The curriculum is designed for students to acquire all the elements of a general medical education, providing them with strong foundations in the natural and social sciences basic to medicine, as well as professional attitudes and clinical skill - all with a focus on launching a lifetime of continued learning.

**Year 1**

**Mastering Medical Information**
1. Gain foundational knowledge on population/public health concepts including measures of health status, points of prevention and measures of disease including their occurrence, transmission and control. (K-NSS-2, K-T-1, K-SC-1)
2. Develop skills in the knowledge, application and interpretation of principles of biostatistics, including basic statistics, distributions, variables, sampling. (K-T-1, S-CRM-1)
3. Understand Evidence Based Medicine, the search tools and available resources to answer a clinical question. (S-PE-2, S-CRM-1)
4. Apply knowledge from epidemiology and Evidence Based Medicine skills in reading the literature to critically evaluate the design, conduct and conclusions of observational and interventional research studies. (K-D-1)
5. Engage in Problem Based Learning sessions to become familiar with this learning method, fostering self-directed, active learning and collaborative team skills. (S-C-2, S-CRM-1, AB-PH-1, AB-IS-1)
6. Acquire foundational knowledge of health care costs as a component of the Health Systems Theme. (K-SC-1, K-SC-2)
7. Become familiar with introductory knowledge of translational medicine. (K-SC-2, S-CRM-1)
8. Become adept at use of iPad technology as a platform for curriculum content delivery. (S-CRM-1)

**Human Structure and Function**
1. Use appropriate anatomical-medical terminology.
2. Discuss how embryologic development contributes to formation of basic tissue types and major organ systems, and be familiar with defects that arise from abnormalities in embryologic development. (K-NSS-1)
3. Describe and integrate the general concept of segmentation in humans as encompassed in the development of embryonic somites and their derivatives, the distribution of cranial and spinal nerves, and dermatomes. (K-NSS-1)
4. Identify tissues from various organs using microscopic images, and understand how the four basic tissues, and their adaptations, contribute to organ structure and function. (K-NSS-1)
5. Discuss the important role of the cell membrane and its receptors, transporters, and channels in absorption, secretion, filtration and generation of electrical potentials. (K-NSS-1)
6. Describe the function of various cell types based on ultrastructural appearance. (K-NSS-1)
7. Describe the arterial supply, venous drainage and innervation of all major organ systems and musculo-skeletal regions of the body. (K-NSS-1)
8. Recognize the key features and names of the bones comprising the axial and appendicular skeleton, describe the fine structure of bone, and identify and discuss the general function of the skeletal muscles that act on major joints. (K-NSS-1)
9. Discuss the integrative nature of the nervous, endocrine and immune systems in the regulation of bodily functions and the maintenance of homeostasis. (K-NSS-1)
10. Describe the structure-function relationships of the cardiovascular system as they relate to ventricular function, the cardiac cycle, blood pressure regulation, and blood flow through the regional circulations. Discuss how oxygen supply is matched to oxygen demand, and appreciate the important role of neural, hormonal, and endothelial mechanisms in the regulation of blood pressure and blood flow. (K-NSS-1)
11. Describe the structure of the lungs and airways, and the mechanisms by which the respiratory system helps maintain blood homeostasis in terms of oxygen, carbon dioxide and pH. (K-NSS-1)
12. Describe the mechanisms and structure-function relationships of the gastrointestinal system as they relate to motility, digestion, and absorption and secretion, and appreciate the important role of neural and hormonal mechanisms in the regulation of these three components. (K-NSS-1)
13. Discuss how the mechanisms of ultrafiltration of plasma at the renal glomerulus, selective reabsorption of water and solutes, and selective tubular secretion of solutes in the kidney contribute to body fluid homeostasis and pH regulation. (K-NSS-1)
14. Describe the structures and understand the processes involved in human reproduction. (K-NSS-1)
15. Begin your study of medical pharmacology by describing the mechanism of physiological action of selected categories of drugs. (K-T-2)
16. Begin to develop a basic appreciation of diagnostic imaging approaches used to assess organ structure and function. (K-T-2)
17. Discuss the basic structure/function relationships that underlie the physical examination of a patient. (K-NSS-1)
18. Using the PBL process, develop problem-solving, communication, research, self-study, and life-long learning skills, and begin to practice constructive self and peer evaluation. (S-CRM-1; K-D-1)

**Introduction to Clinical Medicine**

1. Understand the framework of a clinical interview using core communication skills (K-NSS-2; S-PE-1; S-C-1)
2. Understand and perform a screening physical examination and regional examinations using the tools of inspection, palpation, percussion, and auscultation (S-PE-1)
3. Understand the principles of human development, psychodynamics, and behavioral approaches to medicine (K-NSS-2)
4. Foster desired attitudes of professionalism, self-awareness, humanism, compassion, and honesty (AB-PH-1)
Molecules to Cells

1. Biochemical Basics and Systems Integration - Learn the principles of how molecular structure determines chemical reactivity and macromolecular assembly. Also, learn the basics of cellular signaling and the biochemistry of signal transduction, including ligand-receptor interactions and post-receptor pathways. Apply this knowledge to understand hormone action in the regulation of intermediary metabolism, and the effect of growth factors on cell growth and differentiation. Understand the properties of biochemical and biological networks and integrate genetic, cell biological and biochemical processes to explain human chemical physiology and pathophysiology. (K-NSS-1, K-D-1)

2. Intermediary Metabolism - Learn the precursor-product relationships in the synthesis, degradation and inter-conversion of carbohydrates, proteins, fats, nucleic acids and other complex molecules. Apply this knowledge to understand human energy metabolism in the fed, starvation and various disease states, as well as the structure and function of human cells, tissues, organs and body. You will learn to infer the potential clinical consequences of genetic or biochemical imbalances, and interpret patient signs, symptoms and laboratory data in the development of a differential biochemical, genetic, and clinical diagnosis. (K-NSS-1, K-D-1, S-C-1, S-CRM-1, AB-PH-1, AB-IS-1)

3. Molecular Genetics and Cell Biology - Learn the structure of human genes and the molecules involved in their expression, with particular emphases on the qualitative and quantitative control of such expression at the transcription, translation and post-translation levels. In addition, learn the properties of subcellular structures, and apply this knowledge to understand the molecular mechanism of various human disorders. (K-NSS-1, K-D-1)

4. Cell Growth Control, Development, Cancer and Aging - Learn how growth and differentiation is controlled at the cellular, organ and organism levels, with emphasis on the genetic elements involved in positive and negative regulation of this process. Apply this knowledge to understand normal and abnormal development including cancer and aging. You will also learn about the genesis, progression and treatment of neoplasia, and generate hypotheses about rational drug design based on this molecular understanding. (K-NSS-1, K-NSS-2, K-D-1, K-T-1, K-T-2)

5. Medical Genetics - Learn the basic genetic principles governing patterns of inheritance and qualitative and quantitative approaches to pedigree analysis and genetic risk assessment. Also learn simple cytogenetic and molecular genetic techniques. Apply this knowledge to understand genetic counseling, molecular diagnostic testing, genetic profiling, gene mapping, genome research and genetic screening. Moreover, you will also learn the factors that affect gene frequencies in human population and gain some understanding of human diversity. Finally, you will appreciate the biopsychosocial aspects of human genetic diseases, the historical contexts of biochemical and genetic discoveries, and the ethical, legal and social implications of genetic discoveries and applications. (K-NSS-1, K-D-1, K-T-1, K-T-2, K-SC-1, S-PE-2, S-C-1, S-CRM-1, AB-PH-1, AB-IS-1)

6. Genetic-Environmental Interactions - Learn the many ways the human genome interact with the environment, including sensory genetics, teratology, pharmacogenetics and ecogenetics. Learn the basic pharmacokinetic and pharmacodynamic principles as well as genetic factors that affect each of these processes. Apply this knowledge to understand human pharmacogenetic disorders, and why many common diseases, such as diabetes mellitus, are examples of

7. Nutrition - Learn the different macronutrient and micronutrient components of human diets, and how they play a role in health and disease. Apply this knowledge to understand the basic principle of dietary management of patients at different life stages, as well as those with inborn errors of metabolism and common diseases such as diabetes mellitus and hyperlipidemia. (K-NSS-2, K-T-1, K-T-2)

Skills in Complete Patient Evaluation
1. To use the patient interview to build the doctor-patient alliance and to gather the complete history including an integration of patient information from multiple sources (patient, medical record, family, other caregivers or interdisciplinary team members) (K-NSS-2, SPE-1, AB-IS-1, S-CRM-1, S-C-1, S-C-2, S-C-3)
2. To acquire skill and confidence in performing the complete physical examination (SPE-1)
3. To develop proficiency with presenting the complete patient assessment in oral and written forms (SPE-1)
4. To apply human development and approaches to the mind principles learned in Introduction to Clinical Medicine to patient assessment and to interpretation of the information obtained from the assessment (K-D-1, K-D-2)
5. To gain comfort and foster a professional attitude towards evaluation of diverse populations and age groups, including those with chronic illness and disabilities (AB-PH-1, S-C-1, S-C-3, K-SC-1, K-SC-2, K-T-1, K-T-2)

Host Defense
The following learning goals and objectives describe what is expected on the part of the student for each major topic area upon completion of the course. (K-NSS-1, K-D-1, K-T-1, K-T-2, K-SC-1, K-SC-2)

Microbiology and Infectious Diseases:
1. Recognize a presentation of infectious disease and suggest approaches to identify the most likely causative agent. When presented with a patient history of respiratory, genitourinary, gastrointestinal, bone, skin, or neurological infection, be able to list the most likely etiologic agents among the bacteria, viruses, fungi, or parasites known to cause disease. Be able to suggest diagnostic tests to differentiate among the possibilities.
2. Describe the pathogenesis of microbes. When presented with a specific microorganism, be able to describe the specific aspects of the organism that allow it to cause disease in the host. In addition, understand how the host response to the infection can contribute to pathology.
3. Describe the physical nature of microorganisms and how this determines to the options for appropriate antimicrobial therapy. Understand the structural differences among bacteria, viruses, fungi & parasites, and how these differences dictate the selection of chemotherapy. Understand why the therapeutic index differs among the types of drugs used to treat the different classes of pathogen. Be aware of the mechanisms used by infectious agents to thwart the efficacy of chemotherapy.
Innate and Adaptive Immunity:
1. Identify and distinguish among the types of inflammation associated with microbial infection. When presented with a gross or microscopic specimen, be able to identify the following types of inflammation: interstitial, suppurative, necrotizing, chronic, granulomatous, and eosinophilic. Describe the relevant features of, and name the microorganisms most commonly associated with, these types of inflammation.

2. Describe the cellular and acellular components associated with innate immunity and describe their function and action. Be able to describe the physical and chemical barriers, cell types, the key receptor-ligand interactions, and the key effector molecules (complement, anti-microbial peptides and lipids, interferons) associated with innate immunity. Be able to explain how these components interact with microorganisms to control infection and stimulate the adaptive immune response.

3. Describe the series of events that results in the generation of humoral and cellular immunity. Be able to explain the process of formation of specific antibody to its cognate antigen. This should include a consideration of antigen processing and presentation, T-cell stimulation of B-cell activation, the structure of immunoglobulin isotypes, antibody affinity versus avidity, and the function of the different domains of antibodies in antigen recognition, complement activation and opsono-phagocytosis. Understand the genetic mechanisms of antibody isotype switching and the generation of antibody diversity. Similarly, be able to understand the mechanisms leading to the development of cell-mediated immunity (CMI) upon interaction of a pathogenic microorganism with an antigen-presenting cell, the role of cytokines and receptor-ligand interactions in T-cell activation, and how the effector cell types involved in CMI exert their function. Finally, understand the mechanisms involved in the generation of immunological memory.

4. Explain the concept of self and non-self as it relates to transplantation. Be able to explain how the immune cells are educated to distinguish between self and non-self, including the concepts of thymic education, histocompatibility antigens, and cytotoxic T cells.

5. Identify, distinguish, and suggest treatment among the types of hypersensitivity. When presented with a case of hypersensitivity, be able to distinguish among the 4 types by considering time to reaction, clinical presentation, and experiential history of patient. The student should be able to name the immune cells and molecules involved in the reaction, and propose possible treatments.

6. Understand the strategies for vaccine development. Be able to determine the type of immunity required for protection against individual pathogens for each major class of infectious agent. Understand how to identify appropriate
vaccine targets in a given infectious agent. Understand how to determine the predicted efficacy of a vaccine by evaluating the appropriate correlates of protection in immunized individuals. Be able to describe the role of B and T cells in the development of a protective immune response to the vaccine target.

7. Apply the fundamentals of immunology to new strategies for the prevention and treatment of disease. Gain an understanding of new developments in immunotherapy that include the use of monoclonal antibodies for the treatment of cancer and allergy, the development of viral vectors for gene therapy, and immunological approaches to limit the impact of bioterrorism.

Pathology Caused by Infection, Environmental Insult and Cancer:
1. Beginning with an introductory lecture to review histology, knowledge of “normal” will be used to understand the pathology that occurs during disease. The objective is to make the connection between specific pathological states and the organisms that cause them, to not only help diagnose the etiologic agent of infection but to also help understand the pathogenic mechanisms at work.

2. Identify circulatory disorders. When presented with a gross or microscopic specimen, be able to distinguish between the circulatory disorders of edema, hyperemia, congestion, thrombosis, embolism, infarction and shock.

3. Distinguish between benign and malignant cells or tissues, and describe the progression of neoplasia. When presented with a gross or microscopic specimen, be able to identify the tissue, and determine whether it is malignant or benign. Understand the mechanisms of primary tumor formation and metastasis.

4. Understand the mechanisms of cell death and its relationship to inflammation, tissue injury and wound repair. Be able to compare and contrast necrosis and apoptosis. Understand how the type and degree of tissue injury influences the nature of the inflammatory response. Understand the mechanisms of wound repair, and the circumstances that lead to either restoration of normal tissue architecture and function or abnormal healing and impairment of function.

Dermatology:
1. Recognize the manifestation of the immune response in atopic dermatitis as a model for other skin diseases. Be able to identify atopic dermatitis, describe the immune mechanisms involved in causing this disease. Be able to suggest treatments and explain how they will serve to modulate the immune system to ameliorate the severity of symptoms.

2. Recognize and define primary and secondary lesions of the skin. When presented with a skin lesion, be able to describe it appropriately.

3. Catalog the agents of topical and systemic therapy for skin diseases, and state their mode of action. When presented with a case of skin disease, be
able to suggest either topical or systemic therapy and defend your choice.

**Addressing Disparities in Healthcare**

**Population/Public Health**
1. Understand the impact of race, SES, education, environment as critical pieces for health. (K-NSS-2; K-SC-1; K-SC-2)
2. Explore why place matters - discover socio-economic disparities based on address alone can impact health (K-NSS-2)
3. Compare and contrast through a video of a walk around the neighborhood, how food, safety, housing stock, social aspects, traffic, etc. impact health. (K-NSS-2)
4. Integrate geographical location with patterns of poverty and disease prevalence through examining maps of greater Rochester. (K-NSS-2)

**Bioethics**
1. Reflect on their own knowledge, skills and emotional responses to cases involving various patients (AB-PH-1)
2. Understand the principles of bioethics and application of those principles in clinical cases (K-SC-2; AB-PH-1)
3. Demonstrate the skills necessary to communicate effectively and appropriately with health professions, patients, and families about ethically challenging topics. (S-C-1; S-C-2; S-C-3)
4. Engage other health professionals--appropriate to the specific care situation-in shared patient-centered problem solving. (S-C-2)

**Collaborative Care Delivery**
1. Identify benefits of collaborative care planning and delivery (S-C-1; S-C-2; S-C-3)
2. Understand common and different approaches of medicine, nursing and social work to care of families (S-C-1; S-C-2; S-C-3)
3. Identify roles and responsibilities for medicine, nursing and social work (S-C-2)

**Pharmacology**
1. Apply basic understanding of pharmacokinetics and pharmacodynamics, including receptor mechanisms, to estimate drug concentrations, develop dosing regimens, and predict drug interactions. (K-NSS-1, K-T-2)
2. Describe the basic actions of various receptor systems in the autonomic nervous system and the major classes of drugs that act there. (K-NSS-1, K-T-2)
3. Describe the pathophysiology and treatment of movement disorders. (K-NSS-1, K-T-2)
4. Describe the mechanism of action of the major classes of antihypertensives. (K-NSS-1, K-T-2)
5. Describe the major classes of drugs used in cancer chemotherapy and the principles underlying chemotherapy regimens. (K-NSS-1, K-T-2)
6. Describe the mechanism of action of major classes of local and general anesthetics and know when these are used. (K-NSS-1, K-T-2)
7. Review the pharmacology of antibiotics and antivirals. (K-NSS-1, K-T-2)
8. Describe the mechanisms of action of antihistamines and NSAIDs. (K-NSS-1, K-T-2)
9. Understand the pharmacology of diabetic drugs. (K-NSS-1, K-T-2)

**Primary Care Clerkship, Year 1 and Year 2**

**Primary Care Concepts**
- Describe the benefits of longitudinal, comprehensive, integrated care for patients with chronic medical problems (K-NSS-2, S-C-2)
- Use appropriate scientific technology to provide point of care, evidence-based answers to clinical questions (S-CRM-1)
- Understand how physicians use practice-based improvement methodology to analyze an area of the practice that needs improvement and develop and implement a plan for changes (K-SC-2, AB-IS-1)
- Recognize barriers to health care and the development of patient-centered medical home, including health literacy and psychosocial factors, under-insurance or lack of insurance, and the effect that health insurance has on quality of care and health outcomes. (K-NSS-2)

**Clinical objectives** (K-NSS-2, K-D-1, K-T-1, K-T-2, S-PE-1, S-PE-2, S-CRM-1, AB-PH-1)
- Clinical assessment of common **acute presentations** in primary care
  - Differentiate among common etiologies that present with that symptom
  - Recognize dangerous conditions that may present with that symptom
  - Perform an appropriate focused history and physical examination
  - Appreciate the importance of a cost-effective approach to the diagnostic work-up
  - Describe the initial management of common and dangerous diagnoses that present with that symptom
- Primary care management of common **chronic diseases**
  - Find and apply diagnostic criteria
  - Find and apply surveillance strategies
  - Describe the prevalence and natural history of common illnesses across the family life cycle and for an individual.
  - Elicit a focused history that includes information about adherence, self-management and barriers to care
  - Perform a focused physical exam that includes identification of complications
  - Assess improvement or progression of the chronic disease
  - Describe major treatment modalities
  - Document a chronic care visit
  - Partner with the patient, patient’s family and other members of the health care team to develop a chronic disease management plan that enhances functional outcome and quality of life
    - Propose an evidence-based management plan that includes pharmacologic and non-pharmacologic treatments, and appropriate surveillance and tertiary prevention
- **Well child and adult prevention visits**
  **General**
  - Define wellness as a concept that is more than “not sick”
Define primary, secondary and tertiary prevention
Identify risks for specific illnesses that affect screening and treatment strategies

**Child**
PCC 1
Describe the core components of child preventive care—health history, PE, immunizations, screening/diagnostic tests, and anticipatory guidance

PCC 1 and 2
Identify health risks, including accidental and non-accidental injuries and abuse or neglect
Perform physical examinations on children
Identify developmental stages and detect deviations from anticipated growth and developmental levels
Recognize normal and abnormal physical findings in the various age groups
Find and apply the current guidelines for immunizations and be able to order them as indicated, including protocols to “catch-up” a patient with incomplete prior immunization
Identify and perform recommended age-appropriate screenings

**Adult**
PCC 1
For women: Elicit a full menstrual, gynecological and obstetric history
For men: identify issues and risks related to sexual function and prostate health
Apply the stages of change model and use motivational interviewing to encourage lifestyle changes to support wellness (weight loss, smoking, safe sex, exercise/activity/nutrition/diet)
Provide counseling related to health promotion and disease prevention
Discuss an evidence-based, stepwise approach to counseling for tobacco cessation
Find and apply the current guidelines for adult immunizations

PCC 1 and 2
For each core health maintenance condition (table), discuss who should be screened and methods of screening
Develop a health maintenance plan for a patient of any age or either gender that addresses the core health maintenance conditions

**Communication and Professionalism** (K-NSS-2, S-C-1, S-C-2, S-C-3, AB-PH-1, AB-IS-1)
- Communicate laboratory, diagnostic testing and results, diagnoses or disease process in clear language patients can understand, regardless of health literacy level
- Communicate respectfully with patients who do not fully adhere to their treatment plan.
- Educate a patient about an aspect of his/her disease respectfully, using language the patient understands
- Use a patient-centered, culturally sensitive approach to overcome communication barriers including both language and cultural differences and to create a therapeutic relationship with patients of all ages and their families
- Recognize how cultural diversity, illiteracy, health literacy and other factors affect health promotion and disease prevention in individuals and communities
- Develop skills in mindful practice and self-reflection to support continual growth as a practitioner and enhance understanding of patients concerns and use of non-directive counseling
- Demonstrate respect for patient confidentiality and privacy
- Develop skills writing SOAP notes and delivering oral presentations
- Communicate appropriately with other health professionals

Year 2

Mind Brain and Behavior
1. To provide the medical student with a sufficient background in neurosciences, neuropathology, neuropharmacology, psychopathology and psychopharmacology to permit knowledgeable participation in the diagnosis and care of patients with neurological and psychiatric problems. (K-NSS-1)
2. To learn the anatomical, physiological, and neurochemical basis for normal neural function and for neurological and psychiatric disease. (K-NSS-1)
3. To learn the pathological basis for nervous system disease. (K-D-1)
4. To familiarize the student with psychopathology, including the nosology and phenomenology of psychiatric disorders, and the complex interplay of the biological, psychological and social factors in their genesis and maintenance. (K-NSS-2), [K-T-2]
5. To learn the pharmacological basis for rational drug therapy in diseases of the central and peripheral nervous system, and in psychiatric disorders. (K-T-2)

Disease Processes and Therapeutics
1. To develop an understanding of the pathology and pathophysiology that underlies human disease. (K-D-1)
2. To begin to understand the complex relationship between medical therapeutics, diagnosis, and disease. (K-T-2)
3. To continue to mature professionally, working with other students, residents, fellows, and faculty in small group exercises. (S-C-2)

Women's Health
1. Explain normal sexual development, puberty, menstrual cycle physiology, fertility, pregnancy physiology and menopause. (K-NSS-1)
2. Demonstrate knowledge of disorders of sexual development, pubertal disorders, menstrual disorders, infertility, common obstetrical complications and common benign breast and gynecologic conditions. (K-D-1)
3. Describe breast and gynecologic malignancies including risk factors, signs and symptoms and the initial evaluation. (K-D-1)
2nd Year Comprehensive Assessment
1. To reflect on your ability to apply basic knowledge to specific situations (K-D-1)
2. To reflect on your ability to effectively communicate your thinking to colleagues and patients (S-C-2)
3. To assess gaps in your baseline level of knowledge (AB-IS-1)
4. To develop your skills as a self-directed learner (AB-IS-1)

Quality, Safety and Inter-professional Communication

Mini-Safety Course: (K-SC-2)
1. To introduce the science of errors and safety
2. To discuss the role of human factors in medical error and how human factors engineering can reduce this risk
3. To describe a culture of safety and how an institution can achieve it

Event Reporting: (K-SC-1, S-C-3)
1. To discuss what types of adverse events should be reported at the institution and New York State level
2. To describe the institutional process that occurs once a report is made.
3. To demonstrate the process of reporting an event via our electronic reporting system, Quantros

Disclosing Adverse Events Workshop: (S-C-1, AB-PH-1)
1. To discuss and demonstrate the process of disclosing an adverse outcome to a patient/family
2. To recognize the need for clear communication and to dispel myths regarding expressions of regret

TeamSTEPPS: (K-SC-2, S-C-2, AB-PH-1, AB-IS-1)
1. To identify the roles and responsibilities of an effective team leader
2. To discuss the barriers, tools, strategies, and outcomes of leadership
3. To recognize the connection between communication and medical error
4. To describe strategies for incorporation of team briefs, huddles, and debriefs
5. To define and discuss Situation Monitoring and Cross-Monitoring
6. To understand when to use SBAR, Call Out and Checkback
7. To define mutual support
8. To describe assertion, CUS and the Two-Challenge Rule

Disorders of Childhood
1. To increase knowledge of diseases that are specific to childhood, including their epidemiology, pathology, and treatment. (K-D-1, K-T-2)
2. To increase knowledge of disorders of embryologic development and the progression of anomalies, as well as their recognition and management. (K-D-1, K-T-2)
3. To increase knowledge of disorders that manifest during periods of growth and pubertal development and treatment approaches to these disorders. (K-D-1, K-T-2)
4. To develop an understanding of how physiology specific to infants, children, and adolescents alters their response to illness and treatment decisions. (K-D-1, K-T-2)
5. To develop an understanding of the long-term outcomes and late effects of disease and treatment during childhood and the needs of patients as they transition to adulthood. (K-T-1, K-T-2)
6. To increase knowledge of the inter-professional health care teams which are necessary to provide optimal treatment for many childhood disorders. (K-SC-1)
7. To utilize lifelong learning skills while working individually and in teams to access information and evidence to develop differential diagnoses, diagnostic evaluations, and management plans for patients via case presentations. (S-CRM-1, AB-IS-1)
8. To gain a perspective on the impact, across the biopsychosocial spectrum, of childhood disorders on the patient and family. (AB-PH-1)

**Stress, Adaptation and Transitions**

**Stress and Adaptation:** Topics organized around the stereotypic “Stress Response” and normal and pathologic human adaptations to stresses form the basis for much of the didactic material (re)presented in the course. We will present aspects of the Stress Response and demonstrate their integration first. Following this, specific stresses such as heat, cold, exercise, pain, and anxiety will be highlighted, along with a view of both the normal and pathologic responses they engender. Reprised this year is a series developed by Dr. Fong that covers cellular and genomic stresses that is based on materials initially presented in Molecules to Cells both as a review and a new direction. Finally, aspects of our current and future health care payment systems another unique stress to patients and providers, will also be presented in this thread. (K-NSS-1, K-NSS-2, KD-1, K-T-2, K-SC-1)

**Transitions:** Transitioning to third year is another major focus of the course. A key characteristic of this transition is learning to function in hospital-based care settings. In small groups, you will learn to write admission orders for patients with common presenting problems. To do this, your group will have to integrate the need for investigations (labs, imaging, etc.) with the need for immediate treatment and organize your recommendations into hospital language (admission orders). These sessions, which will replace traditional PBLs after the first week, will involve a brief written patient presentation accessed in eRecord, after which the group will be responsible for writing “admission orders” in eRecord that will be critiqued and returned to the group. (K-D-1, K-T-2, S-PE-2, S-C-2, S-CRM-1, AB-IS-1).

**Year 3**

**Adult Medicine Basic Science Block**
1. To understand the basic and clinical principles of critical care medicine (K-NSS-2, K-T-2)
2. To continue to learn and be accountable in a pass/fail course (AB-IS-1)
3. To gain beginner skills with intensive care unit procedures in a simulated and laboratory environment (K-SC-2)
4. To become more adept at presenting knowledge and opinion of ethical issues (S-C-2)
5. To understand the pathologic underpinnings of end stage organ failure (K-D-1)

**Mind, Brain, Behavior Basic Science Block**
1. To familiarize the medical student with current research, including genetic, cellular and systems approaches, that impact on the diagnosis and treatment of neurologic and psychiatric disorders (K-NSS-1, K-D-1, K-T-2).
2. To revisit and enhance student understanding of neuroanatomy, neuropathology, and advances in neuroimaging technology (K-NSS-1, K-D-1).
3. To examine the scientific bases of therapeutics in neurology and psychiatry (K-T-1, K-T-2, K-SC-2).
5. To promote dialog with scientists (S-C-2, S-C-3).
6. To obtain evidence by searching the primary medical literature (S-CRM-1).

**Women & Children Basic Science Block**
1. To understand how environmental factors (nutrition, toxins, socioeconomic status etc.) influence short term and long term health through epigenetic modification. (K-D-1, S-CRM-1, K-SC-1)
2. To provide ethical and culturally sensitive health care to women and children. (AB-PH-1)
3. To gain exposure to disorders that are treated by Ob/Gyn and pediatric sub specialists (S-PE-2, S-CRM-1)

**Internal Medicine Clerkship**

**Knowledge**
1. Demonstrate knowledge of the clinical presentation and underlying pathophysiology of common internal medicine problems. (KB) K-D-1
2. Demonstrate an in-depth understanding your patients’ symptoms, diseases, and treatments, and the underlying pathophysiology. (KB, PC) (K-D-1, K-T-2)
3. Demonstrate an understanding of how psychological, interpersonal, family, cultural, and environmental factors contribute to acute illness. (KB, PC;D,HS) (K-NSS-2)
4. Generate an appropriately detailed differential diagnosis for common medical problems. (KB); (S-CRM-1)
5. Describe the initial steps to evaluating a hospitalized patient’s complaint, problem or diagnosis in a manner that balances benefits with harms and costs of diagnostic tests. (KB, PC); (S-CRM-1; K-SC-2)
6. Describe the general approach to managing common inpatient internal medicine problems in a manner that balances benefits with harms and costs of treatments. (KB, PC) (K-T-2; S-CRM-1; K-SC-2)
7. Identify the appropriate use of consultants. (SBP; HS) (K-SC-1)
8. Understand the role of systems in providing safe patient care and preventing errors. (SBP; HS) (K-SC-2)

**Skills**
1. Independently obtain a complete history and physical and a focused follow-up history and physical. (KB, PC, CS); (S-PE-1)
2. Document comprehensive initial evaluations and focused follow-up evaluations in a standardized note format. (KB, PC, CS); (S-C-2)
3. Verbally present a complete history and physical and a focused, follow-up history and physical with minimal written cues in an appropriately succinct timeframe. (CS); (S-C-2)
4. Select and interpret basic diagnostic tests, including electrocardiograms and chest x-rays. (KB, PC); (SPE-2)
5. Utilize evidence-based medicine skills in the care of individual patients. (KB, PC, PBLI); (S-CRM-1); (S-CRM-1)
6. Demonstrate refined communication skills with patients, families, colleagues, and other members of the interprofessional team. (CS) (S-C-1; S-C-2)

**Attitudes**
1. Utilize the biopsychosocial approach to the care of medical inpatients. (P, PC, CS) (K-NSS-2)
2. Appreciate the empathetic role of the physician. (P) (S-C-1); (AB-PH-1)
3. Appreciate issues of diversity in healthcare. (P; D) (K-NSS-2)
4. Appreciate ethical questions and issues involving the care of inpatients. (P; BE); (AB-PH-1)
5. Convey professionalism in words, actions and appearance. (P); (AB-PH-1)
6. Convey respect for the role of the various members of the health care team. (SBP; HS) (K-SC-2)

*Domains of Excellence and Curricular Themes are identified in parentheses after each objective, where appropriate. The abbreviation for domains of excellence is separated from the abbreviation for the curricular theme by a semicolon.*

**Domains of Excellence**
- KB: Knowledge Base
- PC: Patient Care
- CS: Communication Skills
- P: Professionalism
- SBP: Systems-Based Practice
- PBLI: Practice-Based Learning and Improvement

**Double Helix Curriculum Themes**
- A: Aging
- D: Diversity
- BE: Bioethics
- HS: Health Systems
- N: Nutrition

**Neurology Clerkship**
1. To elicit an accurate neurological history, and to perform and interpret a neurological examination. (S-PE-1)
2. To appropriately order laboratory studies in neurology: EEG, EMG, nerve conduction studies, evoked potentials, lumbar puncture, CT and MR imaging of the brain and spinal cord. (S-PE-2)
3. To appropriately evaluate and treat common neurological problems: • Neurological Emergencies: Coma and mental status changes, stroke, seizures. • Common outpatient neurological problems: Headache, dizziness, back and neck pain, peripheral neuropathies. (K-D-1, K-T-2, S-CRM-1)
4. To appropriately evaluate less common neurological problems, including multiple sclerosis, Parkinson's disease and other movement disorders, neuromuscular
diseases, dementia, central nervous system infections, and tumors of the nervous system. (K-D-1, K-T-2, S-CRM-1)

5. To acquire the many personal attributes necessary for becoming an effective physician, including honesty, compassion, reliability, and effective communication skills. The American Academy of Neurology Core Curriculum Guidelines for the Neurology clerkship are included in this syllabus for your information as Appendix I. (S-C-1, S-C-2, AB-PH-1)

Obstetrics & Gynecology Clerkship

Gynecology Objectives

1. Be able to take and appropriately record a complete gynecologic history. (S-PE-1, S-C-1)
2. Learn and be able to perform and appropriately record the essentials of a breast, abdominal and pelvic examination (including speculum and bi-manual portions of the pelvic exam). (K-T-1, S-PE-1)
3. Know how to obtain a PAP smear, perform cervical cultures and interpret KOH and wet smears of vaginal secretions. (S-PE-1, S-PE-2)
4. Consider the possibility of pregnancy occurring in any woman within the reproductive age range who presents for medical evaluation and care. Understand that pregnancy, both intrauterine and extrauterine can present in many ways and must be considered in terms of differential diagnosis and treatment decisions. (K-NS-1, K-D-1, K-T-2, K-SC-2, S-PE-1, S-PE-2)
5. Understand the hormonal relationships of the menstrual cycle and how they relate to normal and abnormal uterine bleeding. (K-NS-1, K-D-1)
6. Develop an appreciation for the differing gynecologic issues and problems encountered in the different stages of a woman’s life. (K-NS-1, K-D-1)
7. Become familiar with the anatomy of the external genitalia and pelvic viscera of women. (K-NS-1)
8. Become familiar with the common gynecologic neoplasms, including the presentation, diagnosis and treatment; understand the general principles of staging. (K-D-1, K-T-1, K-T-2, S-PE-2)
9. Be able to construct appropriate differential diagnoses for patients presenting with (1) abnormal bleeding and/or (2) pelvic pain and/or (3) vaginal discharge and/or (4) menopausal symptoms and/or (5) acute abdomen. (K-D-1, K-SC-2, S-PE-1, S-PE-2, S-CRM-1)
10. Be able to outline appropriate measures of prevention and/or early detection of cervical dysplasia and sexually transmitted diseases. (K-D-1, K-T-1, S-PE-1, S-C-1)
11. Be able to outline the different contraceptive techniques with their advantages/disadvantages, risks and benefits. (K-NS-1, K-D-1, K-T-1, K-SC-1, K-SC-2, S-C-1, AB-PH-1)
12. Assess a patient for possible perimenopausal symptoms and be able to construct a differential diagnosis, evaluation and management plan for those women. In addition, the student should be able to counsel women regarding hormone replacement therapy. (K-NS-1, K-D-1, K-T-1, K-T-2, S-PE-1, S-PE-2, S-C-1, S-CRM-1)

Obstetric Objectives

1. Be able to diagnoses pregnancy by history, physical exam, and laboratory tests. (K-NS-1, K-D-2, K-T-2, K-SC-2, S-PE-1, S-PE-2, S-CRM-1)
2. Be able to obtain and appropriately record a complete obstetrical history. (S-PE-1, S-C-1, S-C-2)
3. Be able to explain the multi-system physiologic changes that occur in the pregnant woman. (K-NSS-1, K-D-1)
4. Become familiar with the basic concepts of fetal-placental physiology and function. (K-NSS-1, K-D-1)
6. Demonstrate how to clinically monitor the three stages of labor and manage a normal vaginal delivery. (K-NSS-1, K-D-1, K-T-2, K-SC-2, S-PE-1, S-PE-2, S-C-1, S-C-2, AB-PH-1)
8. Be able to identify high-risk circumstances in pregnancy based on history, examination or laboratory studies. (K-NSS-1, K-NSS-2, K-D-1, K-T-1, K-T-2, S-PE-1, S-PE-2, S-C-1)
9. Discuss the implications of the following conditions for the mother and fetus: a) chronic hypertension, b) multiple gestation, c) preeclampsia/eclampsia, d) Rh isoimmunization, e) diabetes mellitus, f) substance abuse. (K-NSS-1, K-D-1, K-T-2, S-PE-1, S-PE-2, S-C-1)
10. Be able to construct appropriate differential diagnoses for patients presenting with a) first trimester bleeding, b) third trimester bleeding, c) postpartum hemorrhage. (K-NSS-1, K-D-1, K-T-2, S-PE-1, S-PE-2)
11. Be able to identify and manage premature labor and premature rupture of membranes; possible etiologies. (K-D-1, K-T-2, S-PE-1, S-PE-2, S-C-1)
12. Be able to identify and initiate management of fetal intolerance of labor with regard to possible etiologies and risk factors. (K-NSS-1, K-D-1, K-T-2, S-PE-1, S-PE-2, S-C-1)
13. Translate the effects of chronic diseases, genetic disorders and commonly used medications into risks for the developing fetus. (K-NSS-1, K-D-1, S-PE-2, S-CRM-1)
14. Realize and demonstrate the principles of teamwork in a critical care setting. (K-SC-2, S-C-1, S-C-2, AB-PH-1, AB-IS-1)
15. Be able to perform ongoing bedside assessment of a pregnant patient and basic bedside procedures (e.g. Foley placement). (K-T-2, S-PE-1, S-PE-2, S-CRM-1)
**Pediatrics Clerkship**

1. Develop communication, physical examination and clinical problem-solving skills required to properly evaluate the health status of a pediatric patient. (S-PE-1, S-PE-2, P-C-1, S-CRM-1, K-T-2)
   - Become sensitive to the role of observation as a method of obtaining data in the assessment of the child. (S-PE-1)
   - Observe and demonstrate physical exam findings unique to the pediatric age group, and understand how findings have different clinical significance depending on the age of the child. (S-PE-1)
   - Learn the appropriate use of the limited or focused examination, particularly in the ambulatory setting. (S-PE-1)
   - Use communication skills, including techniques to establish rapport with children of various ages, to properly evaluate a child’s health status. (S-C-1)
   - Diagnose and manage common acute and chronic illnesses that occur in children and adolescents. (K-T-2, S-PE-2, S-CRM-1)
   - Assess severity of illness in children and know how behaviors of children reflect this severity. (S-C-1)

2. Acquire basic knowledge of physical and psychosocial growth and development and its clinical application from infancy through adolescence. (K-NSS-1, S-PE-1, S-C-1)
   - Understand physical growth and development from infancy through adolescence. (K-NSS-1)
   - Know how to assess motor, language, and social development. (K-NSS-1, S-PE-1)
   - Learn how normal behaviors, such as stranger anxiety, affect the ability of the examiner to perform the examination, and develop strategies for improving rapport. (S-C-1)
   - Learn the physical changes of puberty and be able to conduct Tanner staging. (K-NSS-1, S-PE-1)

3. Understand the influence of the family, community, and society on the pediatric patient during health and illness. (K-NSS-2, K-SC-1)

4. Understand the importance of and strategies for health promotion and disease and accident prevention among pediatric patients. (K-T-1)

5. Gain exposure to the varied aspects of pediatric practice to assist in career selection. (AB-IS-1)

**Psychiatry Clerkship**

1. The student will demonstrate a **Knowledge Base** of psychopathology (including cognitive disorders, mood disorders, psychotic disorders, anxiety disorders, personality disorders, eating disorders, substance use disorders and disorders usually first evident in childhood) and psychiatric treatment (including psychotherapies, pharmacoarterapies, ECT and both institutional and community based interventions). In addition to direct clinical experience, students will expand their knowledge through several educational activities that will not be directly evaluated, including the Tuesday Core Seminars, Tuesday Clinical Case Conference, Friday Joint Case Conferences and the ECT observation. Students
should expect that their knowledge base will also be formally assessed by clinical instructors, who may consider many factors in their evaluation including:

a. Knowledge of assigned patients’ psychopathology and treatment
b. Knowledge demonstrated in oral presentations (including EBM Presentation) and written work (including write-ups and progress notes)


2. The student will demonstrate **Knowledge Base Improvement** through independent learning. Students should expect that their knowledge base improvement will be formally assessed by clinical instructors, who may consider many factors in their evaluation including:

   a. Comprehensive reading plan
   b. Use of the primary literature

(AB-IS-1, S-CRM-1)

3. The student will demonstrate **Clinical Reasoning Ability** - that is, the ability to generate and prioritize hypotheses from clinical data to form accurate assessments and, from those assessments, generate and prioritize hypotheses about effective treatment options. In addition to direct clinical experience, students will develop their clinical reasoning skills in didactic activities including: the Clinical Case Conferences with the Clerkship Director and the Mindful Practice Seminar on “How Doctors Think.” Students should expect that their clinical reasoning will formally assessed by clinical instructors, who may consider many factors in their evaluation including:

   a. Assessment skills using both DSM-V nosology and biopsychosocial formulations (in day-to-day clinical work, comprehensive write-ups and memoir report)
   b. Treatment planning skills (in day-to-day clinical work including progress notes and formal write-ups)

(K-D-1, K-T-1, K-T-2, AB-PH-1, AB-ISC-1, S-PE-1, S-PE-2, S-C-2, S-CRM-1)

**Clinical Objectives**

4. The student will demonstrate **History Gathering Skills**, including ability to build rapport and gather a comprehensive database. Students will participate in an SP exercise interviewing a patient with a substance use disorder (the Patient-Instructor Exercise) but this will not be formally evaluated. Students should also expect that their history gathering skills will be formally assessed by clinical instructors, who may consider many factors in their evaluation including:

   a. Daily rounds
   b. Initial psychiatric interviews

(S-PE-1, S-C-1, S-CRM-1, AB-PH-1)

5. The student will demonstrate **Mental Status Examination Skills**, including ability to assess suicide and violence risk as well psychosis and cognitive impairment. Students should expect that their mental status exam skills will be formally assessed by clinical instructors, who may consider many factors in their evaluation including:

   a. Daily rounds
   b. Initial psychiatric interviews
   c. Documentation of mental status exams in progress notes and comprehensive write-ups
6. The student will demonstrate skills in **Written Work**, including the ability to represent both subjective and objective clinical data, assessments and treatment plans comprehensively, accurately and concisely. Students should expect that their written work skills will be formally assessed by clinical instructors, who may consider many factors in their evaluation including:
   a. Daily progress notes
   b. Traditional write-ups
   c. Narrative exercise write-up

7. The students will demonstrate skills in **Oral Presentation**, including the ability to communicate clinical information efficiently, confidently and accurately. Students should expect that their oral presentation skills will be formally assessed by clinical instructors, who may consider many factors in their evaluation including:
   a. Presenting to clinical team after pre or post-rounds
   b. Presenting during care planning

**Personal and Professional Objectives**
8. The student will demonstrate **Professionalism**, including reliability, timeliness, dress, enthusiasm, boundaries and respect for others. Related educational activities in the clerkship that will not be evaluated include participation in the Palliative Care and Systems Conference and Mindful Practice Conferences. In addition, students will have the opportunity to experience unique patient perspectives through participation in AA (Alcoholics Anonymous) meetings. Students should also expect that their professionalism will be formally assessed by clinical instructors, who may consider many factors in their evaluation including:
   a. Day-to-day clinical work
   b. Response to particularly challenging situations that arise during the clerkship

9. The student will demonstrate positive **Motivation and Attitude**, including responsiveness to feedback and initiative to seek out learning opportunities and additional clinical responsibilities. Students should expect that their motivation and attitude will be formally assessed by clinical instructors, who may consider many factors in their evaluation including:
   a. Initiative in patient care and learning
   b. Response to feedback

10. The student will demonstrate positive **Relationships with Patients**, including the ability to use patient-centered and humanistic approaches to improve therapeutic alliance. Students should expect that their relationships with patients will be formally assessed by clinical instructors, who may consider many factors in their evaluation including:
a. Day-to-day clinical work, especially seeing patients outside of attending rounds
b. Narrative exercise
(AB-PH-1, S-C-1, S-PE-1)

11. The student will demonstrate positive Relationships with Others, including ability to work collaboratively with others and respect all members of the multidisciplinary team. Students should expect that their relationships with others will be formally assessed by clinical instructors, who may consider many factors in their evaluation including:
   a. Ability to work with confidence and humility with all team members
(AB-PH-1, S-C-1, S-C-2, S-C-3)

PSYCHIATRY CLERKSHIP OBJECTIVES

Knowledge
1. The student will know the symptoms, signs, epidemiology, natural history, and etiologies/pathogenic contributors of the following Clinical presentation:
   a) Cognitive disorders – delirium, dementia
   b) mood disorders – major depression, bipolar disorder
   c) psychotic disorders – schizophrenia, schizoaffective disorder, delusional disorder
   d) anxiety disorders – generalized anxiety disorder, panic disorder, posttraumatic stress disorder, obsessive-compulsive disorder, agoraphobia, specific phobias, social phobia
   e) personality disorders – schizoid, schizotypal, paranoid, borderline, narcissistic, antisocial, histrionic, obsessive-compulsive, dependent, avoidant
   f) eating disorders – anorexia nervosa, bulimia nervosa
   g) Substance misuse – alcohol, cocaine, opioid, hallucinogen
   h) Suicidality
(K-NSS-2, K-NSS-1)

2. The student will understand diagnosis in psychiatry, including:
   a) the advantages and limitations of the DSM-V descriptive approach to nosology
   b) the distinction between syndromic and etiologic diagnosis
(K-D-1, K-NSS-2)

3. The student will understand the ethical, legal, and societal frameworks within which the care of the psychiatrically ill is rendered, including:
   a) the variety of mental health treatment settings available
   b) the roles the state plays in providing or funding care
   c) principles of involuntary commitment
   d) principles of informed consent, capacity determination, competency, and right to refuse treatment
(K-SC-1, K-T-1)

4. The student will understand the mechanisms of action (such as is known), indications, and risks of the following treatments:
   a) psychotherapies – psychodynamic (supportive-expressive continuum), cognitive, behavioral, in individual, family, and group modalities
b) pharmacotherapies – antipsychotics, mood stabilizers, antidepressants, anxiolytics psychostimulants

c) electroconvulsive therapy

d) social interventions – inpatient and partial hospitalization, day treatment programs, structured living or work environment.

(K-T-1, K-T-2, K-SC-1, K-SC-2)

Attitudes
1. The student will demonstrate professional attitudes regarding respect for, understanding of, and therapeutic concern for psychiatric patients and their associated stigma, and the needs of traditionally neglected populations (the chronically ill, children and the elderly, rural and urban poor, minority groups). The narrative exercise, among other clerkship activities, will help students meet this objective.

(AB-PH-1)

2. The student will appreciate the importance of multidisciplinary collaboration in the care of the mentally ill, including the role of the psychiatric physician in team settings. The Palliative and Systems Conference, among other clerkship activities, will help students meet this objective.

(S-C-2, AB-PH-1, AB-ISC-1)

3. The student will develop enhanced self-awareness through reflective self-observation in the context of clinical psychiatry. The Mindful Practice Conferences, among other activities, will help students meet this objective.

(AB-PH-1, AB-ISC-1)

Skills
1. The student will demonstrate clinical competencies in the following three clinical areas:
   a) Psychiatric assessment interview
   b) Comprehensive psychiatric write-up
   c) Narrative write-up

(K-D-1, K-T-1, S-PE-1, S-C-1, S-C-2, S-CRM-1)

2. The student will demonstrate the ability to manage patients with the following conditions:
   a) Psychotic Disorder
   b) Major Depression
   c) Bipolar Disorder
   d) Cognitive Disorder
   e) Personality Disorder
   f) Anxiety Disorder
   g) Substance Disorder
   h) Suicidality

(K-T-2, K-SC-2, S-C-1, S-C-2, S-CRM-1)
3. The student will do an EBM presentation based on a clinical question related to one of their assigned patients. Then they will give their presentation to their preceptor, using the best available study to answer their clinical question. (K-NSS-2, K-D-1, AB-IS-1, S-C-2, S-CRM-1)

4. The student will demonstrate the ability to engage patients with substance use disorders through participating in the Patient-Instructor Exercise and attendance at an AA meeting. (S-C-1, AB-PH-1)

5. The student will take two to three shifts in the psychiatric emergency department, demonstrating the ability to evaluate and manage patients presenting with psychiatric emergencies. (K-D-1, K-T-1, K-T-2, K-SC-1, S-PE-1, S-PE-2, S—1, S-C-2, S-CRM-1)

**Surgery Clerkship**

**PATIENT CARE**
1. Demonstrate the ability to gather essential and accurate patient information. (S-C-1)
2. Exhibit the skills necessary to gather patient medical history and conduct physical examination. (S-PE-1)

**MEDICAL KNOWLEDGE**
Demonstrate investigatory and analytical clinical thinking (S-CRM-1)
1. Understands pathophysiology of basic surgical disease, preoperative and postoperative care. (K-D-1)
2. Exhibit knowledge of the structure and function of the body (as an intact organism) and its major organ systems and of the molecular, cellular, and biochemical mechanisms. (K-NSS-1)
3. Demonstrate an understanding of the scientific basis of medicine and be able to apply that understanding to the practice of medicine. (K-D-1)

**PRACTICE BASED LEARNING**
1. Develop a personal program of self-study and professional growth, consistent with the teachings of the Double-Helix Program, with guidance from the teaching staff and faculty advisor. (AB-PH-1, AB-IS-1)
2. Participate in teaching conferences. (AB-PH-1)

**PROFESSIONALISM**
1. Demonstrate compassion and empathy in patient care, maintaining the highest moral and ethical values with a professional attitude. (S-C-1)
2. Demonstrate sensitivity to culture, age, gender and disabilities in patients and colleagues. (K-NSS-2, S-C-1)

**INTERPERSONAL RELATIONSHIPS AND COMMUNICATION**
1. Establish effective professional relationships with other members of the medical team including allied health care personnel (nurses, clerical staff, etc.), residents, and fellow medical students. (S-C-2, AB-PH-1)
2. Maintain professional interactions with other health care providers and hospital staff. (S-C-2, AB-PH-1)

**SYSTEMS BASED PRACTICE**
1. Demonstrate an understanding of the relationships among various aspects of health care delivery. (K-SC-1, K-SC-2)

3rd Year Comprehensive Assessment
1. Standardized Patient Exercise (K-NSS-1, K-NSS-2, K-D-1, K-T-2, S-PE-1, S-PE-2, S-C-1, S-C-2, S-CRM-1, AB-PH-1)
2. Self-Assessment (AB-IS-1)
3. Peer Assessment (AB-IS-1)
5. Video Recording Review (Individual and Group Sessions) (AB-IS-1)
6. Individualized Learning Plan (ILP) (AB-IS-1)

Year 4

Community Health Improvement Course
1. Describe community health and why it is important in medicine (K-SC-1, AB-PH 1)
2. Articulate the difference between volunteer health service and community health improvement projects
3. List social, economic, and behavioral determinants of health and how they relate to health outcomes (K-NSS-2, AB-PH-1)
4. Design a sustainable and evidence-based community health project (K-T-1)
5. Locate and interpret accurate and timely community health surveillance data (S-CRM-1)
6. Identify the principles of effective community engagement and partnership (S-C-3)
7. Formulate a basic evaluation plan for a community health project
8. Describe an effective health education process including identifying target population and using appropriate health literacy levels (K-T-1, S-C-1)
9. Recognize health disparity and the underlying upstream potential causes of health inequity (K-NSS-2, AB-PH-1)
10. Understand several functions of the local public health department including emergency preparedness, environmental health and surveillance (K-SC-1)
11. Recommend policy changes to address barriers to community health and suggest an advocacy strategy for the policy (K-SC-1)
12. Critique strategies to promote behavior change for effectiveness based on evidence base and self-determination theory (K-NSS-2)
13. Identify and prioritize the most relevant health issues based on local data and community input. (K-NSS-2, S-CRM-1)

Emergency Medicine Clerkship
1. Assess and manage the undifferentiated patient.
   - Student must know and understand these to appreciate abnormals.
     - Understand normal human structure, function, and development from molecular through cellular, organ system and whole person level. (K-NSS-1)
     - Understand psychological, interpersonal, family, cultural, societal and environmental determinants of health and illness, and their application to the care of diverse individuals and populations. (K-NSS-2)
2. Create a focused patient H&P
Demonstrate under direct observation the ability to evaluate patients, including history and examination skills. (S-PE-1)
Obtain a focused history with relevant data points to patient’s presenting complaint
Perform a focused physical examination demonstrating knowledge of exam skills and appropriate identification of pathology

3. Create and refine a differential diagnosis
   - Demonstrate the selection and interpretation of diagnostic tests. (S-PE-2)
   - Based on patient’s presentation
     - Understand disease processes that lead to or are caused by alterations in human structure and function, including their epidemiology, etiology, pathogenesis and pathology. (K-D-1)
       - Emergent Pathophysiology
     - Prevalence and epidemiology of disease
     - Evaluating for life threatening conditions
     - Proper utilization of diagnostic testing to assist in narrowing differential

4. Create a patient assessment and formulate a treatment plan
   - Demonstrate the ability to appropriately retrieve, appraise and apply evidence and the scientific method to patient formulation, differential diagnosis and clinical decision-making and integrate electronic information systems into these activities. (S-CRM-1)

5. Accurately paint a picture of the acute issues of the patient
   - See Communication below for presentation template

6. Formulate a treatment plan that includes...
   - Knowledge of treatments- Understand the scientific principles underlying rational approaches to therapeutic, rehabilitative, and palliative interventions. (K-T-2)
   - Supportive care including analgesia, etc. Therapeutics (i.e. Aspirin in chest pain, proper antibiotics, etc.) (see educational supplements)
   - Appropriate diagnostic tools used in the ED (see education supplements)
   - Use of consultants (see educational supplements)
   - Disposition-Admission/Discharge
     - Level of Care patient needs (see educational supplements)

7. Clearly communicate clinical encounters with other medical providers
   - Demonstrate the ability to listen empathically, teach, communicate and collaborate effectively with diverse patients and families. (S-C-1)
   - Demonstrate the ability to communicate and collaborate effectively with the inter-professional health care team. (S-C-2)
   - Demonstrate the exemplary attitudes and humanistic behaviors expected of physicians, including integrity, reliability, compassion, accountability, ethical conduct and reasoning, selfless advocacy for patient and population health and appropriate management of potential conflicts of interest. (AB-PH-1)
   - Goal is keep presentations less than 3 minutes
   - Communicate and develop patient-provider relationship with a wide diversity of patient populations
   - Advocate for patients via social work, consults
   - IE, assisting homeless patient’s gain access to care
   - Further information during orientation
8. Learn how to assess and manage the acutely ill patient.
   - Recognize emergent patient presentations
   - Become familiar with emergent treatment modalities
9. Learn about the diverse fields of Emergency Medicine
   - EMS, Toxicology, Wilderness Medicine, etc.
   - Experience pre hospital care by observing pre hospital practice
10. Obtain experience in minor procedures
11. Continue to expand interprofessional skills
    - Spending time with pre hospital staff in ambulance
12. Social work experience
    - Understand the frameworks within which health care is provided at global, national and local levels. (K-SC-1)
    - Understand the principles underlying approaches to improving patient care quality, safety and cost-effectiveness. (K-SC-2)
    - Understand role of social work in the hospital setting
    - Understand role of social work in preventing “bounce backs” and cost control
    - Appreciate cost implications of health care reform

Process of Discovery
Course Goals (S-CRM-1, AB-IS-1):
1. Describe the key elements of the process by which a key research discovery changes clinical practice, and ways in which research might be incorporated into practice
2. Provide an overview of several of the current research activities at the University of Rochester

Successful Interning
To prepare students entering residency for their intern role and responsibilities by:
1. Reviewing common topics, skills and procedures specific to their specialty (K-D-1; K-T-2; S-PE-1; S-PE-2; S-CRM-1)
2. Enhancing confidence and skills pertaining to the handling of emergent situations (S-CRM-1; S-C-2); teaching medical students (AB-PH-1; AB-IS-1); and dealing with requests for advice and care from others (S-C-2; AB-PH-1)
3. Providing an opportunity to discuss business aspects of medicine (K-SC-1; S-CRM-1)