YEAR TWO POLICIES AND PROCEDURES

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.

Welcome / Purpose of Year Two

In the second year at SIU School of Medicine, the curriculum is fully integrated around organ systems. Materials integrate the disciplines of clinical medicine, immunology, microbiology, pathology, pharmacology, public health populations and radiology into four, core instructional units arranged around organ systems. Students will continue to build upon their depth of basic science knowledge from year one toward clinical reasoning through increased clinical contacts, diverse disciplines and variety of diseases. Our primary goal is to create an educational environment that strengthens the foundation of the basic sciences and bridges the gap in the clinical practice of medicine to ensure a well-rounded physician who is caring, compassionate and competent. Students will apply, their basic science knowledge in clinical settings as they move toward the goal of clinical immersion and professional development. Examinations are administered at the end of each unit on a pass/fail grading scale.
Students take Step 1 of the U.S. Medical Licensure Exam (USMLE) at the end of the second-year curriculum.

A. SIU School of Medicine Curriculum Guidelines
These Guidelines represent the School's blueprint of educational concepts that are to provide guidance in curricular development. There shall be a competency-based curriculum, which shall prevail throughout the medical school.

1. **Students should be encouraged to become self-directed, lifelong learners.**
Medical school should model the behavior expected of the trained physician. The student should be encouraged to take responsibility for their continuing educational development.
2. **Students should be exposed to a variety of clinical settings throughout their entire undergraduate education and should be expected to show progressive development of skills and professional behaviors.**
Students will be assigned to a variety of clinical experiences throughout their undergraduate career. In these settings they will develop their clinical skills, their socialization into the profession, their appreciation of the roles of a diversity of health care professionals, their understanding of the economics of health care delivery, and the nature of the physician-patient relationship. Students will be expected to show developing levels of patient care and responsibility as they move toward their residency training.
3. **Learning of basic and clinical sciences shall be integrated.**
The basic sciences shall extend beyond the "classic eight" (Anatomy, Biochemistry, Physiology, Behavioral Sciences, Pharmacology, Microbiology, Immunology, and Pathology) to include Ethics, Humanities, Epidemiology, Nutrition, and Biostatistics. Wherever possible the basic sciences should be learned and evaluated in the context of solving patient problems.
4. **Active learning in small group settings should be encouraged.**
Wherever possible, learning should occur in small groups with active participation by all members. Not only is this deemed to be educationally effective, but it will also develop those interpersonal skills necessary to function as members of multidisciplinary teams in health care delivery.
5. **The curriculum shall develop the flexibility necessary for students to function in the rapidly evolving health care delivery system, and in a variety of roles such as individual patient care, community health, and preventive medicine.**
Students should develop the skills to respond to evolving societal needs, practice patterns and scientific developments.
6. **All curricular events should be evaluated; such evaluations should be diverse in style and performance-based.**
Given the variety of skills, knowledge and attributes expected of our graduates, we anticipate that they will be evaluated in a diversity of ways, including self-evaluation. All such evaluations should be performance-based (defined as assessing the application of knowledge and skills in settings approximating actual clinical situations).
7. **The following content areas should receive emphasis in the curriculum:** *history and physical examination skills, medical practice management, health policies, evidence based medicine, resource acquisition and medical informatics, and opportunities to explore diverse career choices.*
8. **Where appropriate, management of the curriculum should be by interdisciplinary teams which cross geographical and calendar barriers.**

B. Second Year Objectives

The ultimate goal of the School of Medicine is to produce physicians with the knowledge, skills, and attitudes necessary to address health care needs and community service. To achieve this goal, students must acquire knowledge/skills and the ability to use that knowledge/skills 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. With 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 progresses, medical professionals must have the skill set to modify, augment, and expand their education/knowledge set after leaving school and entering the medical profession. It is also important for students to develop personal and professional qualities that facilitate effective interactions with their patients and other health professionals.
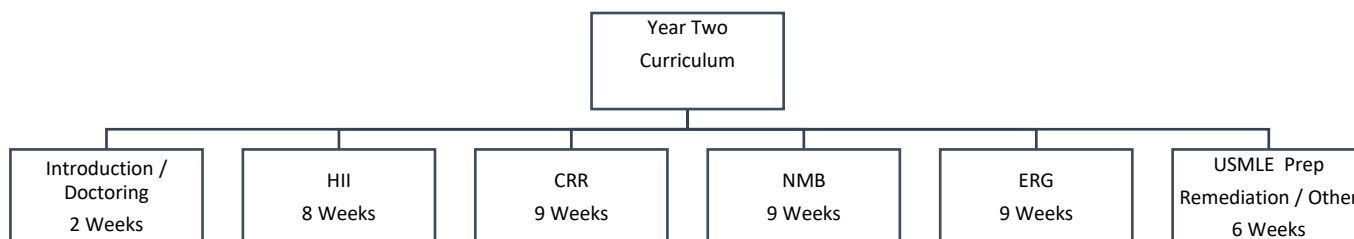
The School of Medicine has a comprehensive list of objectives which **must** be achieved in the four years prior to graduation. (see **Graduation Objectives**)

During the second year, students will demonstrate the ability to:

1. Apply to clinical problems, knowledge of:
    a. Normal structure and function of the body and each of its major organ systems
    b. Molecular, biochemical, and cellular mechanisms important in maintaining body homeostasis
    c. Altered structure and function of the body in various disease states
    d. Scientific foundation upon which medicine is based

2. Pursue self-directed learning strategies including:
    a. Identify deficits of conceptual and factual knowledge raised by patient problems
    b. Design and implement a learning strategy to address these deficits
    c. Monitor the effectiveness of the self-directed learning strategy
    d. Critically assess learning resources for adequacy, quality, and legitimacy

3. Obtain an accurate medical history

4. Perform a comprehensive physical examination (including breast, genital, and pelvic exams)

5. Develop the clinical reasoning process, including:
    a. Write a concise statement of the patient problem
    b. Produce several reasonable hypotheses per problem
    c. Order and interpret appropriate lab tests to rule in/out hypotheses
    d. Synthesize new data to refine hypotheses and explain basic science mechanisms of identified diagnosis

6. Deliver organized, concise, and comprehensible presentations (verbal and written) of patient problems

7. Provide constructive criticism of peers, faculty, educational program, and learning resources

8. Respond professionally to constructive criticism of peers and faculty

9. Professionally interact with patients, peers, staff, and faculty, including: Clothing, Hygiene and Language

10. Adhere to the highest standards of honesty, integrity, and reliability (see **Student Honor Code**)

C. Organization of the Academic Year

The core of the second year consists of approximately forty-three weeks (August – June) divided into four units and concurrent streamers and doctoring. Tutor group, doctoring and PBL activities are organized throughout each unit. USMLE preparation weeks are set aside for STEP 1 at the end of second year, however this time may be used for remediation and other educational purposes. Students are expected to be prepared, professional and participate in all required curricular sessions set forth in the curricular calendar. (see **Student Progress**).

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                          │   Year Two   │
                          │  Curriculum  │
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Introduction / Doctoring 2 Weeks	HII 8 Weeks	CRR 9 Weeks	NMB 9 Weeks	ERG 9 Weeks	USMLE Prep Remediation / Other 6 Weeks

1. Introduction / Doctoring
> Primarily involving:
>> -Y2 Orientation
>> -Introductory Resource Sessions
>> -Doctoring Activities

2. Unit 1 – Hematology/Immunology/Infectious Disease (HII)
> Primarily involving:
>> -Hematology
>> -Immunology
>> -Infectious Diseases

- Unit Goals: Provide students with a foundation for understanding hematology, immunity and infection. Provide a representative cross-section of infectious diseases to illustrate how microbes interact with the immune system. Students should acquire a molecular, cellular and clinical understanding of: 1) the biological basis for infectious disease processes; 2) the clinical and laboratory diagnosis of infectious diseases; 3) the role of host defense mechanisms and immunization in limiting infectious disease processes; 4) the mechanisms and resistance within the treatment of infectious diseases; and 5) the epidemiological, public health and psychosocial issues related to infectious diseases; 6) mechanisms, presentations and disorders of blood diseases
- Introduction to small group process, self-directed study, and variety of learning resources
- Clinical medicine: basic history taking and physical examination skills; mentor program; clinical field experiences; elective clinical opportunities

3. Unit 2 – Cardiovascular/Respiratory/Renal (CRR)
> Primarily involving:
>> -Cardiovascular
>> -Respiratory
>> -Renal Systems

- Unit Goals: Reinforce core concepts of Year-One CRR unit and expand on new pathophysiology, pharmacology, immunology, microbiology, population science, and clinical concepts related to pulmonary, cardiovascular, and renal disease processes.
- Introduction to small group process, self-directed study, and variety of learning resources
- Clinical medicine: basic history taking and physical examination skills; mentor program; clinical field experiences; elective clinical opportunities.

4. Unit 3 – Neurology/Musculoskeletal/Behavioral (NMB)
   Primarily involving:
   -Neurological
   -Musculoskeletal
   -Behavioral
- Unit Goals: Reinforce core concepts of Year-One NMB unit and expand on new pathophysiology, pharmacology, immunology, microbiology, population science, and clinical concepts related to neurology, musculoskeletal, and behavioral disease processes.
- Introduction to small group process, self-directed study, and variety of learning resources
- Clinical medicine: basic history taking and physical examination skills; mentor program; clinical field experiences; elective clinical opportunities

5. Unit 4 – Endocrine/Reproduction/Gastrointestinal (ERG)
   Primarily involving:
   -Endocrine
   -Reproduction
   -Gastrointestinal
- Unit Goals: Reinforce core concepts of Year-One ERG unit and 1.) gain an integrated basic knowledge base of the pathophysiological basis of endocrine, reproduction, and gastrointestinal disorders, including aspects related to evidence-based medicine, epidemiology, preventive medicine, genetics, neoplasia, and infection, 2.) understand the principles of clinical and laboratory diagnosis of these disorders, 3.) gain knowledge of pharmacotherapy and pharmacogenetics to rationally select and use drugs in the medical management of various disorders., 4.) demonstrate sensitivity and competency in performing history and physical exams involved in endocrine, reproduction, and gastrointestinal care,
5.) demonstrate an ability to use principles of evidence-based medicine in critically reviewing current medical literature and all available resources to guide clinical reasoning, and 6.) enhance professional development skills.
- Introduction to small group process, self-directed study, and variety of learning resources
- Clinical medicine: basic history taking and physical examination skills; mentor program; clinical field experiences; elective clinical opportunities

6. USMLE / Remediation / Other
   Issues primarily involving:
   -USMLE Preparation
   -Remediation
   -Other – Educational Requirements

D. Curricular Delivery Format

1. Problem-Based Learning (PBL) and Self-Directed Learning (SDL)
   Self-Directed Learning is encouraged through the use of Problem-Based Learning. The responsibility of learning is the duty of each student. An important part of the educational process is to develop individual reasoning and self-directed learning skills. This method of education motivates students and facilitates self-guided discovery. In this style of learning, students are actively involved in the process of working toward an understanding of the underlying principles of a posed question. Therefore, students are expected to take advantage of the wide variety of available resources. This includes faculty, textbooks, journals, online resources, and laboratories.
   Scheduled resource sessions are available to students as another learning tool in areas the faculty anticipate may be helpful. Students can schedule additional sessions with resource faculty. Case wrap sessions are scheduled to provide students with the opportunity to ask basic science and clinical questions needed to resolve the problem.

Self-Directed Learning Is:
- Taking initiative for learning
- Selecting, organizing and assessing information for future learning
- Exploring topics, setting goals and defining what is needed to learn
- Synthesizing information for the application across cases, units and patient problems.
- Collaboration with tutor groups in the development / discussion of learning issues
- Exploring different aspects of a case

Self-directed learning involves constant individual awareness and assessment of deficits to re-develop and manage information around the continuous scaffolding of patient problems. Specifically, students are guided to develop an understanding of basic science information as it relates to solving medical problems and is consistent with the application of solving those problems later in practice.   Although the process may feel foreign, this approach mimics patient encounters and ultimately leads to a physician that can evaluate and manage a medical problem effectively, efficiently, and humanely (Barrow & Tamblyn, 1980).

2. 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)
- Mini case scenarios

The ePBLM is an online record of an actual patient's medical condition, as presented to a physician. A Standardized Patient (SP) is an individual professionally trained to present the appearance, signs, and symptoms of an actual patient with a particular condition. This form of simulation is well suited to the development of clinical and interpersonal skills. Real patients are used when signs and symptoms cannot effectively be simulated. A Sequential Patient Simulation (SPS) is a modified form of an ePBLM that summarizes key findings. CCX is used following some SP encounters to evaluate clinical reasoning skills. Through the use of ePBLMs and SP's, unlimited inquiry is possible, thus allowing the student to mimic a real world physician encounter.

3. Mini Cases

Mini cases are designed to expose students to multiple clinical examples of conceptually difficult topics. Examples include genetics, embryology, and nutrition.

The design of Mini Cases:
- Each set of mini cases is based on a theme or body of knowledge that all students are expected to master. The theme is defined by a set of learning objectives.
- Some of the mini case sets are designed so each student or a subset of students in the tutor group are given a different clinical case, illustrating an aspect of the theme. Other mini case sets are designed so all students work through the cases and discuss them as a group.
- When presentations are utilized, the tutor group, a content expert, and/or the tutor ask questions and give an oral evaluation of the students' presentation.
- The subject matter of the mini cases are tested on any part of the mid-unit and/or end-of-unit evaluations.
- Students may collaborate with other students assigned to the same case; however, each student is responsible for their entire case presentation. Students may not present material that cannot be discussed with the group.
- Mini cases are required and assessed.

4. Tutor Group Sessions

Tutor groups provide the main structural feature of the medical curriculum. These small group sessions consist of six to eight students working with a faculty member who serves as the group facilitator or *tutor*. As previously stated, problem-based learning results from the process of working towards the understanding and/or resolution of a problem. Tutor groups begin the process with a patient problem, which serves as the focus for the development of clinical reasoning and self-directed learning skills; and ultimately, as the stimulus for acquiring necessary knowledge needed to understand underlying mechanisms.

The problem may be presented in the form of an ePBLM, an SP, an actual patient, or an SPS. The group tutor guides students in the clinical reasoning process as the group establishes a collection of Learning Issues (LI's) as they relate to hypotheses generated around the patient problem. The tutor actively assists students in the process of evaluating the problem, identifying self-directed learning issues (prior knowledge/deficits in knowledge), learning information applicable to the problem, and evaluation of this information (Barrows & Tamblyn, 1980).

The LIs generated from tutor group sessions range from the molecular to the societal level as students consider the patient comprehensively. LIs can be grouped into two categories, primary and secondary. Primary learning issues are studied by all members of the tutor group and secondary learning issues are explored by individual group members. Students use self-directed learning and can include a variety of resources such as faculty resource sessions, laboratory specimens, models, online discussion forums, textbooks, and medical search engines/databases to resolve the LIs.

Following self-directed study, the students reconvene in their tutor groups to analyze, synthesize, organize, and evaluate the effectiveness of what has been learned, both in the clinical and basic sciences as it relates to the problem and how it might be applied to future problems. This tutor group assessment may include written and oral patient summaries. From the review of acquired information, additional LIs may be generated and the self-directed learning /tutor cycle continues until the group is satisfied that it has a comprehensive grasp of the mechanisms involved. A flowchart should be developed for most cases to integrate key LIs with the patient's symptoms and findings. At the completion of each ePBLM, tutor groups submit their LIs online. Some selected ePBLMs also include a problem list to be submitted with other material.

NOTE: If a tutor is not performing these tasks, notify the Unit Director or Year Two Director.

a. Student Responsibilities - Tutor Group Sessions

1. Adhere to the educational objectives of the unit during reasoning, discussions, and study
2. Express thoughts and ideas to all members of the tutor group. Tutor groups sessions are enhanced by collaborative thinking/discussion - Effective PBL depends on students' contributions
3. Recognize the relevance of each PBL phase as it relates to the preparation for the practice of medicine
4. Assume the responsibility for following the PBL process in sequence, with attention to each phase
5. Share opinions/ideas that differ from others expressed in the tutor group session - Silence means agreement
6. Assume responsibility for:
   a. Clarifying/questioning own thoughts and contributions
   b. Clarifying/questioning other group members' thoughts and contributions
7. Identify LIs through reflection of:
   a. Personal understanding of group discussion
   b. Group members' understanding - demonstrated through group discussions
8. Monitor the adequacy of performance in:
   a. Understanding of basic mechanisms responsible for the problem
   b. Reasoning through the problem, including:
      i. Generated hypotheses
      ii. Inquiry to verify or invalidate hypotheses
      iii. Analysis of new data
      iv. Synthesis and presentation of information as it relates to the problem
   c. Self-directed study
   d. Interpersonal skills
   e. Facilitation of tutor group work towards resolution of the problem
9. Provide honest and constructive feedback to group members and tutor

[Note: if irreconcilable problems arise within the group, speak with the tutor outside of group sessions or speak with the Unit Directors/Year 2 Director]

10. Assist in the learning needs/problems of other group members
11. Prepare information/materials needed to discuss the LIs for tutor group session. Information/materials may include:
    a. Resource discussion
    b. Handouts
    c. Contribution to the tutor group's e-documents
    d. Written presentation of a summary (using white-board)
    e. Discussion of basic science topics as they relate to the patient's clinical status
12. Incorporate Symptom Presentation Pathways (SPP) into case discussions and summaries (see **Appendix C**)

NOTE: Tutor group sessions are scheduled on the unit curriculum calendar. Requests for an absence from a tutor group session <u>MUST</u> be made in advance (see <u>**Absence Policy**</u>).

b. Tutor Responsibilities - Tutor Group Sessions
  1. Guide students through small group process
       a. Proper sequence of PBL phases
       b. Proper attention to each phase
  2. Involve participation of all students in the PBL process
  3. Communicate at the metacognitive level:
       a. Do not deliver information to the tutor group, including LIs
  4. Monitor/manage interpersonal dynamics of the tutor group
       a. Encourage group responsibility
  5. Guide the tutor group process including:
       a. Ensure all primary LI's are covered
       b. Confirm that the group completes the PBL case on time
       c. Assure the refinement and timely submission of LI's and problem lists
       d. Conduct Regular Tutor Group Assessments (TGAs)
  6. Investigate students' knowledge/reasoning deeply
       a. Challenge terms, opinions, facts
       b. Ask "why" often
  7. Moderate the challenges/flow of the PBL process:
       a. Facilitate manageable tutor group sessions
       b. Identify/facilitate student progression/inactivity
  8. Attend to students' challenges/problems of:
       a. Knowledge/understanding
       b. Reasoning/critical thinking
       c. Self-directed study
       d. Initiative/diligence
  9. Model, support, and encourage students to assume the PBL process, including:
       a. Take responsibility for the PBL process
       b. Discuss primary learning issues (avoid lectures)
       c. Develop case summary skills
       d. Interact among the tutor group
       e. Become self-directed learners
  10. Adhere to the core PBL process
       a. Choose student-centered actions
       b. Hold back, let the PBL process work
       c. Ask for problem synthesis
       d. Always ask "why"

With each problem encountered, additional learning issues surface. However, the same process is applied:
1. Guided clinical reasoning
2. Application of prior and newly acquired knowledge
3. Identification of LI's
4. Self-directed study
5. Resource evaluation
6. 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.

c. Outline of Tutor Group

BEGINNING			

- **Introductions**
- **Climate setting**
  - Facilitator's role/Students' role
  - Open thinking; everyone contributes
  - Silence is assent

STARTING A NEW PROBLEM			

- **Establish objectives**
- **Encountering the problem**
  - Present the problem situation and assign tasks appropriate to problem format
  - Describe the roles and product/performance required
- **Reasoning through the problem**
  - 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

- **Summarize case verbally**
- **Commitment as to probable outcome**
- **Learning issue shaping and distribution**
- **Resource identification**

SELF-DIRECTED STUDY			

PROBLEM FOLLOW-UP			

- **Resources used and their critique**
- **Summarize case verbally**
- **Reassess the problem**
  - 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

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- **Group Evaluation**
- **Knowledge abstraction and summary**
  - Articulate definitions, concepts, abstractions, principles
  - Use diagrams, lists, flow charts, concept maps
  - Develop a problem list
- **Self- and peer-evaluation**
  - Learning strategy and articulation
  - Reasoning skills
  - Interpersonal and group skills
- **Facilitator Evaluation**

PERFORMANCE/PRESENTATION

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d. Final Learning Issues

A list of final learning issues is compiled by faculty from all submitted tutor group LIs. This list, which is posted online, will encompass LI's that have been identified and studied by a majority of the tutor groups. In addition, the objectives for the mini cases are included. All mid-unit and end-of-unit examinations will sample from these learning issues.

Not all LIs studied during tutor group sessions will be included on the final learning issues list. These extra LIs are used to prepare students as they progress to future cases and in preparation of the USMLE Step 1.

5. Clinical Activities

a. 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 could involve the use of standardized patients or real patients.

b. Physician Mentor Program

Students are required to spend a minimum of <u>eight (8) hours per unit</u> 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:
1. Submitting one online log for each hour and a *Mentor Experience Signature Form* for each session (both available online)
2. 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
3. Demonstrating an understanding of when to perform a focused vs. a complete history and physical exam
4. Considering the potential influences of the medical industry on your mentor's practice and submitting a one-page reflection
5. Being exposed to at least one family to explore social issues that affect the patient's health and their interaction with the healthcare system, submitting a two-page comprehensive social history
6. Submitting an online mentor evaluation in January and May.

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

c. 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.

d. 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 required while others are voluntary on a first-come, first- served basis. Students submit an online log sheet for each field experience they attend.

e. 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. To participate in any of these activities, students must contact the Director of Doctoring **in advance via e-mail** and secure approval 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.

f. 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.

g. Critical Clinical Competency

During the course of the second 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.

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, the passing of which is required for graduation.

h. Dress Code for Clinical Activities

Students are required to dress appropriately for all patient encounters and all off -campus clinical experiences. This includes SIU-SOM white coat, SIU-SOM name ID and medical center ID. 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.

i. 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.

6. Program Evaluation and Other Surveys

Students complete evaluations of curriculum components either online or in writing while each unit progresses. 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 2 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.

7. 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/complete:

- ✓ tutor sessions
- ✓ mini case presentations
- ✓ clinical skills sessions
- ✓ physician mentor experiences
- ✓ case wraps or resource sessions involving patients or guest physicians
- ✓ assigned clinical field experiences
- ✓ Basic Life Support training
- ✓ Hospital Regulations including HIPAA training
- ✓ SIUSOM Annual Training Modules
- ✓ Twelve online Critical Clinical Competency (CCC) cases
- ✓ IHI online patient safety online courses
- ✓ any optional or practice sessions for which students sign up
- ✓ 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.**

8. Unit Meetings

Unit meetings are scheduled throughout an entire unit. Regular unit meetings provide a forum to address any issues that may arise regarding curriculum, faculty, staff, students, or resources.

E. Evaluation

There are two types of evaluation given during the second year, formative and summative. Outcomes from both evaluations are shared with the Year Two Student Competency Committee (Y2SCC). The purpose of formative evaluations is to guide students' learning. These include tutor group assessments, self-assessment questions, mid-unit/end-of- unit assessments, advice and counsel during clinical skills sessions, and the clinical reasoning practice built into each unit.

A summative evaluation occurs at the end of the academic year and assesses performance data from all areas of the curriculum (basic science knowledge, clinical skills, professionalism, and self -directed learning). The summative evaluation is used for remediation/promotion recommendations and is shared with the SPC.

The assessment scale used is Green, Yellow, and Red. A Yellow rating is an indication that student performance is less than expected and the student must modify his/her learning activities. A succession of Yellow ratings or Red ratings may result in recommendations for summer remediation, repeat of the year, or dismissal from both the Year Two Student Competency Committee (Y2SCC) and Student Progress Committee (SPC). Students are expected to perform to the satisfaction of the faculty in all categories assessed; an outstanding performance in one area does not compensate for an unsatisfactory performance in another. Refer to the Year Two 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 unit that is missed. This may result in a Yellow/Red rating.

<u>Academic Types of Evaluations</u>

The Year Two Student Competency Committee (Y2SCC) will conduct unit by unit analysis of student performance in all areas of assessment and make recommendations to the SPC and to those students identified with deficits. The Intermediate evaluations occur at the end of each unit and will include the following components (the list is not comprehensive).

NOTE: It is against School of Medicine and SIU policy to discuss scores 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.

1. 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 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 to take this task seriously and develop skill at it. This is an opportunity for students to address their peers' bad habits as well as praise their development. For example, should a student encounter a tutor group member who is chronically late to group or consistently unprepared, if tutor group members do not help them identify and address this <u>now,</u> they will continue to be late or unprepared throughout their career, and thus, others may suffer for lack of care. In years to come, students will be required to evaluate peers, office staff, hospital staff, etc., so the earlier a student becomes proficient in this skill, the better it will serve them.

2. 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 of lab tests and diagnostic procedures
- ✓ interpretation of test results
- ✓ final diagnosis
- ✓ diagnostic justification
- ✓ problem list.

3. 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.

4. 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 at the end of each unit. Physician mentors evaluate students at the end of the year.

5. Basic Science Examinations

Unit exams will include basic science exams, a possible mid-unit and end-of-unit exam. The mid-unit exam covers material in the first half of the unit and provides feedback for students' progress to that point within the unit. The end-of-unit exam covers material from all cases/courses and provides feedback to students regarding the entire unit.

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.

Students will abide by all exam proctoring guidelines. Students will not share any information related to the case at any time or place until all students have completed the CCX session or Unit Exam. To do so would constitute a breach of the "Student Honor Code" as it relates to confidentiality.

Exam review sessions will be held for both mid-unit and end-of-unit exams to provide feedback. These consist of an optional, two-hour review period proctored by faculty. If students have questions about **topics** on the exams, they may contact faculty directly. Exam questions may **not** be copied/photo during the review session.

Code of Conduct Policy

The following policies apply to all mid-unit and end-of-unit evaluations:
- Cases may NOT be discussed until ALL students have finished with the patient encounters
- Examinations (written, computerized, OSCE, lab practical, 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 calculators, digital 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 Two 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.

Professional / Ethical Behavior Evaluations

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. This data is sent to the Year Two Student Competency Committee (Y2SCC) at the end of each unit for review.

1. *Monitoring Student Lapses in Non-Cognitive Behaviors and Academic Performance*

SIUSOM will track student performance in the area of Non-Cognitive Behaviors across the curriculum. This allows the school to document and track a student's professional development during medical school when rapid changeover of environments and evaluators can mask the severity or frequency of poor performance in the area of non-cognitive behaviors. It also allows administration and directors the opportunity to structure educational experiences for students who have deficiencies in non-cognitive behavior in hopes of successful remediation.

Student's behavior might come to light through poor ratings in the area of non-cognitive behaviors on written evaluations, poor peer evaluations, or verbal reports of concern from faculty, residents, staff or other students. In the proposed system, anyone whom determines that the identified incident or behavior is a source of concern, may file a "***Preliminary Non-Cognitive Behavior Note***" for documentation and addressing of the behavior. Should the behavior continue, repeated offences noted, or infraction deemed severe in nature, or seen as egregious the Y2 Director may raise the behavior to the level of a "Concerns Note" at which will be directed to the Associate Dean for Students Affairs and may progress to the SPC. The form includes a place for the student's signature and space for the student to provide an explanation for the deficiency described.

The ***Concern Note*** documents concerns regarding non-cognitive behavior and academic performance. These may be submitted by faculty, staff, or students and are routed through the Year Two Director to the Office of Student Affairs and SPC. 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.

Faculty may also submit *Letters to File* regarding behavior or performance. These letters are sent to a student's ***Student Progress File***. The student will receive a copy of any such letter and has the right to file a response.

F. Attendance / Absence Policy

Students are expected to participate in all activities of the second year as required at all scheduled course activities unless they are specifically designated as optional.   All absences and Time Off Request must be reported / requested via the SICK line and or Time Off Request link. **Except for illnesses and emergencies, excused absences must be requested in advance.**
The Policy for Student Work Hours shall apply to all coursework taken in Year Two.

1. Excused Absences:
   a. *Illness/Bereavement/Emergency Absences:* Students are required to contact unit as directed to attain excused absences and abide by the arranged method of contact set by the unit.
   Bereavement Policy: https://thehive.siumed.edu/Interact/Pages/Content/Document.aspx?id=2739&SearchId=440914
   b. *Medical Appointments:* Students will be excused from curricular activities to seek needed medical care after notification and approval of the appropriate unit faculty or their designee**.** Advanced notice is preferred and should be directed to the appropriate unit faculty as soon as possible. Medical documentation may be requested and or required by the unit.
   c. *Religious Holidays / Practice:* Students may ask to be excused for religious holidays / practice after notification and approval of the unit faculty or their designee. Absence requests should be directed to the appropriate unit faculty for consideration **no later than Six Weeks in advance or start of the unit**.
   d. *Professional Conference Attendance:* Students may request an absence in order to participate in a professional conference if he/she/they is giving a presentation, is on the conference planning committee, or has other official duties related to the organization and/or conference. General conference attendance is not considered to be a reasonable reason to miss required curricular activities. Absence requests are not guaranteed and should be submitted to the appropriate unit faculty responsible or their designee for consideration **no later than Four Weeks in advance.**
   e. *Other / Non-Emergency Absences:* Students are expected to participate in all activities of the second year. Faculty may approve brief absences, however are not required to do so. At the discretion of the faculty, students may be required to make up any missed work and/or be assigned additional work. Absence requests of a non-emergency nature must be made in advance and should be directed to the appropriate unit faculty or their designee for consideration **no later than Four Weeks in advance**.
   f. *Unexcused absences, excessive absences, or failure to complete required make-up work:* This will be reported by the department to the Office of Education and Curriculum for recording and may result in an **unsatisfactory grade, reduced credit for the course and/or disciplinary action.**

   - **UNPLANNED absences for REQUIRED activities**: (Illness, emergencies or late arrivals)
     ➢ Call 217-545-SICK (7425)
     ➢ Leave a detailed message with your name, best means to contact you, and what activity you will be missing (tutor group, PDL activity, etc).
     ➢ COVID Exposures / Self-Monitoring, students are required to self-monitor daily before and after educational campus duties for COVID 19 symptoms based on CDC and school system guidelines. Students must self-report exposures or positive symptoms to the Employee Health Nurse (217-492-2446) and Erik Constance, MD (Student Affairs Office) for further instructions. We ask that students whom are asked to quarantine complete the absence form for documentation. Link to Absence Request Form (new version)

   - **PLANNED absence from a REQUIRED activity:**
     ➢ Complete the online Planned Absence REQUEST Form: Link to Absence Request Form (new version)
     ➢ After submission of form your point of contact for the approval of your request will be the Y2 Coordinator. They will coordinate the approval process and notify you of the result.
     ➢ COVID TRAVEL GUIDELINES: Student must abide by domestic and international guidelines and reporting policies as set by the CDC and school system. We ask that students whom are asked to quarantine complete the absence form for documentation. Link to Absence Request Form (new version)

2. University Closures

University closures due to weather or other emergencies can be found at **Weather Emergency Policy**
 or by signing up for text message alerts and e-mail at **https://www.siumed.edu/police-security/ravemedalert-emergency-notification-system.html**

G. Year Two Student Competency Committee Y2SCC
1. Membership

Voting	*Non-Voting*
Year Two Curriculum Director(s)	Office of Education and Curriculum Staff
Year Two Doctoring Director	Faculty Advisor(s)
Unit Director(s)	

Abbreviations:

BSK	Basic Science Knowledge	TGA	Tutor Group Assessment
CCX	Clinical Competency Examination	EOUA	End of Unit Assessment
SOM	School of Medicine	Y2CAC	Year Two Curriculum Advisory Committee
SPC	SOM Student Progress Committee	Y2SCC	Year Two Student Competency Committee
SP	Standardized Patient	OSCE	Objective Structured Clinical Exam
MCQ	Multiple Choice Questions		

2. Y2SCC Assessment Review Process

The members of Y2SCC will meet within 5 working days of the completion of each of the units of study to discuss areas of performance, including Knowledge, Clinical Reasoning/Clinical Skills, Self-Directed Learning, and Professional Behavior. Non-voting members, including individual student faculty advisors, will serve as rotating members when their input is relevant to the discussion. Information as to the discussion of performance of struggling students (as well as the remediation suggestions made) will be forwarded to the SPC after each unit of study. At the end of the academic year, Y2SCC will meet within 5 working days at end of the Endocrine/Reproductive/ Gastrointestinal (ERG) unit to conduct a summative evaluation and assesses data from all four units and areas of the curriculum. Y2SCC will conduct a case by case analysis of student performance and make recommendations to the SPC on end of year promotion, required remediation, dismissal, and formal communications with the students. The Y2SCC will develop an educational support plan that may include assistance from specific faculty or mentors, additional educational activities, stimulated recall with a SP, additional clinical skills experience and/or other appropriate activities. Y2SCC has the authority to institute appropriate Educational Support strategies without prior SPC approval.

The Y2SCC members present for the end of the academic year meeting will include all voting members, including, Year Two Curriculum Director(s), Year Two Doctoring Director, and Unit Director(s). The Y2SCC may invite student advisor(s), tutors, or resource faculty to the end of year meeting to discuss specific deficits and to assist in constructing the most effective and efficient remediation plan. Decisions are by majority vote with the Year Two Curriculum Director(s) serving as the tie breaker.

The Y2SCC may meet at other times during the year as decided by the Year Two Curriculum Director(s).

a. Y2SCC Assessment Criteria
Y2SCC will look at students' performance for the entire academic year and will make recommendations for end of year promotion, required summer remediation, repeat of year two, or dismissal based on analysis of all data across the year.
For promotion to Year Three, student shall demonstrate satisfactory performance in all four areas of evaluation and assessment including, Knowledge, Clinical Reasoning/Clinical Skills, Self-Directed Learning, and Professional Behavior.
The following remediation criteria are guidelines for Y2SCC. Exceptional circumstances may require a different courses of action.
- ✓ A student identified as committing acts of unprofessional behavior will be addressed by the Y2SCC on a case-by-case basis in accordance with the Student Progress System document.

- ✓ A second-year student identified with consistent performance deficiencies during Year Two could be recommended for summer remediation, repeat of Year Two or dismissal, if repeated performance deficiencies occur.

- ✓ A student who is repeating Year Two because of performance deficiencies could be recommended for summer remediation or administrative dismissal, if repeated performance deficiencies occur.

b. Areas Evaluated & Methods

Students' Knowledge, Clinical Reasoning/Clinical Skills, Self-Directed Learning, and Professionalism will be evaluated in the following 4 areas using the indicated methods:

Area	Method of Evaluation
1. Knowledge	EOUA
2. Clinical Reasoning / Clinical Skills	CCX, SPs, SP feedback, Doctoring Faculty, Mentor Feedback, TGA, OSCE
3. Self-Directed Learning	TGA
4. Professional Behavior	Evaluation by faculty, tutor group, peers, mentors, staff & SP feedback

c. Year 2 SCORING for EOUA
1. The minimum score for a grade of **GREEN** will be 1.0 standard deviations from the mean of the score of all students on the exam.
2. The minimum score for a grade of **YELLOW** will be 1.5 standard deviations from the mean of the score of all students on the exam.
3. Scores below 1.5 standard deviations from the mean will receive a **RED**.
4. A score of 75% or the mean of the EOUA (the lesser of the 2) is required to pass a remediation unit exam.

A score of 75% on an EOUA will receive a grade of **GREEN** irrespective of the mean score and standard deviation of the scores of all students on the exam.

3. Educational Support

Continuous activities throughout the year to improve students' study skills, learning strategies, knowledge, and professionalism. Educational Support activities will not interfere with student progress in the current unit and will not require formal evaluation of progress. Such deficiencies could be self-identified, identified in tutor group, or identified during other assessments used. The student, in cooperation with their advisor and the Y2SCC will develop a support plan which may include help from discipline mentors or faculty, additional educational activities, stimulated recall with an SP, additional clinical skills practice, or other supplementary activities.

a. Make-up Work

Educational support activities may be developed by Unit Directors, Year Two Curriculum Director(s), Year Two Doctoring Director, and appropriate resource faculty for students who miss a substantial amount of time in the curriculum, either during the unit or during exams, and need extra time to complete the unit. The content of these activities do not have to be approved by Y2SCC; however, information regarding the scheduling and results of these activities should be forwarded to Y2SCC in a timely fashion.

b. Remediation

- Principle: To ensure subsequent academic success, remediation activities should be substantial in nature and should occur in the summer following Year Two.

- Organization: Remediation in the areas of Knowledge and/or Clinical Reasoning/Clinical Skills will occur in the summer remediation period and will last for as long as is deemed necessary by the Y2SCC. Students will study under the close supervision of appropriate resource faculty. At the end of the remediation period, students may be required to take an exam tailored to the material being remediated. It may consist of: MCQs, SPs, CCX, oral or written laboratory practicals, and/or written case-based questions. Passing this remediation exam will be required for promotion to Year Three. A passing grade on any of the end-of-remediation evaluation is needed to satisfactorily pass remediation. If a student does not demonstrate satisfactory performance, it will result in repeating Year Two on Academic Probation, with the conditions stated above. Students in this situation will also be offered the option of withdrawing from the School of Medicine.

- End-of-year remedial activities shall be proposed by Y2SCC and submitted to the SPC for confirmation. Successful completion of the required remediation will be determined by formal evaluation, reported to the Y2SCC in writing, and forwarded to the SPC. Remediation of Knowledge, Clinical Skills, and/or Clinical Reasoning will occur during the summer remediation period and will last for a period of time determined by the Y2SCC. Students will study under the supervision of unit Co-Chairs, and/or the Doctoring Director and any appropriate faculty. Remedial activities will be tailored to the specific deficits identified. Students may be required to take a formal examination. The examination may consist of SPs, CCXs, and/or written basic science or clinical questions.

c. Criteria for Y2SCC Recommendations to the SPC
The following criteria are guidelines for the Y2SCC. Exceptional circumstances may require exceptional courses of action. Recommendations made by the Y2SCC will be forwarded to the SPC for review and approval.

1. The Y2SCC may recommend that a student be required to complete Educational Support activities in an area of focal deficit, which is identified on any EOUA, irrespective of the grade received in the area, during a subsequent unit or during the summer remediation period.
2. Any student who receives a single YELLOW score on any EOUA in the category of Knowledge will be included as informational only in the Y2SCC letter to SPC.
3. Any student who receives a YELLOW score on 2 EOUA in the category of Knowledge will receive a letter of concern from the SPC.
4. Any student who receives a single RED score on any EOUA in the category of Knowledge will receive a letter of concern from the SPC.
5. Any student who receives a YELLOW score on 2 EOUA and a RED score on any EOUA in the category of Knowledge will receive a letter of warning from the SPC and may be recommended to be placed on Academic probation.
6. Any student who receives a RED score on 2 or more EOUA in the category of Knowledge will receive a letter of warning from the SPC and may be recommended to Repeat Year 2 or be placed on Academic probation.
7. A student who receives a grade of YELLOW or RED on the EOUA in the category of Clinical Skills and Clinical Reasoning or in the category of Non-cognitive Behavior and Professionalism for a unit will be required to complete specific Educational Support activities. These activities shall be structured and specifically designed to remedy the deficiency or deficiencies identified in the EOUA. Such activities may involve additional work with nurse educators, clinical mentors or other faculty. In addition, the recommended activities may include diagnostic tools such as "stimulated recall" and may require a formal examination. Should the nature of the deficit(s) be of sufficient magnitude or be repeated in multiple units, the student may be required to participate in remedial and/or diagnostic activities during the summer remediation period or may be required to repeat Year 2 or a recommendation for dismissal may be made. Depending on the extent of the summer remediation, a delay in preparing for and sitting for USMLE, Step 1, as well as a delayed entry into the Year 3 clerkships may be necessary.
8. Any student who receives a grade of YELLOW or RED on any EOUA in the category of Knowledge will be discussed by Y2SCC and may be required to complete specific Educational Support activities during the curricular year. These educational support strategies will be indicated in the letter to SPC. These activities shall be structured and specifically designed to remedy the deficiency or deficiencies identified in the Knowledge EOUA. Should the nature of the deficit(s) be of sufficient magnitude or repeated in multiple units, the student may be required to participate in remedial activities during the summer remediation period or may be required to repeat Year 2 or a recommendation for dismissal may be made. Depending on the extent of the summer remediation, a delay in preparing for and sitting for USMLE, Step 1, as well as a delayed entry into the Year 3 clerkships may be necessary.
9. Recommendations from the Y2SCC to the SPC may be made based on poor performance in a unit across multiple categories.
10. Failure of any examination during the summer remediation period will result in a recommendation that a student repeat Year 2 on Academic Probation.
11. A student identified as committing acts of unprofessional behavior will be dealt with on a case-by-case basis, in accordance with the Student Progress System document.
12. Students who, prior to the end of Year 2 curriculum, have been approved by the SPC to repeat the entire Year 2 curriculum for reasons of academic performance will be strongly encouraged to participate in the remainder of the Year 2 curricular activities including assessments. The results of exams and assessments will not be included in calculating class performance data, nor will they be transmitted to the SPC.
13. A student repeating Year 2 who receives an EOUA grade of YELLOW or RED in the category of Knowledge may be recommended for dismissal. Recommendations that result from an EOUA grade of YELLOW or RED in the categories of Clinical Skills and Clinical Reasoning or Non-cognitive Behavior and Professionalism will be made on a case-by-case basis. Depending on the pattern and severity of the perceived deficit(s) a recommendation for remediation (in the summer or otherwise) or a recommendation for dismissal may be made.
14. A student repeating Year 2 because of EOUA deficiencies in Knowledge who earns a combination of EOUA grades in Knowledge that qualifies them to repeat the year may be administratively dismissed from the SOM.

4. Year 2 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 notification that the evaluation has been officially recorded and is available for student review (within 10 working days of the official recording of the grade); this notification will include a reminder of the Grade Review Process. Final Unit grades become officially recorded, and the 10 day window to request an official grade review begins, when the Unit's Y2SPS letter is received by the Student Progress Committee.

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

To begin the formal review process, a student must provide the Unit Coordinator 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 Directors(s) will consider the request for review, will consult with appropriate faculty members and/or the Director of Doctoring, and will issue a written decision to the student on the request. The Unit Directors(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 Directors(s)' decision, a written request for grade review will be submitted to the Year 2 Curriculum Director within 5 working days of the decision of the Unit Directors(s).
The Year 2 Curriculum Director must respond, in writing, to the request for review within 5 working days of receipt of the request for review. The decision of the Year 2 Curriculum Director will be submitted as the final grade.

5. Promotion

Y2SCC will look at students' performance for the entire academic year and make recommendations for end of year promotion, required summer remediation, repeat of year or dismissal based on analysis of all data across the year.
Promotion from Year Two to Year Three requires satisfactory completion of that academic year. In addition, all students may be required to complete satisfactorily a comprehensive examination developed by the faculty of the School of Medicine. Exceptions are possible only under special circumstances as determined following review by the Student Progress Committee (SPC). When making recommendations for promotion to Year Three, the SPC will evaluate and consider all aspects of a student's academic performance in Year One and Year Two. Students will be administratively dismissed during a repeat year for failing to meet satisfactory academic performance standards as outlined in the Year Two Curriculum Committee Student Progress Document. An administrative dismissal is a procedure whereby a student who has not met such academic performance standards is dismissed upon recommendation of the Year Two Student Competency Committee but without a formal SPC dismissal meeting. It is the expectation of the School of Medicine that students will complete Years One and Two in no more than three academic years.

I. Promotion to Year Three
   a. Demonstrate satisfactory performance in all four areas of evaluation and assessment including, Knowledge, Clinical Reasoning/Clinical Skills, Self-Directed Learning, and Professional Behavior.
II. Repeat of Year Two or Summer Remediation:
   a. A second-year student identified with consistent performance deficiencies during Year Two could be recommended for summer remediation, repeat of year two or dismissal, if repeated performance deficiencies occur.
   b. A student who is repeating Year Two because of performance deficiencies could be recommended for summer remediation or dismissal, if repeated performance deficiencies occur.
III. Consideration for Dismissal:
   a. A student who is repeating Year Two because of consistent performance deficiencies could be recommended for Administrative Dismissal from the SOM, if repeated performance deficiencies occur.
IV. Leave of Absence:
   a. Students may request a *Leave of Absence*, either short-term or for a year. See Student Handbook and the Assistant Dean of Student Affairs for details.

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 (SPC). 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.

After consideration of a student's overall academic performance, if 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 (includes a specific list of requirements to be removed from probation)
4. the student may be dismissed from the School of Medicine

NOTE: the step(s) above may be omitted at the discretion of the SPC and the Dean.

6. Deferral Policy Notice

Except in special circumstances, students may not defer curricular units, third-year clerkships or fourth year courses, but must take them as scheduled in the regular rotation. Students are given 6 weeks of dedicated study time for the USMLE Step 1. Additional study time is not warranted and will not be considered as a valid reason to defer a clerkship. Special circumstances that will be considered for potential clerkship deferral include Year 2 remediation or emergency/health situations that delay dedicated study time for USMLE Step 1. Additionally, deferrals will be considered for USMLE Step 1 failures that require the exam to be retaken. If a deferral is granted, student schedules may be altered to meet additional graduation requirements.

It is required that a deferral request be submitted to the Office of Student Affairs at least two weeks prior to the start of the Core Clerkship. Approval of a request to defer a clerkship may be granted by the Associate Dean for Student Affairs or a review committee consisting of the Associate Dean for Student Affairs, Senior Associate Dean of Education, Y3 Curriculum Director, and Chair of the Student Progress Committee or their designees, depending on the circumstances. Deferred Core Clerkships will be scheduled during the Personalized Education Plan period of the third year when possible.

Students requesting deferrals that do not meet the above criteria may be subject to a **Leave of Absence** and/or additional required curriculum as assessed by the review committee to meet graduation requirements.

Additional weeks or course work may be required of deferral students as recommended by the review and approval committee to meet graduation requirements.

Should a deferral be granted as outlined in the Policies and Procedures deferral criteria regarding academic performance / remediation / probation or valid health / emergency related reasons, student schedules may be altered to meet additional graduation requirements.

This policy guides procedures and expectations around granting student requests to defer Year 3 Core Clerkships are outlined in the **Y3 Policy and Procedures** .

7. STUDENT RESPONSIBILITIES (See Appendix B)

While faculty members offering curricula are responsible for planning course activities that will enable students to meet their educational objectives, students have responsibilities in planning and executing their curricular experience and programs.

1. It is ultimately **the student's responsibility to make sure they meet all curricular requirements** by the end of each academic year and upon graduation. Assistance with this process is offered by faculty, Advisors, the Associate Dean for Student Affairs, Year Curriculum Director, Year Curriculum Coordinator, and the Registrar in the Office of Education and Curriculum.
2. Promotion and Diplomas will not be awarded until all curricular / graduation requirements are met. Students may continue to work towards completion of graduation requirements after Graduation Day, if necessary (until July 31).
3. Students are expected to conduct themselves at all times according to the **School of Medicine Honor Code**. This code can be found in its entirety in the Student Progress System (SPS) Document.
4. Students are **responsible for attendance** at all scheduled course activities. Attendance and effort should meet or exceed faculty expectations. Approval for any needed absences should be requested in advance via the attendance policy and guidelines.
5. Students are responsible for filing all required forms and documentation by the appropriate deadlines for the completion of all necessary paperwork on a timely basis. Lack of attention to this detail may result in denial or reduction of course credit.
6. Students wishing to **petition** the Year Two Curriculum Advisory Committee for special consideration or waiver of policy must do so **in writing**. Petitions should be submitted to the Year Two Curriculum Coordinator, Office of Education and Curriculum, **TWO (2) Weeks** *PRIOR* to the Y2 CAC committee meeting.

Year Two Curriculum Advisory Committee Y2 CAC
Membership

- The Year Two Curriculum Advisory Committee routinely meets at 8:30 AM on the fourth Wednesday of every month.

Voting	*Non-Voting*
Year Two Curriculum Director(s)	Administration / Dean(s) & Curriculum Director(s)
Year Two Doctoring Director	Office of Education and Curriculum Staff/Faculty
Unit & Co-Director(s)	Department of Medical Education Staff/Faculty
Unit / Doctoring Nurse Educator(s)	Faculty Advisor(s)
Steamer Director(s)	Student Representative Y3
Student Representative Y2	Guests
At-Large Member(s) (Four)	
Library Representative	

H. Other Policies / Resources

1. EHR Documentation

Undergraduate Medical Student EHR Documentation Policy

- Resources:
  https://www.siumed.edu/oec/ehr-electronic-health-record

2. Medical Student Research Policy

3. Animal Control

Unless an animal plays a <u>certified</u> special needs role, <u>no</u> animals are allowed in any campus building. SIUC policy will be upheld at the Springfield campus and 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 <u>must</u> work with Disability Support Services (618) 453-5738.

4. Medical Students' Children

It is not permitted to bring children into any form of the medical school curriculum, whether it be resource sessions, labs, tutor groups, clinical, or any other assignments. The School of Medicine recognize that childcare may occasionally become a concern for parents who are also medical students; however, children in medical school settings present barriers to learning, and thus it is unfair to other students to have them present. Specifically, bringing an ill child (not allowed to attend daycare or school because of illness) into academic 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 Two Curriculum Director or the Associate Dean for Student Affairs.

5. 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 are prohibited from attending teaching / research labs. Those wanting access to the facilities during non-class times must contact the chair of the Department in advance.

6. Audio and Visual Recordings

1. Students with <u>documented</u> disabilities may be granted allowances to record sessions that go beyond guidelines set by the EPC or the Y2CAC. They must notify the faculty that they are recording, but they can record sessions under their documented /granted allowances.
2. Patient confidentiality in ALL years of the curriculum is paramount and no recording should compromise or violate that. HIPAA guidelines are in place at all times.
3. 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 misspeak 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.

NOTE: With the exception stipulated in numbers 1-3, students are not allowed to make their own recordings in any media format. Failure to follow this policy will result in referral to the Student Progress System.

7. Resources

a. 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 through the directory. It is expected that faculty and student alike with adhere to the "Compact Between Teachers and Learners of Medicine" as approved by the EPC.

b. Libraries

The Medical Library, located on the fourth floor of the 801 Building, provides a vast collection of print and electronic resources to support the medical curriculum. The collection includes traditional medical references and textbooks, DVDs, media programs, models, and electronic access to research databases. The library provides reference and equipment services for medical students and faculty.

Medical Library

c. 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. Each tutor room is equipped with a computer with internet capability and educational software. Additional electronic equipment and study spaces are located in the library and 801 Building.

d. Other Resources

- **MyProgress Help Documents**

  It's important to sync the MyProgress app before/after use, when possible. Syncing downloads any updates and sends what you've completed to the server. Make sure that you are connected to wifi before you sync to avoid losing your work. If you are on a network that includes a portal, like SIUGuest, make sure you log in before you sync.

  URL: **https://siumed.mkmapps.com/myprogress/login.aspx** SIUMED users should click on the single sign-on button, then enter your credentials. Non-SIUMED users can log in directly on the page linked above if they have been added to the system. If you don't know your

e. ADMINSITRATIVE CONTACTS:

- Y2 Director/Chair of Y2 Curriculum Advisory Committee – Andrea Braundmeier-Fleming, PhD abraundmeier88@siumed.edu
- Y2 Curriculum Coordinator, Office of Education and Curriculum – Christopher Reavis, MS creavis@siumed.edu
- Associate Dean of Students, Office of Student Affairs – Haneme Idrizi, MD hidrizi24@siumed.edu
- Senior Associate Dean of Education, Office of Education and Curriculum – Debra Klamen, MD, MHPE dklamen@siumed.edu
- Registrar, Office of Education and Curriculum – Cherie Forsyth cforsyth@siumed.edu
- Chair of the Student Progress Committee – Christine Todd, MD ctodd@siumed.edu
- Year 2 Curriculum Advisory Committee
- Safety and Emergency Response
- Directory

Appendix A Guide to Acronyms

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	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
IR	Information Resources
LI	learning issue
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
RS	resource session
SAQs	self-assessment questions
SDL	self-directed learning
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
Y2CAC	Year 2 Curriculum Advisory Committee
Y2SCC	Year 2 Student Competency Committee

Appendix B Required Readings / Responsibilities

Please read and review the following documents, you are responsible to read and acknowledge all of the following (Posted D2L or Y2 WebPage):

- ☐ Absence Guidelines
- ☐ BBP & TB SIUSOM Requirements
- ☐ Compact Between Teachers and Learners of Medicine
- ☐ Domestic Violence Act: Mandated Reporter Information
- ☐ General Computer Information
- ☐ Guidelines for use of Electronic Devices
- ☐ Guidelines for Social Media
- ☐ HIPPA Confidentiality Memorandum
- ☐ SIU Medicine Honor Code
- ☐ SIU Medicine PDL Expectations & Dress Code Guidelines
- ☐ SIU Medicine Standards of Conduct
- ☐ SIU Medicine Statement of Patient Confidentiality
- ☐ SIU Medicine Student Affairs Staff Contact Information
- ☐ SIU Medicine Values & Behavior Standards
- ☐ SIU Medicine Welcome to Springfield
- ☐ SIU Medicine West Campus Map

You may find the following Doctoring documents helpful when visiting your physician mentor or completing your required H&Ps and Patient SOAP Notes- We highly encourage you to read these and keep them handy at all times!
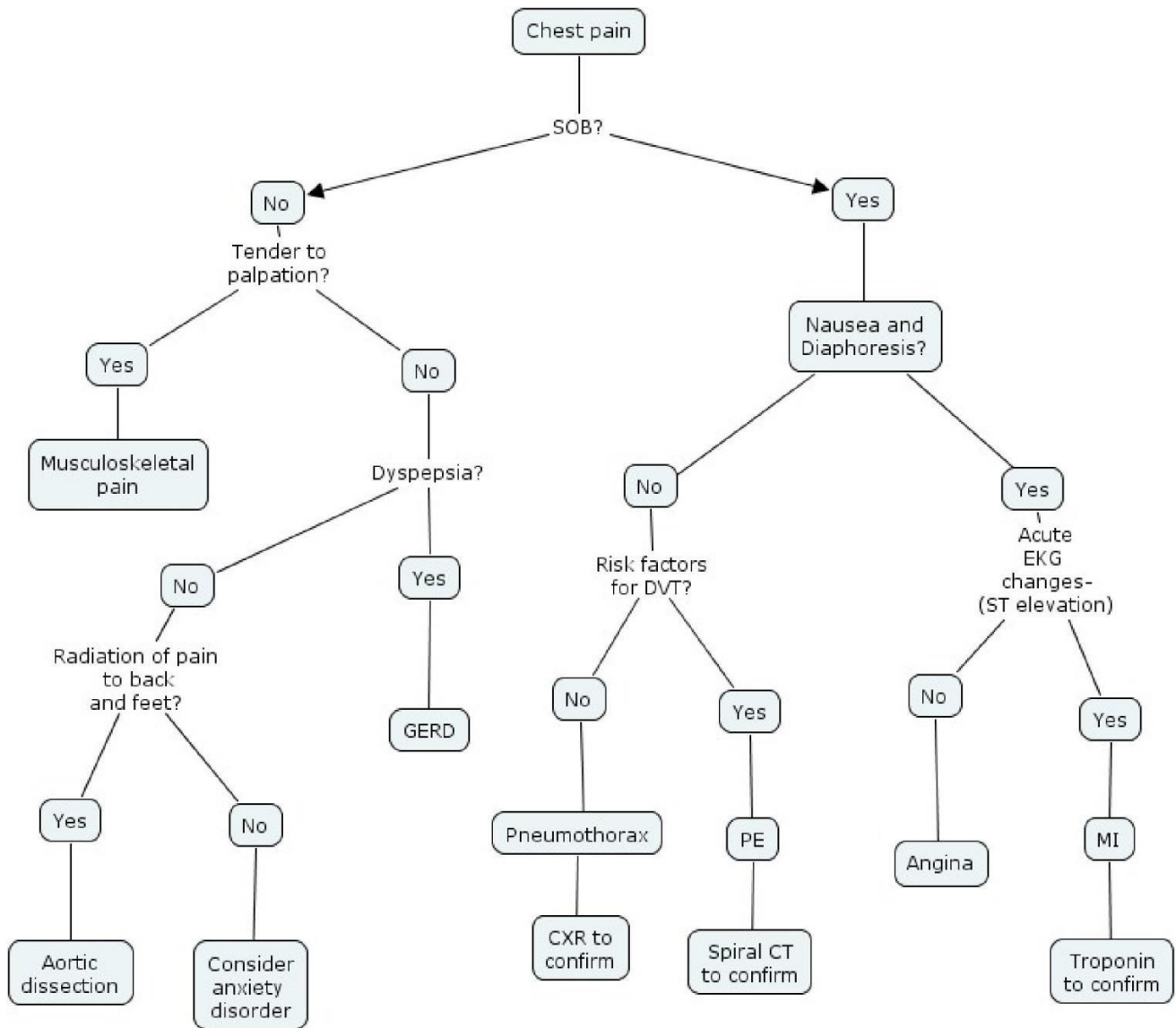
- ☐ Doctoring Guidelines
- ☐ Doctoring Goals and Objectives
- ☐ Doctoring Mentor Clinic Guidelines
- ☐ Y2 Doctoring Due Dates
- ☐ Y2 H&P and Clinic Note Guidelines

Self-Studies (Located on D2L)

- ☐ Infection Control/Prevention Self Study and Quiz
- ☐ Teachback Self Study

Approved 12/2021