CLINICAL CURRICULUM GUIDELINES
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Overview:

The clinical core clerkships at Ross University School of Medicine (RUSM) are conducted at over 70 clinical sites around the United States and Puerto Rico. The purpose of this document is to:

1. Provide guidance to both educators and students on expectations for Ross students during their core clerkship rotations.
2. Achieve consistency in the educational materials presented to students during their core clerkships.

RUSM recognizes that each site presents its own unique learning opportunities, unique patient populations, and unique styles of teaching for our students. The University encourages experienced medical educators to pursue their educational methods that have proven successful in their own institutions. This guide is meant to assist students in understanding the core learning objectives that faculty in the Ross University School of Medicine apply across all sites and that students should strive to achieve.
Family Medicine Curriculum

(Associate Dean, Clinical Sciences: Scott Ippolito, MD, FAAFP; Clinical Department Chair: Nader Tavakoli, MD, FAAFP; Clerkship Director: Abbie Jacobs, MD)

Purpose:

The core Family Medicine clerkship will provide students with the opportunity to begin acquiring an understanding of the unique role of the family practitioner, and the basic knowledge, skills, and attitudes necessary to care for patients of all ages. Students will gain these abilities by engaging in structured learning activities -- both outpatient and inpatient. These will represent a core of behaviors encompassed by the family physician, which prepare him/her for a unique role in patient management, problem-solving, counseling, and coordination of health care for the individual and for the family unit. Students will be required to take call, attend conferences, and read suggested literature.

Goals:

By the conclusion of the six week clerkship, students will be able to:

1. Refine basic clinical skills that are essential to practice in a primary care setting. Specifically, students will be able to:
   - Demonstrate interviewing skills as well as physical examination skills.
   - Communicate with the patients effectively.
2. Acquire the knowledge and skills to perform common family physician procedures. They will know the indications, contraindications, as well as the complications.
3. Use family medicine approach to diagnose and manage common illnesses seen in a family medicine setting. Students will have appropriate knowledge and should be able to organize information, document data, differential diagnoses, treatment and plan.
4. Develop sensitivity to psychosocial, familial, socioeconomic, and community aspect of their patients.
5. Learn the importance of interaction with other physicians and specialists. They will also show that they understand the importance of continuity of the care and coordination of care with other consultants as well as cost effectiveness approach to treating patients. Students will understand the concept of family medicine, and also the rewards and demands for family physician life.

Learning Objectives (Core Competencies):

A. Systems Based Practice

1. In general, to demonstrate knowledge of the health care system and to understand how to effectively use health care system resources to provide optimum patient care.
2. Specifically to demonstrate:
   - Being a cooperative and effective member of the health care team.
   - Working with the health care team in guiding patient management.
   - Handling day to day responsibilities adequately.
   - Seeking responsibilities and making an effort to fulfill them.
   - Being appropriately attentive to detail.
   - Knowledge of patient management duties as they relate to systems issues, system resources, and regulatory affairs (eg engaging ancillary health care providers, safe care, formulary meds).
B. Professionalism

1. In general, to demonstrate a commitment to professional responsibilities and sensitivity to a diverse patient population.
2. Specifically to demonstrate:
   - Respect and honesty.
   - Compassion for patients.
   - Respect for patient confidentiality.
   - Acceptance of criticism and feedback.
   - Motivation to learn and improve.
   - Good work ethic.
   - Punctuality.
   - Preparedness.

C. Interpersonal Skills and Communication

1. In general, to demonstrate effective information exchange and teaming with patients, their families, and other health professionals.
2. Specifically to demonstrate:
   - Awareness of the relevance of psychosocial factors, cultural diversity, and support systems to healthcare.
   - Application of this knowledge in the care of individual patients.
   - Good communication skills and rapport with patients, families, other health care professionals, staff, and supervisors.

D. Patient (Relationship) Centered Care

1. In general, to demonstrate care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. History: Specifically to demonstrate:
   - Ability to elicit a complete and accurate history.
   - Ability to report important data from records.
   - Ability to formulate a relevant and accurate assessment and plan.
3. Physical Examination: Specifically to demonstrate:
   - Ability to perform an efficient, accurate, and complete examination.
   - Ability to report major abnormalities.
4. Written History and Physical: Specifically to demonstrate:
   - Ability to document an accurate, well organized, and legible history and physical.
   - Ability to document comprehensive and systematic assessments, including use of laboratory data.
5. Progress Notes: Specifically to demonstrate:
   - Ability to document a legible and informative note that reflects patient's problems.
   - Ability to document an analytical assessment of the management.
6. Oral Presentation: Specifically to demonstrate:
   - Ability to give a focused presentation that includes all the basic information.
   - Understanding by appropriate selection of facts.
   - Minimal use of notes.
   - Good eye contact and clear and understandable spoken English.

E. Practice Based Learning and Improvement

1. In general, to demonstrate appraisal and assimilation of scientific evidence, evaluation and improvement of patient care.
2. Improvement in Practice: Specifically to demonstrate:
   - Ongoing reading about current clinical problems.
   - Appropriate access to clinical information and online resources.
   - Ability to evaluate medical reports in a critical manner.
   - Ability to apply medical evidence to clinical scenarios.
   - Ability to supply cognitive knowledge to the clinical care patients.
   - Progressive learning from previous errors.

3. Improvement in self-directed learning: Specifically to demonstrate:
   - Self assessment, motivation, and initiative.
   - Improvement with feedback.
   - Attempt to meet set goals.
   - Preparing in advance.
   - Appropriate reading.

F. Tenets of Medicine

1. In general, to demonstrate appropriate knowledge of established and evolving bio-medical, clinical, and cognate sciences and the application of this knowledge in patient care.

2. Knowledge base: Specifically to demonstrate:
   - Good fund of knowledge and understanding, including population-based and evidence-based medicine.
   - Ability to ask insightful questions.
   - Meaningful participation in discussion and decision making.
   - Knowledge of basic pathophysiology.
   - Good understanding of diagnostic approach.

3. Problem-solving: Specifically to demonstrate:
   - Reasonable analysis of patient data base.
   - Integration of relevant basic and clinical scientific knowledge and clinical judgment.
   - Ability to elaborate reasonable differential diagnosis and therapeutic approaches.

4. Subject-specific: Specifically to demonstrate:
   - Knowledge of the evaluation and management of common medical problems seen by family physicians when treating children and adults (eg, cardiovascular diseases, HBP, asthma, COPD, infections, anemia, cancer, diabetes, lipid disorders, obesity, genitourinary disorders, gastrointestinal disorders, musculoskeletal disorders, osteoporosis, congenital disorders, dermatologic conditions, neurological disorders, dementia, chronic pain).
   - Knowledge of the evaluation and management of common psychological and behavioral issues seen by family physicians (eg, anxiety, depression, eating disorders, developmental delays, learning disabilities, substance use and addiction).
   - Knowledge of the evaluation and management of common women’s health issues seen by family physicians (eg, pre-natal care, family planning, abnormal uterine bleeding, breast exam, pelvic exam).
   - Knowledge of the unique issues relevant to treating geriatric patients.
   - Knowledge of preventive medicine and health maintenance, including screenings and immunizations for children and adults.
   - Knowledge of common sports-related injuries and the relevance of pre-participation evaluation.
   - Knowledge of pre-surgical evaluation and risk assessment.
   - Knowledge of occupational medicine and disability evaluation.
   - Knowledge of nutrition and nutritional health.
   - Understanding of end of life issues, palliative care, and hospice care.
   - Sensitivity to psychological, socioeconomic, cultural, and community aspects of patient care.
   - Understanding of continuity of care, cost-effective care, and coordination of care with other consultants.
Topics for Online Resource Library:

1. Hospice and palliative medicine including pain management
2. Well child and adult examination
3. Preventive care in children and adult
4. Diagnosis and management of type II diabetes
5. Diagnosis and treatment of asthma
6. Preoperative risks assessment
7. Common psychiatric disorders (anxiety and depression)
8. Occupational health
9. Obesity
10. Metabolic and lipid disorders
11. Common orthopedic problems
12. Nutrition and health
13. Hypertension
14. Dementia
15. Osteoporosis
16. Common sport injuries (including pre-participation physical)
17. Prenatal care
18. URI
19. Discussion on evidence based medicine in clinical setting
20. Common symptom based topics in family medicine (eg, headache, dizziness, chest pain, fatigue)

Refer to Appendix 1 for Family Medicine Core Clerkship Reading Materials.
Psychiatry Curriculum

(Clinical Department Chair: Ebrahim J. Kermani, MD, DFAPA)

Purpose:
The Department of Psychiatry at Ross University School of Medicine (RUSM) adheres to the principle that Psychiatry is a branch of medical science dealing with disturbances in human behavior, emotions and thoughts (mind), categorically known as mental illness or disorder. We expect our students to understand and learn that mental illness, like other illnesses, can be treated, controlled, and prevented.

Goals:
By the conclusion of the six week clerkship, students will be able to:

1. Become familiar with the description of the diagnostic criteria of the Diagnostic and Statistical Manual IV (DSMIV) which includes “multiaxial assessment” and the relationship between “general medical condition” and mental health in general.
2. Conduct a psychiatric interview, perform a mental status examination and formulate a broad differential diagnosis based on history and their findings.

Learning Objectives (Core Competencies):

A. System-Based Learning

1. In general, to demonstrate knowledge of the health care system and to understand how to effectively use health care system resources to provide optimum patient care.
2. Specifically to demonstrate:
   - An ability to propose a meaningful treatment plan including:
     - A psychopharmacological (biological) approach.
     - A psychotherapy (non-biological) approach.

B. Professionalism

1. In general, to demonstrate a commitment to professional responsibilities and sensitivity to a diverse patient population.
2. Specifically to demonstrate:
   - Respect for patients, peers and colleagues.
   - Adherence to ethical principles.
   - Ability to hold integrity.
   - Ability to be culturally sensitive and altruistic.

C. Interpersonal Skills & Communication

1. In general, to demonstrate good communication, effective information exchange and teaming with patients, their families, and other health professionals.
2. Specifically to demonstrate:
   - Awareness of the relevance of psychosocial factors, cultural diversity, and support systems to healthcare.
   - Application of this knowledge in the care of individual patients.
D. Patient (Relationship) Centered Care

1. In general, to demonstrate care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

2. Specifically to demonstrate:
   - An ability to summarize the history, physical exam, laboratory findings, assessment, and plan effectively.
   - An ability to acquire knowledge of the patient, document the issue, and deliver a concise oral presentation.

3. The Department of Psychiatry also recommends that while the students are learning human psychopathology that they should also take the opportunity to learn about the doctor/patient relationship in terms of the legal, ethical and moral responsibilities of the physician towards their patients.

E. Practice Based Learning and Improvement

1. In general, to demonstrate appraisal and assimilation of scientific evidence, evaluation and improvement of patient care.

2. Specifically to demonstrate:
   - An understanding of how to intervene in emergency cases such as suicide and homicide threats.

F. Tenets of Medicine

1. In general, to demonstrate appropriate knowledge of established and evolving bio-medical, clinical, and cognate sciences and the application of this knowledge in patient care.

2. Specifically to demonstrate:
   - A good understanding of population-based and evidence-based medicine, and have the ability to elaborate reasonable differential diagnoses and therapeutic approaches.

Clinical Issues (Patient Assignments):

The importance of assigning patients to the students cannot be overstated. The following may be amended and/or expanded by the various teaching hospitals to fit their program or to further the student’s knowledge.

1. RUSM expects that every student, at any given time, carries the responsibility for three to four patients under the close supervision of a senior resident and/or an attending. Students will observe and/or participate in interdisciplinary team meetings as well as daily rounds (morning rounds, bedside teaching, etc.) with the resident or attending.

2. RUSM believes that reading assignments are an important part of the clerkship program. Students should review the literature pertinent to their assigned patients.

3. The Department of Psychiatry understands that in some programs, students are not allowed to write notes in the patient’s chart even if it is cosigned by an attending. In those instances, students must keep their own progress notes as part of their homework. These notes may be critically reviewed by their supervisor for teaching purposes.

4. Two write ups will be mandatory and must be completed by the fourth or fifth week of the clerkship. We expect the faculty of each hospital to critically review student’s write ups and take the quality of their work as part of their final grade.
5. The Department of Psychiatry expects that every student have the opportunity to present one or two cases under supervision to their peers and answer questions in a scientific and appropriate manner.

The Department of Psychiatry believes in the cooperation and collaboration with our teaching hospitals regardless of style. We all have one goal in mind which is to train the best physicians to serve our society.

**Topics for Online Resource Library:**

A. Psychiatric Disorders:

1. Autistic Disorder
2. Attention Deficit Disorders (ADHD & ADD)
3. Delirium
4. Dementia
5. Substance Abuse and related disorders
6. Mood Disorder including Bipolar and Mania
7. Posttraumatic Stress Disorder (PTSD)
8. Sexual Dysfunction
9. Eating Disorders including Anorexia and Bulimia
10. Disturbances of Sleep
11. Schizophrenia and other forms of psychosis
12. Borderline Personality Disorder
13. Legal issues in psychiatry (Competency and Insanity Defense)
14. Adjustment Disorders

B. Review of Drugs Commonly Used in Psychiatry

1. Antianxiety Drugs
2. Antidepressant Drugs (Tricyclics, SSRI, SNRI)
3. Antimanic Drugs (Lithium Salts)
4. Antipsychotic and Anticonvulsant Drugs (Treatment of Bipolar Disorder or Mood Disturbance)
5. Stimulants and other drugs used for treatment of ADHD.

*Refer to Appendix 2 for Psychiatry Core Clerkship Reading Materials.*
Obstetrics and Gynecology Curriculum

(Clinical Department Chair/Clerkship Director: Robert N. Mucciola, MD, MA, FACOG)

Purpose:

The core Obstetrics and Gynecology (Ob-Gyn) clerkship will serve as an introductory experience in the provision of comprehensive medical care and counseling services to elderly, adult and adolescent female patients. Obstetrical conditions and gynecological problems commonly encountered provide the primary focus for this clerkship experience.

The expectation for the basic clerkship in Obstetrics and Gynecology is that each student will begin to build a foundation of knowledge and skills specific to the field of Ob-Gyn, but essential for any field of medicine. This foundation is described in the learning objectives listed below.

Goals:

By the conclusion of the six week clerkship, students will be able to:

1. Perform directed gynecological histories and physicals, including a complete breast and pelvic exam on appropriate patients.
2. Evaluate, diagnose, and treat a variety of gynecologic problems within the hospital and ambulatory settings.
3. Evaluate the various stages of labor and develop specific motor skills and aptitudes relative to the delivery of an infant and care of the newborn in the delivery room.
4. Demonstrate an appropriate level of knowledge, be able to organize information, and develop a differential diagnoses and treatment plan for the topics listed in the Learning Objectives.

Learning Objectives (Core Competencies):

A. System-Based Learning

1. In general, to demonstrate knowledge of the health care system and to understand how to effectively use health care system resources to provide optimum patient care.
2. Specifically to demonstrate:
   - Awareness of the larger context and system of health care.
   - Ability to call effectively on other resources in the system to provide optimal health care.
   - Ability to list the local laws requiring the reporting of suspected child abuse, domestic violence and sexually transmitted infections.

B. Professionalism

1. In general, to demonstrate a commitment to professional responsibilities and sensitivity to a diverse patient population.
2. Specifically to demonstrate:
   - Commitment to carrying out professional responsibilities.
   - Adherence to ethical principles.
   - Ability to explain the issues involved in informed consent.
   - Ability to discuss the ethical issues raised by induced abortion, contraception, and reproductive technology.
C. Interpersonal Skills/Communication

1. In general, to demonstrate effective information exchange and teaming with patients, their families, and other health professionals.
2. Specifically to demonstrate:
   - Skills in the effective exchange of information and collaboration with patients their families and health professionals.
   - The role of confidentiality in clinical activities.

D. Relationship-Centered Care

1. In general, to demonstrate care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. Specifically to demonstrate:
   - Ability to provide care that is compassionate, appropriate and effective for the treatment of health problems and promotion of health.
   - Ability to explain the basis of possible ethical conflict in maternal-fetal medicine.

E. Practice Based Learning and Improvement

1. In general, to demonstrate appraisal and assimilation of scientific evidence, evaluation and improvement of patient care.
2. Specifically to demonstrate:
   - Ability to investigate and evaluate the care of patients.
   - Ability to appraise and assimilate scientific knowledge.
   - Ability to constantly improve patient care based on constant self-evaluation and life-long learning.

F. Tenets of Medicine

1. In general, to demonstrate appropriate knowledge of established and evolving bio-medical, clinical, cognate, epidemiological and social behavioral sciences and the application of this knowledge in patient care.
2. Gynecology Learning Objectives
   - Obtain and record a thorough gynecologic history as a portion of a general medical history.
   - Perform an appropriate gynecologic examination as part of a woman’s general medical examination, including:
     - Breast examination.
     - Abdominal examination.
     - Complete pelvic examination.
     - Recto-vaginal examination.
   - Obtain an adequate sample for cervical cytology, perform cervical cultures and interpret KOH and normal saline wet smears of vaginal secretions.
   - Describe how pregnancy, both intrauterine and extraterine, must be considered in terms of differential diagnosis and treatment decisions for patients presenting with first trimester bleeding. Understand risk factors, diagnostic procedures, and treatment options for patients presenting with spontaneous abortion or ectopic pregnancies.
   - Describe endocrinology and physiology of the normal menstrual cycle and be familiar with the causes, evaluation process and treatment options of abnormal uterine bleeding.
   - Describe relations and identify the anatomy of the external genitalia and pelvic viscera of women.
   - Describe the common gynecologic neoplasms, including the presentation, diagnosis and treatment. Have an understanding of the general principles of staging. The student will be able to describe the evaluation and management of a patient with an abnormal Pap smear.
   - Construct appropriate differential diagnoses for patients presenting with:
     - abnormal bleeding
- pelvic pain
- vaginal discharge
- acute abdomen
- urinary incontinence

- List age-appropriate screening procedures and recommended time intervals for mammograms, cervical cytology, and sexually transmitted infections.
- The student will be able to explain the physiologic and pharmacologic basis of action, effectiveness, benefits and risks, and financial considerations of the various methods of contraception.
- Assess a patient with menopausal symptoms and describe the physiologic changes in the hypothalamic-pituitary-ovarian axis, symptoms and physical findings associated with hypoestrogenism, long-term changes associated with hypoestrogenism and consider a management plan.

3. Obstetrics Learning Objectives

- Diagnose pregnancy by history, physical exam, and laboratory tests.
- Obtain, and appropriately record, a complete obstetrical history.
- Explain the maternal physiologic and anatomic changes associated with pregnancy.
- Describe the basic concepts of fetal-placental physiology and function.
- Describe and manage routine antepartum care in an uncomplicated pregnancy and be familiar with methods to assess gestational age.
- Distinguish between the various techniques of antepartum fetal assessment and their indications based on maternal/fetal risk factors.
- Appreciate and clinically monitor the three stages of labor and manage a normal vaginal delivery.
- Describe normal maternal physiologic changes of the postpartum period, normal postpartum care and appropriate postpartum patient counseling.
- Discuss the implications of the following conditions for the mother and fetus:
  - multiple gestation
  - preeclampsia/eclampsia
  - Rh isoimmunization
  - diabetes mellitus
  - substance abuse
- Construct appropriate differential diagnoses for patients presenting with:
  - first trimester bleeding
  - third trimester bleeding
  - postpartum hemorrhage
- Identify and manage premature labor and premature rupture of membranes.
  Identify fetal intolerance of labor. Understand possible etiologies, risk factors and initial management.

4. During the Ob-Gyn core rotation, students will be able to:

- Perform an adequate pelvic examination describing the uterine size, shape and position, as well as adnexal findings.
- Perform an adequate Pap smear.
- Perform an adequate breast examination
- Participate in a normal spontaneous vaginal delivery.
- Demonstrate and document an appropriate postpartum examination.
- Perform fundal height measurement.
- Write an admission history and physical for a labor patient.
- Write admission orders for a labor patient.
- Auscultate fetal heart tones.
- Interpret a fetal heart rate monitor pattern.
- Assign the APGAR score to a newborn.
- Perform and interpret KOH and normal saline wet mounts.
5. During the Ob-Gyn core rotation, students will observe and be able to counsel a patient regarding the indication, method and risks of the following procedures:
   - Cesarean Section
   - Spontaneous Vaginal Delivery
   - Antepartum Fetal Assessment
   - Intrapartum Fetal Assessment
   - Coloscopy and Cervical biopsy
   - Dilation and Curettage / Hysteroscopy
   - Endometrial Biopsy
   - Hysterectomy
   - Laparoscopy
   - Pelvic Ultrasoundography
   - Mammography

**Topics for Online Resource Library:**

1. Fetal-Maternal Physiology
2. Antepartum Care
3. Intrapartum Care
4. Isoimmunization
5. Ectopic Pregnancy
6. Spontaneous Abortion
7. Postpartum Care
8. Eclampsia Preeclampsia
9. Medical Complications of Pregnancy
10. Multifetal Gestation
11. Breast Disorders
12. Amenorrhea
13. Contraception/Sterilization
14. Pelvic Pain
15. PID / STDs
16. Endometriosis
17. Infertility
18. Vaginitis
19. Cervical Dysplasia
20. Menopause
21. PCOS
22. Hysterectomy
23. Laparoscopic Procedures

*Refer to Appendix 3 for Ob/Gyn Core Clerkship Reading Materials.*
Surgery Curriculum

(Clinical Department Chair: Stephen Brooks, MD, FACS; Clerkship Director: Hedda G. Dyer, MB CHB (Ed), MRCS (Ed))

Purpose:

Students in the core Surgery clerkship will acquire the knowledge and ability to recognize and assist in the treatment of disease during which surgery may play a role in a patient's treatment and recovery. Students will develop skills, knowledge and attitudes in pre-, intra-, and post-operative care of various surgical diseases.

Goals:

By the conclusion of the 12-week clerkship, students will be able to:

1. Diagnose, evaluate, and treat patients with surgical conditions taking into account:
   - Recognition of surgical problems.
   - Knowledge of appropriate surgical interventions and alternative treatment.
   - Appropriate pre-operative surgical work up and preparation.
   - How to care for the patient in the immediate post-operative period.
   - How to recognize post-operative complications needing further surgical care.
   - Cost/risk/benefit, as it applies to patient care, and as it relates to appropriate monitoring and/or screening of surgical conditions.

2. Be aware of, understand and apply specific surgical protocol in the operating room; eg, scrubbing, gowning, gloving, draping, and prepping.

Learning Objectives (Core Competencies):

A. Systems Based Practice

1. In general, to demonstrate knowledge of the health care system and to understand how to effectively use health care system resources to provide optimum patient care.

2. Specifically to demonstrate:
   - An understanding of what resources are appropriate.
   - A general concern for patients, as demonstrated in thoroughness of monitoring patients and attitudes toward record keeping.
   - Independent reading concerning problems seen.

B. Professionalism

1. In general, to demonstrate a commitment to professional responsibilities and sensitivity to a diverse patient population.

2. Specifically to demonstrate:
   - Ability to relate and perform professionally in a working situation with other members of the Health Care Team.
   - An openness to recognize limitation by using resources referrals and consultation with supervising preceptor or others, when appropriate.
   - A constructively self-critical manner.
   - Ability to perform duties within a professional comportment encompassing such areas as attendance, dress code, and general demeanor.
C. Interpersonal Skills & Communication

1. In general, to demonstrate effective information exchange and teaming with patients, their families, and other health professionals.
2. Specifically to demonstrate:
   - A sensitivity to understand and relate to the emotional and social background of patients.
   - Good communication skills and rapport with patients, families, other health care professionals, staff, and supervisors.

D. Relationship (Patient) Centered Care

1. In general, to demonstrate care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

E. Practice Based Learning and Improvement

1. In general, to demonstrate appraisal and assimilation of scientific evidence, evaluation and improvement of patient care.
2. Specifically to demonstrate:
   - Ability to perform the admitting history and physical examination.
   - Ability to participate in, and assume appropriate responsibility for, the daily care of the surgical patient, as determined by the preceptor.
   - Ability to understand diagnostic procedures and incorporate these into patient management.

F. Tenets of Medicine

1. In general, to demonstrate appropriate knowledge of established and evolving bio-medical, clinical, and cognate sciences and the application of this knowledge in patient care.
2. Students will observe and have performed under supervision the following:
   - Perform simple surgical procedures.
   - Suturing lacerations and surgical wounds.
   - Stapling of lacerations and surgical wounds.
   - Removal of sutures and skin staples.
   - Steristrip™ use in laceration and surgical wounds.
   - Start an intravenous (IV).
   - Incision and drainage of abscess.
   - Insert and remove Foley catheter in male and female.
   - Place and remove a nasogastric (NG) tube.
3. Student will be expected to learn:
   - Pathophysiology.
   - Presenting symptoms (Symptomatology).
   - Positive physical findings.
   - Differential diagnosis.
   - Investigations (including laboratory tests and imaging).
   - Treatment including:
     - Medical/surgical alternatives.
     - When treated medically; indications for surgical intervention.
     - Risk factor assessment.
     - Pre-operative management.
     - Post-operative management.
     - Complications.
     - Recognition and treatment.
   - Adjuvant therapies - indications and outcome
   - Prognosis
• Discharge including:
  • When appropriate.
  • Patient education.
  • Follow-up care.
  • Resumption of normal activities.

**Topics for Online Resource Library:**

1. Gastrointestinal (GI)
   Upper GI:
   • Peptic Ulcer Disease
   • Gastro Esophageal Reflux Disease
   • Gastric Cancer
   • Bariatric Surgery
   • Esophageal Cancer
   Lower GI:
   • Diverticular Disease
   • Colon Cancer
   • Appendicitis
   • Obstruction
     • Small Bowel Obstruction
     • Large Bowel Obstruction

2. Breast (benign and malignant)

3. Hepato-Biliary:
   • Gallbladder:
     • Biliary Colic
     • Cholecystitis
   • Acute Pancreatitis (Gallstone vs. Alcohol)
   • Pancreatic Cancer

4. Management of the Critically Ill Surgical Patient

5. Vascular
   • Abdominal Aortic Aneurysm
   • Peripheral Vascular Disease
   • Carotid Artery Disease
   • Hemodialysis Access
   • Venous Disease

6. Hernias
   • Incisional
   • Inguinal
   • Femoral
   • Umbilical

7. Endocrine
   • Thyroid
   • Parathyroid
   • Adrenal
   • Diabetic Foot

8. Thoracic
   • Pulmonary Nodule
   • Pneumothorax/ Hemothorax
   • Rib Fractures

9. Urology
   • Renal Colic
   • Benign Prostatic Hypertrophy/Prostate Cancer
   • Hematuria/Renal Cancer
10. Ortho/Trauma
   - Long Bone Fracture
   - Pelvic Fractures
   - Osteoarthritis

11. Integument
   - Cellulites
   - Skin Cancer
   - Venous Stasis Ulceration

*Refer to Appendix 4 for Surgery Core Clerkship Reading Materials.*
Pediatrics Curriculum

(Clinical Department Chair: Samuel Bekar, MD, FAAP)

Purpose:

Students in the core Pediatrics clerkship will be introduced to health issues related to infants, children and adolescents, specifically related to human developmental biology, and understanding the impact of family, community, and society on child health and well-being. Students will also gain an understanding of the impact of genetic and other internal and external influences on the growth of a healthy child, physically, mentally, and emotionally. The clerkship will serve as an unmatched opportunity to gain experience in dealing with children and their families in health and sickness, prepare students to promote health, recognize signs and symptoms, differentiate diagnosis, and participate in management. Students will acquire the knowledge, skills, and attitudes necessary to the development of a competent Pediatrician.

Goals:

By the conclusion of the six week rotation, students will be able to:

1. Acquire the basic knowledge of growth and development (physical, physiologic and psychosocial) and of its clinical application from birth through adolescence.
2. Acquire the knowledge necessary for the diagnosis and management of common pediatric acute and chronic illnesses.
3. Gain an understanding of the approach of Pediatricians to the healthcare supervision of children and adolescents.
4. Gain an understanding of the influence of family, community and society on the child at different stages.
5. Develop communication skills pertinent to obtain complete, accurate data that will facilitate the clinical interaction with children and families.
6. Develop competency in the physical examination of infants, children and adolescents.

Learning Objectives (Core Competencies):

A. Systems Based Practice

1. In general, to demonstrate knowledge of the health care system and to understand how to effectively use health care system resources to provide optimum patient care.
2. Specifically to demonstrate:
   - Experience in management and coordination of care when multiple specialists become involved, and to demonstrate this under complicated patient conditions.
   - Familiarity with agencies and organizations that provide services to children and their families.
   - Awareness and utilization of community, state, and federal resources, which are available to their patients.
   - Knowledge of the laws governing the general care of children including, but not limited to immunization, child abuse and welfare.

B. Professionalism

1. In general, to demonstrate a commitment to professional responsibilities and sensitivity to a diverse patient population.
2. Specifically to demonstrate:
   - Professional conduct and understanding of the importance of parent and family differences in attitudes, behaviors, and lifestyles.
   - Being manifested through a commitment to professional responsibilities, adherences to ethical principles, and sensitivity to a diverse patient population.
   - Adherence to a high level of ethics including recognition and respect for different cultures, ethnic and socioeconomic groups.

C. Interpersonal Skills & Communication

1. In general, to demonstrate effective information exchange and teaming with patients, their families, and other health professionals.

2. The way a physician communicates can have a lasting effect on how parents, children and adolescents handle situations and interact with a physician.

   Specifically to demonstrate:
   - Effective information exchange and teaming with patients, families and other health professionals.
   - Interaction with healthcare staff in a manner that demonstrates respect for each individual.
   - Treatment of patients and families with compassion, empathy, and appropriate level of concern, to serve the patient’s best interest.
   - Development of interpersonal skills that facilitate communication, and to demonstrate attitudes, behaviors and beliefs that serve to promote the patient's best interest.

D. Relationship (Patient) Centered Care

1. In general, to demonstrate care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

2. Specifically to demonstrate:
   - Ability to take a comprehensive history of patients with different ages, sexes, and cultural backgrounds with appropriate adjustment.
   - Ability to perform a complete appropriate physical examination of newborns, toddlers, and school-age children in different settings; eg clinics, ER, and inpatient.
   - Systematic evaluation of a patient and understanding of laboratory value.
   - Development of differential diagnosis, problem listing, and plan of care.

E. Practice Based Learning and Improvement

1. In general, to demonstrate appraisal and assimilation of scientific evidence, evaluation and improvement of patient care.

2. Specifically to demonstrate:
   - Application of knowledge to study design and statistical methods.
   - Ability to read and evaluate scientific literatures and apply information to current clinical problems.
   - Use of information technology to maximize diagnostic and therapeutic effectiveness.

F. Tenets of Medicine

1. In general, to demonstrate appropriate knowledge of established and evolving bio-medical, clinical, and cognate sciences and the application of this knowledge in patient care.

2. Specifically to demonstrate:
   - A command of established and evolving biomedical, clinical and social sciences.
   - Ability to apply an open minded, analytic approach to acquiring new knowledge and applying it in clinical problem-solving, decision making, and critical thinking.
Commitment to acquire continually evolving health information.
Understanding the importance of personal responsibility for one’s own education and for development of life-long learning skills.

Core Topics for Online Resource Library:

1. H/P Newborn/child/adolescent
2. Prematurity
3. Breast feeding
4. Newborn respiratory distress
5. Newborn Jaundice
6. Newborn sepsis
7. Newborn screening
8. Growth and development stages
9. Development disorders/autism
10. Immunization practices
11. Fluid and Electrolytes management
12. Gastroenteritis/Dehydration
13. Upper airway infections
14. Lower airway infection /bronchitis and Pneumonia
15. Childhood Asthma
16. Otitis media
17. Streptococcus/rheumatic fever
18. Fever of unknown origin
19. Meningitis
20. Febrile seizures
21. Tanner staging
22. Family and social relationship
23. Child Abuse and neglect
24. Down syndromes
25. Evaluation of anemia
26. Sickle cell diseases
27. Urinary tract infection
28. Lead poisoning
29. Proteinuria and nephritic syndrome
30. Sexual transmitted infections
31. Viral hepatitis
32. Diabetic KetoAcidosis

Refer to Appendix 5 for Pediatrics Core Clerkship Reading Materials.
**Internal Medicine Curriculum**

*(Clinical Department Chair: Stephen Katz, MD, FACP; Clerkship Director: Dawn A. Mellish, MD)*

**Purpose:**

The core Internal Medicine clerkship will serve primarily as an inpatient service experience in which students will apply concepts of diagnosis and management to hospitalized and ambulatory patients. Student experiences will focus on areas traditionally identified and related to internal medicine; for example, the pathophysiology of non-surgical diseases, and the application of non-surgical diagnostic and therapeutic techniques. Internal Medicine experiences will take place primarily on general medical/surgical floors and specialty units. Any outpatient experiences will be designed to provide students with an understanding of routine care performed in the physician's office/clinic, and will be at the discretion of the Attending/Preceptor.

**Goals:**

By the conclusion of the 12-week rotation, students will be able to:

1. Perform a thorough history and physical examination and develop a concise differential diagnosis on any patient admitted to the Internal Medicine service. The student will demonstrate proficiency in the interpretation of historical factors, physical exam findings, laboratory values, electrocardiogram findings and radiographic findings in preparing the assessments of patients.
2. Master the didactic material in Essentials of the Junior Core Clerkship and be able to answer questions from the MKSAP exam with greater than 80% accuracy.
3. Acquire an understanding of the importance of ancillary medical services (social work, nutrition, physical therapy etc) in the total care of the adult patient.
4. Develop an appreciation for the unique psychosocial factors (psychiatric illness, family support, cognitive skills, financial status, etc) that directly influence the plan of care for hospitalized patients.
5. Develop the communications skills necessary to be an effective medical practitioner. This applies to both effective patient communication and interactions with faculty, house staff, nurses, and hospital workers.
6. Acquire procedural skills to effectively perform the following: Phlebotomy, intravenous line insertion, nasogastric tube insertion, arterial puncture for blood gas assay, performing and interpreting EKG’s. Students are expected to complete a log documenting the completion of these procedures.
7. Gain familiarity with the indications, techniques, and potential complications for the following procedures through observation: abdominal paracentesis, thoracentesis, insertion of a central vein catheter, lumbar puncture, and arthrocentesis of the major joints.

**Learning Objectives (Core Competencies):**

Over the last decade, the Accreditation Council for Graduate Medical Education (ACGME) has developed a system for the evaluation of graduate medical education that has also proved useful in organizing undergraduate education. The education and evaluation of a doctor in training has been partitioned into six distinct areas: Patient Centered Care, Medical Knowledge, Professionalism, Interpersonal and Communication Skills, Practice Based Learning and Improvement, and System Based Practice Skills.
RUSM advocates that core competencies be utilized as a means of organizing student education and evaluation; this is reflected in the goals of the internal medicine rotation above. Specific applications of the core competencies for the Internal Medicine Rotation are as follows:

A. Systems Based Practice

1. In general, to demonstrate knowledge of the health care system and to understand how to effectively use health care system resources to provide optimum patient care.
2. Specifically to demonstrate:
   - An understanding of the interplay between the internist (in inpatient and outpatient settings) and other medical specialists that is instrumental in the care of the patients.
   - A working knowledge of when a referral to a specialist is necessary, and what information needs to be provided to the specialist.
   - Effective working relationships with the “team” of medical professionals involved in patient care including nurses, social workers, physical therapists, and medical technicians.
   - Ability to participate in multi-disciplinary rounds such as discharge rounds so that the importance of these skills is emphasized.

B. Professionalism

1. In general, to demonstrate a commitment to professional responsibilities and sensitivity to a diverse patient population.
2. Specifically to demonstrate:
   - Via appropriate appearance, work habits, and interpersonal interactions that they are qualified to be members of a highly respected profession.
   - Professional behaviors including appropriate demeanor, appropriate deference to patients and coworkers, honesty, ethical decision making, and the immediate recognition and admission of errors.

C. Interpersonal Skills & Communication

1. In general, to demonstrate effective information exchange and teaming with patients, their families, and other health professionals.
2. Specifically to demonstrate:
   - Ability to be expert communicators with patients, coworkers and faculty.
   - Ability to be proficient communicators with the local population for those students who speak English as a second language
3. Clerkship directors are encouraged to help develop communication skills in students through use of direct observation, role play simulation, and patient actors if available.

D. Relationship (Patient) Centered Care

1. In general, to demonstrate care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. Specifically to demonstrate:
   - Compassionate, appropriate and effective care for all patients. At the student level this includes:
     - Gleaning essential and accurate details of the patient’s history.
     - Reporting on psychosocial factors that may impact on patient care.
     - Involvement in decision making regarding necessary testing.
     - Following up on the results of this testing.
   - Ability to be patient advocates, even at this early stage of training.
E. Practice Based Learning and Improvement

1. In general, to demonstrate appraisal and assimilation of scientific evidence, evaluation and improvement of patient care.
2. Specifically to demonstrate:
   - Ability to participate in patient care decisions utilizing available scientific evidence. Therefore, RUSM expects students to be skilled in finding and reporting current medical information as it applies to the care of patients using print and online media.
   - Commitment to the idea of lifelong learning and to remain current on topics in medical literature.
3. Clerkships directors are encouraged to assign students research projects on clinical topics which test their research and analytical skills.

F. Tenets of Medicine

1. In general, to demonstrate appropriate knowledge of established and evolving bio-medical, clinical, and cognate sciences and the application of this knowledge in patient care.
2. As above, RUSM believes that the appropriate fund of knowledge for students in the junior clerkship is contained in the required reading materials. Students should have working knowledge of the list of topics recommended by a consensus statement by Clerkship Directors in Internal Medicine in 2006 (see Appendix 6a and b). Students are also expected to have gained mastery of procedures as listed in the goals above.

Topics for Online Resource Library:

In 2006, the Clinical Directors in Internal Medicine (CDIM) published a list of recommended core topics for which students should be proficient at the junior clerkship level. These topics are mirrored in the required reading for the junior medicine clerkship (Appendix 6a). They are as follows:

1. Abdominal pain
2. Altered mental status
3. Anemia
4. Back pain
5. Chest pain
6. Cough
7. Dyspnea
8. Dysuria
9. Fever
10. Fluid, electrolyte, and acid-base disorders
11. Gastrointestinal bleeding
12. Knee pain
13. Rash
14. Upper respiratory complaints
15. Training problems: patients presenting with a known condition
16. Acute myocardial infarction
17. Acute renal failure and chronic kidney disease
18. Common cancers
19. Copd/obstructive airways disease
20. Diabetes mellitus
21. Dyslipidemias
22. Heart failure
23. HIV infection
24. Hypertension
25. Liver disease
26. Major depression
27. Nosocomial infections
28. Obesity
29. Pneumonia
30. Rheumatologic problems
31. Smoking cessation
32. Substance abuse
33. Venous thromboembolism

Refer to Appendix 6 for Internal Medicine Core Clerkship Reading Materials.

Summary:
Ross University School of Medicine recognizes that it is the clinical faculty, through their experience and expertise in medicine, who provide the most meaningful educational experiences to our students. This curriculum guide provides students and clerkship directors with supplemental materials to assure that core topics in medicine are covered during the rotation. In particular we feel that it is most important that students complete the required reading materials and that faculty lectures be directed towards the core topics listed in the appendices. Additionally, by ACGME standards, all learners should now be evaluated by adherence to the published core competencies in medicine. We hope these guidelines prove helpful in preparing student evaluations.
Appendices (1-6)

Appendix 1: Core Reading Materials for Family Medicine


Appendix 2: Core Reading Materials for Psychiatry


Manual of Psychopathology by Alan F. Schatzberg

Advanced Study:

Synopsis of Psychiatry by Kaplan and Sadock

Appendix 3: Core Reading Materials for OB-Gyn

Obstetrics and Gynecology, Charles R. Beckman, Lippincott Williams & Wilkins Publishers; Sixth Edition (April 1, 2009)

This textbook is the standard resource for an Ob-Gyn clerkship. Chapters have been updated and reviewed by renowned educators and practitioners. This is the only clerkship book on the market fully compliant with ACOG guidelines, treatment recommendations, and committee opinions. It is also closely aligned with the Association of Professors of Gynecology and Obstetrics educational objectives. The latest edition features an all-new full-color design. A companion Website offers access to the full text online and a question bank.

Online Resources:


Available through Access Medicine, this resident level textbook serves as the premier source for the detailed study of Obstetrical conditions.


Available through Access Medicine, this new textbook serves as a concise source for the detailed study of Gynecological conditions.
Appendix 4: Core Recommended Reading Materials for Surgery


Recommended Electronic Links

http://medinfo.ufl.edu/year1/bcs/clist/breast.html (How to perform a Breast Examination)

http://www.netanatomy.com/

http://www.geocities.com/surgispace/international_journals/international_journals.html

Appendix 5: Core Reading Materials for Pediatrics


Current Pediatrics Therapy, 18th edition by Fredric D. Burg, MD, FAAP, Julie R. Ingelfinger, Richard A. Polin, MD and Anne A. Gershon, MD.

Manual of Pediatrics Therapeutics, 6th edition by John W Graef, M.D.

Appendix 6: Core Reading Materials for Internal Medicine

RUSM requires all students to complete reading of the Essentials of the Junior Clerkship in Internal Medicine II, published by the American College of Physicians during their Internal Medicine Rotation. The publication is available for purchase at the ACP website: acponline.org

RUSM recommends that all students complete the Medical Knowledge Self Assessment Program for Medical Students (MKSAP), a comprehensive set of test questions prepared by the ACP as a review of Internal Medicine. Questions in this booklet are representative of internal medicine content questions that they will encounter on the USMLE step II. This booklet is also available at acponline.org

Students are expected to use general medical textbooks such as Harrison’s Internal Medicine and online resources such as UpToDate, for references during the course of their rotation.