

YEAR ONE CURRICULUM OVERVIEW DOCUMENT

SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE – CARBONDALE

YEAR 1 CURRICULUM ADVISORY COMMITTEE

Year One Online Courses: <https://mycourses.siu.edu>

Year One Curriculum Website: <https://www.siumed.edu/oec/y1/year-1-curriculum.html>

The mission of the Southern Illinois University School of Medicine is to assist the people of central and southern Illinois in meeting their health care needs through education, patient care, research, and service to the community.

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INTRODUCTION

Welcome to Year One at the SIU School of Medicine! If you're like most of your predecessors, you're excited but a bit apprehensive. This Overview Document outlines the fundamentals of what you'll do every day and what we expect of you.

*It is **IMPERATIVE** you work through this document. These are rules that will have an impact on you throughout the year!*

We are committed to helping you become good physicians. At this point you may feel you will focus on topics like anatomy, physiology, and clinical skills, but you will discover it is equally important to learn how to learn medicine, how to think, how to develop your self-directed learning, how to assess your peers, and *how to become a life-long learner*.

In medicine you will be a health professional on a team consisting of M.D.'s, D.O.'s, Ph.D.'s, R.N.'s, P.A.'s, L.S.W.'s, E.M.T.'s. or any of a plethora of degrees. In what may be a major shift from your undergraduate work, your peers are not your competition; they are your teachers and you are theirs. Look to each other to learn, to teach, and to evaluate. Your opinions and feedback are essential. You will be evaluating each other, the faculty, and the curriculum. You will have representatives on most of the School of Medicine's major committees. Whatever is working well we will work together to keep, but whatever is not working well we will work together to fix. *One of my favorite sayings is that we can't fix problems we don't know about; talk to us about what you see, what you're thinking, and what ideas you have. This includes problems with your peers, staff, and/or faculty!* Many facets of the curriculum reflect student feedback, including the length of the school year!

The curriculum is designed to support your development into a skilled and caring physician. Within a month of starting Year One you will be seeing patients in a physician's office using freshly minted clinical skills. You will not take courses in isolated disciplines, but rather you will have a series of clinical problems in an organ-based theme and you will explain the problem using basic sciences. For example, when you read a heart attack case you learn the anatomy of the heart as you learn its function as you learn pharmacological agents as you learn contributory lifestyles. When you recall this information you'll find it comes back to you as a cohesive bundle of knowledge! Then you'll discover this bundle becomes more integrated with each unit rather than having old data pushed aside in favor of new material. It's an interesting process and, believe it or not, a fun one.

Welcome aboard. We're glad you're here and we look forward to getting started.

S. L. Shea
Dept. of Family & Community Medicine and Year One Curriculum Director

ORGANIZATION OF THE FIRST YEAR

The core of the first year consists of thirty-eight weeks divided into three units. Tutor groups are shuffled and tutors are reassigned after each unit. A summer enrichment experience is also available to students. This last period also may be used for remediation (see the Student Progress section of this document).

Cardiovascular/Respiratory/Renal (CRR) Unit

The first fourteen weeks of the curriculum focus on issues involving primarily the cardiovascular, respiratory, and renal systems. The cases also are designed to guide students to embryology, genetics, molecular biology, behavioral sciences, population science and policy (PSP), immunology, and pharmacokinetics. The early weeks of the unit provide an introduction to small group process, self-directed study, and a variety of learning resources. The unit also provides an overview of clinical medicine including basic history taking and physical examination skills. The mentor program, clinical field experiences, and elective clinical opportunities begin in this unit.

Neural, Muscular, and Behavioral (NMB) Unit

This twelve-week unit builds on the knowledge gained in CRR and emphasizes understanding mechanisms underlying problems in the areas of neuroscience (neurobiochemistry, neuroanatomy, neurophysiology), locomotion (anatomy and physiology of the musculoskeletal system), and behavioral sciences. The cases also are designed to guide students to embryology, genetics, molecular biology, pharmacology, PSP, and immunology.

Endocrine/Reproduction/Gastrointestinal (ERG) Unit

The final organ system unit of the first year spans twelve weeks and continues to broaden the foundations laid in CRR and NMB while emphasizing issues related to endocrine function, reproduction, the gastrointestinal system, and nutrition. The cases also are designed to guide students to embryology, genetics, molecular biology, behavioral sciences, PSP, and immunology.

Summer Experiences (optional)

Mentored Professional Enrichment Experience (MPEE): The weeks between the first and second year of medical school may be used by students to conduct an elective scholarly project in an area of interest. The primary goal is to encourage students to conduct effective research in the basic or clinical sciences. The projects will be conducted primarily, but not exclusively, in Carbondale or Springfield. A minimum of eight weeks is required to receive credit. Refer to the MPEE website for details.

Clinical And Research Experience (CARE): The weeks between the first and second year of medical school may be used for other activities including those that emphasize clinical experiences. A minimum of 15 working days with a mentor is required in order to receive credit. Refer to the CARE website for details.

Restrictions:

- International projects are not permitted.
- You cannot represent the school as a medical student in any summer work except MPEE or CARE.
- You will not have liability insurance for any activity unless you are registered for MPEE or CARE!
- If you are in summer remediation you will probably have to cancel any MPEE or CARE project.

For additional details, please attend the introductory sessions in December.

OBJECTIVES

The ultimate goal of the School of Medicine is to produce physicians with the knowledge, skills, and attitudes necessary to address the health problems of those who seek their services. To achieve this goal, students must acquire knowledge and the ability to use that knowledge in the practice of medicine. Medical students must learn to reason effectively and must acquire lifelong learning skills to keep their knowledge of concepts and procedures current after they graduate from medical school. Because of the rapid rate at which medical knowledge expands, students can only learn that which is acceptable and appropriate at the time of learning. As the body of skills, procedures, and knowledge is ever growing and being modified, the ability to augment, modify, and expand their education after leaving school is an essential skill. It is also important that students develop personal and professional qualities for interacting effectively with patients and other health professionals.

The School of Medicine has a comprehensive list of objectives which must be achieved in the four years prior to graduation (<https://www.siumed.edu/oec/y1/year-1-curriculum.html>). During their first year, students will demonstrate the ability to:

- apply to clinical problems knowledge of:
 - the normal structure and function of the body and each of its major organ systems;
 - the molecular, biochemical, and cellular mechanisms important in maintaining the body's homeostasis;
 - aspects of the altered structure and function of the body seen in various disease states;
 - the scientific foundation upon which medicine is based.
- pursue self-directed learning strategies including:
 - identifying deficits of conceptual and factual knowledge raised by a patient problem;
 - designing and implementing a learning strategy to address those deficits;
 - monitoring the effectiveness of this self-directed learning strategy;
 - critically assessing learning resources for adequacy, quality, and veracity.
- obtain an accurate medical history.
- perform a comprehensive physical examination (exclusive of breast, genital, and pelvic exams).
- develop the clinical reasoning process including:
 - concisely stating the patient problem;
 - generating several reasonable hypotheses for each problem;
 - ordering and interpreting appropriate lab tests to rule in/out the hypotheses;
 - synthesizing new data in order to refine hypotheses and to explain the basic science mechanisms of the chosen diagnosis.
- deliver orally and in writing a presentation of a patient's problem that is organized, concise, and comprehensible.
- give constructive criticism of peers, faculty, the educational program and learning resources, and respond appropriately to the constructive criticism of others.
- dress, groom, speak, and interact with patients, peers, staff, and faculty in a professional manner.
- adhere to the highest standards of honesty, integrity, and reliability.

ACTIVITIES

Self-Directed Learning

The onus of learning is the responsibility of each student. Students are expected to take advantage of the wide variety of available resources. This includes faculty, texts, journals, online resources, gross anatomy and histology laboratories. Scheduled resource sessions are available to students as another learning tool in areas the faculty anticipate may be helpful. Although not advisable, it is theoretically possible to complete all first-year objectives without attending any optional resource sessions. Students may schedule additional sessions with resource faculty. If they do so, the Curriculum Coordinator should be notified so all tutor groups can be invited to attend, thus maximizing faculty time. Case wraps are scheduled to provide the opportunity for students to obtain answers to basic science and clinical questions needed to resolve the case. The curriculum demands a high level of motivation from each student in the pursuit of self-directed learning.

It is important you recognize what self-directed learning is **NOT**:

- It is not faculty giving you a list of things to memorize, including learning issues.
- It is not tutors giving lectures in tutor group.
- It is not faculty telling you “learn this and recite it back to us tomorrow.”
- It is not reading and re-reading your notes until you can recite them from memory (you will need to memorize some things, but it is not the last best step in learning).
- It is not “spoon-feeding” you data.
- It is not learning exactly what the person next to you is learning because you may need to learn more about one topic and less about another.

Self-directed learning **IS**:

- organizing what you learn into a foundation for future learning
- exploring topics you need to learn
- reading for understanding
- satisfying your curiosity about aspects of a case
- synthesizing information to apply across cases, units, and patients
- working with your tutor group to develop and discuss learning issues (see below)

This process may feel strange to you, but have faith that we know what we are doing, and remember that patients do not walk into your clinic with a diagnosis tattooed on their forehead. There are approximately 70,000 diseases but only about 200 presenting symptoms. This means every patient is a puzzle, and many patients will require you to put information together in a way you have never done before. Constantly re-visiting and re-developing material is self-directed learning. Constantly questioning what you learn is self-directed learning.

One of the problems the curriculum addresses is that so little basic science currently taught in medical school is retained or recalled in a fashion consistent with its application to the solving of medical problems later in practice. It is important to understand that students cannot learn all the facts and concepts from the ever-expanding basic science subject domains. This is accepted as a satisfactory tradeoff since the basic science subject matter the students learn is in the context of solving patient

problems. Knowledge understood, recalled, applied, and augmented in a practical situation is of more professional value than a body of data that cannot be recalled or applied in a useful context. Students will acquire the skills necessary to pursue lifelong learning throughout their professional careers, including the ability to identify deficits in their knowledge.

Patient Problems

Students encounter patient problems in the form of electronic Problem-Based Learning Modules (ePBLMs), Standardized Patients (SPs), Sequential Patient Simulations (SPS), Clinical Competency Examination (CCX), and as mini case scenarios. The ePBLM is an online record of an actual patient with a real medical problem as that patient presented to a real physician. A standardized patient is a person carefully trained to present exactly the appearance, signs, and symptoms of a particular real patient. This form of simulation is particularly well suited to the development of clinical and interpersonal skills. Real patients are used when signs and symptoms cannot be simulated effectively. An SPS is a modified form of a PBLM that summarizes key findings. A CCX is used following some SP encounters to evaluate clinical reasoning (see EOU Evaluations). Virtual CCX cases can be completed entirely online. ePBLMs and SPs allow for free inquiry by students. Thus, students may do what a real physician would do in a patient encounter.

Tutor Group Sessions

The main organizing feature of the curriculum is the small group learning session. This consists of six to eight students working with a single faculty member who serves as the group facilitator, or tutor, not as a source of information for the group. Problem-based learning results from the process of working toward the understanding and/or resolution of a problem. The process begins with a patient problem that serves as the focus for the development of clinical reasoning and self-directed learning skills, and as the stimulus for acquiring the knowledge needed to understand underlying mechanisms.

The problem may be presented in the form of an ePBLM, an SP, an actual live patient, or an SPS. The faculty tutor guides the group of students in the clinical reasoning process as it establishes a database related to hypotheses the students have generated around the problem. Using tutorial skills, he/she facilitates students' access to their own prior knowledge and their identification of the limitations of their knowledge. The tutor guides the students to articulate knowledge of the relevant disciplines as it relates to the problem.

The need for information required to understand the problem generates learning issues for further study. Learning issues may range from the molecular to the societal level as students consider the patient as a functioning human being living in a specific environment. There are two categories of learning issues. Primary learning issues are studied by all members of the group; secondary learning issues are explored by individual group members. The students then use a variety of resources including faculty; laboratory specimens and models; online discussions forum; and printed, automated, or other media to resolve their learning issues. Students' learning is self-directed and may include attendance at faculty resource sessions.

Following self-study, the students reconvene in their tutorial groups where they evaluate the effectiveness of these learning resources and activities and return to the problem, applying their newly acquired knowledge. This includes doing oral patient summaries. Additional learning issues may arise and the self-directed learning and tutorial cycle continues until the group is satisfied that it has a

comprehensive grasp of the basic mechanisms involved. A flowchart should be developed for most cases to integrate key learning issues with the patient's symptoms and findings. The chart that follows summarizes the steps in the tutorial process. This is your job description.

Student Responsibilities in the Tutorial Group

- Keep in mind the educational objectives of the unit in your reasoning, discussions, and study.
- Openly express your thoughts and ideas as all members of the group and the tutor need to know where you are in your thinking. [Effective PBL depends on everyone's contribution.](#)
- Understand the relevance of each phase of the PBL process to your preparation for the practice of medicine.
- Assume responsibility for following the PBL process in sequence with proper attention to each phase.
- Speak up if your opinions or ideas differ from those expressed by others in the group. [Remember that silence means agreement.](#)
- Assume responsibility for:
 - clarifying & questioning your own thoughts and contributions;
 - clarifying & questioning those of others in the group.
- Be aware of potential learning issues by always reflecting on:
 - your own understanding of what is being discussed;
 - the understanding shown by others in the group's discussions.
- Consciously monitor the adequacy of your own performance in:
 - understanding the basic mechanisms responsible for the problem;
 - reasoning through the problem;
 - hypotheses generated,
 - inquiry to verify or invalidate hypotheses,
 - analysis of new data,
 - problem synthesis (and presentation);
 - self-directed study;
 - interpersonal skills;
 - support of the group in its work with the problem.
- Provide open, honest, and constructive feedback to members of the group and the tutor. If there are problems in group that you cannot resolve, you may speak with the tutor outside of the group or, if you prefer, speak with the Unit Coordinators or the Year 1 Director.
- Be sensitive to the learning needs or problems of others in the group and how you can provide support and assistance.
- **Students must be prepared to discuss the day's learning issues. This may include talking about resources, having handouts, contributing to the group's e-documents, doing a summary at the board, or any discussion that brings the basic science topics forward while also relating them to the patient's clinical status.**
- Request permission for absences in advance (see Policies on absences).
- Incorporate Symptom Presentation Pathways (SPP) into discussions and case summaries (see Appendix C).

BEGINNING			
<ul style="list-style-type: none"> • Introductions • Climate setting <ul style="list-style-type: none"> • Facilitator’s role/Students’ role • Open thinking; everyone contributes • Silence is assent 			
STARTING A NEW PROBLEM			
<ul style="list-style-type: none"> • Establish objectives • Encountering the problem <ul style="list-style-type: none"> • Present the problem situation and assign tasks appropriate to problem format • Describe the roles and product/performance required • Reasoning through the problem <ul style="list-style-type: none"> • Hypothesis generation/inquiry – formation of symptom presentation pathway • Analysis/synthesis 			
Hypotheses	Information	Learning Issues	Action Plan
Brainstorming about: causation, effect &/or resolution	Syntheses of information obtained through hypotheses guided inquiry	List of what needs to be learned in order to complete the problem task	Things that need to be done in order to complete the problem task
<ul style="list-style-type: none"> • Summarize case verbally • Commitment as to probable outcome • Learning issue shaping and distribution • Resource identification 			
SELF-DIRECTED STUDY			
PROBLEM FOLLOW-UP			
<ul style="list-style-type: none"> • Resources used and their critique • Summarize case verbally • Reassess the problem <ul style="list-style-type: none"> • Start with changes needed in hypotheses column 			
Hypotheses	Problem Information	Learning Issues	Action Plan
Revise in light of new knowledge	Apply new information. Inquire for additional information. Summarize problem and its possible resolution.	Identify new (if necessary) or refine old	Actions needed to complete performance/presentation
<ul style="list-style-type: none"> • Group Evaluation • Knowledge abstraction and summary <ul style="list-style-type: none"> • Articulate definitions, concepts, abstractions, principles • Use diagrams, lists, flow charts, concept maps • Develop a problem list • Self- and peer-evaluation <ul style="list-style-type: none"> • Learning strategy and articulation • Reasoning skills • Interpersonal and group skills • Facilitator Evaluation 			
PERFORMANCE/PRESENTATION			

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Tutor Responsibilities in the Tutorial Group

- Guide students through the small group process
 - proper sequence of phases
 - proper attention to each phase
- Involve all students in the process
- Communicate at the “metacognitive” level, which means:
 - do not provide information to the group, including learning issues
 - do not respond evaluatively

- Monitor/Manage interpersonal dynamics
 - encourage group responsibility
- Guide the group process
 - ensure all primary learning issues are covered
 - help the group avoid red herrings
 - ensure the group completes the case on time
 - ensure refinement and timely submission of learning issues and problem lists
 - conduct regular TGAs
- Probe students' knowledge/reasoning deeply
 - challenge terms, opinions, "facts" (whether you agree or not)
 - ask "why? why? why?"
- Modulate the challenge/flow of the process
 - avoid overwhelming students
 - avoid student boredom
- Make educational diagnoses
 - attend to problems of
 - knowledge/understanding
 - reasoning/critical thinking
 - self-directed study
 - initiative/diligence
 - ask students to reflect on these areas
- Model, support, then fade from the process by encouraging students to:
 - take responsibility for the PBL process
 - discuss primary learning issues – avoid student lectures
 - develop case summary skills
 - interact with each other
 - become independent learners
- When in doubt:
 - opt for student-centered action
 - let the process work (hold back)
 - ask for problem synthesis
 - ask "why?"

With each problem encountered, additional learning issues surface. However, the same process is applied, i.e., guided clinical reasoning, application of prior and newly acquired knowledge, identification of learning issues, self-directed study, resource evaluation, and self-appraisal. While students learn the major concepts from all the relevant disciplines, they acquire the terminology, thought processes, and teamwork necessary for effective medical practice.

At the completion of each ePBLM, groups submit their learning issues online. After a few select cases each unit, groups also will submit problem lists.

If your tutor is not performing these tasks, notify the Unit Coordinators or Year Director.

Tutorial sessions are scheduled on the curriculum calendar. Groups may slightly alter meeting times so long as all group members are accommodated, including the faculty tutor, and the group

completes cases according to the calendar.

Mini Cases

Mini case sets are designed to expose students to multiple clinical examples of conceptually difficult topics. Examples include genetics, embryology, and nutrition. Students see approximately fourteen sets during the first year.

- Each set of mini cases has a theme, a body of knowledge that all students are expected to master. The theme is defined by a set of learning objectives.
- With some sets, each student or subset of students in the tutor group is given a different clinical case that illustrates an aspect of this common theme to present. With other sets, students work through all the cases and discuss them as a group.
- When presentations are utilized, students in the group and the expert/tutor ask questions and give an oral evaluation of the presenter's performance.
- The subject matter of the common theme and the mini cases are tested on any part of the mid-unit and/or end-of-unit evaluations.
- While you may collaborate with the other students assigned to the same case, you are responsible for your entire case presentation. You may not present material that you cannot discuss with the group.
- Mini cases are required and graded.

Final Learning Issues

After tutor groups have submitted their learning issues a faculty member will compile a list of final learning issues. This list, which is posted online, will comprise issues that have been identified and studied by a majority of the tutor groups. The objectives for the mini cases will be included. **All mid-unit and end-of-unit examinations will sample from these issues.**

You will have studied learning issues which will not make the final learning issues list, but you will not have wasted your time. These extra issues will stand you in good stead as you progress to upcoming cases and when you prepare for USMLE Step 1.

Clinical Activities

Clinical Skills Sessions

Clinical skills sessions are scheduled in each unit with the goal of teaching basic clinical skills including history taking, use of instruments, physical examination, and oral case presentations. These sessions often involve the use of standardized patients or real patients.

Physician Mentor Program

Students are required to spend a minimum of twelve hours per unit with their assigned physician mentor on at least three different dates. Additional hours are acceptable so long as other studies do not suffer. The objectives and requirements of the mentor program include:

- a) submitting one online log for each hour and a mentor experience signature form for each

- session (both available online);
- b) performing a complete history and physical exam (areas taught to date) on patients at least three times per year using the SIU-SOM protocol and submitting a written H&P for each;
 - c) understanding when to do a focused vs. a complete history and physical exam;
 - d) considering the potential influences of the medical industry on your mentor's practice and submitting a one-page reflection;
 - e) being exposed to at least one family to explore social issues that affect the patient's health and his/her interaction with the healthcare system, and submitting a two-page comprehensive social history;
 - f) submitting an online mentor evaluation in January and May.

If students have trouble obtaining a sufficient number of hours with your mentor, it is their responsibility to contact the Year One Doctoring Director to resolve this issue before the unit ends.

Self-Assessment of Patient Encounters

Each mid-unit patient encounter associated with CCX (Clinical Competency Exam) is recorded. Students are required to view the patient encounters and submit a self-assessment of their performance by a specified deadline. Instructions and a schedule are distributed each unit.

Clinical Field Experiences

Clinical field experiences are designed to expose students to specialized medical practices or testing. Examples include attending a physical rehabilitation site and observing endoscopies. Some field experiences are assigned and therefore are required while others are voluntary on a first-come, first-served basis. Students submit an online log sheet for each field experience they attend.

Elective Clinical Experiences

Students who are in good academic standing may attend elective clinical experiences as their schedules permit. A menu of elective activities available through the School of Medicine can be found online. In order to participate in any of these activities, students must contact Dr. Cris Anderson **in advance via e-mail** and secure her approval in order to ensure liability and disability insurance coverage. Elective experiences can only be arranged with physicians who are SIU SOM faculty (paid or volunteer), and for activities that are part of the academic year. This requirement excludes "shadowing" a physician off-site who is not SIU SOM faculty. Students submit an online log sheet for each elective experience they attend.

Professional Development Activities

Other clinical activities include Professional Attitude and Conduct (PAC) special events such as Interdisciplinary Professionalism Day. Optional Patient-Physician Relationship (PPR) sessions are available; these explore literature and videos related to patient care.

Critical Clinical Competency

During the course of the first year, students will be required to complete 12 online Critical Clinical Competency (CCC) cases, each organized around a different chief complaint, such as fatigue. The cases have students watch a video of a doctor-patient interaction and enter their initial differential diagnosis (DD_x). Students then watch an expert panel discussion, compare student vs. panel DD_x, then watch more video and repeat the process. After entering their final diagnosis, students will work through three mini cases with different diagnoses. The students' answers will be tracked in an e-portfolio.

Students will work through the cases independently and according to their own schedule, so long as they complete six cases by mid-year and twelve by the end of the year. Students will be able to repeat the cases, and they will be told which cases are paired with each unit.

Students will continue to work on CCCs in subsequent years of the curriculum. In all, students will be exposed to 144 diagnoses stemming from the 12 chief complaints. These 12 chief complaints (and their corresponding diagnoses) will be the focus of end-of-unit clinical skills examinations, as well as the 14-station standardized patient exam given at the end of the third year, passing of which is required for graduation.

Dress Code for Clinical Activities

Students are required to dress appropriately for all patient encounters and all off-campus clinical experiences. For all students this includes SIU-SOM white coat, SIU-SOM name tag, and Southern Illinois Healthcare (SIH) photo ID (when attending a SIH facility). Refer to the Student-SP Guidelines posted online for acceptable dress code information. For safety, students will not wear sandals or open-toe shoes. Violations of the dress code are a breach of professional conduct. If you arrive at a professional setting dressed inappropriately, you may not be allowed to participate and the session will not be rescheduled.

General Procedures for Clinical Activities

Students are official representatives of SIU-SOM and are required to conduct themselves accordingly. Students are to be prompt, courteous, and professional. Students must adhere to the patient confidentiality policies as outlined in the Student Handbook. Students should only perform procedures for which they feel prepared and only in the presence of their mentor or another physician assigned to them.

Program Evaluation and Other Surveys

Students complete evaluations of curriculum components either online or in writing while each unit progresses, as assigned. These data are used to refine the curriculum for future units and years. Students are required to complete program evaluations as assigned as well as other surveys requested by the Year 1 Curriculum Advisory Committee, the Office of Education and Curriculum, or the Office of Student Affairs. Students are not required to complete surveys solicited from any other sources.

Required Activities

Each activity on the calendar is identified as required, optional, or strongly recommended. General guidelines are as follows. Students are required to attend tutorial sessions, mini case presentations, clinical skills sessions, physician mentor experiences (twelve hours per unit), case wraps or resource sessions involving patients or guest physicians, assigned clinical field experiences, Basic Life Support training, hospital regulations including HIPAA training, twelve online Critical Clinical Competency (CCC) cases, IHI online patient safety online courses, gross anatomy lab (may vary with each unit), SCRIHS (CITI) training, any optional or practice sessions for which students sign up, and evaluations. Students must submit program evaluations in a timely fashion.

All curricular communications will be electronic. Students are expected to check electronic mail on a daily basis.

Unit Meetings

The first unit meeting of each unit is required; most others are optional. Regular unit meetings provide a forum to address any issues that may arise regarding curriculum, faculty, staff, students, or resources.

University Closures

University closures due to weather or other emergencies can be found at <http://www.siu.edu/emergency/> or by signing up for text message alerts and e-mail at entry.inspironlogistics.com/siu_carb/wens.cfm.

EVALUATION

There are two types of evaluation given during the first year, formative and summative. The purpose of formative evaluations is to guide students' learning activities. These include case by case tutor group assessments, practice quizzes during gross anatomy and histology laboratories, self-assessment questions, advice and counsel during clinical skills sessions, and the clinical reasoning practice built into each unit.

Summative evaluations are those that count for promotion, and their outcomes are shared with the School's Student Progress Committee (SPC). Summative evaluations occur during each unit of the first year. The final report of the physician mentor is also a summative evaluation.

The grading scale used is Satisfactory, Concerns, Unsatisfactory. A Concerns rating is an indication that student performance is less than expected and the student must modify his/her learning activities. A succession of Concerns ratings or an Unsatisfactory rating may result in recommendations for remediation from the SPC. Students are expected to perform to the satisfaction of the faculty in all categories evaluated; an outstanding performance in one area does not compensate for an unsatisfactory performance in another. Refer to the Year One Student Progress Document for additional information (available online).

Students failing to attend a required examination, without either prior excusal (in the case of a planned absence) or notification of the appropriate faculty (in the case of an emergency), will receive a “0” for that portion of the course/clerkship that is missed. This may result in a failing grade in the course/clerkship.

Types of Evaluations

You will have two summative basic science evaluations each in CRR and NMB, and one in ERG. The mid-unit exam covers material in the first half of the unit, and because its score contributes a small fraction of your unit grade, the mid-unit functions more as a practice exam (CRR and NMB only). Your overall unit grade depends mostly on the end-of-unit exam, which covers material from the entire unit and gives you ample opportunity to recover from a mid-unit hiccup. Mid-unit and end-of-unit evaluations will include all, or most, of the following components.

It is against School of Medicine and SIU policy to discuss grades with anybody except the student. This includes parents, spouses, and significant others. The only exception to this is if a student provides a specific, dated, and signed permission.

Tutor Group Assessments (TGAs)

The tutor group assessment provides data on the objectives of self-directed learning skills and articulation, reasoning skills, and interpersonal and group skills. Tutor group assessments are conducted informally following each case using a standard format. Input is given by the student, his/her peers, and the tutor. A formative, en route TGA is collected during the first half of each unit. These data are utilized in the final TGA if deficits have not been corrected. The final TGA is written and summative and includes self, peer, and tutor evaluation of student performance based on the ePBLMs and mini cases of the unit. When a group has two tutors, the formative TGAs are shared with the incoming second tutor. All TGAs are to be done in person and in a comprehensive fashion.

It is imperative that you take this task seriously and develop skill at it. This is an opportunity for you to address your peers’ bad habits as well as praise their development. For example, should you have a group member who is chronically late to group or consistently unprepared, if you don’t help them identify and address this now they will continue to be late or unprepared in third-year clerkships and the work they don’t do may fall to you, or patients they don’t see may suffer for lack of care. In years to come you will be required to evaluate your peers, your office staff, hospital staff, etc., so the earlier you become proficient in this skill, the better it will serve you.

Clinical Competency Examination (CCX)

The CCX requires students to perform a history and physical examination of a standardized patient or a computerized patient and to follow the clinical reasoning process. Student performance is evaluated by the SP and staff skilled in the topics upon which students are evaluated. The clinical reasoning portion includes some or all of the following: statement of the patient’s presenting problem, list of hypotheses, list of pertinent findings, ordering lab tests and diagnostic procedures, interpretation of test results, final diagnosis, diagnostic justification, and problem list.

Objective Structured Clinical Examinations (OSCEs)

OSCEs are station exams used to evaluate knowledge and clinical skills. The individual stations can encompass a variety of formats including written questions, demonstration of clinical skills, oral questioning, and the interpretation of films, slides, and other materials or test results.

Lab Practicals

Gross anatomy, neuroanatomy, and histology practical exams assess knowledge in these disciplines. Anatomy practicals require students to identify structures, correlate function and innervation, and answer clinically-oriented questions. Questions/topics may be integrated with other basic science disciplines.

Basic Science Exams

Computerized exams are used to sample students' knowledge in relevant disciplines. Exams during the academic year are objective exams based on clinical problems/final learning issues in multiple choice format. Exams during summer remediation may follow a different structure at the discretion of the faculty.

Only mid-unit exams may be reviewed by students; these consist of an optional, two-hour review period proctored by faculty. If students have questions about topics on end-of-unit exams, they may contact faculty directly. Exam questions may not be discussed.

Code of Conduct Policy

The following policies apply to all mid-unit and end-of-unit evaluations: 1) cases may **NOT** be discussed until all students have finished with the patient encounters; 2) examinations (written, computerized, OSCE, lab practicals, or others) may **NOT** be discussed until all students have finished the exams.

Students may not bring any personal belongings into the testing area, including, but not limited to, the following: mechanical or electronic devices, such as personal digital assistants (PDAs), calculators, digital watches, watches with computer communication and/or memory capability, electronic paging devices, recording or filming devices, radios, cellular telephones; outerwear, such as coats, jackets, head wear (this includes hooded sweatshirts), gloves; book bags, backpacks, handbags, briefcases; books, notes, study materials, scratch paper, or drug company clipboards. Soft ear plugs may be worn during exams. Any exceptions, including medical devices such as inhalers, require Unit Coordinator or Year One Director approval. A violation of these policies constitutes a breach of the code of conduct. Any exceptions to this policy will be announced in advance of the exam.

Clinical Skills

Student performance is evaluated formatively at most clinical skills sessions and other doctoring events by faculty and/or patients. These evaluations include patient encounters, case write-ups, oral case presentations, and other related doctoring activities. Clinical skills are evaluated summatively at the end of each unit. Physician mentors evaluate students at the end of the year.

Professional & Ethical Behavior

Professional conduct is evaluated throughout each unit by all faculty. This includes timely attendance at all required activities; timely submission of required materials, including mentor and field experience log sheets as well as program evaluations; and appropriate interactions with patients, peers, faculty, and other health care professionals. These data are sent to the Year One Student Progress (YOSP) subcommittee at the end of each unit.

The Early Concern Note documents noncognitive academic performance concerns. These may be submitted by faculty, staff, or students and are routed through the Year Director to the Office of Student Affairs. Students are bound by the broader SIU regulations. This includes the fact that SIU is a drug-free work place. Possession of alcohol on campus is a violation of regulations.

Letters to File

Faculty may also submit letters on behavior or performance to the student's "Student Progress File." The student will receive a copy of any such letter and has the right to file a response.

STUDENT PROGRESS

Shortly after each end-of-unit evaluation, the Year One Student Progress subcommittee meets to discuss student performance and make recommendations to the School's SPC. Students are graded as Satisfactory, Concerns, or Unsatisfactory for their overall performance in the evaluation. Students also receive an analysis of their performance in the various disciplines and skills that make up the evaluation. These discipline analyses are to help students direct their learning activities in subsequent units. Students may decide to focus their studies on their weak areas, or they may want to discuss with faculty the possibility of mobilizing Educational Support activities (see YOSP document for details).

Grade Review Process

All students shall be entitled to ask for review of a Unit grade and receive a timely response. All Unit faculty members shall be required to substantially comply with the following guidelines.

When the final Unit grade is assigned, students will receive e-mail notification that the evaluation has been officially recorded and the grade report is available for student review.

If a student believes there has been an error in the grading process, or believes the final unit evaluation does not accurately reflect the performance, the student may speak informally with the faculty to find a resolution. However, the student is not required to pursue an informal review, but instead may request a formal review.

To begin the formal review process, a student must provide the Unit Coordinator(s) with a written document that outlines the basis for the request. Unless there are unusual or compelling circumstances, the written request, along with any supporting documentation, must be filed by the student within 10 working days of the official recording of the final grade. The Unit Coordinator(s) will consider the request for review, will consult with appropriate faculty members and/or the Year

One Doctoring Director, and will issue a written decision to the student on the request. The Unit Coordinator(s) must respond to the request for review within 10 working days of receipt of the formal request for review.

Should the student wish to have further review of the Unit Coordinator(s') decision, a written request for grade review will be submitted to the Year One Curriculum Director within 10 working days of the decision of the Unit Coordinator(s). The Year One Curriculum Director must respond, in writing, to the request for review within 10 working days of receipt of the request for review. The decision of the Year One Curriculum Director will be submitted as the final grade.

After completion of all 3 units, the YOSP subcommittee will use the following guidelines to make recommendations to SPC concerning student promotion to Year Two.

1. Promotion to Year Two

“Satisfactory” ratings in all 3 units, or “Concerns” in 1 unit and “Satisfactory” in the other 2 units, with no consistent weaknesses in other areas.

2. Summer Remediation

“Unsatisfactory” in 1 unit, “Concerns” in 2 units, or one “Unsatisfactory” and one “Concerns” will qualify the student for an intensive (3 weeks per unit) Summer Remediation program. A consistent weakness in clinical skills, clinical reasoning, or professionalism may also be remediated during the summer. If a student is repeating the year on Academic Probation, any single grade lower than a “Satisfactory” will make the student eligible for Summer Remediation. Student participation in the Mentored Professional Enrichment Experience or other summer activities is contingent upon successful completion of Year One.

3. Repeat of Year One or Consideration for Dismissal

“Unsatisfactory” in 2 or more units, “Concerns” in all 3 units, or failure of summer remediation will require the student to repeat Year One, or the student may be considered for dismissal from the School of Medicine.

The Student Handbook (<http://www.siumed.edu/oec/policies/student-handbook.html>) provides critical information on student progress applicable to all students. A student who fails to meet the objectives of any curriculum segment, unit, or year may be required to repeat the same segment, unit, or year or to participate in other remedial activities as deemed appropriate by the Student Progress Committee. Unlimited opportunity to repeat curriculum segments, units, or years is neither feasible nor desirable. Accordingly, the frequency of remediation of curriculum segments and/or the extent of the student’s inability to remediate shall be a major consideration in determining the severity of the student’s academic performance deficiency.

If, after consideration of a student’s overall academic performance, it has been determined that the student has failed to meet curriculum objectives, the following options are available:

1. the student may be given a Letter of Concern;
2. the student may be given a Letter of Warning;
3. the student may be placed on Probation (the status of probation includes a specific list of requirements to be taken off probation);

4. the student may be dismissed from the School of Medicine.
Step(s) in the above sequence may be omitted at the discretion of the SPC and the Dean.

A student repeating the year on academic probation who obtains 2 U's or 3 C's will be dismissed from the School of Medicine without an SPC dismissal meeting. They may also be dismissed if they obtain 2 C's or a C and a U. A repeating student receiving either a C or a U during summer remediation can be dismissed without a dismissal meeting. See Student Progress Handbook for details.

4. Leave of Absence

Students may request a Leave of Absence, either short-term or for up to a year. See Student Handbook and the Assistant Dean of Student Affairs for details.

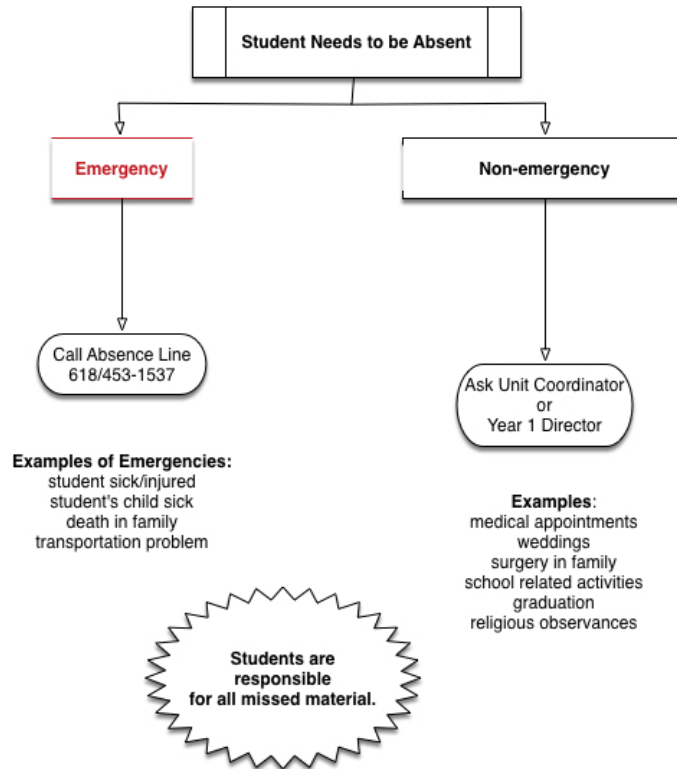
POLICIES

Absences

The faculty recognize the need for students to be absent from required activities from time to time throughout the academic year. (Please note that the term "required" means you must attend the activity unless you have made previous arrangements for an excused absence.) This includes unexpected absences, such as illness of the student or family member or death in the family, or these could be absences that are planned in advance, such as going to medically related conferences, weddings, family graduations, etc. Absences due to medical appointments could be Unexpected or Excused in Advance. As with other absences, follow the flow chart below. **Except for illnesses and emergencies, excused absences must be requested in advance.**

The following is the procedure you will follow for absence of required activities:

1. If the absence is unexpected you **must** call the absence phone line and leave a message at **453-1537**; messages can be left at any time 24x7. If you feel you need to speak to someone and it is after hours you may also call the Year 1 Curriculum Director or the Assistant Dean of Student Affairs.
2. For expected non-emergency absences you must get permission as soon as you know the date(s) of the absence and no later than 1 curriculum week in advance. Students are encouraged not to make ANY travel arrangements before obtaining permission for the absence. You can approach either the Year 1 Director or the Unit Coordinator(s). The Assistant Dean of Student Affairs does not approve expected absences. Each request will be taken into consideration individually before granting the request. However, absences for weddings and graduations, unless there are extenuating circumstances, will be granted only if the student is a main participant of the event or it involves a close family member.
3. Absences for major religious holidays are permitted under University guidelines. See <http://gradschool.siu.edu/about-us/grad-catalog/index.html> (choose current catalog and scroll to page 49).



Animal Control

Unless an animal plays a certified special needs role, no animals are allowed in any campus building. SIUC policy can be found at this website: <http://policies.siu.edu/other-policies/chapter6/animal.php>. Please note especially the sentence, “Any animal on campus in violation of these regulations may be impounded.” If you have a qualified service animal, you must work with Disability Support Services (618) 453-5738.

Medical Students’ Children

It is not permitted to bring children into any form of the medical school curriculum, whether this be resource sessions, labs, tutor groups, clinical, or any other assignments. While we recognize that childcare may become an issue from time to time for parents who are also medical students, children in medical school settings present barriers to learning, and thus it is unfair to other students to have them present. In particular, bringing ill children (who are not allowed to go to daycare or school because of illness) into these settings exposes a large population to a potentially infectious disease, and is prohibited.

If students have problems with scheduling care for their children, they need to talk to the Year One Curriculum Director or the Assistant Dean for Student Affairs.

Audio and Visual Recordings

First, students with documented disabilities may be granted allowances to record sessions that go beyond guidelines set by the EPC or the Y1CAC. They must notify the faculty that they are recording, but they can record sessions under their granted allowances.

Second, the cadavers in the gross anatomy lab in Year 1 are donated under particular guidelines. **NO** recordings can be made in the lab **unless** approved **in advance** by the Dept. of Anatomy chair.

Third, in all years of the curriculum, patient confidentiality is paramount and no recording should compromise or violate that.

With the exceptions stated above, the policy is to record all faculty resource sessions using Echo360 lecture capture software unless a faculty member prefers not to be recorded. Links to the recordings will be posted to the online course. Guest speakers will not be recorded. Student volunteers will be trained by IRC to use Echo360.

Faculty may edit recordings. Faculty may opt to post pre-recorded versions of their resource sessions or annotated PowerPoint presentations/transcripts in lieu of live audio recordings. It should be noted that faculty or staff may mis-speak in any session. Students should ask faculty to clarify any points of confusion, either in person or on the Discussions forum. Students should also check the Discussions forum for any clarifications or corrections posted by faculty.

With the exception stipulated in the first paragraph, students are not allowed to make their own recordings in any media format. Failure to follow this policy would result in referral to the Student Progress System.

Visitor Attendance Policy

Individual faculty members determine whether non-students can attend their resources sessions, with the understanding that requests will be made before the room fills. Guest speakers should also be asked about visitors before their presentations begin. Tutor groups have the right to decide about visitors, with requests coming to them at least one session in advance.

Visitors continue to be prohibited from attending gross anatomy and histology teaching labs. Those wanting access to the facilities during non-class times must contact the chair of the Department of Anatomy in advance.

RESOURCES

Faculty

Faculty members and clinicians affiliated with the School of Medicine serve as tutors, resource faculty, clinical consultants, and in various curricular management roles. A list of faculty and their areas of expertise can be accessed online.

Libraries

The Medical Resource Center (MRC), located on the third floor of Lindegren Hall, provides a collection of more than 16,000 print and electronic resources to support the first-year medical curriculum. The collection includes traditional medical references and textbooks, DVDs, media programs, models, and electronic access to research databases. The MRC provides reference services and coordinates library services for first-year medical students, physician assistant students, and faculty with the School of Medicine Library, Springfield.

The MRC also coordinates a website (<http://www.siumed.edu/mrc>) where students can find general information about the MRC, links to research sources, and the recommended resources list.

Morris Library on the SIU campus (just east of Lindegren Hall) has a collection of approximately one hundred thousand books and journals in their science division. The library's home page is: <http://www.lib.siu.edu/>. The library has a variety of study spaces available, including rooms for groups and family-friendly rooms.

Tutor Room Facilities

Each tutor group is assigned a specially equipped tutor room. This room is accessible to students in that group twenty-four hours per day. Contact the Curriculum Coordinator if there are problems or needs.

Other Resources

1. Computers: Each tutor room is equipped with a computer with internet capability and educational software. Additional computers are located in the MRC and Lindegren rooms 305 and 306. Equipment may be borrowed from Information Resources (IR, Lindegren room 103). IR also can provide information about wireless capability in Lindegren Hall and Life Sciences III.
2. Cadavers: Cadavers, both prosected and undissected, are available to students in the gross anatomy lab for use in the investigation of learning issues.
3. Histology and Pathology Slides and Microscopes: These are available to first-year students throughout the year from the MRC.
4. Models, Skulls and Other Equipment: Appropriate resources will be identified during each unit.
5. Year One Curriculum Online Courses: Located at <https://mycourses.siu.edu> (use DawgTag number and NetID password for entry), the courses provide links to the following curriculum materials: annual calendar, updated weekly unit calendars, ePBLMs, tutor group lists, clinical experience schedules, learning issues, doctoring materials, recommended resources list, resource faculty list, and more. Google Calendar updates are available online or via smartphone applications. The course also contains a Discussions forum where students may post questions. Faculty and other students scan this site on a regular basis and post answers or sources where the answers may be found.
6. Year One Curriculum Website: Located at <https://www.siumed.edu/oec/y1/year-1-curriculum.html>, the site provides limited information.

7. Study Rooms: Lindegren Hall rooms 208, 304, 305, and 306 are available to students for study throughout the year.

CURRICULAR MANAGEMENT

Resources such as tutor rooms, study rooms, professional development and other laboratories are the responsibility of the Office of Education and Curriculum. Information Resources provides support for student computers. Student affairs are directed by the Assistant Dean for Student Affairs. The Year 1 Curriculum Director is responsible for oversight of the Student Progress System as well as curricular content, delivery, and evaluation, with the assistance of the Unit Coordinators.

Year 1 Curriculum Advisory Committee:

Voting Members

Cris Anderson, M.D., Year One Doctoring Director
 Joseph Cheatwood, Ph.D., at large (anatomy); NMB Shadow Coordinator & Mentored Professional Enrichment Experience Coordinator
 Richard Clough, Ph.D., Vice Chair & Neural, Muscular, and Behavioral Coordinator
 Judy Davie, Ph.D., Endocrine/Reproduction/Gastrointestinal Coordinator
 Lisabeth DiLalla, Ph.D., at large (behavioral science)
 Dale Hales, Ph.D., Endocrine/Reproduction/Gastrointestinal Coordinator
 James MacLean, Ph.D., Cardiovascular/Respiratory/Renal Coordinator
 Prema Narayan, Ph.D., at large (physiology)
 Eric Niederhoffer, Ph.D., Cardiovascular/Respiratory/Renal Coordinator
 Sandra Shea, Ph.D., Chair & Year One Curriculum Director & Neural, Muscular, and Behavioral Coordinator & CARE Coordinator
 Rod Weilbaecher, Ph.D., at large (biochemistry)
 Student Representatives (2) - to be elected by the class; they share a single vote

Ex Officio (non-voting) Members

Amy Arai, Ph.D., Year Two Curriculum Director
 Brent Bany, Ph.D., CRR Shadow Coordinator
 Erik Constance, M.D., Associate Dean for Student Affairs
 James Daniels, M.D., Assistant Dean for Student Affairs
 Andrew Johnson, M.B.A., Information Resources Director
 Debra Klamen, M.D., M.H.P.E., Associate Dean for Education and Curriculum
 Sarah Merideth, M.A., Year One Curriculum Coordinator
 Gary Rull, M.D., Doctoring Director
 Allison Sutphin, Ph.D., Medical Resource Center Director
 TBD - ERG Shadow Coordinator

Appendix A: Guide to Abbreviations

BSS	behavioral and social sciences
CARE	Clinical And Research Experience
CCC	Critical Clinical Competency
CCX	Clinical Competency Exam™
CRR	Cardiovascular/Respiratory/Renal unit
CS	clinical session
D _x R	Diagnostic Reasoning™
EOU	end-of-unit
ePBLM	an electronic Problem-Based Learning Module
EPC	Educational Policy Council
ERG	Endocrine/Reproduction/Gastrointestinal unit
H&P	history and physical examination
HIPAA	Health Insurance Portability and Accountability Act
HRMC	Heartland Regional Medical Center
IR	Information Resources
LI	learning issue
MRC	Medical Resource Center
MPEE	Mentored Professional Enrichment Experience
MU	mid-unit
NMB	Neural, Muscular, and Behavioral unit
OCP	oral case presentation
OEC	Office of Education and Curriculum
OSA	Office of Student Affairs
OSCE	objective, structured clinical examination
PAC	Professional Attitude and Conduct
PBL	problem-based learning
PDL	Professional Development Laboratory
PPR	Patient-Physician Relationship
PSP	Population Science and Policy

RHI	Rural Health, Inc.
RS	resource session
SAQs	self-assessment questions
SDL	self-directed learning
SIH	Southern Illinois Healthcare
SOAP	subjective, objective, assessment, plan
SP	standardized patient
SPC	Student Progress Committee
SPP	Symptom Presentation Pathway
TGA	tutor group assessment
USMLE	United States Medical Licensing Examination
VAMC	Veterans Administration Medical Center
Y1CAC	Year 1 Curriculum Advisory Committee
YOSP	Year One Student Progress (subcommittee or document)

Appendix B: Compact Between Teachers and Learners of Medicine

Guiding Principles

- *Through their attitudes and behaviors, faculty serve as role models for students and residents, incorporating the principles of duty, integrity, respect and compassion.*
- *Through their attitudes and behaviors, students accept the responsibility for their growth as professionals, incorporating the principles of duty, integrity, respect and compassion.*

Statement of Principles about Teaching

Commitments of the Faculty

Transmitting the knowledge, skills, and attitudes necessary for the contemporary practice of medicine to the next generation of physicians is the primary responsibility of the School of Medicine faculty.

- The format, content, organization, and governance of the curriculum are responsibilities of the faculty as a whole.
- Individual faculty members must ensure quality, promote learning, and demonstrate professionalism in the conduct of their own teaching sessions.
- Learning experiences should be designed to foster student achievement, helping students achieve the maximum level of success possible.

Facilitating excellence in student academic, clinical, and professional performance is the most important goal of the medical school curriculum.

- Evaluation of both teachers and students should be undertaken, insofar as possible, to guide improvement and help ensure mastery.
- In assessing student performance in either academic or other competencies, faculty have the obligation to document and report success or failure and make promotion and retention decisions.

Respect for all students, residents, and colleagues as individuals is critical to the context of medical school training.

- Faculty will promote an atmosphere that is supportive of all individuals, regardless of gender, race, religion, national origin, or sexual orientation.
- In designing, implementing, and conducting educational activities, faculty will ensure that the curriculum allows students personal time for recreation and adequate rest.

Statement of Principles about Learning

Commitments of Students of Medicine

Medicine is a constantly changing discipline, and patient welfare depends on the appropriate application of timely and accurate knowledge. Commitment to learning over the course of a lifetime is a primary responsibility of students of medicine.

- Students will be responsible for self-directed learning, gaining the skills and knowledge needed to fulfill future professional responsibilities.
- Students will strive for excellence, working to achieve the highest possible individual potential.
- Students will respect and appreciate the teaching role of the faculty and understand that the curriculum is structured to facilitate future competence as physicians.

The profession of medicine demands the acquisition of professional behaviors and attitudes as well as the skills and knowledge of the discipline.

- Students will exhibit the highest standards of professional behavior in interactions with patients, colleagues, faculty, and staff.
- Students will make the commitment of time and energy that is necessary to fulfill professional responsibilities and help fellow students meet their professional obligations. Respect for all individuals is critical to the context of medical school training. Students will promote an atmosphere that is supportive of all individuals, regardless of gender, race, religion, national origin, or sexual orientation.

Appendix C: Symptom Presentation Pathway

