress management
 - 3. Make a suggestion for an outside evaluation of stress if needed.
- h. After pre-determined amount of practice time (a week to a month) the student will then be video taped with specific time constraints for the patient interaction. The student will then have specific time requirements for the write-up as well. Both the student and a member of the CLEET will grade the video with a predetermined checklist .
 - i. The student and the CLEET team member will then review the video together, to see if there are differences, give feedback
 - ii. Does the learner have insight?
 - iii. This process will be repeated until the goal is reached or until the original time set aside for remediation has been reached.
- i. The student will then be ready to re-join the clerkship/course
 - i. Upon return the clerkship, the student may need some special accommodations at first
 - 1. They may need a lighter patient load initially or graduated decreasing time constraints
 - 2. The student may need to be at the same site for multiple consecutive rotations so they can work on efficiency and not need to learn a new computer system every time

Competency #5 Interpersonal Skills (IS)

The student referred to the Clinical enrichment elective (CLEE) Course for Interpersonal Skills deficit will:

1. Meet with the CLEE team to review the reasons for referral to this program (if self-referral, initial appointment will document reasons for remediation of IS.
2. Diagnostics will include a self-reflection on areas that the student feels need for improving:
 - a. Working with patients
 - b. Working with patient's family members
 - c. Working with faculty and/or attendings
 - d. Working with resident(s)
 - e. Working with peers
 - f. Working with healthcare team members
3. Define with the student:
 - a. What is their strengths working in teams?

- b. What are their weaknesses working in teams?
 - c. How do they handle / manage conflict?
 - d. When does the conflict generally occur (specifically, when do you feel you are not able to negotiate your role(s))?
 - e. How do you generally read social cues?
 - f. How do you handle blame?
 - g. When do you feel most awkward?
 - h. Have you had any unprofessional interactions with any of your team?
4. Once the initial interview is completed, and the diagnosis is documented:
 - a. Complete a base-line simulation case with a standardized patient trained to present a trigger to the student.
 - b. Document on film how this trigger is managed.
 - c. Complete an evaluation:
 - i. Standardized Patient (SP) checklist
 - ii. Faculty review checklist
 - iii. Student self-reflection checklist
 - d. CLEE team meets to discuss next plan of action.
 5. Meet with the student to review these evaluations and initiate a plan to overcome (if needed) the student's IS triggers.
 - a. Student will be assigned readings to reflect on
 - b. Student will identify a role-model and/or mentor that can work with them in the clinical sense to help them identify their triggers
 - c. Student will complete a self-evaluation and reflection following their initial readings and work in the clinics.
 - d. Student return to CLEE team to complete a simulated case to practice and reflect upon.
 6. The student will complete the conflict management module, if assigned.
 7. Following successful demonstration of managing their specific triggers, the student will complete a final simulated case to document successfully incorporating appropriate behaviors in the clinical setting.
 8. A final self-reflection will be submitted to the student's CLEE portfolio.
 9. A final recommendation to the referring Course Director and the APRC Committee will be completed, when the students successfully demonstrates proficiency in this area.

Competency # 6 Communication Skills

The student referred to the Clinical enrichment elective (CLEE) Course for Communication Skills deficit will:

1. Meet with the CLEE team to review the reasons for referral to this program (if self-referral, initial appointment will document reasons for remediation of CS.

2. Diagnostics will include a self-reflection on areas that the student feels need for improving:

Competency # 7 Professionalism

If a student is found to have a professionalism deficit, the student will be referred to the Professional Development office (Olga Skalkos).

Competency #8 Practice Based Learning and Improvement

This will be a component of the CLLE for most students, as this competency is often tied up in components of the other competencies, and strengthening this competency will be beneficial to all lifelong learners.

1. Meet with the Team to review the plan, methods for learner assessment and goals for successful learning
 - a. Course or clerkship director
 - b. Faculty interesting in leading the remediation
 - c. Learner
2. Ask learner to explore and write about
 - a. His/her strengths and weaknesses
 - b. Benefits of continued learning
 - c. What he/she believes the current expectations are
 - d. The pros and cons of feedback
 - e. The importance of acknowledging one's limitations and seeking help when needed
3. Review the above components of practice-based learning and improvement with the learner
 - a. Include how the lack of independent learning and willingness to accept feedback is received by faculty and colleagues
 - b. Discuss the need for setting new learning and patient care goals
4. Identify what you expect the learner to be doing and set a time frame
 - a. Identifying one question to look up on each patient
 - b. Reading nightly on cases to answer these questions
 - c. Utilize evidence based studies, and guidelines to modify practice
 - d. Seeking feedback and trying different strategies based on feedback
5. Model behavior
 - a. Help the learner identify questions to look up

- b. Model appropriate verbal and action responses to receiving feedback, and have the learner practice them
- 6. For assessment to measure progress consider
 - a. Supervising faculty evaluations
 - b. Written clinical exam score demonstrating progressive improvement

Adapted from Remediation of the struggling medical learner Jeannette Guerrasio.
Association for Hospital Medical Education 2013

Competency#9 System Based Practice (this competency overlaps with interpersonal skills and professionalism)

- 1. The clinical enrichment elective team (CLEET) will
 - a. Review preceptor evaluations and clerkship/course director comments regarding this area of concern.
 - b. If more data is needed, obtain feedback from the team that the student worked on from residents, fellow students, nurses, social worker, pharmacist, physical therapist, etc to ascertain the student's perceived ability to work interprofessionally
 - c. Ask the student to reflect on the benefits of
 - i. Interprofessional and multidisciplinary teams/teamwork
 - ii. The value of multiple perspectives and input
 - iii. The complexity of the health care system for both patients and clinicians
 - d. Have the student perform a risk/benefit analysis of teamwork for the patient and patient safety (verbally or written)
 - e. If needed, the student will review system based practice as it relates to their working environment in clinic and on the wards
 - i. What health care resources are there available to patients at those particular locations and in the community?
 - ii. How does insurance affect access to resources?
 - iii. Review patient handoffs and transitions of care
 - iv. How can the student best advocate for his/her patients?
 - f. Use all this information to make an assessment and plan regarding the System based Practice deficits the student has based on what is required for the course/clerkship objectives and for the year of medicine the student is in (MS1, 2, 3 or 4)
 - i. Provide very specific goals to the student—for example
 - 1. Return e-mails within 24 hours
 - 2. Complete paperwork within 48 hours

3. Send discharge summaries home with patients
 4. Set up home health by the end of the day
 5. Lead the health care team and incorporate others' input to maximize patient care quality
- g. Once these goals have been achieved, the student may be assessed to see if these skills are being incorporated by
- i. 360 evaluations on the student's next clinical rotation
 - ii. Simulated team events in the Sim center-with 360 feedback as well

Competency #10: Well Being (often this may be identified by the CLEET after the student has already been referred for other reasons –like clinical skills, medical knowledge, etc)

1. The Clinical enrichment elective team will:
 - a. Discuss the concerns regarding the learner's performance and concerns for the learner's well being
 - b. Ask the learner to explore their concerns and the CLEET's concerns
 - i. Is this a new problem?
 - ii. Are there specific things keeping the learner from being successful?
 - iii. What has the learner tried to do to improve performance and/or remove these obstacles?
 - iv. Ask has the student been dx with a learning disability or psychiatric illness? If so, discuss the treatment. Ask them if they feel they are not being managed as well? Ask them when they last saw their provider?
 - v. Ask about legal and illegal substance abuse since starting medical school
2. The CLEET is not the provider for the student, but will be available as mentors to the student to help them to be successful
3. Once mental well-being is suspected by the CLEET, they will discuss the student at APRC in order to help the student get the help they need in order to help the student to be successful.

Grading

This elective is an H, PC, P or F course

- To receive an **Honors** in this course:
 - The student must complete all assigned work by the due date

- The student must show great improvement in the area of focus at determined by the ILP they created at the beginning of the elective.
- The student must show a commitment to self-improvement by incorporating feedback given by the preceptors
- The student must remain professional at all times
 - They will inform the course directors and preceptors of conflicts with schedules in a timely fashion. (this does not include emergencies)
 - They will dress professionally when working with patients and SPs.
 - They will be prepared for patient and SP sessions- bring laptops, stethoscopes, etc
- To receive a **PC** in this course:
 - The student turned in one assignment late
 - The student must show some improvement in the area of focus at determined by the ILP they created at the beginning of the elective.
 - The student incorporates some of the feedback given by the preceptors
 - The student is professional most of the time
 - They will inform the course directors and preceptors of conflicts with little time to reschedule. (this does not include emergencies)
 - They were unprepared once for patient and SP sessions- bring laptops, stethoscopes, etc
- To receive a **P** in this course:
 - The student turned in two assignments late
 - The student must showed little improvement in the area of focus at determined by the ILP they created at the beginning of the elective.
 - The student struggles to incorporate feedback given by the preceptors. The same feedback has to repeatedly be given.
 - The student is professional some of the time
 - They will inform the course directors and preceptors of conflicts with little time to reschedule. (this does not include emergencies)
 - They were unprepared twice for patient and SP sessions- bring laptops, stethoscopes, etc
- To receive an **F** in this course:
 - The student turned in multiple assignments late or never turned them in
 - The student did not show any improvement in the area of focus at determined by the ILP they created at the beginning of the elective.
 - The student does not incorporate any of the feedback given by the preceptors, often times b/c the student sees no need for improvement.
 - The student is unprofessional most of the time
 - They do not show up for scheduled activities. (this does not include emergencies)
 - They do not respond to e-mails in a timely fashion or ever
 - They were unprepared for all the patient and SP sessions- never brought laptops, stethoscopes, etc

Professionalism:

Any breach of the professionalism as described in the MCOM handbook including but not limited to the professionalism values section and the social media participation guidelines, may be grounds for remediation or failure of the course as determined by the course director in consultation with the Assistant Dean for the Clinical Curriculum.

Grade Appeals:

A student may appeal a course grade if the student has evidence that the grade was assigned in an erroneous manner. Within five (5) school days after the receipt of the grade, the student may appeal in writing to the responsible Course director any assigned grade that they dispute. See handbook for details of the process.

Students are expected to review and be familiar with the student handbook in general.

<https://health.usf.edu/medicine/mdprogram/student-affairs/handbook>

In particular for this course students are expected to review the following areas in the handbook for specific details:

MCOM Clinical Years Monitoring Student Time Guideline

COM students are held to the same work hour guidelines as are residents, per ACGME guidelines. Students are limited to a maximum of 80 duty hours per week including in-house call, *averaged* over four weeks. Students must be given one day out of seven free from all clinical and educational responsibilities, *averaged* over four weeks. Students cannot be scheduled for in-house call more than once every three nights, *averaged* over four weeks. Students may not work more than 28 consecutive hours. Students should be given at least ten hours for rest and personal activities between daily duty periods and after in-house call. Students, residents, and faculty are not permitted to allow/require deviation from the above rules.

MCOM Medical Student Clinical Supervision Guideline

Medical students may not provide care in an unsupervised fashion. Supervisors must either hold a faculty appointment or be supervised in their teaching and assessment role by an individual who has a faculty appointment. This may include residents, fellows, and other licensed health professional faculty supervising an activity within their scope of expertise or practice. Medical students may be supervised at one of two broad levels: 1) Direct observation or 2) Immediately available indirect supervision.

Attendance

During the clinical years the student's responsibilities lie within the individual course.

Attendance within a given course is a demonstration of attitude and professional behavior. This behavior impacts all members of the healthcare team, including fellow students and patients. Any absence from the course may have a direct impact on student performance, the clinical experience, the evaluation of professionalism, the overall grade, and the successful completion of the clerkship. Students who miss scheduled hours are expected to acquire the same level of competency as other students in the clerkship. Lectures, reading assignments and clinical duties will not be re-created or offset to accommodate any absences. All absences are at the discretion of the course director. Students should follow the procedure guidelines for obtaining an excused absence outlined in the handbook. The course director will use the guidelines outlined in the student handbook when determining if the absence is excused.

Residency Interviews

Students are expected to schedule residency interviews during months that they are not scheduled to have a clinical course. Student may miss up to 2 days for interviews, but those days must be made up.

Mistreatment guideline and procedure

USF Health's Morsani College of Medicine is committed to assuring a safe, encouraging, and supportive learning environment that reflects commitments to professionalism, respect, diversity, and virtues such as integrity, compassion, and kindness. All MCOM faculty and staff are expected to conduct themselves in a professional manner and contribute to creation of a culture that is supportive of learning. Mistreatment, bullying, discrimination, harassment, and sexual harassment are prohibited at MCOM. The student mistreatment policy, in accordance with LCME standard 3.6, ensures that concerns about the learning environment are promptly dealt with and resolutions reached in a fair and just manner. The College forbids any retaliatory action against students who present grievances in good faith.

The MCOM Student Mistreatment policy aims to safeguard medical students from mistreatment by any faculty member or staff associated with MCOM, including clerkship directors, attending physicians, residents, and other medical students by:

- educating members of MCOM about student mistreatment;
- prohibiting medical student mistreatment by anyone associated with MCOM;
- encouraging the early identification of medical student mistreatment as a preventative measure;
- identifying individuals to whom medical students can report mistreatment;
- requiring those who receive complaints regarding student mistreatment to report the complaint to the appropriate administrator;
- providing a confidential system for reporting mistreatment;
- assuring confidentiality to the fullest extent possible;
- assuring that all reports of mistreatment will be thoroughly and promptly addressed;
- providing an avenue for corrective action.

Reports of mistreatment will preferably be addressed within an informal framework when appropriate, but formal procedures are available for use when necessary.

MCOM is committed to preventing mistreatment of medical students through education of the MCOM community. The policy and related procedures will be disseminated among MCOM on an annual basis. Additionally, MCOM will periodically use varying methods (e.g., email, workshops, orientations) to inform medical students, faculty, and staff about medical student mistreatment and the MCOM policy on addressing mistreatment.

Professionalism guidelines and procedures

Professionalism is grounded in the fundamental values of honesty, integrity and fairness and is an essential part of the practice of medicine. Students are expected to display and will be examined by these exemplary behaviors. Students are expected to uphold their responsibility to their profession, and to appreciate that behaviors outside of the classroom and clinical learning environments can impact their progression through the program.

In addition to behavioral standards related to the medical profession, students are expected to uphold the principles of honor set forth by the University of South Florida in The Commitment to Honor code.

Attitudes or behaviors inconsistent with compassionate care; refusal by, or inability of, the student to participate constructively in learning or patient care; derogatory attitudes or inappropriate behaviors directed at patients, peers, faculty or staff; misuse of written or electronic patient records; or other unprofessional conduct can be grounds for dismissal and will be reviewed by the APRC.

Title IX Guideline:

Title IX provides federal protections for discrimination based on sex, which includes discrimination based on pregnancy, sexual harassment, and interpersonal violence. In an effort to provide support and equal access, USF has designated all faculty (TA, Adjunct, etc.) as Responsible Employees, who are required to report any disclosures of sexual harassment, sexual violence, relationship violence or stalking. The Title IX Office makes every effort, when safe to do so, to reach out and provide resources and accommodations, and to discuss possible options for resolution. Anyone wishing to make a Title IX report or seeking accommodations may do so online, in person, via phone, or email to the Title IX Office. For information about Title IX or for a full list of resources please visit: <https://www.usf.edu/title-ix/gethelp/resources.aspx>. *If you are unsure what to do, please contact Victim Advocacy – a confidential resource that can review all your options – at 813-974-5756 or va@admin.usf.edu.*

Diversity, Equity, and Inclusion Statement:

The vision of the Morsani College of Medicine (MCOM) Student Diversity and Enrichment programs is to encourage and promote an environment that welcomes and embraces diversity in the student body. We diligently ensure that all students feel supported and accepted in order to optimize their educational experience. USF MCOM defines diversity not solely limited to race and ethnicity, but also encompass talents, life skills and special attributes.

Should you need further assistance or more information about our many USF Health Morsani College of Medicine's diversity-driven events, outreach, and support programs, please contact the Office of Student Diversity and Enrichment at (813) 396-9944 or visit the OSDE contact page directly. More information about USF Health and its commitment to diversity [can be found here](#).

For any disputes in which a student has allegedly violated USF policies or rules, please contact [The Office of the Student Ombudsman](#), at (813) 974-0835 or [Student Conduct and Ethical Development](#), ALN 109, (813) 974-9443 for assistance.

Evaluation Compliance Guideline

Student feedback is an essential component for continuous quality improvement of our teaching faculty and curriculum development. Morsani College of Medicine (MCOM) has implemented the following guidelines for all students currently enrolled:

1. Students will be required to complete a minimum of 80% of the evaluations assigned to them
2. All evaluations should be completed within 25 days upon receipt
3. Students may suspend evaluations only given the following circumstances:
 - a. The evaluation was assigned in error
 - b. The student did not spend enough time with an educator to properly evaluate them
4. At most students will be permitted to suspend up to 20% of their evaluations. Once a student exceeds a 20% suspension rate their evaluations will be reviewed on a case-by-case basis
5. Comments provided on evaluations should be constructive, respectful, and made in a professional manner

Please note that levels of anonymity are strictly enforced and fail safes are put into place to ensure a student cannot be identified from their evaluation.

Student evaluation completion compliance rates will be monitored on a quarterly basis and any student found to be out of compliance at the time will be required to attend a mandatory one hour session to complete any pending evaluations. Students will receive a notice via email that they are required to attend the mandatory session to complete their evaluations. Failure to complete evaluations and/or attend the mandatory sessions may result in the following disciplinary actions:

1. A written notice from the Associate Dean of Undergraduate Medical Education
2. A mandatory meeting with the Associate Dean of Undergraduate Medical Education
3. Appearance before the Academic Performance Review Committee (APRC)

**Above is a summary of the USF Student Evaluation Guideline. Please review MCOM's Student Handbook for the full text of this guideline.*

Sessions Recording Guideline

In this class, software will be used to record live class lectures and discussions. As a student in this class, your participation in live class discussions will be recorded. These recordings will be made available only to students enrolled in the class, to assist those who cannot attend the live session or to serve as a resource for those who would like to review content that was presented. Recording may be used in subsequent semester for instructional purposes in necessary. Participation in the sessions is considered consent for recording. In courses in which video of students might be captured due to online software being used, students who prefer to participate via audio only will be allowed to disable their video camera so only audio will be captured. A student's use of video during the session is considered consent for the video to be recorded and used as previously described.

This option to disable video will not apply to video proctored exams. Please discuss recording options with your instructor. Students may use the recordings as a resource to review content. Copying or distributing the video recordings by students is prohibited and considered a professionalism violation.

Student Accessibility and Accommodation

University of South Florida Morsani College of Medicine (MCOM) is committed to providing equitable access to learning opportunities to students with documented disabilities (e.g., mental health, attentional, learning, chronic health, sensory, or physical).

To ensure access to this class, and program, please contact Student Accessibility Services to engage in a confidential conversation about the process for requesting reasonable accommodations in the classroom and clinical settings.

Accommodations are not provided retroactively. Students are encouraged to register with Student Accessibility Services as soon as they begin their program. The University of South Florida Morsani College of Medicine encourages students to access all resources available through Student Accessibility Services for consistent support and access to their programs. More information can be found online at [Student Accessibility Services](#).

LINK TO UNIVERSITY REGULATIONS AND POLICIES

<http://regulationspolicies.usf.edu/policies-and-procedures/pdfs/guideline-11-008.pdf>