Year One Curriculum Overview Document

Southern Illinois University School of Medicine - Carbondale

Year 1 Curriculum Advisory Committee (Y1CAC)

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.

SIU, School of Medicine Links:

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

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

MyProgress: https://siumed.mkmapps.com/myprogress/login.aspx

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Introduction

Dear Class of 2024,

On behalf of the Southern Illinois University School of Medicine (SIU SOM), welcome! We – the faculty, staff, students, and alumni – are delighted you're here.

I was recently reflecting on the road you've taken to get this moment in your life. For years, you've studied, worked, researched, shadowed, volunteered, tested, re-tested, applied, interviewed, and relocated. You've experienced joy, hope, sadness, frustration, defeat, and triumph. You've struggled and fought and clawed against all odds and you've made it. You're here. People don't get into medical school by accident. They are resilient and that resilience pays off.

Likewise, people don't become physicians by accident. They push, stretch, reach, and risk beyond what they think they're capable of. They, too, are resilient and that resilience pays off.

The first year of any new educational pursuit comes with competing emotions: excitement and trepidation, confidence and doubt, hope and fear. It also comes with a number of questions: How is my progress evaluated? What if I have to be absent? Who do I call if (fill-in-the-blank) happens? What do abbreviations like PBL, LI, CCC, CCX, SAQ, etc. mean? This document answers those questions and more and, in doing so, details the policies and procedures governing the first-year medical student experience. Please read it carefully.

The SIU SOM is committed to your medical education. Indeed, the curriculum is designed to support your development into skilled and thoughtful physicians. In the first year, you'll be introduced to a series of clinical, organ-based problems rather than isolated basic science disciplines. Each problem requires breadth and depth of knowledge as well as an interdisciplinary approach to investigating the phenomena in question. Your learning, then, becomes a cohesive bundle of information that gets integrated into other problems, units, and experiences. This, combined with early clinical exposure and skill acquisition, will sharpen your understanding of wellness and disease.

The SIU SOM values self-directed, lifelong learning. With each passing year, we hope you grow into self-feeding professionals with the attitudes and habits of mind necessary to lead healthcare through the 21st century and beyond. In keeping with this mission, we invite you to learn by participating in the life of the medical school. You can do this by sharing feedback with peers and faculty, joining student organizations, electing representatives to many SIU SOM committees, and more.

The SIU SOM has a proud tradition of excellence! I'm thrilled you get to be part of it. Please feel free to contact me at your convenience.

Now, let's get started…

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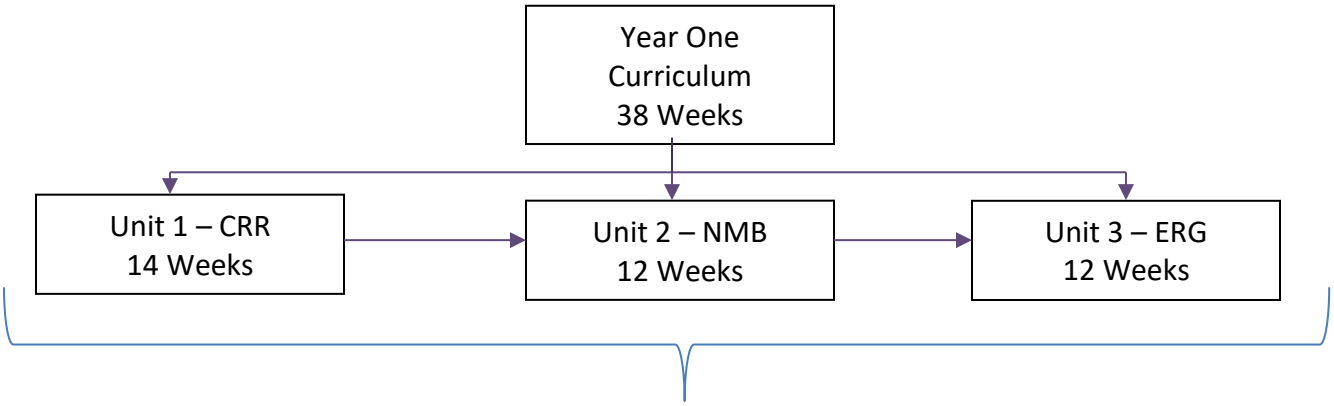
Organization of the First Year

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. At the end of the first year, a summer enrichment experience is available, however, the summer may be used for remediation purposes. (see *Student Progress* section).



Guide students to:
anatomy
behavioral and social sciences
biochemistry
embryology
genetics
molecular biology
population science and policy (PSP)
immunology
pharmacology
physiology

Unit 1 – Cardiovascular/Respiratory/Renal (CRR)

- Issues primarily involving:
  - Cardiovascular
  - Respiratory
  - Renal systems

- Introduction to small group process, self-directed study, and variety of learning resources
- Overview of clinical medicine: basic history taking and physical examination skills; mentor program; clinical field experiences; elective clinical opportunities

Unit 2 – Neural, Muscular and Behavioral (NMB)

- ✓ Underlying problems in:
  - Neuroscience – neurobiochemistry, neuroanatomy, neurophysiology
  - Locomotion – anatomy and physiology of the musculoskeletal system
  - Behavioral sciences

- ✓ 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

Unit 3 – Endocrine/Reproduction/Gastrointestinal (ERG)

- ✓ Emphasizing issues related to:
  - Endocrine function
  - Reproduction
  - Gastrointestinal system
  - Nutrition

- ✓ 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

Summer Experiences **NOTE: these are optional programs**

Students may conduct an elective scholarly project in an area of interest (MPEE) or participate in other activities that emphasize clinical experiences (CARE). These can be done during the time between first and second year of medical school.

Mentored Professional Enrichment Experience (MPEE)

- ✓ Conduct effective research in the basic or clinical sciences
- ✓ Projects will be conducted primarily (but not exclusively) in Carbondale/Springfield
- ✓ Minimum of eight weeks required to receive credit
- ✓ https://www.siumed.edu/oec/y1/mentor-professional-enrichment-experience-mpee.html

Clinical and Research Experience (CARE)

- ✓ Activities including those that emphasize clinical experiences
- ✓ Minimum of 15 working days with a mentor is required to receive credit
- ✓ https://www.siumed.edu/oec/y1/clinical-and-research-experience-care.html

Restrictions – Summer experiences

- ✓ *Additional information can be obtained at the introductory session held in December.*

1. International projects are not permitted
2. You cannot represent the school as a medical student in any summer work except MPEE/CARE.
3. You will **NOT** have liability insurance for any activity unless you are registered for MPEE/CARE.
4. Remediation students may have to cancel any MPEE/CARE projects depending on schedules.

First 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 (https://www.siumed.edu/oec/y1/year-1-curriculum.html). During the first 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 (exclusive of 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:
   a. Clothing
   b. Hygiene
   c. Language

10. Adhere to the highest standards of honesty, integrity, and reliability

Problem-Based Learning (PBL)

Self-Directed Learning

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 gross anatomy/histology laboratories. Scheduled resource sessions are available to students as another learning tool in areas the faculty anticipate may be helpful. Students can also schedule additional sessions with resource faculty. If additional sessions are scheduled, the Curriculum Coordinator needs to be notified, so an all tutor-group invite can be sent. 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:**

1. Taking initiative for learning
2. Selecting, organizing, and assessing information for future learning
3. Exploring topics, setting goals, and defining what is needed to learn
4. Synthesizing information for the application across cases, units, and patient problems
5. Collaborating with tutor groups in the development/discussion of learning issues
6. Reading for comprehension
7. 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).

NOTE: it is important to recognize what self-directed learning is **NOT**:

- ✓ It is not memorization of information, including learning issues
- ✓ It is not tutor group lectures/didactic information
- ✓ It is not provided outlined instruction of learning outcomes/data
- ✓ It is not memorization/recall of notes
- ✓ It is not rote learning of topics among tutor groups

Patient Problems

Students encounter patient problems in the form of:

1. electronic Problem-Based Learning Modules (ePBLMs)
2. Standardized Patients (SPs)
3. Sequential Patient Simulations (SPS)
4. Clinical Competency Examination (CCX)
5. 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.

Mini Cases

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

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.

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 and 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 One Director.

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 1 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 year one curriculum calendar. Requests for an absence from a tutor group session MUST be made in advance (see Absence Policy).

Tutor Responsibilities - Tutorial 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
    b. Do not respond evaluatively

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.

The following chart summarizes the tutorial process.

Outline of a Tutor Group Session– June 2020

<table>
<tr><td colspan="4">BEGINNING</td></tr>
<tr><td colspan="4">• Introductions
• Climate setting
• Facilitator's role/Students' role
• Open thinking; everyone contributes
• Silence is assent</td></tr>
<tr><td colspan="4">STARTING A NEW PROBLEM</td></tr>
<tr><td colspan="4">• 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</td></tr>
<tr><td>Hypotheses</td><td>Information</td><td>Learning Issues</td><td>Action Plan</td></tr>
<tr><td>Brainstorming about: causation, effect &/or resolution</td><td>Syntheses of information obtained through hypotheses, guided inquiry</td><td>List of what needs to be learned in order to complete the problem task</td><td>Things that need to be done in order to complete the problem task</td></tr>
<tr><td colspan="4">• Summarize case verbally
• Commitment as to probable outcome
• Learning issue shaping and distribution
• Resource identification</td></tr>
</table>

<table>
<tr><td colspan="4">SELF-DIRECTED STUDY</td></tr>
<tr><td colspan="4">PROBLEM FOLLOW-UP</td></tr>
<tr><td colspan="4">• Resources used and their critique
• Summarize case verbally
• Reassess the problem
• Start with changes needed in hypotheses column</td></tr>
<tr><td>Hypotheses</td><td>Problem Information</td><td>Learning Issues</td><td>Action Plan</td></tr>
<tr><td>Revise in light of new knowledge</td><td>Apply new information.
Inquire for additional information.
Summarize problem and its possible resolution.</td><td>Identify new (if necessary) or refine old</td><td>Actions needed to complete performance/ presentation</td></tr>
<tr><td colspan="4">• 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</td></tr>
<tr><td colspan="4">PERFORMANCE/PRESENTATION</td></tr>
</table>

PBL ACTIVITIES

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.

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 eight 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:

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 One Doctoring Director to resolve this issue before the end of the unit.

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 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, the 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 an 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. 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 (eight 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
- ✓ 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

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.

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. Outcomes from both evaluations are shared with the School's Year One Student Competency Committee (Y1SCC). 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 One Student Competency Committee (Y1SCC) 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 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 unit that is missed. This may result in a Yellow/Red rating.

Academic Types of Evaluations

The Year One Student Competency Committee (Y1SCC) 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.

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 now, 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.

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.

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.

Mid-Unit and End-of-Unit Examination

Unit exams will include two basic science exams, a 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.

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/viewed during the review session.

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 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.
Code of Conduct Policy Continued:

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

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. These data are sent to the Year One Student Competency Committee (Y1SCC) at the end of each unit.

The *Early Concern Note* documents concerns regarding non-cognitive academic performance. These may be submitted by faculty, staff, or students and are routed through the Year One 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.

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.

Student Progress

Shortly after each End-of-Unit evaluation, the Year One Student Competency Committee (Y1SCC) meets to discuss student performance and make any necessary suggestions for remedial work. Students are assessed according to Green, Yellow, or Red for their overall performance and evaluation in the areas of Knowledge, Clinical Reasoning / Clinical Skills, and Professional Behavior. Students also receive an analysis of their performance in the various disciplines and skill sets 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 their advisors the possibility of organizing *Educational Support* activities. At the

end of the academic year, a summative evaluation of all units and areas of the curriculum is conducted and a recommendation of end of year promotion, required remediation, or dismissal is sent to the SPC.

Grade Review Process

Students will receive notification when the final Year One grade (Pass/Fail) is assigned and officially recorded. All students shall be entitled to ask for review of a final Year One grade and receive a timely response according to the following guidelines.

- ✓ If a student believes there has been an error in the evaluation process, or believes the final unit evaluation does not accurately reflect their performance, the student may speak informally with the Year One Curriculum Director to find a resolution.

- ✓ 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 Year One Curriculum Director 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 intermediate evaluation. The Year One Curriculum Director 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 Year One Curriculum Director 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 Year One Curriculum Director's decision, a written request for evaluation review will be submitted to the Chair of the SPC within 10 working days of the decision of the Year One Curriculum Director. The Chair of the SPC must respond, in writing, to the request for review within 10 working days of receipt of the request for review. The decision of the Chair of the SPC will be submitted as the final evaluation.

Y1SCC 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 one, or dismissal based on analysis of all data across the year.

I. Promotion to Year Two
   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 One or Summer Remediation:
   a. A first-year student identified with consistent performance deficiencies during Year One could be recommended for summer remediation, repeat of year one or dismissal, if repeated performance deficiencies occur.

   b. A student who is repeating Year One 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 One because of consistent performance deficiencies could be recommended for Administrative Dismissal from the SOM, if repeated performance deficiencies occur.

NOTE: Student participation in the Mentored Professional Enrichment Experience or other summer activities is contingent upon successful completion of Year One.

NOTE: See Student Progress Handbook for details.

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.

Year One Policies

Absences

The faculty recognize the need for students to occasionally be absent from required activities throughout the academic year. This includes:

V. *Unexpected* absences - illness (student or family member), emergencies, a death in the family
VI. *Excused* absences - pre-scheduled events planned in advance (attending medically related conferences, weddings, family graduations, etc.)

Absences due to medical appointments can be either *Unexpected* or *Excused* absences. The term "required activities" means you must attend the activity unless you have made previous arrangements for an excused absence.

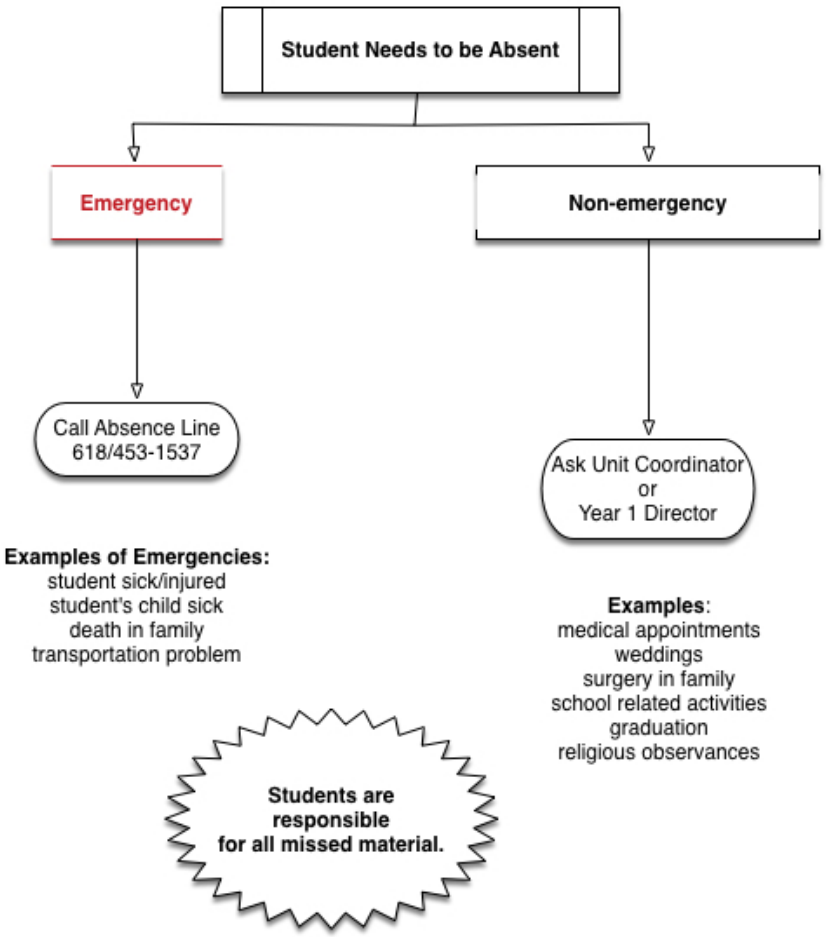
As with other absences, follow the flow chart below. **Except for illnesses and emergencies, excused absences must be requested in advance.**

The following is the procedure you will follow for absence from 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 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 may contact 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 it be resource sessions, labs, tutor groups, clinical, or any other assignments. The School of Medicine recognize that childcare may occasionally become an 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 One Curriculum Director or the Assistant Dean for Student Affairs.

Audio and Visual Recordings

1. 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.

2. 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.

3. Patient confidentiality in ALL years of the curriculum 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 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.

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 in 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.

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 Directors.

Year 1 Curriculum Advisory Committee:

Voting Members

Cris Anderson, M.D., Year One Doctoring Director
Brent Bany, Ph.D., Cardiovascular/Respiratory/Renal Director
Joseph Cheatwood, Ph.D., Neural/Muscular/Behavioral Director & MPEE Coordinator
Richard Clough, Ph.D., Chair
Judy Davie, Ph.D., Chair & Endocrine/Reproduction/Gastrointestinal Director
Lisabeth DiLalla, Ph.D., at large (behavioral science)
Dale Hales, Ph.D., Chair & ERG Shadow Director
Prema Narayan, Ph.D., Endocrine/Reproduction/Gastrointestinal Director
Amber Pond, Ph.D., at large (anatomy)
Gregory Rose, Ph.D., Neural/Muscular/Behavioral Director
Diana Sarko, Ph.D., at large (anatomy) & NMB Shadow Director
Rod Weilbaecher, Ph.D., Cardiovascular/Respiratory/Renal Director
Nick Weshinskey, Ph.D., Chair & Year One Curriculum Director
Student Representatives - to be elected by the class

Ex Officio (non-voting) Members

Andrea Braundmeier-Fleming, Ph.D., Year Two Curriculum Co-Director
Erik Constance, M.D., Associate Dean for Student Affairs
James Daniels, M.D., Assistant Dean for Student Affairs
Christy Hamilton, Ph.D., CARE Coordinator
Andrew Johnson, M.B.A., Information Resources Director
Tracie Johnson, M.A., PSP Representative
Debra Klamen, M.D., M.H.P.E., Associate Dean for Education and Curriculum
Gary Rull, M.D., Doctoring Director
Merit Sullivan, M.S., Year One Curriculum Coordinator
Allison Sutphin, Ph.D., Medical Resource Center Director
Donald Torry, Ph.D., Year Two Curriculum Co-Director

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_xR	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
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
Y1SCC	Year One Student Competency Committee

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 the students' 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.

Adopted by Educational Policy Council (5.2005)

Appendix C:
Symptom Presentation Pathway