MEDICAL SCHOOL | UNIVERSITY OF MINNESOTA

Medicine Clerkship
MED 7500
Academic Year 2026

SYLLABUS STATEMENT

This course was designed by a team of faculty utilizing the evidence-based design processes. The purpose of the syllabus is to provide clarity about course expectations and contact information. Consider using this document as a guide for the course and to provide transparency and accountability for all.

CANVAS SITE

https://canvas.umn.edu/courses/547458

CLERKSHIP DIRECTOR

Role descriptions & how they can assist

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Role descriptions & how they can assist

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CLERKSHIP DESCRIPTION

Prerequisites: None
Terms offered: All blocks (Fall, Spring, Summer: S1–SP4)
Length of Clerkship: 8 weeks (8 credits)

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 eight weeks of the clerkship. 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.

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, though sample schedules are available in Appendix E.

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 Cub at their own sites. The schedule for these presentations will be determined at each site individually.

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 “Milestones,” which is viewable in the “Requirements” section of Canvas, under “Resources.”

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.

CLERKSHIP LEARNING OBJECTIVES

Institutional Goals & Objectives	Entrustable Professional Activities	Methods of Instruction
UMN Competencies Required for Graduation	Refer to EPAs	Refer to AAMC Categories

Learning in this clerkship should be directed toward the following outcomes. Overall, the course uses the following Methods of Assessment and Instruction. Individual learning objective mapping may be found in Appendix A.

Methods of Assessment - Formative & Summative	Methods of Instruction
AM01: Clinical Documentation Review AM02: Clinical Performance Rating/Checklist AM04: Exam - Institutionally Developed AM08: Exam – Nationally Normed/Standardized AM10: Narrative Assessment AM11: Oral Patient Presentation AM12: Participation AM13: Peer Assessment AM14: Portfolio-Based Assessment AM16: Research or Project Assessment AM17: Self-Assessment	IM01: Case-Based Instruction/Learning IM03: Clinical Experience – Inpatient IM07: Discussion, Large Group (>12) IM08: Discussion, Small Group (<12) IM10: Independent Learning IM11: Journal Club IM13: Lecture IM16: Patient Presentation – Learner IM17: Peer Teaching IM20: Reflection IM22: Role Play/Dramatization IM23; Self-Directed Learning IM25: Simulation IM26: Team-Based Learning (TBL) IM27: Team-Building IM29: Ward Rounds IM30: Workshop

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. Individual components are explained in greater detail in Appendix B.

Threshold Element Description	Summative or Formative	Timing	Scale	Pass / No Pass Requirement
Entrustable Professional Activities (EPA) Assessments: Standardized EPA forms completed by faculty, residents, and ACEs	Formative (course), Summative (institutional)	Daily	1–5	Completion of 24 EPA assessments meeting all the criteria outlined
Clinical Skills Evaluations-Revised (CSAs-R): Standardized clinical evaluations by faculty and residents	Summative	Weekly (frequent CSA-R), mid and end of clerkship	1–5	Mean of all components on final CSA-R of 3.0 or higher*

Journal Club Presentation: Rubric-guided literature review, live case presentation and discussion	Summative	Mid-clerkship	1–2	80% of items rated as "satisfactory"
Bias and Medicine Case Discussion: Guided or self-directed literature review, asynchronous online case discussion, rubric-guided peer assessment	Summative	Weeks 5 and 7	1–2	Completion of required responses and meeting all criteria on peer assessment as "meets expectations"
NBME Subject ("Shelf") Exam: Standardized subject exam, administered and proctored by the medical school	Summative	Week 8	0–100	Minimum score of 57; maximum two attempts
EKG Exam: Internal skill-based exam, administered online on Canvas and proctored remotely by the clerkship	Summative	Week 8	0–100% (0-240 points)	70% (168 points); may attempt remediations until passing score met
Required Clinical Experiences (RCEs): Documentation of completion of clerkship-specific RCEs through the Patient Encounter Tracker.	Summative	Daily	Level of participation	Completion of all clerkship-specific required RCEs

*Any student who receives a rating below this threshold on the CSA-R 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 3.0 mean or higher.

Individual evaluations may be viewed in dashboards and through MedIS. Presentation evaluations and exam scores will be posted on Canvas. The NBME will also provide students with individualized Subject Exam score reports approximately within a week of the exam.

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 (including frequent CSA-Rs, EPAs, and RCEs), ensure that they are keeping up with the clerkship requirements, and plan for goals for the second half of the clerkship.

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

Only the site director should complete mid-clerkship CSA-Rs.

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 performance (including CSA-Rs, EPAs, and RCEs). This may be done in person or virtually at the site director's discretion.

The student is responsible for having all the required CSA-Rs, EPAs, and RCEs completed prior to this review.

The site director will complete the Final CSA-R, using the mean evaluations and comments (either verbatim or in summary form) from the frequent CSA-Rs. These CSA-R scores will be used to determine whether the student has met the clinical score threshold described above.

Only the site director should complete final CSA-Rs.

COURSE GUIDELINES AND POLICIES:

Exam Delay and Remediation Policies

Exam delays are not granted in this course in general. Delays for the purposes of providing additional preparation time for this course or any other course, as well as preparation for USMLE exams, are not permitted. Any student who does not take an exam as scheduled will receive a failing grade on the exam.

In the extremely rare case that a delay might be considered for extraordinary circumstances, the reason for delay must *at a minimum* also meet at least one of the requirements for excused absences by medical school policy and be approved by the clerkship director prior to the day of the exam. Meeting this minimum requirement does not guarantee an approved delay, however. 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 a timeframe approved by the clerkship director. The student will also need to complete an "Incomplete Grade Contract" (see below). Failure to comply with all these steps will result in a failing grade on the exam.

The procedures for any remediation of course requirements, including exams and assignments, are listed in Appendix C.

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. This includes, in a given two week period, one one-day weekend, one two-day weekend, and one half weekday. Clerkship-specific attendance and days off policies are in Appendix D.

COURSE EVALUATION REQUIREMENTS

Student course evaluations represent an important contribution to the educational stewardship of the U of MN Medical School. Each year, the curriculum is carefully re-evaluated in the light of specific student suggestions, and student feedback is taken very seriously. Therefore, completing the course evaluation for each course is a required professional expectation of medical students. The Course Evaluation is open for approximately two weeks following the end of the course, and must be completed in the CoursEval system while it is open

ADDITIONAL INFORMATION & UMMS POLICIES

All Medical Student Policies	University of Minnesota Medical Student Policies
Remediation	Students who fail to meet the minimum requirements for passing this course will have their performance reviewed by a campus-specific Scholastic Standing

	Committee (SSC). SSC will determine eligibility for make-up, retakes, or a different path of remediation. Grading & Grade Appeals Information Scholastic Standing Committees
Mistreatment	Mistreatment and Harassment Policy and Reporting Information
Professionalism	Student Conduct Code
Intellectual Responsibility	Procedures for Reporting Ethics Violations to the Peer Review Committee can be found here, in the event that a student, faculty, or staff member witnesses a violation of the Statement of Intellectual Responsibility.
Disability Resources	Accommodation information: Duluth: DRC website, umddr@d.umn.edu, 218.726.6130 Twin Cities: DRC website, drc@umn.edu, 612.626.1333 If you have, or think you have, a disability in any area such as, mental health, attention, learning, chronic health, sensory, or physical, please contact the campus-specific DRC office to arrange a confidential discussion regarding equitable access and reasonable accommodations.
Attendance and Excused Absences	Attendance Requirements and Excused Absences
	Accommodation information: Duluth: DRC website, umddr@d.umn.edu, 218.726.6130 Twin Cities: DRC website, drc@umn.edu, 612.626.1333 If you have, or think you have, a disability in any area such as, mental health, attention, learning, chronic health, sensory, or physical, please contact the campus-specific DRC office to arrange a confidential discussion regarding equitable access and reasonable accommodations. *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 **no later than one week prior to the start of the clerkship**. Medical Students with Disabilities Policy
Duty Hours	Duty Hours, Years 3 & 4
Grades and Incomplete Contracts	Grading & Grade Appeals
Syllabus Change	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.

APPENDIX A: MAPPED LEARNING GOALS AND OBJECTIVES

Clerkship Learning Goal	**Clerkship Learning Objective**	**Methods of Instruction** (refer to AAMC Categories)	**Method of Assessment** (refer to AAMC Categories)	**Graduation Competencies and Subdomains** (refer to UMN Competencies Required for Graduation)	**Entrustable Professional Activities** (refer to EPAs)
Gather a history and perform a physical exam appropriate to the situation	Obtain a focused, organized, and complete patient medical history on acutely hospitalized adult patients based on their presentation.	IM03: Clinical Experience - Inpatient	AM02: Clinical Performance Rating/Checklist, AM10: Narrative Assessment	Patient Care (PC1)	1
Gather a history and perform a physical exam appropriate to the situation	Perform a focused, accurate, and organized physical examination on acutely hospitalized adult patients based on their presentation.	IM03: Clinical Experience - Inpatient	AM02: Clinical Performance Rating/Checklist, AM10: Narrative Assessment	Patient Care (PC1)	1
Recommend and interpret common diagnostic and screening tests	Interpret common diagnostic studies used in by general medicine hospital services and apply them to specific patients.	IM03: Clinical Experience – Inpatient, IM08: Discussion, Small Group, IM29: Ward Rounds	AM02: Clinical Performance Rating/Checklist, AM10: Narrative Assessment, AM11: Oral Patient Presentation	Patient Care (PC2)	3
Develop and prioritize a differential diagnosis following a clinical encounter	Generate an accurate, prioritized problem list for acutely hospitalized adult patients, including acute and chronic health conditions, with attention paid to the urgency of each problem.	IM03: Clinical Experience – Inpatient, IM08: Discussion, Small Group, IM16: Patient Presentation – Learner, IM29: Ward Rounds	AM02: Clinical Performance Rating/Checklist, AM10: Narrative Assessment, AM11: Oral Patient Presentation	Patient Care (PC4)	10
Develop and prioritize a differential diagnosis	Formulate a reasoned differential diagnosis on hospitalized adult patients for their major	IM03: Clinical Experience – Inpatient,	AM02: Clinical Performance Rating/Checklist,	Patient Care (PC4)	2, 3

following a clinical encounter	presenting problems, including their admission diagnosis.	IM08: Discussion, Small Group, IM16: Patient Presentation – Learner, IM29: Ward Rounds	AM10: Narrative Assessment, AM11: Oral Patient Presentation	Knowledge for Practice (KP1, KP2, KP3)	
Develop and implement patient-centered care management plans.	Propose and enact diagnostic and/or treatment plans for acute hospitalized adult patients' conditions as part of patients' care, including appropriate utilization of hospital resources.	IM03: Clinical Experience – Inpatient, IM08: Discussion, Small Group, IM16: Patient Presentation – Learner, IM29: Ward Rounds	AM02: Clinical Performance Rating/Checklist, AM10: Narrative Assessment, AM11: Oral Patient Presentation	Patient Care (PC4, PC6) Systems-Based Practice (SBP1) Personal and Professional Development (PPD5)	3, 4
Provide an oral presentation of a clinical encounter using accurate, concise language for intended audience needs.	Communicate important patient findings, assessment, and plan in a concise, brief, and focused oral presentation to other health care team members, including during patient rounds, and to the patient and patient's caregivers.	IM03: Clinical Experience – Inpatient, IM16: Patient Presentation – Learner, IM29: Ward Rounds	AM02: Clinical Performance Rating/Checklist, AM10: Narrative Assessment, AM11: Oral Patient Presentation	Patient Care (PC5) Interpersonal and Communication Skills (ICS1, ICS2, ICS3)	6
Engage in patient-centered, specifically tailored, and understandable communication and education with patients and their caregivers.	Communicate important patient findings, assessment, and plan in a tailored, understandable manner to the patient and patient's caregivers.	IM03: Clinical Experience – Inpatient, IM16: Patient Presentation – Learner, IM29: Ward Rounds	AM02: Clinical Performance Rating/Checklist, AM10: Narrative Assessment, AM11: Oral Patient Presentation	Patient Care (PC5) Interpersonal and Communication Skills (ICS1, ICS2, ICS3)	6
Appropriately document a clinical encounter in the patient record.	Document findings from history, physical exam, and studies, along with an assessment and plan that articulates reasoning, in an organized, focused, and concise patient note in the medical chart following standardized	IM03: Clinical Experience – Inpatient	AM01: Clinical Documentation Review, AM02: Clinical Performance Rating/Checklist, AM10: Narrative Assessment	Patient Care (PC1) Professionalism (P7)	5

	internal medicine documentation standards.				
Appreciate the integration of physiological principles into the diagnosis, evaluation, and treatment of patients as individuals on a continuum of health across the lifespan.	Apply knowledge, including pathophysiology of disease and standards of diagnosis and treatment, to specific patient scenarios that are common to acutely hospitalized adult patients to provide rationale for assessments and treatments.	IM01: Case-Based Instruction/ Learning, IM03: Clinical Experience – Inpatient, IM08: Discussion, Small Group, IM13: Lecture, IM16: Patient Presentation – Learner, IM23: Self-Directed Learning, IM29: Ward Rounds	AM02: Clinical Performance Rating/Checklist, AM08: Exam – Nationally Normed/Standardized, Subject, AM10: Narrative Assessment	Knowledge for Practice (KP1, KP2, KP3)	2, 3
Engage in patient-centered, specifically tailored, and understandable communication and education with patients and their caregivers.	Model effective, patient-centered, ethical, and professional communication with acutely hospitalized adult patients and their families and caretakers, including discussion of treatment plans and shared decision making.	IM03: Clinical Experience – Inpatient,	AM10: Narrative Assessment	Patient Care (PC5) Practice-Based Learning and Improvement (PBLI3) Interpersonal and Communication Skills (ICS1, ICS2, ICS3) Professionalism (P1, P2, P3, P4, P5, P6) Personal and Professional Development (PPD3)	9
Collaborate as a member of an interprofessional team.	Model ethical, professional, coordinated communication with other health care team members, including other	IM03: Clinical Experience – Inpatient,	AM02: Clinical Performance Rating/Checklist,	Interpersonal and Communication Skills (ICS3)	8, 9

	hospital staff across disciplines and professions (such as nursing, pharmacists, and consultants), including holding others to the same standards.	IM17: Peer Teaching, IM27: Team-Building	AM10: Narrative Assessment	Professionalism (P4, P5, P6) Systems-Based Practice (SBP2) Interprofessional Collaboration (IPC1, IPC2) Personal and Professional Development (PPD3, PPD4)	
Understand the importance of a commitment to self-directed, continuous learning and growth in the role of a physician.	Demonstrate growth in problem-solving skills and approaches to patient care in collaborative group educational environments in discussing common internal medicine topics and relating to the care of acute hospitalized adult patients.	IM03: Clinical Experience – Inpatient, IM08: Discussion, Small Group, IM26: Team-Based Learning (TBL), IM27: Team-Building	AM14: Portfolio-Based Assessment	Practice-Based Learning and Improvement (PBLI1, PBLI2, PBLI5) Interprofessional Collaboration (IPC1)	6, 9, 13
Recommend and interpret common diagnostic and screening tests.	Interpret EKGs to identify common diagnoses that may be distinguished on an EKG.	IM08: Discussion, Small Group, IM13: Lecture, IM23: Self-Directed Learning	AM04: Exam - Institutionally Developed	Patient Care (PC2)	3
Form clinical questions and retrieve evidence to advance patient care.	Apply principles of evidence-based medicine to primary literature relevant to a specific clinical scenario that applies to the care of an acutely hospitalized adult patient for whom they are providing care.	IM11: Journal Club, IM16: Patient Presentation-Learner	AM14: Portfolio-Based Assessment AM16: Research or Project Assessment	Patient Care (PC5) Practice-Based Learning and Improvement (PBLI6) Scientific and Clinical Inquiry (SCI1)	7
Understand the systemic causes that lead to inequity in health care and identify strategies that can lead to the	Apply theoretical frameworks and evidence-based medicine to identify and address healthcare disparities in the care of an acutely hospitalized adult patient	IM07: Discussion, Large Group, IM16: Patient Presentation – Learner,	AM10: Narrative Assessment AM11: Oral Patient Presentation	Practice-Based Learning and Improvement (PBLI3, PBLI4)	7, 13

elimination of those inequities	for whom they are providing care.	IM20: Reflection, IM23: Self-Directed Learning	AM12: Participation AM013: Peer Assessment AM017: Self-Assessment	Scientific and Clinical Inquiry (SCI1) Professionalism (P1, P2, P3, P4) Systems-Based Practice (SBP1) Interprofessional Collaboration (IPC1)	

APPENDIX B: ASSESSMENT AND ASSIGNMENT DETAILS

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 the following EPA:
    - 1. Gather a history and perform a physical examination
- Students may choose from the remaining EPAs based on their current level of development, EPAs for which they have not received adequate entrustability on prior rotations, or those suited to their learning goals. We expect that students will have the opportunity to demonstrate their performance on *all* EPAs on this clerkship, and we encourage that students pursue in particular the following:
    - 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
    - 9. Collaborate as a member of an interprofessional team
    - 13. Identify system failures and contribute to a culture of safety and improvement

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 (CSA-Rs)

The CSA-R 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-R are based on the ACGME core competencies. They are:

- Patient care
- Medical knowledge
- Practice-based learning & improvement
- Interpersonal & communication skills
- Professionalism
- System-based practice

All six of these must be assessed on each CSA-R, including all frequent CSA-Rs.

The CSA-R, like EPA, assessments should be *student-initiated*, and students are expected to ask their assessor to complete the CSA-R, bring up the CSA-R 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-R form called the "frequent CSA-R." 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-R form *will be used verbatim* for the MSPE.

On the 5-point scale, a mean score of 3.0 across all domains on the final CSA-R 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 3.0 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 3.0 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.

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 must be completed by the end of this clerkship:

- Renal failure – *any* of the following encounters:
  - Acute kidney injury
  - Acute renal insufficiency or failure
  - Chronic kidney disease)
- Hepatobiliary disease – *any* of the following encounters:
  - Cirrhosis
  - Hepatitis
  - Metabolic-associated steatotic liver disease
  - Obstructive biliary disease)
- Exocrine disorders of the pancreas – *any* of the following encounters:
  - Acute pancreatitis
  - Chronic pancreatitis
  - Pancreatic cancer
- Care related to hospitalization – *any* of the following encounters:
  - Care coordination
  - Discharge planning
  - End-of-life care
  - Hospice care
  - Palliative care
- Obtaining fluid for diagnostic evaluation – *any* of the following encouters:
  - Access a central line
  - Bladder catheterization
  - Lumbar puncture
  - Peritoneal tap
  - Venous access
- Abdominal pain/vomiting
- Lightheadedness
- 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.

APPENDIX C: REMEDIATION POLICIES

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 three blocks of the original clerkship, at a time arranged by the student and clerkship administrator and approved by the clerkship director. The student will also need to complete an "Incomplete Grade Contract" (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 three blocks of the original clerkship at a time arranged by the student and clerkship administrator and approved by the clerkship director. The student will also need to complete an "Incomplete Grade Contract" (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 "Incomplete Grade Contract."

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 any of the above listed requirements are not completed in full by the last Friday of the clerkship, unless an extension was granted by the clerkship director in advance, the student will be assigned a "No Pass" grade.

If a student will not complete the clerkship *for any reason* by the end of the scheduled block for the clerkship *and* has received an extension in advance from the course director, the student *must* perform one of the following *within five weeks from the last Friday of the clerkship*:

- Successfully complete/remediate the incomplete/failed portions, or
- Submit Incomplete Grade Contract to remediate the exam with a date that has been approved by the

clerkship (within three blocks of the original clerkship, unless approved otherwise). Note that this is sooner than the maximal six month allowance listed in the Incomplete Grade Contract.

Failure to do either will result in the student being assigned a “No Pass” grade.

The Incomplete Grade Contract is completed online using this linked form. The workflow can be found here.

APPENDIX D: DAYS OFF AND ABSENCE POLICIES

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: Each student is granted, per school policy, one half day on a weekday per two weeks of the clerkship. In the eight-week medicine clerkship, this results in four weekday half days.

These half days may be assigned to each student by the site 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 a long-call admitting day 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 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.*

APPENDIX E: 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 days off policies posted above as well as the medical school's Policies page and discuss with their site director and site coordinator.

Please note that "call" refers to when your team is admitting patients to the hospital. There is no overnight call on this clerkship.

Abbott Northwestern

Week	*Monday*	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Saturday*	*Sunday*
1	7:30-19:00 (long call) 10:45-11:15 (teaching rounds) 12:00-1:00 (student didactics)	7:30-15:00 (post call) 10:45-11:15 (teaching rounds) 12:00-1:00 (student didactics)	7:00-16:00 (clinic 1) 7:30-8:30 (grand rounds) 10:45-11:45 (teaching rounds) 12:00-13:00 (student didactics)	7:30-17:00 (short call) 10:45-11:45 (teaching rounds) 12:00-1:00 (student didactics)	7:30-14:00 (clinic 2) 10:45-11:45 (teaching rounds) 12:00-1:00 (student didactics)	7:30-19:00 (long call)	Day off
2	7:00-16:00 (clinic 1) 10:45-11:45 (teaching rounds) 12:00-13:00 (student didactics)	7:30-17:00 (short call) 10:45-11:45 (teaching rounds) 12:00-1:00 (student didactics)	7:00-16:00 (clinic 1) 7:30-8:30 (grand rounds) 10:45-11:45 (teaching rounds) 12:00-13:00 (student didactics) 13:00 (half day begins)	7:30-19:00 (long call) 10:45-11:15 (teaching rounds) 12:00-13:00 (student didactic)	7:30-15:00 (post call) 10:45-11:15 (teaching rounds) 12:00-13:00 (student didactics)	Day off	Day off

St. Cloud: CentraCare

Week	*Monday*	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Saturday*	*Sunday*
1	7:00-16:00 (hospital admissions)	7:00-16:00 (hospital admissions)	7:00-16:00 (hospital admissions)	7:00-16:00 (hospital admissions)	7:00-16:00 (hospital admissions)	7:00-16:00 (hospital admissions)	Day off

2	8:00-17:00 (hospital rounds)	8:00-17:00 (hospital rounds)	8:00-13:00 (hospital rounds) 13:00 (half day begins)	8:00-17:00 (hospital rounds)	8:00-17:00 (hospital rounds)	Day off	Day off
*****	15:00-0:00 (hospital admissions)	15:00-0:00 (hospital admissions)	15:00-0:00 (hospital admissions)	15:00-0:00 (hospital admissions)	15:00-0:00 (hospital admissions)	15:00-0:00 (hospital admissions)	Day off

* One week may include an evening admitting-only service

Duluth: St. Mary's Hospital (Essentia)

Week	*Monday*	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Saturday*	*Sunday*
1	7:00-13:00 (morning rounds and case discussion) 13:00-18:00 (admissions)	7:00-13:00 (morning rounds and case discussion) 13:00-14:00 (faculty didactics) 14:00-16:00 (attending rounds)	7:00-13:00 (morning rounds and case discussion) 12:00-13:00 (M&M teleconference with VA) 13:00-14:00 (didactics) 14:00-16:00 (attending rounds)	7:00-13:00 (morning rounds and case discussion) 12:00-13:00 (grand rounds teleconference with UMN) 13:00-18:00 (admission)	7:00-13:00 (morning rounds and case discussion) 12:00-13:00 (grand rounds teleconference with VA) 14:00-16:00 (attending rounds)	7:00-13:00 (morning rounds and case discussion)	Day off
2	7:00-13:00 (morning rounds and case discussion) 13:00-18:00 (admissions)	7:00-13:00 (morning rounds and case discussion) 13:00 (half day begins)	7:00-13:00 (morning rounds and case discussion) 12:00-13:00 (M&M teleconference with VA) 13:00-14:00 (didactics) 14:00-16:00 (attending rounds)	7:00-13:00 (morning rounds and case discussion) 12:00-13:00 (grand rounds teleconference with UMN) 13:00-18:00 (admission)	7:00-13:00 (morning rounds and case discussion) 12:00-13:00 (grand rounds teleconference with VA) 14:00-16:00 (attending rounds)	Day off	Day off

Duluth: St. Luke's Hospital

Week	*Monday*	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Saturday*	*Sunday*

1	7:00-16:00 (pre-call)	7:00-20:00 (long call)	7:00-15:00 (post call) 12:00-13:00 (journal club)	7:00-16:00 (pre-call) 7:00-8:00 (tumor board) 12:00-13:00 (grand rounds teleconference with UMN)	7:00-20:00 (long call) 12:00-13:00 (grand rounds teleconference with VA)	7:00-15:00 (post call)	Day off
2	7:00-15:00 (post-call)	7:00-16:00 (pre-call)	7:00-20:00 (long call) 12:00-13:00 (journal club)	7:00-15:00 (post-call) 7:00-8:00 (tumor board) 12:00-13:00 (grand rounds teleconference with UMN) 13:00 (half day begins)	7:00-16:00 (pre-call) 12:00-13:00 (grand rounds teleconference with VA)	Day off	Day off

Hennepin Health Care

Students may rotate between two services with different schedules:

Care Unit (q3 call schedule)

Week	*Monday*	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Saturday*	*Sunday*
1	7:00-16:00 (pre-call)	7:00-19:00 (on call)	7:00-16:00 (post-call)	7:00-16:00 (pre-call)	7:00-19:00 (on call)	Day off	Day off
2	7:00-19:00 (on call)	7:00-16:00 (post-call)	7:00-13:00 (pre-call) 1300 (half day begins)	7:00-19:00 (on call)	7:00-16:00 (post-call)	Day off	7:00-19:00 (on call)

R5 unit (q4 call schedule)

Week	*Monday*	*Tuesday*	*Wednesday*	*Thursday*	*Friday*	*Saturday*	*Sunday*
1	7:00-20:00 (on call)	7:00-16:00 (post-call)	7:00-16:00 (post-post call)	7:00-16:00 (pre-call)	7:00-20:00 (on call)	Day off	Day off
2	7:00-16:00 (pre-call)	7:00-20:00 (on call)	7:00-16:00 (post-call)	7:00-16:00 (post-post call)	7:00-13:00 (pre-call) 13:00 (half day begins)	7:00-20:00 (on call)	Day off

M Health Fairview

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	7:00-15:00 (pre call)	7:00-17:30 (long call) 13:00-14:00 (didactics)	7:00-16:00 (post call) 12:00-13:00 (noon conference)	7:00-15:00 (pre call) 12:00-13:00 (grand rounds)	7:00-17:30 (long call) 12:00-13:0 0 (M&M)	Day off	Day off
2	7:00-17:30 (long call call)	7:00-13:00 (post call) 13:00 (half day begins)	7:00-15:00 (pre call) 12:00-13:00 (noon conference) 13:00-14:00 (didactics)	7:00-17:30 (long call) 13:00-14:00 (didactics)	7:00-16:00 (post call) 12:00-13:0 0 (M&M)	Day off	7:00-17:30 (long call)

Regions Hospital

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	7:00-15:00 (pre-call) 12:00-14:00 (didactics)	7:00-19:00 (long call) 12:00-14:00 (didactics)	7:30-17:00 (post call), 12:00-14:00 (didactics)	7:00-15:00 (pre-call) 12:00-14:00 (didactics)	7:00-19:00 (long call) 12:00-14:00 (didactics)	Day off	Day off
2	7:00-19:00 (long call) 12:00-14:00 (didactics)	7:30-13:00 (post-call) 13:00 (half day begins)	7:00-15:00 (pre-call) 12:00-14:00 (didactics)	7:00-19:00 (long call) 12:00-14:00 (didactics)	7:30-17:00 (post call), 12:00-14:00 (didactics)	Day off	7:00-19:00 (long call)

VA Health Care System

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	7:30-15:00 (pre-call)	7:30-19:00 (long call) 13:00-14:00 (didactics)	7:30-15:00 (post call), 12:00-13:00 (M&M), 13:00-14:00 (didactics)	7:30-17:00 (medium call) 13:00-14:00 (didactics)	7:30-15:00 (pre-call), 12:00-13:00 (grand rounds)	7:30-19:00 (long call)	Day off
2	7:30-17:00 (medium call)	7:30-13:00 (pre-call) 1300 (half day begins)	7:30-19:00 (long call) 12:00-13:00 (M&M) 13:00-14:00 (didactics)	7:30-15:00 (post call) 13:00-14:00 (didactics)	7:30-17:00 (medium call) 12:00-13:00 (grand rounds)	Day off	Day off