

**Rutgers**  
**Robert Wood Johnson  
Medical School**



**Third Year Book  
2016-2017**  
**The Essentials**

**Piscataway-New Brunswick**

## Frequently Used Phone Numbers/Important Resources

Academic Resource Center	732-235-4460
Graduate School of Biomedical Sciences	732-235-5016
Cashier	732-235-4754
Cognitive Skills	732-235-4129
Dean's Office	732-235-6300
Education Office	732-235-5006
Emergency	732-235-4000
Environmental Services	732-235-4213
Financial Aid	732-235-4689
Health Insurance	800-437-6448
Multicultural Affairs	732-235-2143/3467
Public Safety	732-235-9365
Registrar	732-235-4565
School Closings	732-235-INFO (4636)
Student Affairs	732-235-4690
Student Health Services	732-235-5160
Student Wellness Services	732-235-5933
Teaching Labs	732-235-4510

## **I. Overview of Third Year**

The third year of medical school consists of six core clinical clerkships, the Neurology Clerkship, and a one-week introductory course "Introduction to the Clerkship Experience" (ICE). Clerkships in Medicine and Surgery are eight weeks long. The clerkships in Family Medicine, Obstetrics and Gynecology, Pediatrics, and Psychiatry are six weeks in length. The Neurology Clerkship is three weeks. The order in which students take these clerkships varies. Students must take ICE prior to taking the first clerkship or elective for credit. All students must take Step 1 prior to the ICE course, unless an exception is approved by a dean of Student Affairs. Students have five weeks for electives during their third year. Successful completion of the Summative Clinical Skills Assessment (SCSA), offered at the end of the third year, is required for graduation. Third year students must also complete appropriate requirements and documentation regarding five global skills prior to graduation: 1) Venipuncture for Sampling of Peripheral Blood, 2) Peripheral Intravenous Cannulation, 3) Bladder Catheterization of Males, 4) Bladder Catheterization of Females, and 5) Suturing. Appropriate documentation includes achieving 100% on all pertinent on-line quizzes in AMP prior to starting fourth year. Additionally, each of the five listed skills must be performed three times and documented in the Clerkship Activity Tracking System (CATS). Each student will participate in the Patient Centered Medicine (PCM) III Course, which spans the entire third year of the RWJMS curriculum.

Clerkship Site information is distributed by the clerkship coordinator. It is mailed to the students before each clerkship begins.

Online evaluations are required for all clerkships. These can be accessed through CATS.

## **II. Introduction to Clerkship Experience Course**

This one-week course, June 27 – July 1, 2016, is scheduled at the beginning of the third year. The purpose of the course is to provide essential information to prepare students for their required clerkships.

Instruction is provided in a combination of large group and small group activities, and self-directed learning. The course is conducted on both the New Brunswick and Piscataway campuses.

Students are required to attend all sessions of this one-week course. The course is graded Pass-Fail on the basis of attendance and a few required assignments. Remediation is required for any missed sessions or assignments.

## **III. Policy on Learner Mistreatment**

Rutgers Robert Wood Johnson Medical School is committed to maintaining a positive learning environment and the highest standards of behavior concerning the teacher-student relationship. We believe that teaching and learning should take place in a climate of mutual respect where students are evaluated based on ability and academic performance. The medical school maintains its commitment to preventing student abuse through education, by providing support for those subjected to mistreatment and by responding with corrective action. This policy addresses the behaviors required from all those who are in training sites, including faculty members, residents, nurses, staff, or students in a teaching role. It is intended to ensure an educational environment in which students, staff, volunteers, and faculty may raise and resolve issues without fear of intimidation or retaliation.

## STANDARDS

Student mistreatment, abuse, or harassment will not be tolerated in the course of the teacher-learner relationship. Examples of inappropriate behavior or situations that would be unacceptable include:

- Unwelcome physical contact, including any physical mistreatment or assaults such as hitting, slapping, kicking, or threats of the same nature
- Verbal abuse (attack in words, to speak insultingly, harshly)
- Comments and jokes of stereotypic or ethnic connotation
- Inappropriate or unprofessional criticism intended to belittle, embarrass, or humiliate a student or others
- Requiring a student to perform menial tasks intended to humiliate, control, or intimidate the student
- Unreasonable requests for a student to perform personal services
- Grading or assigning tasks used to punish a student rather than to evaluate or improve performance
- Purposeful neglect or exclusion from learning opportunities as means of punishment
- Sexual assault (refer to Sexual Assault Policy #00-01-10-85:00)
- Sexual harassment (refer to Sexual Harassment Policy #00-01-35-25:00)
- Discrimination based on race, religion, ethnicity, sex, age, sexual orientation, and physical disabilities
- Disregard for student safety

While constructive criticism is appropriate in certain circumstances in the teacher-learning process, it should be handled in such a way as to promote learning, avoiding purposeful student humiliation. Feedback that has negative elements is generally more useful when delivered in a private setting that fosters discussion and behavior modification. All feedback should focus on behavior rather than personal characteristics and should avoid pejorative labeling.

## COMMUNICATION OF COMPLAINTS AND RESOLUTION MECHANISMS

**Communication of the Complaint:** Given the sensitive nature of complaints and the perceived power differential in lodging complaints, multiple avenues must be provided for both direct and anonymous reporting of abuse or a negative learning environment. The faculty and administration must be able to assure learners that they will be “protected” when making truthful reports of abuse, even when their identity must be disclosed. Such responsible, confidential reporting is a professional obligation on the students’ part as members of our educational community. This will help to create a better learning environment for all.

**RWJMS Standards of Professional Conduct in the Learning Environment:** The “RWJMS Standards of Professional Conduct in the Learning Environment” outlines inappropriate behaviors or situations as well as procedures to address an infraction of standards. Procedures include contacting the Dean of Student Affairs (for student issues), Dean of Graduate Medical Education (GME) (for resident issues), Senior Associate Dean of the Graduate School (for graduate student issues), Nursing Supervisor (for nursing staff issues), or the University Ombudsperson. Formal complaint processes include, with the consent of the reporter, mediation with attempt at resolution, which may involve contacting the Department Chair, Program Director or Administrator; referral through the Dean to the Hearing Body for Student Rights (for student abuse); or referral to the Office of Ethics and Compliance.

**Other Communications Avenues for Medical Students:** There are a number of additional mechanisms by which medical students are encouraged to report learning environment issues. Students are expected to complete course and clerkship evaluations at the end of each course or clerkship. These anonymous evaluations are available for review by the course and clerkship directors, departmental chairs and vice chairs, the Senior Associate Dean for Education, and by the designated institutional officials (DIOs) for GME of the respective institutions. Additionally, students may speak with the course or clerkship directors.

### **Resolution Mechanisms**

Due to the sensitive nature of such complaints and the need to deal with these issues either without the consent of the reporter or without revealing the identity of the reporter, a number of mechanisms need to be in place for resolution and communication of the resolution of the issue.

**Formal Resolutions via University Policy:** At the present time, there exist formal University Policies on sexual assault (#00-01-10-85:00), sexual harassment and other types of harassment (00-01035025:00) as well as the AA/EEO Complaint Policy (#0-01-35-55) which outlines responsibilities of the student or employee, of the Office of Workplace Diversity (formerly the office of AA/EEO), of the respondent, and of the supervisor of the respondent.

**RWJMS Procedures for Resolution:** Once an alleged mistreatment has been identified, there are multiple tiers of resolution.

Any actions identified in the University Policies on sexual assault, sexual harassment and other types of harassment must be reported and handled in accordance with these policies. Resolution of reported actions which are not egregious or reported in an anonymous fashion will be up to the discretion of the course or clerkship director, residency program director or program director of the graduate program.

Resolution of reported actions which are recurrent or egregious will be reviewed by the Senior Associate Dean for Education (New Brunswick/Piscataway) who will convene the education or hospital leadership appropriate to the situation. Course and clerkship directors should evaluate program faculty and approve their continued participation in the medical student education program based on student evaluation. Senior Associate Deans and Department Chairs must be notified when resolution includes removing a faculty from the teaching service.

The Senior Associate Dean for Education will decide which issues need to be brought to the attention of the Dean.

**Communication of Resolution:** Once a negative learning environment or an alleged mistreatment of the learner by faculty, resident or nurse has been reported, the course or clerkship director, residency program director or program director for the graduate program should take an appropriate action and then communicate the resolution as specified above. Resolution of direct complaints can be made directly. Anonymously reported events can be communicated to groups of learners, e.g. "the issue identified in your course/clerkship, evaluations regarding.....has been addressed."

**Remediation for recurrent episodes:** A remediation exercise will be part of the Resolution Mechanism when there are recurrent episodes. Remediation exercises will be in a repertoire developed by the Education sub-committee.

## **MONITORING AND ASSESSMENT**

The ongoing student input into CATS and the results of the annual AAMC Graduation Questionnaire (GQ) will be used to determine the overall status of the learning environment. A report will be provided to the Executive Council on an annual basis regarding an overall summary of the CATS feedback along with the details of the AAMC GQ. Other surveys may be used if they are needed to further elucidate areas of concern.

The feedback from student class meetings and more informal meetings will be collected to preserve anonymity and provided to the Senior Associate Dean for Education.

Surveys will be examined not only for the overall results but for areas that had previously been shown to be problematic. In addition, initiatives that are successful, as identified through the focus groups or surveys, will be replicated wherever possible.

## **IV. Patient Centered Medicine III**

### **GOALS AND COMPETENCIES**

The principal goals of the PCM III course are to:

- Facilitate the integration of the “art and science” of medicine across all clinical disciplines.
- Promote professionalism, humanism, and culturally competent, patient-centered care in clinical practice.
- Increase students’ understanding of chronic disease management and models of care for the 21<sup>st</sup> century.

The following competencies will be assessed by precepting physicians and other members of the health care team. Competencies will also be assessed through Clinical Care Logs and reflections. Attendance and participation in PCM III seminars will also document achievement of competencies.

### **PATIENT CARE**

- Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.
- Counsel and educate patients and their families.
- Work with patients in preventing health problems or maintaining health.
- Work as members of multi-disciplinary health care teams.
- Understand the patient’s role in self-management of chronic disease and provide self-management support with the assistance of other members of the health care team.

### **MEDICAL KNOWLEDGE, PRACTICE BASED LEARNING AND IMPROVEMENT**

- Appropriately integrate medical information in clinical situations giving consideration to the patient’s needs, understanding and perspective.
- Locate, appraise, and assimilate evidence from scientific and clinical studies related to patients’ health problems.

## **INTERPERSONAL AND COMMUNICATION SKILLS**

- Create and sustain a therapeutic and ethically sound relationship with patients in order to effectively communicate their health care needs, including situations involving sensitive, technically complex, or distressing information.
- Work effectively with others as members of a health care team, including peers, residents, faculty and other health care professionals.

## **PROFESSIONALISM**

- Demonstrate respect, compassion, and integrity in interactions with peers, patients, and other health professionals.
- Demonstrate accountability to patients, society and the profession, and a commitment to excellence and ongoing professional development.
- Demonstrate a commitment to ethical principles pertaining specifically to confidentiality of patient information.

## **SYSTEMS-BASED PRACTICE**

- Know how types of medical practice and delivery systems differ from one another, including their methods of controlling health care costs and allocating resources.
- Describe the principles of cost-effective health care and resource allocation that do not compromise quality of care.
- Advocate for quality patient care and assist patients in dealing with system complexities.

## **STRATEGIES**

### **CONTINUITY OF CARE EXPERIENCE - 24 hours**

Each student will be assigned to a continuity clinic (based on preference) and will complete a minimum of 24 hours of clinical activities in a continuity care site over the year. Available sites include clinics for indigent patients and other offices within or affiliated with RWJMS. Students will have the opportunity to select any physician or practice affiliated with RWJMS as a continuity site. Students will maintain a log/journal describing clinic activities and experiences.

### **SEMINARS - 24 hours**

Students will attend 24 hours of PCM seminars on selected Wednesday afternoons. Seminars address the following core content areas:

Advanced interdisciplinary knowledge and skills:

- EKGs
- Radiology
- Nutrition
- Palliative Medicine
- Health Care Policy
- The Business of Medicine
- Safety and Quality
- Health Care Disparities
- Medical Ethics
- Career and Professional Development

Students will remediate any absence from required sessions by completing assigned readings and/or other assigned activities.

## Reflections

Two reflections related to PCM themes and clinical experiences in year-three will be submitted (December and June).

**Evaluation** - Grading is pass/fail and is based on satisfactory completion of the PCM III requirements - 24 hours of clinical care and 24 hours of seminar participation. Logs documenting the continuity care experience must be submitted in December and June as well as reflections. Preceptors will provide feedback at end of the year.

## Patient Centered Medicine III

Director - Joyce Afran, MD

Steering Committee includes third year clerkship directors and PCM III seminar faculty

Course Secretary – Enid Cruz - 732-235-4200

## V. Clerkship Directors, Coordinators and Websites

### Family Medicine

Clerkship Director:	Joyce Afran, MD <a href="mailto:afranjo@rwjms.rutgers.edu">afranjo@rwjms.rutgers.edu</a>
Associate Clerkship Director:	Marissa Stabile, DO <a href="mailto:jimenemk@rwjms.rutgers.edu">jimenemk@rwjms.rutgers.edu</a>
Clerkship Coordinator:	Enid Cruz - 732-235-4200 <a href="mailto:cruze2@rwjms.rutgers.edu">cruze2@rwjms.rutgers.edu</a>
Service-Learning Coordinator:	Anna Looney, PhD <a href="mailto:looneyja@rwjms.rutgers.edu">looneyja@rwjms.rutgers.edu</a>

### Medicine

Clerkship Director:	John Walker, MD <a href="mailto:jwalker@rwjms.rutgers.edu">jwalker@rwjms.rutgers.edu</a>
Associate Clerkship Director:	Sarang Kim, MD <a href="mailto:sk1376@rwjms.rutgers.edu">sk1376@rwjms.rutgers.edu</a>
Clerkship Coordinator:	Rose Lewczak – 732-235-8517 <a href="mailto:lewczaro@rwjms.rutgers.edu">lewczaro@rwjms.rutgers.edu</a>

### Neurology

Clerkship Director:	Igor Rybinnik, MD <a href="mailto:igor.rybinnik@rutgers.edu">igor.rybinnik@rutgers.edu</a>
Associate Clerkship Director:	Ram Mani, MD. <a href="mailto:ram.mani2@rutgers.edu">ram.mani2@rutgers.edu</a>
Clerkship Coordinator:	Janet Ryan – 732-235-7731 <a href="mailto:ryanja@rutgers.edu">ryanja@rutgers.edu</a>

## **Obstetrics and Gynecology**

Co-Clerkship Directors: Archana Pradhan, MD., MPH & Lena Merjanian, MD  
[pradhaar@rwjms.rutgers.edu](mailto:pradhaar@rwjms.rutgers.edu) ; [merjanle@rwjms.rutgers.edu](mailto:merjanle@rwjms.rutgers.edu)

Clerkship Coordinator: Maryellen Opper -732-235-7291  
[opperme@rwjms.rutgers.edu](mailto:opperme@rwjms.rutgers.edu)

## **Patient Centered Medicine III**

Clerkship Director: Joyce Afran, MD  
[afranjo@rwjms.rutgers.edu](mailto:afranjo@rwjms.rutgers.edu)

Clerkship Coordinator: Enid Cruz - 732-235-4200  
[Cruze2@rwjms.rutgers.edu](mailto:Cruze2@rwjms.rutgers.edu)

## **Pediatrics**

Clerkship Director: Wilbur Pan, MD, PhD  
[panwi@rwjms.rutgers.edu](mailto:panwi@rwjms.rutgers.edu)

Clerkship Coordinator: Angela Hornsby - 732-235-8286  
[hornsban@rwjms.rutgers.edu](mailto:hornsban@rwjms.rutgers.edu)

## **Psychiatry**

Clerkship Director: Anthony Tobia, MD  
[tobiaat@rwjms.rutgers.edu](mailto:tobiaat@rwjms.rutgers.edu)

Assistant Clerkship Director: Roseanne Dobkin, PhD  
[dobkinro@rwjms.rutgers.edu](mailto:dobkinro@rwjms.rutgers.edu)

Clerkship Coordinator: Kathy Knoll - 732-235-4403  
[knollkm@rwjms.rutgers.edu](mailto:knollkm@rwjms.rutgers.edu)

## **Surgery**

Clerkship Director: Siobhan Corbett, MD  
[corbetsi@rwjms.rutgers.edu](mailto:corbetsi@rwjms.rutgers.edu)

Clerkship Coordinator: Joni Marano - 732-235-6160  
[maranojg@rwjms.rutgers.edu](mailto:maranojg@rwjms.rutgers.edu)

**Specific information about each of the 3<sup>rd</sup> Year clerkships can be found at the following website:**

[http://rwjms.rutgers.edu/education/current\\_students/academics/Third\\_Year/index.html](http://rwjms.rutgers.edu/education/current_students/academics/Third_Year/index.html)

## VI. Third Year Schedule for Class of 2018

### RWJMS Clinical Clerkships Start & End Dates 3rd Year Dates for 2016-2017

#### RWJMS Clinical Clerkships Start & End Dates

##### 3rd Year Dates for 2016-2017

Clerkships	Medicine and Surgery (8 Weeks)	Family Medicine; OB/GYN; Pediatrics; and Psychiatry (6 Weeks)	Neurology 3 Weeks & (Block #)
Introduction to Clinical Experience (ICE)	06/27/16 - 07/01/16		
#1	07/05/16 - 08/26/16	07/05/16 - 08/12/16	07/05/16 - 07/22/16 (1) 08/08/16 - 08/26/16 (2)
#2	08/29/16 - 10/21/16	08/15/16 - 09/23/16	08/29/16 - 09/16/16 (3) 10/03/16 - 10/21/16 (4)
#3		09/26/16 - 11/04/16	-----
#4	10/24/16 - 12/16/16	11/07/16 - 12/16/15	10/24/16 - 11/11/16 (5) 11/28/16 - 12/16/16 (6)
Winter Break	12/19/16 - 12/30/16		
#5	01/03/17 - 02/24/17	01/03/17 - 02/10/17	01/03/17 - 01/20/17 (7) 02/06/17 - 02/24/17 (8)
#6	02/27/17 - 04/21/17	02/13/17 - 03/24/17	02/27/17 - 03/17/17 (9) 04/03/17 - 04/21/17 (10)
#7		03/27/17 - 05/05/17	-----
#8	04/24/17 - 06/16/17	05/08/17 - 06/16/17	04/24/17 - 05/12/17 (11) 05/29/17 - 06/16/17 (12)
Summative OSCE	06/20/17 - 06/21/17		
Clinical Correlates & ACLS	06/19/17 - 06/23/17		

## VII. Clinical Sites

### **Family Medicine Clerkship**

Each student is assigned to a family physician/family medicine office (either a private office or residency-based practice) for the six-week clerkship. Clinical sites include solo practices, small group practices and larger residency-based offices. Each student also spends one-half day per week with a community organization working to address the primary care needs of an underserved population. Students have the option of spending one half-day with a family physician concentrating his/her practice in a specific area (i.e., alternative medicine, disabilities, homecare, etc.).

### **Medicine Clerkship**

Clinical sites include Robert Wood Johnson University Hospital, University Medical Center at Princeton, Jersey Shore University Medical Center, or Saint Peter's University Hospital.

### **Neurology Clerkship**

Clinical sites include Robert Wood Johnson University Hospital, Jersey Shore University Medical Center and CHRMC (Capital Health).

### **Obstetrics, Gynecology & Reproductive Sciences Clerkship**

Clinical sites include Robert Wood Johnson University Hospital, Jersey Shore University Medical Center, Raritan Bay Medical Center, Saint Peter's University Hospital, Chandler Health Center, and Reproductive Medical Associates. The OB/GYN clerkship is conducted in the outpatient departments, obstetrical floors, labor and delivery rooms, and the operating rooms of the various sites.

### **Pediatric Clerkship**

Robert Wood Johnson University Hospital: Half the rotation is spent on the inpatient service, including nursery, and half in the outpatient clinics (newborn, Chandler Health Center and primary care clinics), which may include one week of rotation in pediatric sub-specialty clinics.

Jersey Shore University Medical Center: Three weeks of inpatient pediatrics ( 2weeks on the pediatric floor, one week of newborn nursery) and three weeks of outpatient pediatrics (1 week in the Family Health Center Pediatric continuity clinic, 1 week in private practice offices, and 1 week of subspecialty pediatric clinics).

### **Psychiatry Clerkship**

New Brunswick/Piscataway Sites

Students have a combination of 3 weeks of inpatient services & 3 weeks of outpatient/consultation-liaison service.

#### ***Inpatient Services:***

#### **Adult Services (UBHC in Piscataway):**

Students work on a voluntary inpatient unit with adults, aged 18 and over, hospitalized for psychiatric illness; students also work with adult psychiatric patients enrolled in a voluntary day hospital program.

#### ***Consultation-Liaison Service (Robert Wood Johnson University Hospital):***

Students work with general hospital patients, dealing with psychiatric aspects of medical and surgical illness, and with primary psychiatric illness in patients hospitalized for medical or surgical reasons. The rotation includes involvement with ER consultation.

**Capital Health Regional Medical Center in Trenton:**

Students have a combination of 3 weeks of psychiatric outpatient, emergency and medical consultation-liaison and 3-weeks of psychiatric inpatient services.

**Jersey Shore University Medical Center in Neptune:**

Students work on a general psychiatric inpatient service in combination with outpatient services and consultation-liaison services.

**Carrier Clinic**

Students 6-week rotation consists of 4 weeks on Carrier's inpatient psychiatric unit, and then two weeks on Consultation/Liaison Services at RWJUH/New Brunswick.

**Surgery Clerkship****Robert Wood Johnson University Hospital:**

Level I Trauma Center; Electives: Cardiothoracic, ENT, Neurosurgery, Ophthalmology, Orthopaedics, Pediatric, Urology, Vascular and Transplant. Specialty didactic sessions held here for all students on Wednesday mornings.

**Jersey Shore University Medical Center/Robert Wood Johnson:**

Level II Trauma Center, General & Thoracic together; Pathology elective only for students who rotate there.; some didactic sessions held at JSUMC for students rotating at this site.

**University Medical Center at Princeton:**

General & Vascular together; Electives: Orthopaedics and Urology. Some didactic sessions held at PMC for students rotating at this site.

**VIII. Absence Policies**

Students must get approval for an excused absence from their Clerkship Director or designee.

**Make sure to check with the individual clerkship director about the clerkship policy. Some clerkships require notification of the site director directly, while other clerkships require that the clerkship director be notified directly.** Requests for excused absences

must be made in advance or at the time of the personal or family illness or emergency.

Retroactive excused absences will not be granted. If you know about an upcoming request that is not an emergency (e.g. a family event), please notify the relevant clerkship director at least 4 weeks before the beginning of that clerkship block. Some clerkship-specific events are mandatory activities for which excused absences cannot be granted. If you have a conflict with one of these mandatory activities, a change in your plans may be required.

When an absence is approved by the Clerkship Director, the Student Affairs Office should be notified of the approval by e-mail. Clerkship Directors may opt to consult with, or require validation from, the Office of Student Affairs before granting a student's request for an excused absence. Each clerkship will determine whether time needs to be made up by the student for an excused absence. Students ordinarily are not permitted to accumulate more than 5 days of excused absences from 8 week clerkships (M3 Medicine and Surgery), not more than 3 days of excused absences from 6 week clerkships (Family Medicine, Obstetrics, Gynecology & Reproductive Sciences, Pediatrics, and Psychiatry) and not more than 2 days of excused absences from the Neurology Clerkship. These time limits include days off for interviewing, as well as days taken for illness. Students exceeding a limit will be referred to the Office of Student Affairs for consideration of granting a notation of Incomplete for the clerkship. An "Incomplete" is not a grade, but a notation that a grade cannot be determined because the student has been unable to complete all or part of the course due to extenuating circumstances. A notation of

“Incomplete” will be replaced by a grade when a student has made up the missing material and/or taken the necessary examination(s) as approved by the Department.

An unexcused absence is viewed as a breach of professionalism and as such is not permitted. Any unexcused absence may:

1. Serve as grounds for review by a department’s Student Education Committee
2. Result in the filing of a professionalism form
3. Result in a final grade of Conditional Pass or Fail, regardless of performance in other clerkship components.

## **HOLIDAY POLICY**

All M3 and M4 clerks are excused from their Clerkship responsibilities at all sites on all University holidays. When a University holiday is followed by a weekend (such as is the case with Thanksgiving), weekend time off is determined by individual clerkship directors. This policy also applies to students taking RWJMS-sponsored electives. Students on away electives should conform to the holiday policy of the sponsoring institution.

## **IX. Grading and Evaluation**

In the clinical years, the grades given include Honors, High Pass, Pass, Conditional Pass and Fail. One-week electives must be graded Pass/Fail. Grades for “away” electives that do not conform to a 5-point grading scale or use the RWJMS grading form will be converted to a Pass/Fail grade. All other M3 and M4 curricular activities are graded on the full 5-point scale.

A grade of Conditional Pass will require remediation. The specifics of the remediation will be determined by the relevant clerkship director. Remediation of up to four weeks duration may be required; the remediation may include clinical duties, an examination, both clinical duties and an exam, or other specific remedial programs. The duration of such remediation may not exceed four weeks; students whose clinical deficiencies require a longer remedial period will be given a grade of Fail and will be required to repeat the clerkship in its entirety. Upon completion of the required remediation, a student’s final grade must be changed on the transcript to either Conditional Pass/Pass or Fail.

## **X. Needle Stick Procedure, Student Health Services, Student Wellness Services and Student Assistance Facilitator**

### **Needle sticks and exposure to blood and/or body fluids**

Post exposure counseling and antimicrobial prophylaxis, if appropriate, are provided to any student who is accidentally exposed to blood or other body fluids. A laminated wallet-size card describing needle stick procedures will be given to students during the Introduction to the Clerkship Experience Course. Students are expected to carry the “What to do After Potential Exposure to Bloodborne Pathogens” laminated card with them at all times.

Upon incurring a needle stick or skin exposure to blood or bodily fluids or splash to eyes, the following procedure should be followed:

1. Wash exposure site thoroughly with soap and water (or water only for mucous membranes).
2. Immediately notify the supervising resident, attending physician and nursing supervisor at the hospital where you are rotating.

3. 8:00 a.m. - 4:00 p.m. Monday - Friday contact EOHSI Employee Health Service at 848-445-0123, for prompt evaluation, treatment, or referral to the treatment facility closest to you. During non-business hours, immediately go to the ED of RWJMS hospital or RWJMS affiliate nearest to you. Please be sure to identify yourself as a RWJMS student exposed to a bloodborne pathogen.
4. For follow-up, RWJMS students should call the EOHSI Employee Health Service at 848-445-0123.
5. For off-campus, please see the information on the yellow card "What to Do after Potential Exposure to Bloodborne Pathogens."

### **Student Health Services**

The Student Health Service provides unlimited visits and consultations with Family Medicine Physicians located at Monument Square, First Floor, 317 George Street, New Brunswick. Access is by appointment only, during regular hours of operation (7:45 am to 5:00 pm and selected evenings). For appointments, call 732-235-5160. Appointments are available daily, Monday through Friday, for acute illnesses. Emergency/urgent presentations are dealt with on a case-by-case basis. Physician coverage, for emergencies, is provided 24 hours a day, 7 days a week. Care is provided on-site or in a hospital emergency room. To access emergency care, call 732-235-5160 for instructions. Any life or limb threatening emergency should be handled through 911.

### **Student Wellness Services - Piscataway/New Brunswick**

The medical school has established a free and confidential service designed to assist students in their adjustment to the stressors and pressures of medical school. Student concerns are addressed through a variety of Student Wellness services including short-term, focused counseling for individuals, couples, and families, prevention-oriented groups and workshops, assessment and referral for specialized substance abuse treatment, training and consultation for peer support counselors, and crisis intervention. Mental health professionals who are independent of the medical school and who have no role in academic decisions provide services. The Student Wellness offices are open Monday through Friday. Day and evening appointments are available. To schedule an appointment in Piscataway, please call 732-235-5933. An emergency service (24 hours/day, 7 days/week) may be contacted for crises that arise after normal business hours or during the weekend. To connect with the emergency service, call 800-327-3678.

### **Student Assistance Facilitator (SAF)**

The Student Assistance Facilitator (SAF) helps students, who may have mental health or substance abuse problems, obtain appropriate and effective treatment as early as possible. The SAF for the New Brunswick/Piscataway campus is Dr. Heather Lee. The SAF website can be found at the following URL:

[http://rwjms.rutgers.edu/education/current\\_students/student\\_support/SACC/index.html](http://rwjms.rutgers.edu/education/current_students/student_support/SACC/index.html)

## **XI. Clinical Skills Assessment Exercises**

### **Summative Clinical Skills Assessment Exercise**

The Summative Clinical Skills Assessment Exercise is an OSCE-style clinical evaluation. The format of the examination is similar to the USMLE Step 2 CS. Passing the exercise is a graduation requirement.

Students are required to dress professionally, wear their white coats and bring their stethoscope and other diagnostic medical equipment.

The four hour exercise consists of 8 stations which test history taking, physical exam skills, and interpersonal and communication skills (data gathering, establishing rapport and information sharing). Each patient encounter will be followed by a note-writing station which is modeled after the post-encounter note of the USMLE 2 CS. Student performance is evaluated by a faculty member. Students will also be informally assessed by the standardized patients.

## **XII. Clerkship Activity Tracking System**

Students must enter clinical encounters into the On-Line Clerkship Activity Tracking System (CATS). All students must complete and document required clerkship clinical activity or remediation prior to clerkship end to successfully pass the clerkship. CATS requirements must be 100% complete in order to receive credit. Students will be allowed a 48 hour period after the end of the clerkship to enter activities/remediations. Clerkship Directors will use this information to make sure that each student has received ample clinical experience during their respective clerkships.

Within 6 weeks of completion of clerkship, clerkship directors will enter grades on CATS. Within 6 weeks of finishing the clerkship, students are asked to complete the clerkship rating form. Additionally, some clerkships may administer surveys to collect your feedback on individual faculty/residents with whom you have worked. Once you have completed the on-line rating form, you will be able to access your grade on-line. Completion of these clerkship rating forms is an academic requirement. In order to maintain anonymity, clerkship directors **do not** have access to the rating forms until all student grades have been submitted to the Registrar's Office.

Additionally, as a *graduation requirement*, you must demonstrate appropriate documentation of the following 5 procedures:

Venipuncture for Sampling of Peripheral Blood\*  
Peripheral Intravenous Cannulation\*

Bladder Catheterization: Male\*  
Bladder Catheterization: Female\*  
Suturing\*

Please enter this information on the Clerkship Activity Tracking System. You are required to perform three of each of the above procedures marked with asterisks on patients. When you enter this information, an email will be sent to the supervising physician for verification. Appropriate documentation of arterial puncture and nasogastric tube insertion is a grade of 100% on the arterial puncture and nasogastric tube insertion quizzes which you should have completed during Patient Centered Medicine 2. Please keep careful track of your progress toward fulfilling this graduation requirement.

## **XIII. Planning Your Elective Time**

### ***Third Year Elective Planning Schedule Overview***

The third begins with all students participating in Introduction to the Clerkship Experience (ICE). This is followed by three 8wk rotations (Internal Medicine, Surgery, and Neurology (3 wks) + Elective time [5 wks]) and four 6wk clerkships (Psychiatry, Family Medicine, Ob/Gyn and Pediatrics). The 8-wk rotations are grouped together in either the Fall Semester or the Spring Semester. The 6-wk clerkships are grouped together in the other semester. Within either

grouping, the order of the Clerkships is varied for different students. There is a two (2) week Winter Break. After the New Year, students continue with the remainder of their clerkships until all seven (7) have been completed. The total 3<sup>rd</sup> Year elective time available is 5 weeks.

## **Neurology**

All students complete Neurology in their 3<sup>rd</sup> year.

## **Elective Time in Your Third Year**

Elective time in the third year is always scheduled in conjunction with the Neurology Clerkship, either directly beforehand or afterward.

We advise you to use your elective time judiciously in the third year. Do NOT take excessive vacation time in your third year, because, by the summer of your fourth year, you need to decide which residency you want. The “early matches” require you to apply by August/September of your fourth year, and students applying for certain specialties may want to be considering away elective applications early in the spring semester of their third year

### *Career Exploration*

Electives in the third year will generally be done at RWJMS or affiliates. Electives can be done at outside institutions that accept third year students for elective rotations and/or as Individually Designed Electives. However, students wanting to use these electives as “audition electives” or opportunities to impress potential residency locations, may wish to consider if they are truly prepared to benefit from the elective or if they would be better served by waiting until after they have completed all core third-year rotations before taking the elective.

You may use any number of weeks to gain more in-depth experience in a discipline. For example:

- You can use your elective time to explore specialties different from the 7 required clerkships. Elective experiences can be done in the surgical subspecialties at RWJMS, Rutgers NJ Medical School, or private doctors’ offices.
- Other fields you may want to explore include radiation oncology, rehabilitation medicine, anesthesia, emergency medicine, ent, radiology, dermatology, occupational health, or medical practice within industry.
- You might use your elective time to explore specialties that you may not be able to experience prior to your M4 scheduling appointment (in February/March) such as Emergency Medicine.

### *Research and/or Distinction Programs*

You may also use your third year elective time to start or continue a research project. This is also a good opportunity to work towards a Distinction Program (DIME, DISC, DIR, DIGH, or DIBE). Alternatively, you might take an elective in Medical Education to find out if a career in academic medicine interests you.

## **Where to Find Electives**

- Office of Education Third Year Electives website @ [http://rwjms.rutgers.edu/education/current\\_students/academics/electives/third\\_year\\_electives/third\\_year\\_electives\\_PNB.html](http://rwjms.rutgers.edu/education/current_students/academics/electives/third_year_electives/third_year_electives_PNB.html)
- AAMC elective compendium @ <http://services.aamc.org/eec/students/>

- Individualized electives
- Advice from Student Affairs Office

### ***Individually Designed Elective Option (MDC 9800)***

Students wishing to do an elective not listed on the elective website may do so after the necessary course descriptions and approvals are submitted. Students may develop an Individually Designed Elective (IDE) in concert with a Faculty Member in order to participate in an experience that is clearly different from any preclinical or clinical elective currently offered by Rutgers Robert Wood Johnson Medical School. Written approvals must be given first by the proposed Elective Director; then by a Student Affairs dean, and finally by the Registrar. If on **Academic Warning**, a student must acquire written permission from a Student Affairs dean **before** applying for an individualized elective.

**Travel Advisory Note:** Students traveling to other countries need to be aware of the US Department of State [Travel Warnings and Travel Alerts, as well as the Centers for Disease Control and Prevention \(CDC\) Travel Health Warnings and immunization recommendations](#). Any student traveling to a country listed on one of these warning or alert lists will **NOT** have that activity authorized as a University-approved activity. **Individualized Elective approvals will be revoked if the country being visited as part of the elective experience goes on the US Department of State Travel Warnings or Travel Alerts list or the CDC Travel Health Warning list after the approval has been granted but prior to the commencement of the elective.** A student may request an exemption to a denial of travel by submitting a written justification to the appropriate Assistant/Associate Dean for Student Affairs. The request for exemption must clearly state that the proposed educational program is not available in the US or in another country not listed on a US Department of State's or CDC's Travel Warnings or Alerts list. The student should also provide specific, cogent arguments that the educational value of travel to a location subject to a U.S. Department of State Travel Warning or Alert or a CDC Travel Health Warning outweighs safety concerns.

**Further information can be found in the "Students Participating in Educational Activities outside Rutgers or any of its Affiliates" policy.**

**All documentation must be submitted to the Office of the Registrar prior to the projected start date of the elective.** The required form, found online at [http://rwjms.rutgers.edu/education/current\\_students/academics/forms.html](http://rwjms.rutgers.edu/education/current_students/academics/forms.html), must be completed for all individually designed electives. Additional copies of the form may be obtained in the Registrar's Office.

**Any Individualized Elective begun without signed, approved documents on file in the Registrar's Office WILL NOT EARN CREDIT toward graduation. It is the student's responsibility to ensure that all documents are on file.**

## **XIV. Fourth Year**

The fourth year typically consists of ten 4-week blocks, one 2-week block, and a 2-week winter break. Students will be required to take 4-week clerkships in Emergency Medicine and Critical Care (Pediatric, Surgery, Medicine or mixed Medicine/Surgery), as well as 3 weeks of Ambulatory Subspecialties, a 2-week Boot Camp, and a 4-week Subinternship. Successful completion of ACLS and a Transition to Fourth Year course are also requirements for graduation. The rest of the year will be used to (1) complete the remaining 18 weeks of required electives for graduation (the 18 weeks combine with the 3 required weeks of Ambulatory Subspecialties and the 2 required weeks of Boot Camp to meet the 23 weeks of overall, required elective time) (2) prepare for USMLE Step 2 CK and CS, and (3) schedule vacation.