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PREFACE

This volume, produced by the HMS Center for Evaluation, is the thirtieth annual publication of the Guide to the Clerkships, which summarizes the results of student evaluations of core clerkships at HMS. To best serve students going into the Principal Clinical Experience (PCE), the Guide is organized by SITE rather than by SPECIALTY.

The Guide for each PCE Site includes entries for PCE, PCC, PDIII, Medicine I, OBGYN, Pediatrics, Surgery, Radiology, Neurology, and Psychiatry. There are two sections for each specialty in each Guide: a message from the Clerkship Director and a summary of ratings from 2011-2012. If a PCE site offers more than one location to which students may be assigned for a particular specialty, information for all possible sites is included.

This guide is intended to help rising third year HMS students plan the upcoming clinical year. It is designed to supplement rather than supplant the Course Catalog. The Clerkship Directors’ statements are included to communicate a sense of what each rotation involves.

We hope you find the Guide useful and encourage you to pass along suggestions for next year’s edition. Please address all questions, comments, and inquiries about the Guide to Liz Peet, HMS Center for Evaluation, 617-432-2320, lizpeet@hms.harvard.edu.
PRINCIPAL CLINICAL EXPERIENCE: MASSACHUSETTS GENERAL HOSPITAL
Director and Associate Director: Dr. Stephen B. Calderwood and Dr. Alberto Puig

The MGH PCE is run by a core faculty consisting of the PCE Director and Associate Director, the Directors and Associate Directors of the eight core clerkships, the Director of Patient-Doctor III, the Co-Directors of the Longitudinal Curriculum, the Pathology Coordinator, and six senior mentors. The MGH is unique in having a small group of dedicated clinician-teachers in the Department of Medicine who focus on teaching of students and residents over the year, including doing direct observations of history taking and physical examinations by students during their rotations. Chief residents from each of the core clerkships also play important roles in student education in the MGH PCE.

The MGH PCE begins with a two-day orientation period prior to the first rotation. This orientation period is designed to introduce students to the core faculty in the PCE; to provide an introduction to clinical radiology and laboratory services at the MGH; to orient students to the wealth of educational resources at MGH, including computerized information systems, electronic medical records, library resources, etc.; and to get them familiar with the hospital buildings and floors on which they will be working by way of a tour.

In addition to the core clerkships during the year, there are several other components of the MGH PCE. Students attend an every other week, longitudinal, integrative, case-based, multi-disciplinary conference on either Tuesday or Thursday afternoons from 4 to 5:30 (half of the group does each day). This session alternates in the opposite week with Patient-Doctor III small group sessions that occur in the same time slot. Students have a once weekly primary care clerkship for a half-day a week on other Tuesday and Thursday (the alternate day from their longitudinal curriculum); this begins in September and runs through the end of April. The primary care clerkship sessions are done with the same internist or pediatrician (at the student’s choice) throughout the year; the primary care mentor usually admits their patients to the MGH, so that students can have an opportunity to see patients from their PCC in both the inpatient and outpatient setting.

During the first four months of the year (May through August), in the half-day a week time slot that the PCC occupies later in the year, students have an inception curriculum that includes an introduction to key radiologic studies, four bedside teaching sessions in small groups to review key components of the physical examination, a session on working with the electronic medical record, sessions on how to present patients in different settings, a session on taking a shelf exam, a how to give feedback session, simulation lab and a session on the longitudinal multidisciplinary conference.

Each student in the MGH PCE is assigned to a senior mentor to provide longitudinal input to the student over the year-long curriculum, acting as an ombudsperson to the student and providing career advice. Each mentor has 6-8 students assigned, attends the weekly longitudinal conferences, and meets individually with each of their assigned students one hour every month or two (and additional times as needed or requested); these mentors are not involved in grading of the students.
The grading of individual clerkships in the MGH PCE is done uniformly across Harvard Medical School, coordinated with the same core clerkships at the other hospitals. The PCE overall is graded as pass/fail, in order that formative comments can be provided about each student’s progress over the year and their participation in the longitudinal curriculum.
PRINCIPAL CLINICAL EXPERIENCE: MASSACHUSETTS GENERAL HOSPITAL
STUDENT EVALUATION NUMERIC SUMMARY
Response Rate: 52/53 = 98%

*Please Note: All HMS courses and clerkships are rated on a standard scale (1 = excellent, 5 = poor).*

<table>
<thead>
<tr>
<th>Overall rating for PCE experience</th>
<th>Average Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Considering your PCE experiences only, how satisfied have you been with:</td>
<td></td>
</tr>
<tr>
<td>The amount of mentoring you have received</td>
<td>1.87</td>
</tr>
<tr>
<td>The atmosphere for learning that you have encountered</td>
<td>1.38</td>
</tr>
<tr>
<td>The quality of feedback you have received on your performance</td>
<td>2.06</td>
</tr>
<tr>
<td>The quantity of feedback you have received on your performance</td>
<td>2.00</td>
</tr>
<tr>
<td>The tutorials/longitudinal conferences in which you have participated</td>
<td>1.73</td>
</tr>
<tr>
<td>The longitudinal contact you have had with faculty and/or housestaff</td>
<td>1.81</td>
</tr>
<tr>
<td>The longitudinal contact you have had with patients</td>
<td>2.19</td>
</tr>
</tbody>
</table>

*Considering your PCE experiences only, how prepared do you feel to:*
Practice as a physician in the hospital environment | 1.58 |
Practice as a physician in the ambulatory environment | 1.79 |
Understand the workings of the health care system | 1.92 |
Integrate basic sciences with clinical practice | 1.69 |
Understand patient care from an interdisciplinary perspective | 1.56 |
Understand your areas of strength and weakness | 1.44 |
 PRIMARY CARE CLERKSHIP: MASSACHUSETTS GENERAL HOSPITAL
STUDENT EVALUATION NUMERIC SUMMARY
Response Rate: 48/49 = 98%

Please Note: All HMS courses and clerkships are rated on a standard scale (1 = excellent, 5 = poor).

<table>
<thead>
<tr>
<th>Question</th>
<th>Average Rating</th>
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<tbody>
<tr>
<td>How well were objectives stated at the outset?</td>
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<tr>
<td>Were the criteria used in evaluating your performance explained at the beginning?</td>
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</tr>
<tr>
<td>Rate the organization.</td>
<td>1.65</td>
</tr>
<tr>
<td>Were the faculty accessible?</td>
<td>1.30</td>
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<tr>
<td>Please rate the quality of teaching overall.</td>
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<tr>
<td>Did this clerkship enhance your interest in the subject matter?</td>
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<tr>
<td>Did this clerkship foster your self-directed learning?</td>
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<tr>
<td>Was there enough content to allow you to master the core knowledge related to this subject?</td>
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<td>How well did this clerkship relate to previous clerkships?</td>
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<tr>
<td>How appropriate was the responsibility you were given for patients?</td>
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<tr>
<td>Did this clerkship promote an integrated view of the material?</td>
<td>1.53</td>
</tr>
<tr>
<td>Please rate this clerkship overall.</td>
<td>1.63</td>
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</tbody>
</table>

How many times per month did you receive feedback during this clerkship? | 1 | 2 | 3 | 4+ |
<table>
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<td>7/46</td>
<td>6/46</td>
<td>13/46</td>
<td>17/46</td>
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</table>

From whom did you receive feedback:

- Tutor: 14/46
- Director: 3/46
- Housestaff: 4/46
- Other: 33/46

Did you have an exit interview to summarize your performance? | Yes | No |
<table>
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<th></th>
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</thead>
<tbody>
<tr>
<td>41/45</td>
<td>4/45</td>
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</table>
**PATIENT DOCTOR III**  
**STUDENT EVALUATION NUMERIC SUMMARY**  
Response Rate: 41/53 = 77%  

*Please Note: All HMS courses and clerkships are rated on a standard scale (1 = excellent, 5 = poor).*

<table>
<thead>
<tr>
<th>Question</th>
<th>Average Rating</th>
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<tbody>
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</tr>
<tr>
<td>How well were the course objectives achieved?</td>
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</tr>
<tr>
<td>Were the criteria used to evaluate your performance explained at the outset?</td>
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</tr>
<tr>
<td>Rate the course guide in terms of its contribution to your learning.</td>
<td>2.22</td>
</tr>
<tr>
<td>Rate the required readings in terms of their contribution to your learning.</td>
<td>2.46</td>
</tr>
<tr>
<td>Rate how the tutorials contributed to your learning.</td>
<td>1.49</td>
</tr>
<tr>
<td>Rate the overall usefulness of the intersessions.</td>
<td>2.90</td>
</tr>
<tr>
<td>Rate how the clinical exercise contributed to your learning.</td>
<td>1.80</td>
</tr>
<tr>
<td>Rate how the Ethics curriculum and tutorial contributed to your learning.</td>
<td>2.35</td>
</tr>
<tr>
<td>Rate how the reflection papers contributed to your learning.</td>
<td>2.68</td>
</tr>
<tr>
<td>Do you feel more able to use reflection in practice?</td>
<td></td>
</tr>
<tr>
<td>None: 0/41</td>
<td></td>
</tr>
<tr>
<td>Somewhat: 22/41</td>
<td></td>
</tr>
<tr>
<td>Considerably: 12/41</td>
<td></td>
</tr>
<tr>
<td>Much: 7/41</td>
<td></td>
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<tr>
<td>Please rate the logistical and administrative organization of the course.</td>
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</tr>
<tr>
<td>Please rate this course overall.</td>
<td>1.71</td>
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</table>
MEDICINE I CORE CLERKSHIP: MASSACHUSETTS GENERAL HOSPITAL
CLERKSHIP DIRECTOR STATEMENT: Dr. Ravi Thadhani and Dr. Leigh Simmons

I. Brief outline of clerkship objectives and expectations
A. Topics and experiences to be covered:
The overall goal of the clerkship is to provide an environment in which students can learn to deliver optimal medical care to patients. The clerkship is designed to allow students to learn to evaluate and manage complicated patients under supervision. The emphasis is on front-line hands-on experiences, following patients through the course of their illnesses.

Massachusetts General Hospital serves as a teaching hospital for the surrounding communities as well as a large tertiary referral center for patients from around the world. The majority of admissions are for evaluation and management of acutely ill patients. A smaller percentage of admissions are for diagnostic procedures.

Ambulatory training occurs in different sites, including the Internal Medicine Associates and the Charlestown, Chelsea, and Revere Health Centers, as well as private outpatient offices. Each student spends four weeks on the inpatient general medical Bigelow Service, four weeks on the inpatient general medical and oncology Ellison service, and four weeks in an ambulatory setting. This distribution guarantees exposure to a variety of medical diagnoses and treatments and ensures a rich clinical experience.

Students work under the supervision of residents and attending physicians. Students evaluate patients, construct differential diagnoses, order appropriate laboratory tests and formulate therapeutic plans. Students follow patients both in the inpatient and ambulatory settings and participate in diagnostic and therapeutic decisions. Students work closely with patients, their families, attending staff, housestaff, and nurses to optimize the delivery of medical care. A series of lectures is designed to teach interpretation of electrocardiograms, cardiac auscultation, optimal use of the clinical laboratory, and a comprehensive approach to ambulatory internal medicine.

On average students will meet weekly with Dr. Ravi Thadhani for sessions on inpatient management. These sessions allow students to manage critically ill patients in hypothetical settings and are designed to teach clinical judgment. During the ambulatory block, students meet twice weekly with Dr. Leigh Simmons to address commonly encountered outpatient problems and diagnostic decision-making.

B. Information and skills students should possess upon completion of the clerkship:
The overall goal of the clerkship is to learn many facets of medicine that are important in the optimal delivery of care to patients. It is not expected that students will learn all of medicine during the clerkship, but it is expected that they will have certain skills to allow them to approach any clinical situation with confidence. Towards this goal, students are expected to be able to:

1. Deal with patients and their families in a compassionate, sensitive and professional way.
2. Efficiently complete a detailed history and physical examination in two hours.

3. Observe and participate in the basic procedures important in the medical management of patients, including venous punctures, insertion of intravenous catheters, thoracentesis, paracentesis, and arterial blood gases.

4. Independently assess the nature and severity of the patient’s medical problems.

5. Order the appropriate medical tests.

6. Interpret peripheral, blood smears, urinalysis, arterial blood gases, radiographs, electrocardiograms, blood chemistries, gram stains, culture results, and other laboratory tests.

7. Read independently on the relevant issues pertaining to the care of the patient.

8. Utilize consultants.

9. Arrive at a reasonable differential diagnosis.

10. Arrive at a reasonable plan for the management of the patient.

11. Present cases concisely.

12. Communicate with and work with students, housestaff, nurses and attending physicians.

13. Follow closely the clinical development of patients, providing information for the patients and their families.

14. Manage the clinical problems as they arise.

15. Provide continuity of care.

C. Clerkship Schedule:

On the inpatient service, students are on call every fourth night during the week; students have at least one day off per week on average over the course of the month. There are four overnight calls during the Bigelow rotation. The typical day on the inpatient service begins at 7AM and ends by 7PM.

In the ambulatory setting, there is no overnight call, however, students will have an evening/weekend shift in the Massachusetts Eye and Ear Infirmary emergency room, as well as an evening shift in the MGH Medical Walk-in Unit. The typical day on the ambulatory rotation begins at 8AM and ends at 6PM, however, on some days there are lectures before and after clinic sessions.

D. Major duties and responsibilities of each student:

In the inpatient setting, students are expected to read on the relevant issues pertaining to their patients and to present the cases to the attending physician on visit rounds. Students should participate in the management of their patients and are responsible for performing the basic procedures on their patients under supervision. They are responsible for the follow-up of the patients they have admitted and are expected to write daily progress notes regarding relevant developments. Students are expected to work closely with the patients, their families, the attending staff, the housestaff, the nurses and all other health professionals to optimize the delivery of medical care. Students are expected to care for 2-4 patients at a time on the inpatient service.

E. Behavioral and ethical expectations in the clinical setting:

(e.g., confidentiality, discretion, patient interactions, attendance, dress code, etc.)

An important function of the clinical experience is to allow for development of the sensitivity necessary for interacting with patients and peers. Students are expected
to conduct their activities in a professional manner at all times, respecting patient
confidentiality and exercising discretion. Students are expected to attend all student
lectures unless specifically excused. Students are expected to dress professionally
and wear white coats; students do not wear scrubs unless during overnight call on the
inpatient service.

II. Expected preparation for clerkship
A. Suggested texts for students to review:
1. Prior to clerkship: None.
2. During the rotation:
   A. Harrison’s Principles of Internal Medicine
   B. Cecil’s Textbook of Internal Medicine
   C. Primary Care Medicine, Goroll & Mulley (loaner copy provided to students)
   D. MKSAP for Students (loaner copy provided to students)

B. Books to purchase:
No purchase mandatory; above books available in Bauer Medical Library on Bigelow 7.

III. Teaching modes used during rotation
A. Didactic sessions
B. Formal conferences
C. Teaching rounds (All three for medical students only, and as part of larger group)
D. Outside reading
E. Student presentations (students are asked to give 2 five-minute presentations on
relevant topics to their Bigelow teams)

IV. Clerkship Organization
A. Number of students on rotation? 10-14
B. Do students work with partners? Yes
C. Do students work with a teaching resident? Yes.
D. Do students have a tutor? Yes, resident tutors available on request and as needed.
E. Is there a centralized educational office at the hospital? Yes.
F. What is the division if time among services, e.g., wards, emergency room, CCU, etc.? 66% on inpatient medical services, 33% ambulatory.

G. Required “on-call” schedule and duration of “on-call” at the hospital:
One overnight call per week on the Bigelow service (4 overnight calls total), and on-call
for admissions every 4th day on the Ellison service (stay until 9PM). All students have at
least one day off per week on average over the course of the clerkship.

H. Team composition:
Bigelow Service: 2 attendings, 1-2 junior residents, 4 interns, and 1-2 students.
Ellison Service: 2 attendings, 2 senior residents, 4 interns and 4 students on private
service.
Ambulatory: 1 attending, 1 student, office staff.

V. Evaluation
A. By: Students will be evaluated by the house officers and attending physicians (also
known as “visits”) with whom they have worked. The final written evaluation will be
prepared by the clerkship coordinators based upon all of the evaluations and scores on the shelf examination and ophthalmology and dermatology examinations.

**B. Criteria, in order of importance:** All attending physicians and house officers are asked to evaluate the students on the basis of:

1. Clinical skills: history taking and physical examination
2. Case presentation
3. Fund of knowledge
4. Ability to integrate basic pathophysiology with clinical situations
5. Problem solving and clinical judgment
6. Patient management
7. Technical skills
8. Record keeping
9. Interpersonal relationships
10. Integrity and reliability
11. Professional growth during the clerkship

**Criteria for minimum passing performance:** An unsatisfactory grade will be rendered if the student is judged by the attending physicians and house officers not to have met minimal standards expected for a clinical clerk at that stage of his/her medical career. Students who are unable to gather data by history and physical examination, unable to correctly interpret laboratory data, and unable to arrive at a reasonable differential diagnosis by the end of the clerkship will receive an *Unsatisfactory* grade.

Students who have an inadequate fund of knowledge and poor clinical judgment will receive an *Unsatisfactory* grade. A student who receives a shelf examination score at the 10th percentile or lower will be asked to repeat the examination before a grade can be assigned.

Students who do accept professional responsibilities and students with poor interpersonal relationships with patients, their families and other members of the health team will receive an *Unsatisfactory* grade.

Any student judged to be doing unsatisfactory work will be told as soon as the problem is identified, and remedial suggestions will be provided.

**Criteria for excellence:** The grade of *High Honors* is awarded to the student judged to have excelled in all aspects of the role of clinical clerk. The student should demonstrate exceptional ability to gather and synthesize information and to present the data in a concise and logical fashion. The student should have an outstanding fund of knowledge and should demonstrate an ability to apply the knowledge to clinical situations. The student should be able to work cooperatively and responsibly with patients, families, and all colleagues. The student should demonstrate sensitivity, honesty, and integrity. A score at the 80th percentile or above on the shelf examination is required for consideration of a *High Honors* grade, however clinical performance must also be exemplary for a student to receive a *High Honors* grade.
MEDICINE I CORE CLERKSHIP: MASSACHUSETTS GENERAL HOSPITAL
STUDENT CLERKSHIP EVALUATION NUMERIC SUMMARY
INPATIENT
Response Rate: 55/64 = 86%

Please Note: All HMS courses and clerkships are rated on a standard scale (1 = excellent, 5 = poor).

| How well were objectives stated at the outset? | 1.36 |
| Were the criteria used in evaluating your performance explained at the beginning? | 1.45 |
| Rate the organization. | 1.58 |
| Were the faculty accessible? | 1.36 |
| Please rate the quality of teaching overall. | 1.37 |
| Did this clerkship enhance your interest in the subject matter? | 1.47 |
| Did this clerkship foster your self-directed learning? | 1.33 |
| Was there enough content to allow you to master the core knowledge related to this subject? | 1.53 |
| How well did this clerkship relate to previous clerkships? | 1.23 |
| How appropriate was the responsibility you were given for patients? | 1.35 |
| Did this clerkship promote an integrated view of the material? | 1.26 |
| Please rate this clerkship overall. | 1.24 |

<table>
<thead>
<tr>
<th>How many times per month did you receive feedback during this clerkship?</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4+</th>
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<tbody>
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<td>9/55</td>
<td>30/55</td>
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</tr>
</tbody>
</table>

From whom did you receive feedback:

- Tutor: 21/55
- Director: 52/55
- Housestaff: 51/55
- Other: 53/55

Did you have an exit interview to summarize your performance?

- Yes: 53/54
- No: 1/54
MEDICINE I CORE CLERKSHIP: MASSACHUSETTS GENERAL HOSPITAL
STUDENT CLERKSHIP EVALUATION NUMERIC SUMMARY
AMBULATORY
Response Rate: 53/64 = 83%

Please Note: All HMS courses and clerkships are rated on a standard scale (1 = excellent, 5 = poor).

<table>
<thead>
<tr>
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<tbody>
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<td>Rate the organization.</td>
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<tr>
<td>Were the faculty accessible?</td>
<td>1.39</td>
</tr>
<tr>
<td>Please rate the quality of teaching overall.</td>
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<tr>
<td>Did this clerkship enhance your interest in the subject matter?</td>
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<td>Did this clerkship foster your self-directed learning?</td>
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<tr>
<td>Was there enough content to allow you to master the core knowledge related to this subject?</td>
<td>1.54</td>
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<tr>
<td>How well did this clerkship relate to previous clerkships?</td>
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<tr>
<td>How appropriate was the responsibility you were given for patients?</td>
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<td>Did this clerkship promote an integrated view of the material?</td>
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<tr>
<td>Please rate this clerkship overall.</td>
<td>1.44</td>
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How many times per month did you receive feedback during this clerkship?

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<tr>
<th>1</th>
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<th>3</th>
<th>4+</th>
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<tr>
<td>4/51</td>
<td>18/51</td>
<td>9/51</td>
<td>20/51</td>
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</table>

From whom did you receive feedback:

- **Tutor:** 12/52
- **Director:** 34/52
- **Housestaff:** 16/52
- **Other:** 44/52

Did you have an exit interview to summarize your performance?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>48/51</td>
<td>3/51</td>
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</table>
OB/GYN CORE CLERKSHIP: MASSACHUSETTS GENERAL HOSPITAL
CLERKSHIP DIRECTOR STATEMENT: Dr. Carey York-Best,
Dr. Holly Khachadoorian-Elia, Dr. Uchechi Wosu

Brief outline of clerkship objectives and expectations
Our clerkship is designed to provide an overview of the most important aspects of obstetrics and gynecology we believe are crucial for all physicians to learn. This includes an introduction to the sub-specialty areas of maternal-fetal medicine, reproductive endocrinology and infertility, gynecological oncology and urogynecology in addition to the tenets of general obstetrics and gynecology. Our primary objective is to provide students with a basic knowledge of those aspects of the care of women that are essential to future physicians in any specialty. Included is the fundamental clinical information and skills development necessary to care for the pregnant female and female patients with disorders of the reproductive system. Divided between gynecology and obstetrics, the clerkship provides experiences in ambulatory clinics, the operating room, inpatient units, and labor and delivery. One half day each week is devoted to our comprehensive lecture series which covers the essential ob/gyn topics outlined by the Association of Professors of Gynecology and Obstetrics. Students are supervised directly by physician faculty, fellows, and housestaff and work as an integral part of the in-patient teams. The students meet with the clerkship directors regularly for teaching rounds, mid-clerkship and exit feedback sessions. Students are evaluated on the basis of their clinical performance as well as their performance on both the written and oral final examinations.
OB/GYN CORE CLERKSHIP: MASSACHUSETTS GENERAL HOSPITAL
STUDENT CLERKSHIP EVALUATION NUMERIC SUMMARY
Response Rate: 51/53 = 96%

*Please Note: All HMS courses and clerkships are rated on a standard scale (1 = excellent, 5 = poor).*

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
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<tr>
<td>How well were objectives stated at the outset?</td>
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<td>Were the criteria used in evaluating your performance explained at the beginning?</td>
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<tr>
<td>Rate the organization.</td>
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<td>Were the faculty accessible?</td>
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<td>Please rate the quality of teaching overall.</td>
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<td>Did this clerkship enhance your interest in the subject matter?</td>
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<td>Did this clerkship foster your self-directed learning?</td>
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<tr>
<td>Was there enough content to allow you to master the core knowledge related to this subject?</td>
<td>1.60</td>
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<tr>
<td>How well did this clerkship relate to previous clerkships?</td>
<td>1.32</td>
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<tr>
<td>How appropriate was the responsibility you were given for patients?</td>
<td>1.72</td>
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<tr>
<td>Did this clerkship promote an integrated view of the material?</td>
<td>1.55</td>
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<tr>
<td>Please rate this clerkship overall.</td>
<td>1.38</td>
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<th>How many times per month did you receive feedback during this clerkship?</th>
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<table>
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<tr>
<th>From whom did you receive feedback:</th>
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<tr>
<td>Tutor: 11/47</td>
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<tr>
<td>Director: 47/47</td>
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<tr>
<td>Housestaff: 40/47</td>
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<td>Other: 30/47</td>
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<tr>
<th>Did you have an exit interview to summarize your performance?</th>
<th>Yes</th>
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<tbody>
<tr>
<td>47/47</td>
<td>0/47</td>
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</table>
PEDIATRICS CORE CLERKSHIP: MASSACHUSETTS GENERAL HOSPITAL
CLERKSHIP DIRECTOR STATEMENT: Dr. T. Bernard Kinane, Dr. Lindsay Carter, Dr. Jill Kasper

I. Brief outline of clerkship objectives and expectations
Working with children provides opportunities for observing both the natural growth process leading to maturation and the impact of disease on this unique population. During the clerkship, students familiarize themselves with indicators of health and disease through active participation in all aspects of the clinical care of infants, children and adolescents. These experiences are supplemented with daily, interactive case conferences, as well as weekly lectures, bedside rounds and simulation sessions. The clerkship includes three weeks on the pediatric inpatient wards and one week each in the pediatric emergency department, newborn nursery and outpatient pediatric clinic. Acquisition of clinical skills and approaches to patient evaluation and management are emphasized, as are reflective practice and clinical reasoning skills.

II. Evaluation of student performance
On the first day of the rotation, students are provided with clear criteria for evaluation of history and physical exam skills, clinical decision-making, fund of knowledge, humanism, and professionalism. Feedback about each student’s performance in these areas is provided by the housestaff and attendings who work with the student during the clerkship. Early feedback is reviewed with each student by one of the clerkship directors at the midpoint in the rotation to allow for improvement over the course of the clerkship. Students take the NBME Subject examination on the last day of the clerkship and then meet individually with one of the Clerkship Directors one to two weeks after the conclusion of the rotation. At this meeting, students are given comprehensive feedback to allow for continued professional development.
PEDIATRICS CORE CLERKSHIP: MASSACHUSETTS GENERAL HOSPITAL
STUDENT CLERKSHIP EVALUATION NUMERIC SUMMARY
Response Rate: 51/53 = 96%

Please Note: All HMS courses and clerkships are rated on a standard scale (1 = excellent, 5 = poor).

<table>
<thead>
<tr>
<th>Question</th>
<th>Average Rating</th>
</tr>
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<tbody>
<tr>
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<td>Rate the organization.</td>
<td>1.39</td>
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<tr>
<td>Were the faculty accessible?</td>
<td>1.27</td>
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<tr>
<td>Please rate the quality of teaching overall.</td>
<td>1.46</td>
</tr>
<tr>
<td>Did this clerkship enhance your interest in the subject matter?</td>
<td>1.59</td>
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<tr>
<td>Did this clerkship foster your self-directed learning?</td>
<td>1.42</td>
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<tr>
<td>Was there enough content to allow you to master the core knowledge related to this subject?</td>
<td>1.55</td>
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<tr>
<td>How well did this clerkship relate to previous clerkships?</td>
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<tr>
<td>How appropriate was the responsibility you were given for patients?</td>
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<tr>
<td>Did this clerkship promote an integrated view of the material?</td>
<td>1.47</td>
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<tr>
<td>Please rate this clerkship overall.</td>
<td>1.42</td>
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<table>
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<tr>
<th>How many times per month did you receive feedback during this clerkship?</th>
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<th>2</th>
<th>3</th>
<th>4+</th>
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<tbody>
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<td></td>
<td>3/51</td>
<td>16/51</td>
<td>12/51</td>
<td>20/51</td>
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</table>

From whom did you receive feedback:

- Tutor: 9/51
- Director: 49/51
- Housestaff: 50/51
- Other: 42/51

Did you have an exit interview to summarize your performance?

- Yes: 33/50
- No: 17/50
CORE SURGERY CLERKSHIP: MASSACHUSETTS GENERAL HOSPITAL
CLERKSHIP DIRECTOR STATEMENT: Dr. Marc de Moya

The Core Surgical Rotation has been developed to expose the student to the in-patient and out-patient specialty of surgery. The overarching goal of the rotation is for the student to gain a solid foundation in the basic practices and principles of surgery.

Personnel:
  • Marc de Moya, MD, Clerkship Director
  • Dean Donahue, MD, Associate Director
  • Sue Benotti, Surgical Clerkship Coordinator

I. Brief outline of clerkship objectives and expectations

A. The rotations will include 2 weeks of trauma, emergency surgery (Churchill Service), 2 weeks in the Emergency Department, 2 weeks on elective general surgery (Baker Service), 1 week of Orthopedics, 1 week simulation, 1 week of Anesthesia and 3 weeks of electives. Electives are numerous and can be adapted to the interests of the student.

Residents and Attendings supervise the students during all rotations. The student is considered an integral member of the surgical team, which is composed of an Attending, a senior surgical resident, a junior surgical resident and an intern.

B. During the rotation, conferences are scheduled during the week mostly on Tuesday mornings, which are specifically designed for the medical student on the Core rotation. The conferences are scheduled in a way to minimize the impact on the rotation. Other educational conferences are available and the student is encouraged to attend.

C. The call schedule will vary. The Emergency Department schedule is 24 hours on and 24 hours off. Although the ED surgical rotation is labor intensive it is by far the most popular part of the 12 weeks. While on the Churchill trauma service the students take an occasional Friday or Saturday night call. The specialties and Baker service have no night call.

D. While on the Churchill and Baker services:
  • Student will be a member of the team and participate in all floor procedures.
  • Stay in the hospital on the night schedule as a member of the night team (Churchill only).
  • Assist in the operating room, see patients in the clinic, and follow patients postoperatively.
  • Attend all rounds.
  • Attend student teaching exercise on Tuesdays as mentioned earlier.

While in the Emergency Dept:
  • The student will be a member of the ED surgical team.
  • Assess/plan emergency surgical problems.
  • Suture lacerations and place peripheral IV’s under supervision of ED resident /
II. Expected preparation for clerkship
No preparation is necessary prior to the start of the rotation. All resources will be explained on the first day.

III. Clerkship Organization
A. Number of students on rotations? 11-15
B. Do students work with partner? At times.
C. Do students work with a teaching resident? Yes.
D. Do students have a tutor? No
SURGERY CORE CLERKSHIP: MASSACHUSETTS GENERAL HOSPITAL
STUDENT CLERKSHIP EVALUATION NUMERIC SUMMARY
Response Rate: 53/54 = 98%

Please Note: All HMS courses and clerkships are rated on a standard scale (1 = excellent, 5 = poor).

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
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<tbody>
<tr>
<td>How well were objectives stated at the outset?</td>
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<tr>
<td>Were the criteria used in evaluating your performance explained at the beginning?</td>
<td>1.64</td>
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<td>1.58</td>
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<tr>
<td>Were the faculty accessible?</td>
<td>1.55</td>
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<td>Please rate the quality of teaching overall.</td>
<td>2.17</td>
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<tr>
<td>Did this clerkship enhance your interest in the subject matter?</td>
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<tr>
<td>Did this clerkship foster your self-directed learning?</td>
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<td>Was there enough content to allow you to master the core knowledge related to this subject?</td>
<td>2.00</td>
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<tr>
<td>How well did this clerkship relate to previous clerkships?</td>
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<tr>
<td>How appropriate was the responsibility you were given for patients?</td>
<td>1.98</td>
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<tr>
<td>Did this clerkship promote an integrated view of the material?</td>
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</tr>
<tr>
<td>Please rate this clerkship overall.</td>
<td>1.64</td>
</tr>
</tbody>
</table>

| How many times per month did you receive feedback during this clerkship? | 10/50 | 18/50 | 8/50 | 14/50 |
| From whom did you receive feedback:                                     |       |
| Tutor:                                                                  | 11/51 |
| Director:                                                               | 49/51 |
| Housestaff:                                                             | 43/51 |
| Other:                                                                  | 29/51 |
| Did you have an exit interview to summarize your performance?           | Yes   | No    |
|                                                                         | 50/51 | 1/51  |
RADIOLOGY CORE CLERKSHIP: MASSACHUSETTS GENERAL HOSPITAL
CLERKSHIP DIRECTOR STATEMENT: Dr. Theresa McLoud, Dr. Laura Avery and Dr. Mykol Larvie

I. Brief outline of clerkship objectives and expectations

A. Topics and expectations to be covered:
The clerkship is designed to teach the fundamentals of radiological interpretation and clinical indications for imaging examinations and interventional radiological procedures. It is formally structured with didactic lectures, case discussions, tutorials, programmed teaching seminars, departmental conferences, clinical observerships (observation of diagnostic image interpretation and special diagnostic and interventional procedures) and computer workshops.

B. Information and skills students should possess upon completion of the clerkship:
1. How are diagnostic images made and what do they mean?
Review relevant anatomy, pathophysiology, technology and performance of examinations as it relates to the daily practice of radiology.
2. What is the most appropriate radiological examination?
For a clinical scenario, recognize the radiological examinations available, know relative appropriateness criteria (cost, radiation, sedation, time, complication(s), consent, limitations, reimbursement-where applicable), and devise a logical course of action to solve clinical question(s).
3. How do you incorporate the clinical presentation?
Recognize and communicate the relevant clinical presentation as it pertains to the request for and interpretation of radiological examinations.
4. How do you interpret the results?
Given a clinical scenario where imaging is indicated and/or radiological findings, generate an appropriate, ordered differential diagnosis and a plan for management of the patient (next exam, treatment, consultation of a specialist).
5. How do the different modalities contribute to patient diagnosis?
Learn very basic plain film and CT interpretation and become familiar with sonography and MR, and recognize limitations in knowledge and understanding of radiological interpretation.
6. What is the digital radiology department?
Become familiar with and begin to manage the digital aspects of modern radiology (PACS, PowerPoint, internet, CD-ROMs, etc.), radiology terminology, and radiology interpretation and use in digital presentation/consultation of case material.
7. Respect your patient and colleagues.
Recognize aspects of patient autonomy in decision-making, communication, cultural differences and exhibit professionalism in dealing with radiological staff and patients.
Recognize and reduce areas of potential error.
9. What does it mean to be a radiologist?
Become familiar with what it is that radiologists and radiological subspecialists do, and how to interact with them as a clinical colleague.
10. Would you like to become a radiologist?
Consider a career in radiology in as much as it applies to your interests, strengths and weaknesses.
C. **Major duties and responsibilities of each student:**
Each student’s responsibility should be to him/herself to learn as much about diagnostic radiology as possible for this four-week clerkship. There are no patient responsibilities for students.

D. **Behavioral and ethical expectations:** (e.g., confidentiality, discretion, patient interactions, attendance, dress code, etc.)
1. Regular attendance at classroom teaching sessions for students, independent learning hours, clinical observerships and recommended conferences.
2. Students should wear white coats when in patient areas.

II. **Expected preparation for clerkship**

A. **Suggested texts for students to review:**
1. Prior to clerkship: None.
2. During the rotation: Required reading: *Squire’s Fundamentals of Radiology, Sixth Edition*, Robert A. Novelline, M.D.

B. **Books required:** All required reading materials are loaned to students.

**Instruments required:** None.

III. **Teaching modes used during rotation**

A. Didactic lectures, case discussions, algorithm tutorials, computer workshops on digital imaging and preparation of electronic radiology presentations.
B. Departmental and Divisional conferences.
C. Expected outside reading.
D. Student presentation: one 10-minute electronic case presentation during the third or fourth week. Students will be taught to download and edit diagnostic images and prepare a computer radiology presentation.
E. Clinical observerships.
F. Independent learning materials including CD-ROM and internet programs.

**Note:** Other than departmental conferences, all sessions are scheduled for medical students only.

IV. **Clerkship Organization**

A. Number of students on rotations? Up to twelve.
B. Do students work with partner? No.
C. Do students work with a teaching resident? No. (There are over 60 members of the clerkship teaching faculty) Residents serve as tutors and big brother/sisters.
D. Do students have a tutor? Resident tutor serving as “big bother/big sister”
E. What is the division of time among services, e.g., wards, emergency room, CCU, etc.? Not relevant to radiology.
F. Required “on-call” schedule and duration of “on-call” at the hospital: None
G. “Team” composition: No teams in radiology.

V. **Evaluation**

A. By: The clerkship director and the teaching faculty.
B. Criteria, in order of importance:
   1. Observation of performance in and out of the classroom.
   2. Final examination grade.
   3. Electronic case presentation.
   4. Clinical observer-ship case write-ups

C. Type of exam: 100 questions (multiple choice / true false) test. 50 questions involve image interpretation.
   Is it used for grading purposes? Yes.

D. Formal feedback mechanism:
   1. Final evaluation upon completion of clerkship.
   2. Informal feedback during clerkship.
### RADIOLOGY CORE CLERKSHIP: MASSACHUSETTS GENERAL HOSPITAL

#### STUDENT EVALUATION NUMERIC SUMMARY

**Response Rate:** 53/52 = 100%*

*Please Note: All HMS courses and clerkships are rated on a standard scale (1 = excellent, 5 = poor).*

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<thead>
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<td>Please rate the quality of teaching overall.</td>
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<tr>
<td>Did this clerkship enhance your interest in the subject matter?</td>
<td>1.46</td>
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<tr>
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<tr>
<td>How well did this clerkship relate to previous clerkships?</td>
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<td>Did this clerkship promote an integrated view of the material?</td>
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<td>Please rate this clerkship overall.</td>
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<td>1</td>
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<tr>
<td>From whom did you receive feedback:</td>
<td></td>
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<tr>
<td>Tutor: 3/53</td>
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<tr>
<td>Director: 52/53</td>
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<td>Housestaff: 11/53</td>
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<tr>
<td>Other: 7/53</td>
<td></td>
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<tr>
<td>Did you have an exit interview to summarize your performance?</td>
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<tr>
<td>Yes: 51/52</td>
<td></td>
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<tr>
<td>No: 1/52</td>
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</table>

*There were more respondents than enrollees for this survey.*
NEUROLOGY CORE CLERKSHIP: MASSACHUSETTS GENERAL HOSPITAL
CLERKSHIP DIRECTOR STATEMENT:
Dr. Tracey A. Cho, Clerkship Director

The Neurology Service at the Massachusetts General Hospital provides medical students with the opportunity to see a large number of patients with a wide variety of pathologic processes, and to benefit from the enthusiasm, experience, and teaching of our faculty and resident staff. The core neurology rotation on both in-patient neurology services (general neurology and stroke neurology) exposes students to the rapidly evolving spectrum of neurologic diseases and therapeutic approaches. During this rotation students will develop the skills and knowledge base to elicit the neurologic history, perform the neurologic examination, and formulate differential diagnoses and management strategies in patients with neurologic diseases and with neurological complications of medical illnesses. Students will become adept at the neurological core competencies required in all fields of medicine, including surgery and the subspecialties. The integration of the student as a full member of the health care team in this rotation, the variety of pathologic conditions encountered, the manageable call schedule, and the outstanding teaching by our residents and faculty afford the student a rewarding and positive experience in clinical neurology at the Massachusetts General Hospital. Students who are particularly interested in the field of neurology and clinical neuroscience are encouraged to complete the advanced rotation in neurology.

I. Brief outline of clerkship objectives and expectations
A. Topics and expectations to be covered:
1. Comprehensive clinical evaluation of neurologic patients including detailed elicitation of history and neurologic examination.
2. Major categories of inpatient and outpatient diseases
3. Correlation of clinical neurology with basic neurosciences

B. Information and skills students should possess upon completion of this clerkship:
1. Ability to perform competent neurologic evaluations
2. Identify major categories of disease by history and physical examination
3. Familiarity with neurodiagnostic techniques and their indications (MRI, CT, EEG, EMG)
4. Ability to critically analyze neurologic diagnostic dilemmas (stroke therapy, asymptomatic bruit, first seizure, etc.)

C. Major duties and responsibilities of each student:
1. Work up and present patients assigned (about 10/month)
2. Complete reading from neurology text or on-line sources.
3. Participate in daily care of patients with residents
4. Attend didactic conferences and outpatient clinics

D. Behavioral and ethical expectations: (e.g. confidentiality, discretion, patient interactions, attendance, dress code, etc.)
Appropriate dress, punctual attendance, sensitivity to patients and their families

II. Expected preparation for clerkship
A. Suggested texts for students to review:
1. Prior to clerkship: review neuroanatomy in text as Manter and Gatz, review of cases from Human Nervous System and Behavior course.

2. During the rotation: Lange Clinical Neurology or other student-oriented text. Use of Up-To-Date, journal articles and other internet sites are recommended as appropriate, including the MGH neurowiki site developed specifically for our students.

B. Books to purchase: None mandatory. Adams and Victor, Harrison's, Merrit, Bradley-Daroff and other major texts are available in the neurology library and in the MGH Treadwell library. Student-oriented texts are available, including the Lange Clinical Neurology (Aminoff et al.), Glick, Blumenfeld, and others. Shelf examination preparatory texts can be useful but are not required reading.

C. Instruments to purchase: Reflex hammer, turning fork (128 Hz). An ophthalmoscope is not mandatory but is useful as students are afforded many opportunities to practice funduscopy with more experienced clinicians.

III. Teaching modes used during rotation

A. Didactic sessions for students only: 2 tutorials per week with senior resident; 1 session each on neuroimaging with neuroradiology staff, EEG with epilepsy fellow, EMG with neuromuscular faculty, and coma exam with neuro-critical care fellow; Clerkship Director’s bedside tutorial once-twice weekly.

B. Daily work rounds and attending rounds, including some weekend days. Two parallel active and teaching services -- Raymond D. Adam service and C. Miller Fisher service provide the basic structure of the neurology experience.


D. Outside reading: neurology references in the department library and outpatient clinic, the MGH Treadwell Library, and the neurology neurowiki.

E. Brain cutting conferences: Weekly with student participation in the discussion.

F. Outpatient experience: Weekly with an assigned staff neurologist.

G. Clinical examination: Under the direction of a staff neurologist, with one-on-one teaching on the evaluation and management of a single case. This Bedside Examination Exercise (BEE), introduced to HMS in the MGH Neurology clerkship, is a valuable session both for teaching and grading purposes. A practice BEE session with a teaching resident is now provided for core students prior to the graded staff neurologist exercise.

H. The clerkship director or associate director meets weekly with the students for both feedback and teaching purposes, and a formal sign out on the last day of the rotation provides opportunity for confidential feedback to and from students.

IV. Clerkship Organization

A. Number of students on rotations: Maximum of 5 students on the core rotation.

B. Do students work with partners? No.

C. Do students work with a teaching resident? Yes.

D. Do students have a tutor? Yes.

E. What is the division of time among services, e.g. wards, emergency room, CCU, etc.? 90% inpatient; 10% time assigned to outpatient clinical neurology with general and sub-specialty clinics.

F. What is the required “on-call” schedule and what is the duration of “on-call” at your hospital? The students take overnight call five times during the 4-week rotation, one of which must include a weekend day. Overnight lodging is available on the clinical wards. The overnight call allows the students to evaluate patients de novo and on their
own, and is perceived by students as being a unique and valuable experience as long as it is not repeated too often.

**G. Team composition:** On both the RDA and CMF services there is an attending neurologist, a senior resident, four junior residents, and a nurse practitioner. The student is fully integrated into the team, plays a vital role as a member of the team, and assumes care of patients as the primary caregiver while on the neurology service. Students divide their time on the rotation equally between the RDA (general neurology) and the CMF (stroke neurology) services - 2 weeks each, to maximize exposure to the quite different disease entities usually encountered on the two services.

**V. Evaluation**

**A. By:** Attending (2), Senior Resident (2), Junior Resident (2 or more)

**B. Criteria:** Ability to take a history, perform the neurological examination, degree of knowledge in the discipline and ability to formulate differential diagnoses and strategies for management. Additionally, interest, dependability, organization, and ability to present cases are considered along with other core physician skills including interaction with patients and the health-care team.

**C. Type of exam:** On-going evaluation by residents and staff throughout the clerkship (Subjective Evaluation Form). In addition, there is a formal clinical examination provided at the end of week 3 of the course that serves both as a teaching and an evaluation exercise (Bedside Examination Exercise). Students are graded on their performance in this examination, and they are informed of the criteria used for this grading. The Shelf Examination of the National Board of Medical Examiners is used as well, in an ongoing effort to improve the accuracy and fairness of the grading system. The SEF is weighted 70% of the grade; the BEE and Shelf 15% each. A composite score is derived that is then translated into the final letter grade for the rotation.

**D. Formal feedback mechanism:** Students are encouraged to seek feedback from their residents and the staff with whom they work most closely. Problems are dealt with specifically by the clerkship director. There is opportunity for feedback and communication with the clerkship director formally once per week.

**VI. General Comments**

We believe that the student learns neurology best by performing as many primary workups as possible. These are reviewed with the resident and the student is the primary caretaker of the patient. We emphasize the neurological examination and anatomic correlation. Given the variability of inpatient admissions, we try to cover essential neurologic material with didactic conferences using the case method similar to that used in the Human Nervous System and Behavior course. We hope that the student will leave with the ability to form a critical opinion about the controversial and changing areas of clinical neurology.
NEUROLOGY CORE CLERKSHIP: MASSACHUSETTS GENERAL HOSPITAL
STUDENT EVALUATION NUMERIC SUMMARY
Response Rate: 49/47 = 100%*

Please Note: All HMS courses and clerkships are rated on a standard scale (1 = excellent, 5 = poor).

<table>
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<th>Average Rating</th>
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<tr>
<td>Rate the organization.</td>
<td>2.33</td>
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<td>Please rate the quality of teaching overall.</td>
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<tr>
<td>Did this clerkship enhance your interest in the subject matter?</td>
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<tr>
<td>Did this clerkship foster your self-directed learning?</td>
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<tr>
<td>Was there enough content to allow you to master the core knowledge related to this subject?</td>
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<td>How appropriate was the responsibility you were given for patients?</td>
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<td>1.76</td>
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<td>Please rate this clerkship overall.</td>
<td>1.86</td>
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How many times per month did you receive feedback during this clerkship?  

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<th>1</th>
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<th>3</th>
<th>4+</th>
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<tbody>
<tr>
<td>8/49</td>
<td>14/49</td>
<td>11/49</td>
<td>16/49</td>
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</table>

From whom did you receive feedback:

- Tutor: 7/48
- Director: 40/48
- Housestaff: 40/48
- Other: 35/48

Did you have an exit interview to summarize your performance?  

Yes 47/49  No 2/49

*There were more respondents than enrollees for this survey.
PSYCHIATRY CORE CLERKSHIP: MASSACHUSETTS GENERAL HOSPITAL
CLERKSHIP DIRECTOR STATEMENT:
Clerkship Directors: Dr. Donna B. Greenberg, Dr. Tristan Gorrindo, Dr. Jon Alpert
Judith Byford, clerkship coordinator (617 726 2983; jbyford@partners.org)

1. Brief outline of clerkship objectives and expectations
A. Educational goals:
   • Recognize and begin to develop diagnostic acumen with the major psychiatric disorders (as in DSM).
   • Learn, practice and present (in both written and oral formats) the major components of the psychiatric interview, including all history components, as well as the mental status exam.
   • Become adept at gathering data from a mosaic of sources (including history from patient records, treaters, and family) to assess psychiatric illness in an informed and thorough manner.
   • Gain familiarity with multiple psychiatric treatment modalities and settings and their appropriate use for the most prevalent psychiatric problems.
   • Learn the natural courses of psychiatric illnesses, prognostic factors, and possible treatment responses.
   • Appreciate the disability, stigma and suffering associated with these disorders.
   • Be aware of the complex interface between the physiological, psychological, social and spiritual aspects of patients and the need to be both scientific and empathic in caring for them.
   • Increase the understanding of your own reactions and how your initiative will contribute to the therapeutic milieu and team experience.

B. Expectations
   The student will be expected to engage fully in the care of patients on the ward, to learn from talking to patients about their experience of illness, and to attend the seminars that are arranged specifically for their learning.

2. Expected preparation for clerkship: Psychiatry 700

3. Clerkship organization
   A. Overview of teaching modalities and environments.
      1. The course is anchored weekday mornings on a 24-bed locked inpatient psychiatric unit in a general hospital, see additional patients in the emergency room and on the in hospital consultation service.
      2. Students serve on a team with attending and PGYI and II residents to treat patients hospitalized for evaluation and short-term treatment of psychosis, suicidal thought, depression, and medical co-morbidity. They serve daily on a team with 6 patients, pre-round, interview their patients in rounds in the morning, present patients admitted to the service, and learn from the course of these patients. They share in resident-oriented teaching conferences.
      3. Students also see patients in a busy emergency room two weekday evenings and one weekend day.
      4. They see patients with PGYII resident on the psychiatric consultation service to
medical inpatients weekly as well as consultation rounds with attending and PGYII three times per rotation.

5. Students are involved in formal conferences in the morning on the inpatient unit and a series of 18-20 didactic seminars aimed at their level.

B. Overview of didactic sessions for medical students only:
1. Case conferences (one per student) D Greenberg / T Gorrindo
2. Bedside interviews (2 per student) D Greenberg / T Gorrindo
3. Seminars by faculty on topics in psychiatry
   - Mental Status Exam (Consult Service chief resident);
   - Anxiety disorder; (J Worthington);
   - Child Psychiatry (E Beresin);
   - Delirium / Dementia (S Beach);
   - Depression (J Denninger);
   - Psychopharmacology I (T Chang);
   - Suicide (T Stern);
   - Schizophrenia (K Irwin);
   - Somatoform disorder (N Kontos);
   - Eating Disorders (E Beresin);
   - Addictions (S Nejad);
   - Violence (R Sorrentino);
   - Autognosis 2 (J Querques);
   - Psychotherapies (J Groves);
   - Psychotherapy (R Levy).

C. Clinical team composition: On the psychiatric unit, in addition to the attending and the PGY I and PGYII resident, the core treatment team consists of nurse, psychologist, social worker, case manager and occupational therapist.

D. On-call schedule Students work two weekday evenings and one weekend day, Saturday or Sunday 10am to 6 pm.

E. Shelf Exam Review third week.

4. Evaluation
A. Formal evaluation from attending and residents on inpatient team. Passing requires attendance and clinical involvement on the team over 4 weeks. Grade depends on quality of clinical work, ability to assume responsibility and carry out a careful, empathic evaluation with interview skills, ability to work on a team with maturity, and acquisition of the body of knowledge and evidence of its use in patient and staff interactions.

B. Presentations:
1. Shelf exam -- passing grade on the shelf examination and oral examination. The shelf exam will be repeated if the student did not pass.
2. Oral off-site formal presentation of case with formulation of biopsychosocial model.
3. Written case history, exam, laboratory, hospital course, formulation, clinical
reasoning.

C. Bases of Student Evaluation:
1. History Taking – complete, accurate, efficient, attuned to the patients’ affect and non-verbal cues
2. Mental Status and Physical Exams – organized, thorough, able to uncover important and even subtle findings
3. Fund of Knowledge – broad and deep, able to apply sophisticated pathophysiology to the clinical context
4. Clinical Skills – encompassing sophisticated clinical reasoning, thorough differential diagnoses, appropriate tests/procedures, and comprehensive treatment plans
5. Interpersonal Skills – empathic, communicative style that adds to the delivery of high-level care and builds rapport and trust
6. Presentation Skills – cogent and efficient, tailored based on setting, adept at synthesizing and conveying complex information, and able to convey thought process behind clinical reasoning
7. Professionalism – models integrity, reliability, and collegiality, as well as seeking out and accepting responsibility
8. Cultural/Social/Systems Awareness – appropriately sensitive to context, using this knowledge to provide care and appropriate solutions to clinical dilemmas
9. Initiative and Desire to Learn – intellectually curious, takes initiative, seeks feedback for self-improvement, reads systematically and in-depth.

6. Recommended sources
Textbooks:
Introductory Textbook of Psychiatry by Nancy Andreasen (most recommended for a textbook)
Psychiatry for Medical Students by Robert Waldinger

Some other guides with pretty good reviews:
First Aid for the Psychiatry Clerkship by Stead, Stead and Kaufman
Psychiatry Pretest by Debra Klamen
Blueprints Q&A Step 2 Psychiatry by James McLoone
PSYCHIATRY CORE CLERKSHIP: MASSACHUSETTS GENERAL HOSPITAL
STUDENT EVALUATION NUMERIC SUMMARY
Response Rate: 33/34 = 97%

Please Note: All HMS courses and clerkships are rated on a standard scale (1 = excellent, 5 = poor).

<table>
<thead>
<tr>
<th>Question</th>
<th>Average Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>How well were objectives stated at the outset?</td>
<td>1.44</td>
</tr>
<tr>
<td>Were the criteria used in evaluating your performance explained at the beginning?</td>
<td>1.50</td>
</tr>
<tr>
<td>Rate the organization.</td>
<td>1.55</td>
</tr>
<tr>
<td>Were the faculty accessible?</td>
<td>1.42</td>
</tr>
<tr>
<td>Please rate the quality of teaching overall.</td>
<td>1.52</td>
</tr>
<tr>
<td>Did this clerkship enhance your interest in the subject matter?</td>
<td>1.48</td>
</tr>
<tr>
<td>Did this clerkship foster your self-directed learning?</td>
<td>1.48</td>
</tr>
<tr>
<td>Was there enough content to allow you to master the core knowledge related to this subject?</td>
<td>1.59</td>
</tr>
<tr>
<td>How well did this clerkship relate to previous clerkships?</td>
<td>1.26</td>
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<tr>
<td>How appropriate was the responsibility you were given for patients?</td>
<td>1.27</td>
</tr>
<tr>
<td>Did this clerkship promote an integrated view of the material?</td>
<td>1.39</td>
</tr>
<tr>
<td>Please rate this clerkship overall.</td>
<td>1.39</td>
</tr>
<tr>
<td>How many times per month did you receive feedback during this clerkship?</td>
<td>1/33 2/33 14/33 6/33 10/33</td>
</tr>
<tr>
<td>From whom did you receive feedback:</td>
<td>Tutor: 3/33 Director: 16/33 Housestaff: 31/33 Other: 29/33</td>
</tr>
<tr>
<td>Did you have an exit interview to summarize your performance?</td>
<td>Yes 12/32 No 20/32</td>
</tr>
</tbody>
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PSYCHIATRY CORE CLERKSHIP: CAMBRIDGE HOSPITAL
CLERKSHIP DIRECTOR STATEMENT: Dr. Todd Griswold

I  Brief outline of clerkship objectives and expectations

A.  Topics and experiences to be covered:
   Clinical: The heart of the rotation is in direct clinical care. The objective is to
   provide a broad learning experience by having each student participate in out-
   patient, in-patient and emergency room settings. Through wide clinical exposure,
   the student gains an appreciation of the diversity of psychiatric presentations and
   treatment modalities.

   Didactic: There are a number of weekly seminars, including: psychopathology;
   psychopharmacology; psychodynamic psychotherapy; child psychiatry; diagnostic
   interviewing; advanced interviewing techniques and the conceptual foundations
   of the different schools of psychiatry.

B.  Information and skills students should possess upon completion of the clerkship:
   1.  Interviewing and history taking
   2.  Mental status examination.
   3.  Discerning the principal psychopathologic syndromes.
   4.  Arriving at a differential diagnosis and preparing a case formulation considering
      the relevant biologic, psychological, and social factors.
   5.  Arriving at a comprehensive treatment plan.
   6.  Assessing emergency situations, including potential suicidal and violent behaviors
      and their management.
   7.  The use of empathy and the personality of the physician as tools for investigation,
      understanding, and treatment.
   8.  Feeling comfortable sitting with mentally ill patients.
   9.  Appreciating the range and indications of the various psychiatric treatments.

C.  Major duties and responsibility of each student:
Students are given much clinical responsibility as primary evaluators. Under close
supervision students perform initial evaluations, write-ups, treatment planning,
and follow-up. Our philosophy is that students are central to their patient’s treatment
and are integral members of the treatment teams.

II Expected preparation for clerkship
A.  Before rotation: It is helpful to have had basic preclinical study including:
   the fundamentals of the mental status examination, a familiarity with the principal
   psychopathologic syndromes, and some introduction to psychodynamic understanding.
   During rotation: We provide readings selected from classical papers, current review
   articles, and time-tested handouts. Several different texts are recommended but not
   required.
B.  Books to purchase: None.
C.  Instruments to purchase: None.

III Modes used during rotation
A.  Didactic sessions - for medical students only
B. Interviewing practice with supervision – for medical students only
C. One-to-one precepting with senior staff
D. Group clinical supervision
E. Student presentations
F. Teaching rounds - for medical students only
G. Outside reading

IV Clerkship Organization
A. Number of students in rotations? 2 Core plus 0-4 Elective students.
B. Do students work with partners? Yes.
C. Do students work with teaching residents? Yes, on the inpatient, outpatient, and emergency settings.
D. Do students have a tutor? Yes, several.
E. What is the division of time among services, e.g., wards, ER, CCU, etc.? Wards - 50%; Outpatient and ER - 20%; Didactic - 30%
F. Required “on-call” schedule and duration of “on-call” at the hospital: Emergency room 3 weekday evenings and one weekend afternoon/evening per rotation, no overnight call.
G. “Team” composition: Multidisciplinary teams include senior consultants, attending psychiatrists, psychiatric residents, medical students, nurses, psychologists, social workers, mental health workers, and students from other disciplines.

V Evaluation
A. By: Clinical and didactic supervisors, and clerkship director.
B. Criteria, in order of importance:
1. Clinical competence as demonstrated in patient interactions, interviewing, psychological-mindedness, evaluations, work-ups, presentations, follow-up.
2. Didactic knowledge as demonstrated in seminar participation.
3. We recognize that psychiatry will be new for most students. We take special note of promise, talents, interests, enthusiasm, and sensitivities -- those “intangibles” that are so important to becoming a physician.
C. Type of exam: An oral examination and a written Psychiatry Shelf Exam will be given the last week of the clerkship. In the oral exam, the student will present a detailed case presentation to an examiner at a different site.
D. Formal feedback mechanism: On site by clinical preceptors throughout the rotation, including a mid-clerkship feedback session and observed interview.

VI General Comments
This is a busy, involved rotation with a primary emphasis on direct patient care in different clinical settings and under close supervision. Concurrently, there are several weekly seminars to cover the basics in psychiatry. The goal is to expose the student to the range of psychiatric problems one might encounter as a physician and to the multiplicity of therapeutic approaches.

The distinctive characteristic of Cambridge Health Alliance’s rotation in psychiatry lies in the commitment to community psychiatry, serving a diverse socioeconomic patient population presenting with a broad spectrum of clinical problems. The treatment philosophy is to combine the best in the multidisciplinary integration of services with the use of the spectrum of available treatments, integrating biologic and psychodynamic
approaches.
PSYCHIATRY CORE CLERKSHIP: CAMBRIDGE HOSPITAL
STUDENT CLERKSHIP EVALUATION NUMERIC SUMMARY
Response Rate: 10/10 = 100%

Please Note: All HMS courses and clerkships are rated on a standard scale (1 = excellent, 5 = poor).

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<th>6/10</th>
<th>0/10</th>
<th>3/10</th>
<th>5/10</th>
</tr>
</thead>
</table>

From whom did you receive feedback:

- Tutor: 2/10
- Director: 10/10
- Housestaff: 10/10
- Other: 9/10

Did you have an exit interview to summarize your performance? Yes 10/10 No 0/10