



**Twin Cities Campus  
Medicine Clerkship (MED 7500)  
Academic Year 2024–25**

**SYLLABUS STATEMENT**

The purpose of this document is to provide clarity about clerkship expectations. Consider using this document as a guide for this clerkship, and to provide transparency and accountability for all.

My goal in the internal medicine clerkship is to teach you how to take care of the adult patient, primarily in the acute setting. Moreover, I want students to learn how to think like a physician, to take the vast amount of information from conversations with patients and families, diagnostic information from physical exam and labs, interpretation of studies and images, and refine them into likely diagnoses and thoughtful, patient-centered treatment plans. Our jobs as physicians is beyond diagnosis and healing: we educate and support our patients. My role as your clerkship director is the same: to support your growth and learning on the clerkship.

**CONTACT INFORMATION:**

**Clerkship Director:** Nersi Nikakhtar, M.D.  
**Office Hours:** By appointment  
**Email:** [nikak001@umn.edu](mailto:nikak001@umn.edu)



(Please refer to the site-specific directors and coordinators, listed below)

**Clerkship Coordinator:** Julie Pierce  
**Email:** [medclerk@umn.edu](mailto:medclerk@umn.edu)

**CLERKSHIP DESCRIPTION**

The Medicine Clerkship is an eight-week clerkship that is focused on the care of the hospitalized adult patient on medicine wards. While the scope of internal medicine extends to multiple settings, including outpatient clinics and a wide array of subspecialties, the primary focus of this course is to provide students with the skills to manage and coordinate care for the acutely ill, hospitalized, adult patient. Students will work on at a single hospital site for the duration of the clerkship on a general medicine ward team for six weeks of the clerkship. However, all students will spend two weeks in an alternate clinical experience (see “Alternate Clinical Experiences,” below), which will provide exposure to other aspects of the field. Students are expected to function as integral team members and as one of the main providers of care for their patients. At most sites, students may work on teams including one or more residents and interns in addition to their attending physician.

**Canvas Site:** <https://canvas.umn.edu/courses/377748>

**Prerequisites:** None

**Terms offered:** All blocks (Fall, Spring, Summer: S1–SP4)

**Length of Clerkship:** 8 weeks

**Site Contact Information:**

- **University of Minnesota M-Health Medical Center (MF)**
  - **Site Director:** Brian Hilliard, M.D. ([hilli088@umn.edu](mailto:hilli088@umn.edu))
  - **Site Coordinator:** Julie Pierce ([medclerk@umn.edu](mailto:medclerk@umn.edu))
- **Hennepin Healthcare (HH)**
  - **Site Director:** Samuel Ives, M.D. ([ives0017@umn.edu](mailto:ives0017@umn.edu))
  - **Site Coordinator:** Shanika James ([shanika.james@hcmcd.org](mailto:shanika.james@hcmcd.org))

- **Abbott Northwestern (AL)**
  - **Site Director:** Amy Holbrook, M.D. ([Amy.Holbrook@allina.com](mailto:Amy.Holbrook@allina.com))
  - **Site Coordinator:** Jackie Wilcziek ([jackie.wilcziek@allina.com](mailto:jackie.wilcziek@allina.com))
- **Regions Hospital (HP)**
  - **Site Director:** Jacob Sundberg, M.D. ([sundb110@umn.edu](mailto:sundb110@umn.edu))
  - **Site Coordinator:** Sidney Severson ([meded@healthpartners.com](mailto:meded@healthpartners.com))
- **Minneapolis VA Health Care System (VA)**
  - **Site Director:** Nersi Nikakhtar, M.D. ([nikak001@umn.edu](mailto:nikak001@umn.edu))
  - **Site Coordinator:** Annalee (Annie) Burnes ([Annalee.Burnes@va.gov](mailto:Annalee.Burnes@va.gov))
- **Duluth (DU, SL)**
  - **Site Directors:** Chad Ramler, M.D. (St. Mary's) ([Chad.Ramler@essentiahealth.org](mailto:Chad.Ramler@essentiahealth.org)), Umar Siddiqui (St. Luke's) ([Umar.Siddiqui@slhduluth.com](mailto:Umar.Siddiqui@slhduluth.com))
  - **Site Coordinator:** Joann Scozzari ([scozj@umn.edu](mailto:scozj@umn.edu))
- **CentraCare (CC)**
  - **Site Directors:** Federica Fromm, D.O. ([federica.fromm@centracare.com](mailto:federica.fromm@centracare.com))
  - **Site Coordinator:** Diane Gustafson ([gustafsond@centracare.com](mailto:gustafsond@centracare.com))

## CLERKSHIP LEARNING OBJECTIVES

Learning in this clerkship should be directed toward the following outcomes. Upon successful completion of this course, the learner will be able to perform the following:

| Clerkship Learning Objective  | Method of Assessment (adopted from AAMC list if applicable):   | Graduation Competencies | Graduation Competencies Subdomain | Primary EPAs |
|---|--|-------------------------|-----------------------------------|--------------|
| Obtain a focused, organized, and complete patient medical history on patients.                                  | AM02: Clinical Performance Rating/Checklist, AM10: Narrative Assessment                                  | Patient Care            | PC1                               | 1            |
| Perform a focused, accurate, and organized physical examination on patients.                                    | AM02: Clinical Performance Rating/Checklist, AM10: Narrative Assessment                                  | Patient Care            | PC1                               | 1            |
| Interpret common diagnostic studies and apply them to specific patients.  | AM02: Clinical Performance Rating/Checklist, AM10: Narrative Assessment, AM11: Oral Patient Presentation | Patient Care            | PC2, PC4                          | 3            |
| Generate an accurate, prioritized problem list for patients with attention paid to the urgency of each problem. | AM02: Clinical Performance Rating/Checklist, AM10: Narrative Assessment, AM11: Oral Patient Presentation | Patient Care            | PC4                               | 10           |
| Formulate a reasoned differential diagnosis on specific patients for their                                      | AM02: Clinical Performance Rating/Checklist,   | Patient Care            | PC4<br>KP1, KP2, KP3              | 2, 3         |

|  |   |   |  |      |
|--|---|---|--|------|
| major presenting problems.   | AM10: Narrative Assessment,<br>AM11: Oral Patient Presentation  | Knowledge for Practice  |  |      |
| Propose and enact diagnostic and/or treatment plans for patients' diagnoses as part of patients' care, including appropriate utilization of resources.   | AM02: Clinical Performance Rating/Checklist,<br>AM10: Narrative Assessment,<br>AM11: Oral Patient Presentation                      | Patient Care<br><br>Systems-Based Practice<br><br>Personal and Professional Development   | PC4, PC6<br><br>SBP1<br><br>PPD5   | 3, 4 |
| Communicate important patient findings, assessment, and plan in a concise, brief, and focused oral presentation to other health care team members and to the patient and patient's caregivers. | AM02: Clinical Performance Rating/Checklist,<br>AM10: Narrative Assessment,<br>AM11: Oral Patient Presentation                      | Patient Care<br><br>Interpersonal and Communication Skills  | PC5<br><br>ICS1, ICS2,<br>ICS3   | 6    |
| Document findings from history, physical exam, and studies, along with an assessment and plan, in an organized, focused, and concise patient note in the medical chart.                        | AM01: Clinical Documentation Review,<br>AM02: Clinical Performance Rating/Checklist,<br>AM10: Narrative Assessment                  | Patient Care<br><br>Professionalism   | PC1<br><br>P7  | 5    |
| Apply knowledge, including pathophysiology of disease and standards of diagnosis and treatment, to specific patient scenarios.   | AM02: Clinical Performance Rating/Checklist,<br>AM08: Exam – Nationally Normed/Standardized, Subject,<br>AM10: Narrative Assessment | Knowledge for Practice  | KP1, KP2, KP3  | 2, 3 |
| Model effective, patient-centered, ethical, and professional communication with patients and their families and caretakers.  | AM02: Clinical Performance Rating/Checklist,<br>AM10: Narrative Assessment  | Patient Care<br><br>Practice-Based Learning and Improvement<br><br>Interpersonal and Communication Skills<br><br>Professionalism<br><br>Personal and Professional Development | PC5<br><br>PBLI3<br><br>ICS1, ICS2,<br>ICS3<br><br>P1, P2, P3, P4,<br>P5, P6<br><br>PPD3 | 9    |

|   |   |   |  |          |
|---|---|---|--|----------|
| Model ethical, professional, coordinated communication with other health care team members, including across disciplines and professions, including holding others to the same standards. | AM02: Clinical Performance Rating/Checklist, AM10: Narrative Assessment   | Interpersonal and Communication Skills<br>Professionalism<br>Systems-Based Practice<br>Interprofessional Collaboration<br>Personal and Professional Development | ICS3<br>P4, P5, P6<br>SBP2<br>IPC1, IPC2<br>PPD3, PPD4 | 8, 9     |
| Apply principles of managing difficult conversations in a simulated patient setting.  | AM10: Narrative Assessment, AM13: Peer Assessment   | Interpersonal and Communication Skills  | ICS1, ICS2, ICS3                                       | 9        |
| Demonstrate growth in problem-solving skills and approaches to patient care in collaborative group educational environments.  | AM14: Portfolio-Based Assessment  | Practice-Based Learning and Improvement<br>Interprofessional Collaboration  | PBLI1, PBLI2, PBLI5<br>IPC1                            | 6, 9, 13 |
| Interpret EKGs to identify common diagnoses that may be distinguished on an EKG.  | AM04: Exam - Institutionally Developed  | Patient Care  | PC2  | 3        |
| Apply principles of evidence-based medicine to primary literature relevant to a specific clinical scenario.   | AM14: Portfolio-Based Assessment<br>AM16: Research or Project Assessment  | Patient Care<br>Practice-Based Learning and Improvement<br>Scientific and Clinical Inquiry  | PC5<br>PBLI6<br>SCI1                                   | 7        |
| Apply theoretical frameworks and evidence-based medicine to identify and address healthcare disparities   | AM010: Narrative Assessment<br>AM011: Oral Patient Presentation<br>AM012: Participation<br>AM013: Peer Assessment<br>AM017: Self-Assessment | Practice-Based Learning and Improvement<br>Scientific and Clinical Inquiry<br>Professionalism<br>Systems-Based Practice<br>Interprofessional Collaboration      | PBLI3, PBLI4<br>P1<br>SBP1<br>IPC1                     | 7, 13    |

*Reference table:*

| Institutional Goals & Objectives              | Entrustable Professional Activities | Methods of Instruction                   |
|---|-------------------------------------|--|
| <a href="#">UMN Competencies Required for</a> | Refer to <a href="#">EPAs</a>       | Refer to <a href="#">AAMC Categories</a> |

## ALTERNATIVE CLINICAL EXPERIENCES

At each of the sites, students will rotate for two consecutive weeks in an alternative clinical experience that is separate from their primary six weeks of inpatient general medicine. The specific experiences available will vary by site but may include hospitalist services, admitting services, swing or night float shifts, subspecialty consults, or combined inpatient/outpatient clinical practices. The timing of these two weeks will be assigned by the sites and *may not be selected by students*.

While these experiences offer a different venue of practicing internal medicine than the general medicine ward, they follow the same requirements as the rest of the clerkship. Therefore, students must still obtain EPAs and CSAs as per the requirements listed below during these two weeks as they would for the remaining six. Similarly, these activities are subject to the same days off policies as the rest of the clerkship, as listed below. Students are also expected to attend any required didactics at their site unless they are on a night float service.

## REQUIRED CLINICAL EXPERIENCES

*Expectation:* Successful completion of the Required Clinical Experiences (RCEs) is a requirement for graduation. At the end of each day in the clerkship, students are expected to log any relevant RCEs in Qualtrics.

*Purpose of RCEs:* Upon completion of the core required clerkships, all University of Minnesota Medical Students will have learned about a common set of conditions, procedures, and presenting symptoms. This list was created by an interdisciplinary team made up of clinical faculty, foundational science faculty, and students from both campuses to encompass high yield learning opportunities that any medical student, regardless of specialty, should experience and learn.

*Clerkship Specific RCE List:* To see which of the required RCE conditions, procedures, and presenting symptoms you will be learning about in the clerkship, please visit the “RCEs” page on the clerkship’s Canvas site. It is the student’s responsibility to ensure they see these diagnoses. All encountered diagnoses must be logged into Qualtrics, including your degree of participation.

The following RCEs should be completed on this clerkship:

### Conditions:

- Renal failure (includes acute or chronic kidney disease)
- Liver failure or dysfunction (includes acute hepatitis, chronic liver disease, or obstructive biliary disease)
- Exocrine pancreatic insufficiency (includes acute or chronic pancreatitis, pancreatic cancer, or cystic fibrosis)

### Procedures:

- Care related to hospitalization (including: care coordination, discharge planning, end of life care, and peri-operative care)
- Obtaining fluid for diagnostic evaluation: observation only, primary participation not required (including paracentesis, lumbar puncture, venous access, central line access, or bladder catheterization)

### Presenting Symptoms:

- Abdominal pain

- Lightheadedness/syncope
- Fever

**The expected level of participation for all the above is primary participation** unless otherwise noted. If you are unable to meet any of the required items, which should be less than <10% of the items, please coordinate with your site director for alternate means of completion through Aquifer® case simulation. This must be done before the end of the clerkship to meet the passing requirements for the course. Otherwise, you may receive an “incomplete” or “no-pass” score.

While you are expected to see the above items during this clerkship, you will also see additional items that may cover RCEs that are assigned as part of other block clerkships. *You may complete any RCEs during this clerkship if you encounter them.* Make sure to track your RCEs no matter which clerkship you complete them in, so they can satisfy the other block clerkships’ RCEs if applicable.

## GRADING AND ASSESSMENT

The goal is to evaluate individual learning and performance of Clerkship Learning Objectives in this clinical rotation.

### Assessment Grid

MED 7500 is graded on a **pass/fail** basis. In order to pass the course, a student must meet the minimum passing threshold for *each* portion. The following table summarizes all grading components, followed by each component explained in greater detail.

| Assessment   | Contents  | Grading Scale   | Passing Requirement  |
|--|---|---|--|
| <b>Entrustable Professional Activities (EPA) Assessments</b> | Standardized EPA forms completed by faculty, residents, and ACEs  | 5-point scale   | Completion of 24 EPA assessments meeting all the criteria outlined below                             |
| <b>Clinical Skills Evaluation (CSA)</b>                      | Standardized clinical evaluations by faculty and residents  | 5-point scale   | All components on the final CSA rated as 3.5 (70%) or higher*  |
| <b>Journal Club Presentation</b>                             | Rubric-guided literature review, live case presentation and discussion  | 2-point scale   | 80% of items rated as “satisfactory”   |
| <b>Bias And Medicine Case Discussion</b>                     | Guided or self-directed literature review, asynchronous online case discussion, rubric-guided peer assessment | 2-point scale   | Completion of required responses and meeting all criteria on peer assessment as “meets expectations” |
| <b>NBME Subject (“Shelf”) Exam</b>                           | Standardized subject exam, administered and proctored by the medical school                                   | 100-point scale                                       | Minimum score of 57; maximum two attempts  |
| <b>EKG Exam</b>  | Internal skill-based exam, administered online on Canvas and proctored remotely by the clerkship              | 240-point scale                                       | 70% (168 points); may attempt remediations until passing score met                                   |
| <b>Communication Workshop</b>                                | Participation in a difficulty conversations workshop with simulated patients                                  | Threshold only; required for completion of the course | N/A (formative only)   |

\*Any student who receives a rating below this threshold on the CSA will have their global performance reviewed by the clerkship directors to determine if they meet the minimum requirements for passing the clerkship, even if by scores alone they meet the 3.5 (70.0%) or higher.

Individual evaluations may be viewed in dashboards and through MedIS. Presentation evaluations, exam scores, final scores and grades will be posted on Canvas.

## Entrustable Professional Activities (EPA) Assessments

Students will receive assessments of their performance on the Core EPAs as the primary form of ongoing, point-of-contact feedback on this clerkship. Please review the medical school [Student EPA/Assessment Handbook](#).

Successfully completing this component of the course requires that *all* the following be met:

- On average, *three* EPAs per week of the clerkship should be completed:
  - On the 8-week clerkship, 24 EPAs must be completed
  - 12 EPAs must be completed by the end of week 4 of the clerkship (mid-clerkship)
  - *All* required EPAs must be completed by Wednesday of week 8 of the clerkship
- At least 50% of the EPA evaluations must be completed by some combination of the following:
  - Attending physician on the student's team
  - Chief resident functioning in the role of attending physician
  - Assessment and Coaching Expert (ACE)
- Interns (PGY-1 residents) *and* senior residents (PGY-2 through PGY-4) may complete the remainder of the EPA evaluations
- One single evaluator may complete *no more than* 6 EPA evaluations per student per week
- At least *one* of the completed EPA evaluations for the clerkship must come from *each* of the following EPAs:
  - 1. Gather a history and perform a physical examination
  - 2. Prioritize a differential diagnosis following a clinical encounter
  - 3. Recommend and interpret common diagnostic and screening test
  - 4. Enter and discuss orders and prescriptions.
  - 5. Document a clinical encounter in the patient record
  - 6. Provide an oral presentation of a clinical encounter
  - 7. Form clinical questions and retrieve evidence to advance patient care

Note: For EPA 4, students should be able to discuss their orders as a means of conveying plans. They may either enter orders with supervision, based on affiliate site permissions and practices, or convey to their assessors what they would order without formally entering an order to meet this requirement. EPA 7 may be satisfied with the Journal Club presentation itself if the assessment is completed by the facilitator of the presentation session (site director or designee).

EPA assessments by faculty and residents should be *student-initiated*: the student should approach the evaluator in the course of their daily work, suggest an EPA to complete, bring up the EPA form on their mobile device, and then provide their device to their evaluator to complete the evaluation. Multiple EPA evaluations may come from the same encounter (for example, a single encounter, such as an admission interview, may be used to complete multiple EPA evaluations).

The student and evaluator should also engage in dialogue about the observed behavior, with attention paid to highlighting areas of strength and improvement. While the EPA intended for evaluation may be identified after the observed behavior has occurred, it is frequently more helpful to identify a target EPA in advance. Doing so allows the student and evaluator can better focus on the behavior to facilitate a rich discussion in feedback, particularly one that needs further growth or has not been assessed frequently thus far.

There is no minimal threshold of entrustability (level on the EPA assessment) required for completing this component. Advancement based on entrustability is performed by the Clinical Competency Committee (CCC) and ACEs, which occurs outside the domain of this clerkship.

Comments written on the EPA evaluations are not intended for use in the MSPE. The comments are intended primarily for feedback purposes and for documentation to the CCC.

### **Clinical Skills Assessments (CSAs)**

The CSA evaluations are meant to provide feedback on areas not represented by EPAs. There are five domains, each with an option comment field. Additionally, it has two open text responses. The “MSPE Comments” section is meant to summarize aspects of a student’s performance that is used, either in summary or verbatim, for comments in the MSPE. The other (“Actionable Items for Growth”) is meant for feedback to the student that is not included in the MSPE.

The domains addressed in the CSA are:

- Awareness of strengths and limitations, self-improvement
- Communication with patients and families
- Demonstrating compassion, integrity, and respect
- Flexibility and maturity in change, stress, and ambiguity
- Critical thinking in applying science to patient care

However, when completing the frequent CSA, each individual evaluator may choose to fill out only some of the above items and skip those for which they have insufficient information.

The CSA, like EPA, assessments should be *student-initiated*, and students are expected to ask their assessor to complete the CSA, bring up the CSA form on their mobile device, and then provide their device to their evaluator to complete the evaluation.

As a student, you will be responsible for obtaining the CSA form called the “frequent CSA.” The requirements for this form are:

- One frequent CSA from *each* attending physician and senior resident (PGY-2 through PGY-4) with whom you have worked for five days or more
- *All* required CSAs must be completed by Wednesday of week 8 of the clerkship

The MSPE comments from the frequent CSA form *will be used verbatim* for the MSPE.

On the 5-point scale, a mean score of 3.5 on the final CSA is considered the minimum passing threshold for all items combined. However, a cumulative score below this threshold does *not* result in an automatic failure, as it is common for students to start at a lower rating and improve throughout the course of the rotation.

Any student below this threshold will be reviewed by the committee of clerkship site directors three



weeks after the close of the clerkship to determine if the student ultimately meets the clinical skills required to pass the clerkship. Similarly, if there are significant concerns raised about a student's performance (e.g., a significant professionalism violation), or if a student has persistent evaluations of 3 or lower, even if the student scored 3.5 or higher on average, the student will similarly be reviewed to determine if they meet the requirements to pass the clerkship. Receiving a score of 3.5 or higher does not guarantee passing the clinical portion of the course, especially if other significant substantiated concerns are raised.

## **Evidence-Based Journal Club Presentation**

Each student will present a journal article in a brief (5-10 minute) "journal club" format to other students at their sites and possibly remotely to other sites, generally about halfway through the clerkship. Additionally, the student must upload a completed rubric on assessing the journal article that forms the basis of the presentation *prior to* their presentation. Further details are under "EBM Journal Club Presentation" in the "Assignments" section of Canvas.

The site director or designee will complete an evaluation of this presentation in Canvas. The assessment rubric, viewable in Canvas, includes five criteria, each with a 2-point scale ("meets expectations" and "below expectations"). To successfully complete the assignment, the student must be rated at "meets expectations" for at least 80% of the criteria. The student may also request that EPA 7 be completed, as this assignment addresses this required EPA specifically.

## **Bias And Medicine Discussion**

Each student will be engaged in an online discussion to review bias (including those based on race, gender, gender identity, economic status, etc.) and its effects on their own patient's health and healthcare. The details may be found under "DEI Curriculum: Bias and Medicine." Students will review background literature on bias in medicine, including one article specifically related to their own patient care (either using an article provided on Canvas or selecting one of their own).

Students will then present the case following prompts asynchronously using the video discussion forum, and students will be expected to respond to at least one other student using a provided feedback and assessment rubric. Full details for the process are located on Canvas.

To successfully complete the assignment, the students must complete all the videos (presentation and responses), assess another student, and receive a satisfactory assessment from a peer.

## **NBME Shelf Exam**

A student must pass the Shelf exam with a score of at least 57 to pass the exam. The exam will be administered by the medical school at the end of the course.

## **EKG Exam**

A student must pass the EKG exam with a score of at least 70% (168 points out of 240). The exam will be administered remotely at the end of the course with remote proctoring. Further details, including the required diagnoses for the exam, may be found under "EKG Exam" in the "Assignments" section of Canvas.

## **Communication Workshop**

Students will participate in a difficult patient conversation Communication Workshop (performed virtually) at the start of this course through M Simulation. This is a *required* workshop, but the feedback and evaluations are formative and are not used to determine if the student passes the clerkship.

## **Mid-Clerkship Review**

At the mid-clerkship review, which occurs near the midway point of the clerkship, students will meet with their site directors to review their performance, ensure that they are keeping up with the clerkship requirements, and plan for goals for the second half of the clerkship. They should also show their PET encounters and EPA assessment completion dashboards on MedIS to their site director at this meeting.

At the mid-clerkship meeting, the site director will review the completed frequent CSA evaluations and complete the Mid-Clerkship Feedback CSA and document the mean scores and comments from the frequent CSAs, identifying strengths and goals for improvement with the student.

## **End of Clerkship Review**

At the end of clerkship review, which occurs towards the end of the clerkship, student will again meet with their site directors to review their evaluations. This may be done in person or virtually at the site director's discretion. The site director will complete the Final CSA, using the mean evaluations and comments (either verbatim or in summary form) from the frequent CSAs. These CSA scores will be used to determine whether the student has met the clinical score threshold described above.

## **CLERKSHIP CONTENT**

On this clerkship, students will be on inpatient teams (predominantly to exclusively general medicine teams), and much of their time will be spent taking care of hospitalized patients. Each site has its own schedule of teaching sessions and conferences; some are student-specific, and some may include residents and/or faculty. The details of these schedules will be provided at each site.

There will also be individualized teaching sessions, case discussions, and lectures provided at each site. These are required sessions, and schedules will be provided by each site. Students will be presenting the EBM Journal Club at their own sites. The schedule for these presentations will be determined at each site individually.

The communication workshop will be online through M Simulation on the first morning of the clerkship. Additionally, there is an independent study online EKG curriculum with an online, live discussion and review session that will be scheduled in the second half of the clerkship.

## **Patient History & Clinical Exam Expectations**

Students are expected to perform histories and physical examinations at levels that are appropriate to their experience level, particularly as it is expected their skills will grow throughout the clerkship. The levels of performance are viewable under the "Medicine Clerkship Milestones," which is viewable in the "Requirements" section of Canvas, under "Mid-Clerkship Feedback."

## **Clerkship Resources**

See the "Resources" section on Canvas for most up to date list. Please note that the Aquifer cases are available to supplement student learning and ensure you meet the Required Diagnosis requirements for the school and RCE completion and are not a required assignment.

## **COURSE GUIDELINES AND POLICIES:**

## Remediation Policy

**Exam Delays:** In general, exam delays are only granted in extraordinary cases and not for situations such as planned trips or requests for additional study time in the absence of compelling extenuating circumstances. Neither exam may be delayed for any reason without the approval of the clerkship director prior to the exam. Otherwise, the student will receive a failing grade on the exam. If a delay of the exam has been granted, the student will be scheduled to work with the clerkship administrator to reschedule the exam within 12 weeks of the original test date, as approved by the clerkship director. The student will also need to complete an “Agreement for Completion of Incomplete Work” (see below). Failure to comply with all these steps will result in a failing grade on the exam.

### Exam Remediation:

**Shelf Exam:** If a student receives a failing score on the Shelf exam but otherwise receives a passing score for the remaining components and is deemed collectively by the clerkship directors to otherwise have satisfactorily completed the requirements of the clerkship, the student will be allowed a single, second attempt at the exam within 12 weeks of the original test date, at a time arranged by the student and clerkship administrator and approved by the clerkship director. The student will also need to complete an “Agreement for Completion of Incomplete Work” (see below) within one week of the exam failure. If the student receives a failing score on the remediated Shelf exam, then the student will receive a “No Pass” for the entire clerkship.

Failure to comply with all these steps will result in a finalized failing grade on the exam and the course.

**EKG Exam:** If a student receives a failing score on the EKG exam but otherwise receives a passing score for the remaining components, the student will be allowed to remediate the EKG exam. The second attempt should occur within 12 weeks of the EKG exam at a time arranged by the student and clerkship administrator and approved by the clerkship director. The student will also need to complete an “Agreement for Completion of Incomplete Work” (see below) within one week of the exam failure.

If the student does not successfully remediate the EKG exam on the second attempt, the student’s grade will be entered as an “Incomplete.” The student, in conjunction with the course director and their academic advisor, will coordinate further remediation attempts and updated deadlines to be reflected in an updated “Agreement for the Completion of Incomplete Work.”

Failure to comply with all these steps will result in a finalized failing grade on the exam and the course.

**Assignment Remediation:** If a student does not receive a passing score for an assignment (Evidence-Based Medicine Journal Club or Case Presentation), the student may be allowed one attempt at remediating the assignment in a format per the discretion of the site director. The remediation should be done ideally prior to the end of the clerkship, but if this cannot be done, it must be completed *no more than four weeks after the original date* of the assignment’s presentation. Failure to remediate the assignment successfully will result in a “No Pass” grade for the entire clerkship.

**Course Remediation:** If a student is required to remediate the course in its entirety (receives a No Pass grade for any reason), then the student must petition to Medical Student Scholastic Standing Committee (MSSSC) for permission to repeat the course. If granted, details for remediation will be worked out on a case-by-case basis but will usually require remediation of the course in its entirety at a different clinical site.

If a student remediating the course has successfully passed the required exams and assignments upon the first attempt at the course, the student will not repeat those exams and assignments, and those original scores will be used in the student’s remediation grade.

**Incomplete Work:** If a student will not complete the clerkship *for any reason* by the end of the scheduled block for the clerkship, the student *must* complete an “Agreement for Completion of Incomplete Work” (with all required signatures) to the Clerkship Coordinator ([medclerk@umn.edu](mailto:medclerk@umn.edu)) by 12 p.m. on the final day of the clerkship. If an agreement must be completed due to a non-passing exam score (see above), then the form is due *within 7 days* from the original exam date. The most up-to-date version of this form may be found on the [Medical Student Policies](#) site, under “Forms.”

## Attendance

**Conferences and Learning Sessions:** Each site has developed student-specific teaching sessions. Most topics are common to all the sites, but the sessions themselves are specific to each site. These are *mandatory* conferences and students are expected to attend and participate.

Departmental conferences are routinely held at each of the hospital, and students are encouraged to attend these conferences. These conferences may include medical grand rounds, morning report, morbidity and mortality conferences, resident teaching conferences, and subspecialty conferences. Students are welcome at departmental conferences.

**Days off:** The Medicine Clerkship adheres strictly to the medical school’s [policies](#) of granting days off, as follows.

**Weekend Days Off:** Each student is granted, per school policy, one two-day (consecutive day) weekend and one single-day weekend off from clinical duties per two weeks of the rotation. In the eight-week medicine clerkship, this results in four two-day weekends and four single-day weekends.

The final weekend of the clerkship (the Saturday and Sunday after the Shelf and EKG exams) constitute one of the four two-day weekends permitted and cannot be changed. Students are otherwise free to coordinate the remaining weekend days with their teams, with the following restrictions:

- Only Saturday, Sunday, and/or Monday can be counted as “weekend” days off. A two-day weekend must also be two consecutive days. This will allow some flexibility in scheduling but also allow each site to schedule student-specific teaching sessions on the remaining days such that students will be able to attend.
- Days off should not be taken on days your team is on long call.

**Weekday Half Days (ILT):** Each student is granted, per school policy, one half day on a weekday per two weeks of the clerkship as independent learning time (ILT). In the eight-week medicine clerkship, this results in four weekday half days.

These ILT days will be assigned to each student in advance of each clerkship with the following restrictions:

- Half days begin at 1 p.m. and may not start sooner.
- Half days will not occur on days the student is on long-call and should not conflict with mandatory student teaching sessions (e.g., group discussions, didactics as mandated by the site).
- Students are still expected to complete their patient care duties for their patients, including rounding and writing notes, prior to leaving for the half day. The half day should not serve as an excuse to leave the student’s duties unfinished.
- Students are not expected to respond to clinical duties during the half day (e.g., are not

- required to respond to pages).
- The Wednesday of the final week immediately preceding the Shelf exam is a mandatory half day for all students, starting at 1 p.m. This counts as one of the four ILT half days and may not be changed.
  - If the other assigned half days present conflicts for the students, the students may work with their site coordinators to find another suitable half day.
  - Two half days may not be combined into one full day off.

**Excused Absences:** As per school policy, students may be granted additional days off for excused absences required by medical school requirements (e.g., USMLE test dates) or for personal and family emergencies only. These absences *must* be approved by the site director in advance (excepting such instances as last-minute illnesses, in which case the student should notify the site coordinator as soon as possible), or they will be considered unexcused.

The maximum number of excused absences is, per medical school policy, one day per two weeks averaged over the duration of the clerkship (for eight weeks, this equals four days). Any *excused* absences in excess of this may result in a requirement to make up the days, receiving an “incomplete” on the rotation, or a withdrawal from the course, as determined in discussion with the course director. Any *unexcused* absences may result in a failing grade due to the student not meeting the clerkship attendance requirements.

Please note: these excused absences are meant only for unusual circumstances as outlined in the Medical School’s “Attendance Requirements & Excused Absences” policy (available on the [Policies](#) page). They are not offered as additional days off for non-emergent reasons or reasons not outlined in the medical school’s policy (e.g., for vacation or weddings).

**Holidays:** As per medical school policy, medical school holidays will count as one of the weekend days per the policy noted above and are not granted as bonus days off.

A student is guaranteed the medical school holiday as a day off if desired, even if the holiday conflicts with the call schedule. A student will never be required to work on a medical school holiday. However, if the student wishes, they may take a *different* weekend day off and work on the medical school holiday and should discuss with the team and the site director in advance about their intent to do so.

Federal holidays that are *not* medical school holidays, however, are not guaranteed days off, nor are they granted special exemption from the days off policy. Instead, they follow the same restrictions for the days off, as above.

**Exceptions to Attendance:** Orientation (the first day of the clerkship) and exam days may not be used as days off for any reason. Exceptions may be considered in rare circumstances and must be first approved by the clerkship director *in advance*.

## Secure Storage Space

All clinical sites for this clerkship have designated secure storage space for students’ belongings. Please refer to the [Medical Student Space at Major Clinical Sites](#) fact sheet published by the medical school.

## ADDITIONAL INFORMATION & UMMS POLICIES

|  |  |
|--|--|
| <b>All Medical Student Policies</b>    | <a href="#">University of Minnesota Medical Student Policies</a>   |
| <b>Attendance and Excused Absences</b> | <a href="#">Attendance Requirements and Excused Absences</a>   |
| <b>Disability Resources</b>            | <a href="#">Medical Students with Disabilities</a><br><br>*If a student has any accommodations that needs to be applied to any portion of this clerkship, including for exams, the student must submit a current (i.e., for the current semester) accommodation letter from the Office for Equity and Diversity's Disability Resource Center to the clerkship coordinator at medclerk@umn.edu <b>no later than the first day of the clerkship.</b> |
| <b>Duty Hours</b>                      | <a href="#">Duty Hours, Years 3 &amp; 4</a>  |
| <b>Grades and Incomplete Contracts</b> | <a href="#">Grading &amp; Grade Appeals</a>  |
| <b>Mistreatment</b>                    | <a href="#">Student Mistreatment Policy</a>  |
| <b>Professionalism</b>                 | <a href="#">Student Conduct Code</a><br><br>*Please note that dress code varies by site, and questions regarding dress code should be directed to the site director or coordinator.  |
| <b>Remediation</b>                     | <a href="#">Scholastic Standing Committees</a>   |
| <b>Syllabus Change</b>                 | Except for changes that substantially affect implementation of the evaluation (grading) statement, this syllabus is a guide for the course and is subject to change with advance notice.   |

## SAMPLE SCHEDULES

The following site-based sample schedules are designed solely for the purpose to provide a general understanding of student schedules at the different internal medicine sites over a two week cycle, including possible days off. These sites are *not* meant to provide any guarantee of the actual hours and activities listed, and students should under no circumstances use these samples for actual planning of days off. Instead, students should refer to the day off policies posted above as well as the medical school's [Policies](#) page and discuss with their site director and site coordinator.

### Abbott Northwestern

| <i>Week</i> | <i>Monday</i>   | <i>Tuesday</i>  | <i>Wednesday</i>   | <i>Thursday</i>  | <i>Friday</i>  | <i>Saturday</i>        | <i>Sunday</i> |
|-------------|---|---|--|--|--|------------------------|---------------|
| <b>1</b>    | 7:30-19:00 (long call)<br>10:45-11:15 (teaching rounds) | 7:30-15:00 (post call)<br>10:45-11:15 (teaching rounds) | 7:00-16:00 (clinic 1)<br>7:30-8:30 (grand rounds)<br>10:45-11:45 (teaching rounds) | 7:30-17:00 (short call)<br>10:45-11:45 (teaching rounds) | 7:30-14:00 (clinic 2)<br>10:45-11:45 (teaching rounds) | 7:30-19:00 (long call) | Day off       |

|          |   |  |   |   |  |         |         |
|----------|---|--|---|---|--|---------|---------|
|          | 12:00-1:00 (student didactics)  | 12:00-1:00 (student didactics)   | 12:00-13:00 (student didactics)   | 12:00-1:00 (student didactics)  | 12:00-1:00 (student didactics)   |         |         |
| <b>2</b> | 7:00-16:00 (clinic 1)<br>10:45-11:45 (teaching rounds)<br>12:00-13:00 (student didactics) | 7:30-17:00 (short call)<br>10:45-11:45 (teaching rounds)<br>12:00-1:00 (student didactics) | 7:00-16:00 (clinic 1)<br>7:30-8:30 (grand rounds)<br>10:45-11:45 (teaching rounds)<br>12:00-13:00 (student didactics)<br>13:00 (ILT begins) | 7:30-19:00 (long call)<br>10:45-11:15 (teaching rounds)<br>12:00-13:00 (student didactic) | 7:30-15:00 (post call)<br>10:45-11:15 (teaching rounds)<br>12:00-13:00 (student didactics) | Day off | Day off |

### Duluth: St. Mary's Hospital (Essentia)

| <i>Week</i> | <i>Monday</i>   | <i>Tuesday</i>   | <i>Wednesday</i>   | <i>Thursday</i>  | <i>Friday</i>  | <i>Saturday</i>                                 | <i>Sunday</i> |
|-------------|---|--|--|--|--|---|---------------|
| <b>1</b>    | 7:00-13:00 (morning rounds and case discussion)<br>13:00-18:00 (admissions) | 7:00-13:00 (morning rounds and case discussion)<br>13:00-14:00 (faculty didactics)<br>14:00-16:00 (attending rounds) | 7:00-13:00 (morning rounds and case discussion)<br>12:00-13:00 (M&M teleconference with VA)<br>13:00-14:00 (didactics)<br>14:00-16:00 (attending rounds) | 7:00-13:00 (morning rounds and case discussion)<br>12:00-13:00 (grand rounds teleconference with UMN)<br>13:00-18:00 (admission) | 7:00-13:00 (morning rounds and case discussion)<br>12:00-13:00 (grand rounds teleconference with VA)<br>14:00-16:00 (attending rounds) | 7:00-13:00 (morning rounds and case discussion) | Day off       |
| <b>2</b>    | 7:00-13:00 (morning rounds and case discussion)<br>13:00-18:00 (admissions) | 7:00-13:00 (morning rounds and case discussion)<br>13:00 (ILT begins)  | 7:00-13:00 (morning rounds and case discussion)<br>12:00-13:00 (M&M teleconference with VA)<br>13:00-14:00 (didactics)<br>14:00-16:00 (attending rounds) | 7:00-13:00 (morning rounds and case discussion)<br>12:00-13:00 (grand rounds teleconference with UMN)<br>13:00-18:00 (admission) | 7:00-13:00 (morning rounds and case discussion)<br>12:00-13:00 (grand rounds teleconference with VA)<br>14:00-16:00 (attending rounds) | Day off   | Day off       |

## Duluth: St. Luke's Hospital

| <i>Week</i> | <i>Monday</i>             | <i>Tuesday</i>            | <i>Wednesday</i>   | <i>Thursday</i>   | <i>Friday</i>   | <i>Saturday</i>           | <i>Sunday</i> |
|-------------|---------------------------|---------------------------|--|---|---|---------------------------|---------------|
| <b>1</b>    | 7:00-16:00<br>(pre-call)  | 7:00-20:00<br>(long call) | 7:00-15:00<br>(post call)<br>12:00-13:00<br>(journal club) | 7:00-16:00<br>(pre-call)<br>7:00-8:00<br>(tumor board)<br>12:00-13:00<br>(grand rounds<br>teleconference<br>with UMN)                           | 7:00-20:00<br>(long call)<br>12:00-13:00<br>(grand rounds<br>teleconference<br>with VA) | 7:00-15:00<br>(post call) | Day off       |
| <b>2</b>    | 7:00-15:00<br>(post-call) | 7:00-16:00<br>(pre-call)  | 7:00-20:00<br>(long call)<br>12:00-13:00<br>(journal club) | 7:00-15:00<br>(post-call)<br>7:00-8:00<br>(tumor board)<br>12:00-13:00<br>(grand rounds<br>teleconference<br>with UMN)<br>13:00 (ILT<br>begins) | 7:00-16:00<br>(pre-call)<br>12:00-13:00<br>(grand rounds<br>teleconference<br>with VA)  | Day off                   | Day off       |

## Hennepin Health Care

Students may rotate between two services with different schedules:

### Care Unit (q3 call schedule)

| <i>Week</i> | <i>Monday</i>            | <i>Tuesday</i>            | <i>Wednesday</i>                              | <i>Thursday</i>          | <i>Friday</i>             | <i>Saturday</i> | <i>Sunday</i>           |
|-------------|--------------------------|---------------------------|---|--------------------------|---------------------------|-----------------|-------------------------|
| <b>1</b>    | 7:00-16:00<br>(pre-call) | 7:00-19:00<br>(on call)   | 7:00-16:00<br>(post-call)                     | 7:00-16:00<br>(pre-call) | 7:00-19:00<br>(on call)   | Day off         | Day off                 |
| <b>2</b>    | 7:00-19:00<br>(on call)  | 7:00-16:00<br>(post-call) | 7:00-13:00<br>(pre-call)<br>1300 (ILT begins) | 7:00-19:00<br>(on call)  | 7:00-16:00<br>(post-call) | Day off         | 7:00-19:00<br>(on call) |

### R5 unit (q4 call schedule)

| <i>Week</i> | <i>Monday</i>           | <i>Tuesday</i>            | <i>Wednesday</i>                  | <i>Thursday</i>          | <i>Friday</i>           | <i>Saturday</i> | <i>Sunday</i> |
|-------------|-------------------------|---------------------------|-----------------------------------|--------------------------|-------------------------|-----------------|---------------|
| <b>1</b>    | 7:00-20:00<br>(on call) | 7:00-16:00<br>(post-call) | 7:00-16:00<br>(post-post<br>call) | 7:00-16:00<br>(pre-call) | 7:00-20:00<br>(on call) | Day off         | Day off       |



|          |                          |                         |                           |                                |  |                         |         |
|----------|--------------------------|-------------------------|---------------------------|--------------------------------|--|-------------------------|---------|
| <b>2</b> | 7:00-16:00<br>(pre-call) | 7:00-20:00<br>(on call) | 7:00-16:00<br>(post-call) | 7:00-16:00<br>(post-post call) | 7:00-13:00<br>(pre-call)<br>13:00 (ILT begins) | 7:00-20:00<br>(on call) | Day off |
|----------|--------------------------|-------------------------|---------------------------|--------------------------------|--|-------------------------|---------|

### M Health Fairview

| <b>Week</b> | <b>Monday</b>                  | <b>Tuesday</b>  | <b>Wednesday</b>   | <b>Thursday</b>   | <b>Friday</b>                                     | <b>Saturday</b> | <b>Sunday</b>             |
|-------------|--------------------------------|---|--|---|---|-----------------|---------------------------|
| <b>1</b>    | 7:00-15:00<br>(pre call)       | 7:00-17:30<br>(long call)<br>13:00-14:00<br>(didactics) | 7:00-16:00<br>(post call)<br>12:00-13:00 (noon<br>conference)                              | 7:00-15:00<br>(pre call)<br>12:00-13:00<br>(grand rounds) | 7:00-17:30<br>(long call)<br>12:00-13:00<br>(M&M) | Day off         | Day off                   |
| <b>2</b>    | 7:00-17:30<br>(long call call) | 7:00-13:00<br>(post call)<br>13:00 (ILT begins)         | 7:00-15:00<br>(pre call)<br>12:00-13:00 (noon<br>conference)<br>13:00-14:00<br>(didactics) | 7:00-17:30<br>(long call)<br>13:00-14:00<br>(didactics)   | 7:00-16:00<br>(post call)<br>12:00-13:00<br>(M&M) | Day off         | 7:00-17:30<br>(long call) |

### Regions Hospital

| <b>Week</b> | <b>Monday</b>   | <b>Tuesday</b>  | <b>Wednesday</b>   | <b>Thursday</b>   | <b>Friday</b>  | <b>Saturday</b> | <b>Sunday</b>             |
|-------------|---|---|--|---|--|-----------------|---------------------------|
| <b>1</b>    | 7:00-15:00<br>(pre-call)<br>12:00-14:00<br>(didactics)  | 7:00-19:00<br>(long call)<br>12:00-14:00<br>(didactics) | 7:30-17:00<br>(post call),<br>12:00-14:00<br>(didactics) | 7:00-15:00<br>(pre-call)<br>12:00-14:00<br>(didactics)  | 7:00-19:00<br>(long call)<br>12:00-14:00<br>(didactics)  | Day off         | Day off                   |
| <b>2</b>    | 7:00-19:00<br>(long call)<br>12:00-14:00<br>(didactics) | 7:30-13:00<br>(post-call)<br>13:00 (ILT)                | 7:00-15:00<br>(pre-call)<br>12:00-14:00<br>(didactics)   | 7:00-19:00<br>(long call)<br>12:00-14:00<br>(didactics) | 7:30-17:00<br>(post call),<br>12:00-14:00<br>(didactics) | Day off         | 7:00-19:00<br>(long call) |

### VA Health Care System

| <b>Week</b> | <b>Monday</b>               | <b>Tuesday</b>  | <b>Wednesday</b>  | <b>Thursday</b>   | <b>Friday</b>  | <b>Saturday</b>           | <b>Sunday</b> |
|-------------|-----------------------------|---|---|---|--|---------------------------|---------------|
| <b>1</b>    | 7:30-15:00<br>(pre-call)    | 7:30-19:00<br>(long call)<br>13:00-14:00<br>(didactics) | 7:30-15:00<br>(post call),<br>12:00-13:00<br>(M&M),<br>13:00-14:00<br>(didactics) | 7:30-17:00<br>(medium call)<br>13:00-14:00<br>(didactics) | 7:30-15:00<br>(pre-call),<br>12:00-13:00<br>(grand rounds) | 7:30-19:00<br>(long call) | Day off       |
| <b>2</b>    | 7:30-17:00<br>(medium call) | 7:30-13:00<br>(pre-call)<br>1300 (ILT)                  | 7:30-19:00<br>(long call)<br>12:00-13:00<br>(M&M)                                 | 7:30-15:00<br>(post call)<br>13:00-14:00<br>(didactics)   | 7:30-17:00<br>(medium call)                                | Day off                   | Day off       |

|  |  |                            |  |                                  |  |  |
|--|--|----------------------------|--|----------------------------------|--|--|
|  |  | 13:00-14:00<br>(didactics) |  | 12:00-13:00<br>(grand<br>rounds) |  |  |
|--|--|----------------------------|--|----------------------------------|--|--|