MSUCOM CLERKSHIP CURRICULUM

Developed by Saroj Misra, DO, FACOFP
Director of Clinical Clerkship Curriculum

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Clerkship – Application of the Foundations

- Clerkship curriculum supports clinical learning in years 3-4
- It has a focus on **clinical application** of knowledge learned during the pre-clerkship years
- It requires **active** participation
  - Didactic sessions also serve as evaluations of the student (whether they want it or not)
  - An opportunity to distinguish themselves in both good and bad ways
Curriculum Overview

- **Two parts** to the curriculum:
  - Core Clinical Concept Modules (C3)
  - Required Rotation Modules (R2)

- Both sets of modules occur simultaneously
- Cover wide spectrum of diseases and activities
- Build upon year 1 & 2 knowledge
- Combination of formal didactics and self-study
Core Clinical Concepts (C3) Modules

- Formal didactics synchronized across hospitals
  - Intended to occur as 4 hour blocks weekly each month
  - Incorporates pre-study items and physician-led didactics to emphasize learning points
- Self-study elements incorporated (module quizzes, tests, etc.)
  - Testing done electronically via Desire2Learn (D2L)
  - Must be completed by deadlines to pass modules
- Content focus in ‘broad strokes’ (‘symptom centered’
## C3 Curriculum

<table>
<thead>
<tr>
<th>Module</th>
<th>Rotation Block Covered</th>
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<tbody>
<tr>
<td>A. General Tasks &amp; Non-Specific Symptoms</td>
<td>August</td>
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<tr>
<td>B. Skin Rashes, Lesions, Wound Healing &amp; Burns</td>
<td>September</td>
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<tr>
<td>C. Dyspnea, Wheezing, Cough &amp; UR Symptoms</td>
<td>October</td>
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<tr>
<td>D. Joint Pain &amp; Injury including Back Pain</td>
<td>November</td>
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<tr>
<td>E. Genitourinary Issues</td>
<td>December</td>
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<tr>
<td>F. Chest Discomfort &amp; Syncope</td>
<td>January</td>
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<tr>
<td>G. Alterations in Behavior</td>
<td>February</td>
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<tr>
<td>H. Abdominal Pain</td>
<td>March</td>
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<tr>
<td>I. Health Maintenance &amp; Life-long Care</td>
<td>April</td>
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Required Rotation (R2) Modules

- Asynchronous didactics while on core rotations
  - Focus is specialty specific
  - Students conduct self-study; integrate with rotation
  - Testing elements incorporated (pre/post module quizzes) and completed via D2L
  - Content focus in ‘fine detail’ (topics germane to rotation)
R2 Modules

- FM 1 & 2 (sub-I)
- IM 1 & 2 (sub-I)
- IM (ambulatory)
- Pediatrics
- OB/GYN
- Emergency Medicine
- General Surgery
- Neurology
- Psychiatry
- Anesthesiology
- Radiology
What if a student doesn’t pass C3 or R2?

- Due to academic issues or performance issues
- Corrective Action Plan provided (academic issues)
- If doesn’t complete Corrective Action, receives ‘N’
- COSE (performance issues)

Possible outcomes
- Remediation
- Dismissal
Comprehensive Medical Achievement Test (COMAT)  

- Standardized test provided by the DO/MD National Boards (NBOME/NBME)
- Designed as a formative test
- Provides insight on strengths/weaknesses

Subject Exams (‘Shelf exam’)

http://www.nbome.org/COMATMAIN.asp

http://www.nbme.org/students/Subject-Exams/subexams.html
COMAT – When and How

- Students take COMAT/Shelf exams after R2 rotations
  - FM, IM OB/GYN, Surgery, Pediatrics (COMAT Exam)
  - Psychiatry (Shelf)
  - Osteopathic Principles & Practice (COMAT) – no required rotation

- Students will take these at the end of their rotation
  - FM & IM after second rotation
  - Must sign up for exams – will go to MUC/DMC/EL to test
  - May be delivered at certain distant hospitals
Where can I find information in 2 months when I have forgotten the obscene amount of information you have shared with me Dr. Misra??

http://www.com.msu.edu/Students/Clerkship/Home.htm
Other Important Points

- Students will be held to high standards of **professionalism** in the clinical world.

- ‘Failure’ in clerkship is rarely related to a lack of **knowledge**, but to a lack of **performance**.
  - Appropriate dress, behavior, attitude
  - Show up on time, leave when told to, don’t ask for breaks
  - Speak and interact professionally with EVERYONE
Other Important Points

- You **cannot** turn ‘on’ professionalism like a switch
- You must **practice it**…& practice starts in years 1/2
- It is everyone’s responsibility and right to:
  - Demonstrate professionalism
  - Monitor professionalism
  - Correct unprofessional behavior
  - Report repeated occurrences/patterns
WHY??

- Because unprofessional behavior here...
- ...leads to unprofessional behavior in practice...
- ...and this puts patients’ care at stake

‘Medical education exists to fulfill a covenant that our profession has with society...that we will create physicians who will care for society in a professional and humanistic manner’

-Hershey Bell, MD
Study regularly
Study what you see
Study without us telling you
May the Force be with you!!!