



Dartmouth
GEISEL SCHOOL OF
MEDICINE

CLINICAL EDUCATION GUIDE

Office of Clinical Education

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Clinical Education Faculty and Staff

John F. Dick, MD	Associate Dean Clinical Education
L. Campbell Levy, MD	Director of Phase 3
Alison Ricker, MPS	Clinical Curriculum Director
Maghan Porter	Clinical Education Coordinator

Office Location

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A Message from the Associate Dean for Clinical Education

On behalf of the Office of Clinical Education and the Clerkship Directors/Coordinators, welcome to Phases 2 & 3. We look forward to working closely with you as you progress through the clinical years. We are committed to providing you with an excellent clinical education that will give you a solid foundation for your post-graduation plans and support the mission, vision and values of the Geisel School of Medicine. As a graduate of the Geisel School of Medicine myself, I remain deeply devoted to our school and firmly invested in its future.

You will find the clinical years to be exhilarating, fulfilling, challenging, educational, exhausting, and at times confusing. This is normal. We are here to help.

Phase 2 will likely be the most rigorous of your Geisel experience. You will be asked to perform long, demanding clinical hours as you join teams that care for the spectrum of patients from the most critically ill to the healthiest newborn. This year will provide you with the only opportunity to explore and experience the wide range of care provided by physicians before you differentiate yourself in the fourth year. Although the primary focus will always be on the patient, your other major focus will be to assure your ongoing education. You will be challenged to find time to study in between OR cases and in the evening after returning from a full day at the clinic or on the wards. However, this will be essential to your ongoing development as a physician presently and in the future. More importantly it is our shared responsibility to the public we serve.

In the words of Sir William Osler, “He who studies medicine without books sails an uncharted sea, but he who studies medicine without patients does not go to sea at all.” During the clinical years, we will help you to understand the charts and sail the seas. This guide is the first step in that process and I hope that you find it to be a useful resource.

We look forward to helping you develop into the well-rounded physicians that Geisel is known for producing. Please do not hesitate to ask for help as you progress along this great journey.

Sincerely,

John F. Dick, III, MD (DMS 2003)

Associate Dean for Clinical Education

Important Dates

Orientation/CEI	Mon-Weds	April 3 - 5
Block One Begins	Thursday	April 6
Memorial Day*	Monday	May 29
Independence Day*	Tuesday	July 4
Labor Day*	Monday	September 4
Mid Year CEI	Thursday – Wednesday	September 21 - 27
Thanksgiving Break*	8:00 am Thursday - 8:00 pm Sunday	November 23 - 26
Winter Break*	5 pm prior to first day off – 5 am day of return	December 16 – January 1 (8 wee block) or Dec 20 – Jan 3 (6 week block)
Final CEI	Thursday-Friday	March 28 – April 5
*Denotes student day off from clinical duties		

Clerkship Orientations (Thursday and Friday at the start) and Wraps Ups (Monday and Tuesday at the end) are Mandatory. Final exams (NBME) will be given on the last Tuesday of the clerkship. Timing of orientation and wrap up daily schedules varies by clerkship and by block - assume **all days at 8:00 – 5:00pm** until informed by the Clerkship's Medical Student Education Coordinator specifically for your clerkship block.

Six Week Clerkship Calendar [Family Medicine, OBGYN, Psychiatry]	
CEI A	April 3 - 5
Block 1	April 6 - May 16
Block 2	May 18 - June 27
Block 3	June 29 - August 8
Block 4	August 10 - September 19
CEI B	September 21 - 27
Block 5	September 28 - November 7
Block 6	November 9 - December 19
Block 7	January 4 - February 13
Block 8	February 15 - March 26
CEI C	March 28 – April 5

Eight Week Clerkship Calendar [Medicine, Pediatrics, Surgery]	
CEI A	April 3 - 5
Block 1	April 6 - May 30
Block 2	June 1 - July 25
Block 3	July 27 - September 19
CEI B	September 21 - September 27
Block 4	September 28 - November 21
Block 5	November 22 - January 30
Block 6	February 1 - March 26
CEI C	March 28 – April 5

Contacts & FAQs

Issues/Questions	Contacts
Clerkship-specific issues such as: <ul style="list-style-type: none"> • When does the Surgery orientation start? • What do I need to bring to my Family Medicine Site? • How should I make travel arrangements for CPMC? • Where do I get apartment keys? • What is my call schedule? • Who to notify regarding time/days off? <ul style="list-style-type: none"> • https://geiselmed.dartmouth.edu/admin/clinical_request/request/form/ 	Respective Medical Student Education Coordinator
Non Clerkship-specific issues such as: <ul style="list-style-type: none"> • Changing clerkships • Elective choice • Request for leave of absence or split year • CEI, OSCEs • Any concerns regarding your clerkship/elective experiences that you are uncomfortable discussing with the clerkship director 	Associate Dean for Clinical Education or Director of Clinical Education
<ul style="list-style-type: none"> • Academic performance 	Director of Academic Success or Associate Dean for Clinical Education
<ul style="list-style-type: none"> • Health Issues • Mental health Issues 	Student Affairs, Dartmouth College Health Services, Geisel Counseling
<ul style="list-style-type: none"> • Elective choice • Career and residency advising 	Assistant Dean for Career Advising,
<ul style="list-style-type: none"> • Financial Aid Issues 	Michelle Chamley
<ul style="list-style-type: none"> • Scheduling appointments with Associate Dean for Clinical Education 	Maghan Porter
<ul style="list-style-type: none"> • Scheduling appointments with Associate Dean for Student Affairs 	Tina Hoisington
<ul style="list-style-type: none"> • Visiting Student Application Service (VSLO) 	Stephanie Cummings
<ul style="list-style-type: none"> • Electronic Residency Application System (ERAS) 	Alison Ricker
<ul style="list-style-type: none"> • Shared apartment concerns (Concord, Nashua, Keene, Bedford, CPMC, SCVH) • Student lockers • Student lounge issues • Lost pager • Pager batteries 	Maghan Porter or Alison Ricker

Clerkship Contact Listing

Department	Director(s)	Medical Student Education Coordinator Contact information
Associate Dean, Clinical Education	John Dick, III, MD	Maghan.A.Porter@dartmouth.edu
Director, Clinical Curriculum	Alison Ricker, MPS	Alison.D.Ricker@dartmouth.edu
CEI	John Dick, III, MD	Alison.D.Ricker@dartmouth.edu
Capstone	L. Campbell Levy, MD	Maghan.A.Porter@dartmouth.edu
Family Medicine	Ernestine Lee, MD Jessie Reynolds, MD M. Scottie Eliassen, MS	Shanna.R.Moody@dartmouth.edu
Medicine (Inpatient)	Amanda Ratliff, MD (VA) Rebecca Swenson, MD (DH) L. Campbell Levy MD (DH) Yile Ding, MD (CPMC) Thomas Ormiston, MD (SCV)	Holly.A.Harrison@dartmouth.edu
Medicine (Outpatient)	Gina Fernandez, MD Kenton Powell, MD	Jill.L.Servant@dartmouth.edu
Neurology	Justin Mowchun, MD Diana Rojas-Soto, MD	Terri.Nicholson@dartmouth.edu
OB/GYN	Paul Hanissian, MD E. Rebecca Pschirrer, MD, MPH	Lori.L.Avery@hitchcock.org
Pediatrics	Frances Lim-Liberty, MD Marc Hofley, MD	Jacqueline.L.Garran@dartmouth.edu
Psychiatry	Matthew Duncan, MD Steven Schlozman, MD	Jamie.S.Fairstone@dartmouth.edu
Surgery	Andrew Crockett, MD Meredith Sorensen, MD	Brianna.E.Leibeck@dartmouth.edu

Clerkship Fundamentals

Learning Objectives

Each clerkship has its own learning objectives which will be reviewed with you at the start of the clerkship and will be found on the Canvas clerkship sites. These objectives are developed with the overarching Geisel competencies in mind and are reviewed periodically by the Medical Education Committee.

The clerkship directors have planned learning activities and assessments based on these objectives which will include directly supervised patient care, assignments such as review of write ups and more formal presentations, topic based small group sessions, and end of clerkship testing.

Essential Skills and Conditions

Each clerkship has been assigned responsibility for assuring your exposure to a pre-defined set of clinical skills and conditions. This is an LCME mandate, and we are expected to track and record your progress on these. You will use OASIS checklists to record your participation for both the skills and the conditions. In addition to OASIS, you will be expected to maintain a paper-based Skills Form on which your performance on each clinical skill needs to be evaluated and verified by a resident or faculty member.

Feedback and Grading

You will receive mid-clerkship feedback in order to provide you with formative feedback. You will be asked to self-assess your learning and review your progress on assignments/essential skills/conditions, etc. You will be given feedback on your learning by your site director / preceptor.

Per the Geisel Clerkship Grading and Evaluation Policy, clerkship grades will be determined by the clerkship team based on review of your learning achievements. Multiple methods of evaluation will be used within and across the clerkships, including attending/resident assessment of you (Student Performance Evaluation), review of assignments/presentations, and end of clerkship testing (ie NBME shelf exam). Clerkships will vary in the weight they place on these various items based on their own determination of validity and accuracy. You will receive your overall grade and narrative grade summary within 6 weeks of finishing your clerkship.

Guidelines to Students on their Review of Clinical Performance Evaluations

Background

Clinical clerkships place high value on engaging students in hands on, experiential learning in supervised clinical environments. These environments are where you will be learning, practicing, and demonstrating the integration of knowledge, clinical skills, communication, and professionalism. The faculty and housestaff that you work with will evaluate your performance as part of their teaching responsibilities. They will provide you with feedback throughout your rotation and many of them will provide or contribute to a summative evaluation using a standardized evaluation tool at the end your work together. They will be asked to evaluate your performance, relative to other students at your level of training, in the learning objectives defined by each clerkship.

Performance evaluations are a subjective part of your evaluation. Each clerkship provides its evaluators with a clerkship-specific set of standardized questions and anchors that describe actions and skills rather than simple numbers or grades, coaches faculty and residents on the use of the evaluation tool, and monitors its sites for variability (and intervenes when necessary).

Use of Evaluations

Each clerkship will describe how they solicit, share and use the evaluations of you. There will be some variation clerkship to clerkship given the differences between the clerkships' learning environments. The clerkship grading committees' interpretation of these performance evaluations will contribute a significant portion of your final grade. Our clerkship grading committees are cognizant of the potential for inter-observer variability and take this into account when interpreting them. It is important to note that evaluators are not asked to grade you. Rather, they are providing an evaluation of you that later will be used to help determine your grade by a grading committee. Not every faculty member or resident will observe you in every environment. In clerkships that use composite evaluations, a pre-identified lead faculty member will compile feedback from all evaluators with whom a student worked into a composite evaluation. In clerkships that solicit multiple individual evaluations, we ask that individuals evaluate you only in areas in which they had meaningful interaction with you.

Recommendations to Students

Receiving an evaluation is an opportunity for you to learn how others interpret your actions, reflect upon those data, and work to improve your knowledge and skills. There may be times when you disagree with the evaluation or when the written comments do not align with verbal feedback you received. Giving and receiving feedback are learned and nuanced skills. Faculty and housestaff are coached to provide you with honest, specific, timely, and actionable feedback; yet, sometimes this does not occur. While this may be frustrating, it is a challenge at all medical schools (and other settings too). Developing strategies to navigate these areas is an important part of our professional growth.

The following are guidelines recommended by your deans and clerkship directors on how to address various situations pertaining to this evaluative process:

- 1) Review the evaluations with an improvement mindset. While evaluation is used for grading purposes, it is primarily intended to help you learn about your knowledge, skills, and behaviors as a developing physician. The anchors chosen and comments given are meant for your learning benefit. Evaluators put effort into providing written feedback because they care about your development as a future physician.
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- 2) Understand that the evaluations may include comments that had not previously been shared with you in person. This can occur for two main reasons. First, providing constructive feedback is difficult for some and the current clinical / learning environment may not afford the evaluator with enough time to provide a thoughtful reflection on your performance to you in person. Second, this more thoughtful reflection may occur after you have ended your rotation when the evaluator is completing the assessment.
 - 3) Approach your evaluations with an open mind understanding that different evaluators will have different impressions of your performance and that often the “truth” lies somewhere in the middle. Your clerkship grading committee takes this into consideration when determining your grade and writing your grade narrative.
 - 4) Do not ask your evaluators to predict or give you a grade. Realize upfront that these are evaluations, not grades. While the components of the evaluation may be used by the grading committee to determine the grade you have earned, it is not the evaluators’ job to grade you.
 - 5) Feedback may be discordant with your personal impression of your performance. Your interpretation of your performance is likely to be as subjective as your evaluators’.
 - 6) Attendings and housestaff do their very best to provide honest, specific, and actionable feedback. Any concerns about how to interpret your evaluations or about comments within should be directed to your clerkship director rather than the individual evaluator. It is inappropriate to contact an evaluator directly about your final evaluation or grade. Your clerkship director has experience interpreting these comments. Part of his/her job is to investigate concerning comments or those comments that might be very different than others.
 - 7) Do not attempt to provide guidance to your evaluators on what anchors to pick or what comments to make. This is unprofessional and akin to grade tampering. Moreover, do not approach your evaluators after the fact to request that they alter their comments or choice of anchors. These actions are unprofessional.
 - 8) Address any concerns you have regarding your evaluations as soon as possible with your clerkship directors. The director may want to touch base with your evaluator in person and the sooner they do so the better. Our evaluators often work with multiple learners over a relatively short period of time and their specific memory of your performance can wane dramatically over the course of a month.
 - 9) Alert your clerkship director immediately if you have concerns that an evaluator may not be able to provide an objective evaluation of you. This cannot be done after the clerkship is over and the evaluation and grade have been completed. An example of such would be if you have had a poor interpersonal situation with an evaluator in a non-clinical environment or only worked with them in passing. Ultimately, it is the grading committee’s responsibility to mediate these concerns.
 - 10) Realize that the grading teams will look for trends in performance and commonalities in comments and select for your grade narrative only those felt to be representative of your performance.
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Graduation Requirements

Prior to the first clerkship of Phase 1, students are required to:

- Take and pass all courses from Phase 1

In Phase 2, complete the following clerkships/course(s):

- 6-week Family Medicine (CFM 306)
- 8-week Inpatient Medicine (MEDI301)
- 6-week OB/GYN (OBGY 304)
- 8-week Pediatrics (PEDS 305)
- 6-week Psychiatry (PSCH 302)
- 8-week Surgery (SURG 303)
- 2-week Clinical Education Intersessions (ICX308)

Pass USMLE Step 1

In Phases 2 & 3, complete electives (24 weeks/credits):

- Minimum of 6 credits outside of chosen specialty
- Minimum of 16 weeks of Clinical Electives

In Phases 2 & 3, complete the following:

- 4-week Neurology clerkship (NEUR 401) (*some students may take this in Phase 2*)
- 4-week Advanced Ambulatory Medicine clerkship (MEDI 307)
- 4-week Sub-internship
- Capstone Coursework
- One of these two courses*:
 - Advanced Cardiac Life Support (ACLS) (MDED407)
 - Pediatric Advanced Life Support (PALS) (PEDS 408)
- USMLE Step 2 CK (Clinical Knowledge)

***Note:** Only students with a specialization in Pediatrics have the option of completing PALS. All others should plan to take ACLS.

Phase 2 Curriculum

Phase 2 Overview

- Three 6-week clerkships (Family Medicine, OB/GYN & Psychiatry)
- Three 8-week clerkships (Medicine, Surgery & Pediatrics)
- Six weeks of open/elective time

Orientation

Phase 2 begins with a required three day CEI/Introduction to Year 3. This session covers both clinical and administrative topics required prior to the start of clerkships.

Clinical Education Intersessions

The Clinical Education Intersessions (CEI) series includes topics not uniformly covered in any specific clerkship. OSCEs (see below) are also part of this course. Phase 2 students are required to attend all CEI sessions. The CEI course is Pass-Fail, and carries 2 credits on the transcript. There will be periodic assessments of knowledge, which take the form of web-based quizzes or written narrative to be done after certain CEI topics. All CEI course requirements must be met by the end of Phase 2.

Phase 2 OSCEs

You will be required to complete and pass several OSCEs throughout the year as scheduled by the Office of Clinical Education. Feedback is given to students on areas of strength and weakness, and to clerkship directors to evaluate the efficacy of the necessary skills they teach. OSCE performance is assessed using a Pass-Failscale.

Elective Time

Each student will have 6 weeks of time in Phase 2 to use as they choose. Students can choose to complete the following if scheduling permits:

- One or two electives
- Neurology clerkship
- One or more weeks of vacation are also encouraged during the Elective block

Phase 2 electives may be completed in any discipline where capacity allows and departmental prerequisites have been met. Students may consider completing a 4-week sub-internship if they have an elective in one of the last two blocks and have completed the core clerkship in the respective field.

Push of Phase 2 clerkship to Phase 3

Under unique circumstances, students may need to push a clerkship into Phase 3.. If this does occur, it is required that the missing clerkship is completed by the end of August so that these evaluations may be included in the MSPE letter.

Phase 3 Curriculum

Phase 3 Overview

Most students will take the following required courses in Phase 3. *Based on elective time in Phase 2, a few students may be able to complete some of the following prior to Phase 3.*

- One 4-week Advanced Ambulatory Medicine clerkship
- One 4-week Neurology clerkship
- One 4-week (minimum) Sub-internship
- Electives or additional Sub-internships to complete a total of 24 credits over Phases 2 & 3.
- Geisel Capstone coursework is completed in March.

Advanced Ambulatory Medicine [AAM] Clerkship

This is a 4-week required clerkship that must be completed before the end of Phase 3. The AAM orientation is scheduled for the Monday the clerkship begins. The AAM exam is on the final Friday.

Neurology Clerkship

Neurology is a 4-week required clerkship that must be completed before the end of Phase 3. Neurology orientation is scheduled for the Monday the clerkship begins. The Neurology exam is on the final Friday.

Sub-Internship

The sub-internship must be at least 4 weeks in length.

Clerkship Diversity Expectation

The Medical Education Committee has established an expectation that all Geisel medical students complete four weeks or more of a clinical experience at a site that offers patients who differ significantly in cultural, ethnic, socioeconomic, or other backgrounds from patients more commonly seen in northern New Hampshire and Vermont.

Eligible experiences include some required clerkships and some clinical electives. Established clerkship sites that meet this expectation include:

- Family Medicine sites in the Southwest, California and Alaska
- OB-GYN sites in Hartford, Connecticut; Nashua, New Hampshire; and California
- Pediatrics sites in California, Manchester and Arizona
- Inpatient Medicine in California
- Neurology at California Pacific Medical Center, San Francisco, California
- Psychiatry at California Pacific Medical Center, San Francisco, California

The Associate Dean for Clinical Education can provide advice about whether other elective sites selected by students meet the diversity expectation.

It is recognized that it may be a hardship for a few students in each class to fulfill this expectation. An example might be a single parent with young children who is unable to leave the local area for a prolonged period. Concerns about the costs of travel to distant sites have been raised and addressed by enhancements to the financial aid package. If you feel you are unable to meet this diversity expectation before graduation from Geisel, please arrange a discussion with the Associate Dean for Clinical Education.

Policies that Pertain to Clinical Education

For consistency and accuracy, all policies are located in an electronic Policy Library, accessible on the Student Affairs website <https://geiselmed.dartmouth.edu/students/resources/academic/>. Students are expected to be familiar with all policies in the student handbook. We recommend that you review the policies below that have particular relevance to your clinical education. We have provided a brief narrative to describe these.

- **Learning Environment Policy** – Describes the expected interactions between teachers and learners.
- **Clinical Attendance Policy** – Describes how to handle planned and unplanned absences that occur during clerkships.
- **Grading Policy** – Describes how you will be graded on your clerkships.
- **Geisel Assessment Attendance Policy** – Describes expectations for showing up at stated time and ramifications of not doing so.
- **NBME Subject Exam Grading Policy** – Describes how subject matter exams will be used to determine your grade.
- **Exam Disruption Policy** – Describes what constitutes a disruption and the process on how to address it.
- **Testing Accommodations Policy** – Describes how to obtain and utilize testing accommodations.
- **Grade Appeal Policy** – Describes the steps of a grade appeal.
- **Clinical Student Work Hour Policy** – Describes learning hour limits during your clinical experiences.
- **Clinical Rotation Placement Policy** – Describes what special requests are appropriate and how to make them.
- **Clinical Diversity Policy** – Describes the requirement for each student to have a clinical rotation (clerkship or elective) outside of the Upper Valley in a site with more cultural, ethnic and racial diversity.
- **Scrub Attire Policy** – Describes when and where scrubs can be worn.
- **Geisel Housing Policy** – Describes how housing will be assigned and how housing is to be treated during rotations.
- **Geisel Transportation Policy** – Describes your responsibilities for travel to and from clinical learning sites.
- **Exposure to Blood Borne Pathogens (BBP) and other Occupational Exposures or Injuries Policy** – Describes what to do and who to contact in the event of a BBP, injury or occupational exposure.
- **Performing Invasive Procedures Policy** – Describes the required oversight and experience for students performing invasive procedures.
- **USMLE Step 1 and Step 2 Policies** – Describes timing of these exams.