



University of Nevada
School of Medicine

The Coordinator's Handbook

University of Nevada School of Medicine

Designed to inform educators about
UNSOM policies, procedures, and duties.

Version 7.2009

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Why We Enjoy Teaching

“I enjoy teaching Cell Biology to freshman medical students because their conception of medicine is still being formed. I like to challenge any assumptions and pre-conceptions they might have about the cellular basis of health and disease. What they learn now about the complexities of cellular functions will pop up unexpectedly later on in their clinical years.”

Brian A. Perrino, Ph.D., Course Coordinator, Medical Cell Biology
Associate Professor, Department of Physiology & Cell Biology

“An effective teacher is a communicator who conveys pertinent facts and concepts in such a manner that students feel stimulated and motivated. As a result, they absorb, reflect, question, expand, and utilize the gained knowledge for their own advancement and for the benefit of humanity. It’s like putting a seed into the ground and joyfully watching the gradual unfolding of a beautiful flower. This important and creative process is entirely positive and constructive. And therein lies the joy of teaching!”

Eberhardt K. Sauerland, M.D., Clinical Gross Anatomy
Professor, Department of Physiology & Cell Biology

“Altruism has traditionally been a hallmark of the medical professional. From this worthy endeavor into medical education, we have gotten deep satisfaction from creating learning opportunities for our students to become proficient in the art and the science of medicine. It is a much appreciated yet immeasurable dimension of professional success and benefit to society.”

Harrison Sheld, M.D., Clerkship Coordinator, Obstetrics and Gynecology
Professor, Obstetrics and Gynecology (Retired)

“Teaching medical students allows me to make new connections; connections with medical knowledge, from new perspectives and in new contexts. Also connections with the students themselves, who continually motivate me to help them become the best physicians they can be.”

Melissa Piasecki, M.D., Assistant Dean for Faculty Affairs and Development
Associate Professor of Psychiatry

“I enjoy teaching because I believe I can make a difference.”

Mariam Marvasti, M.D., Clerkship Coordinator, Psychiatry Clerkship

“My own educational philosophy developed from a number of mentors and teachers who first modeled their teaching style and second encouraged and taught me to ask the “right” question, not any question. My most critical and valued mentor was a Professor of Theatre Arts who as an educator began my transition from being a teacher to becoming an educator. It was and still is true, that there continue to be many facilitators for my learning, and as such my philosophy has developed to its present style, with a purview that I will continue to evolve as I carefully observe the qualities of teachers and educators.”

“From the perspective of what I try to accomplish or promote in any given “teaching” session, my view is to facilitate the learning process for the learner. My expectations are that the learner will become a lifelong learner through the process of learning how to ask the appropriate in-depth question. I expect the individual to be a self-directed learner and apply the appropriate resources and instruments/technology to that end. I personally like what Harry Truman stated; “It’s what you learn after you know it all that counts.”

Jack Lazerson, M.D., Resident Director, Pediatrics
Professor Emeritus, Pediatrics

Introduction and Welcome

Congratulations on being selected as a Course or Clerkship Coordinator at the University of Nevada School of Medicine. Because being a coordinator offers many opportunities and interesting challenges, you will likely find it to be one of the most enjoyable jobs you've ever had. Together we are responsible for the education and inspiration of future physicians - a most honorable and weighty endeavor. In return, we get to work with intelligent and motivated students who have worked hard and made personal sacrifices to be accepted into our program. We are very proud of our students and believe that by the end of four years, our curriculum provides a sound foundation for training in any field of medicine. At graduation, as our students walk across the stage and prepare to enter residency in their chosen profession, you will know that your course contributed to their success.

The mission of the Office of Medical Education at the University of Nevada School of Medicine is “to engage students in the pursuit of excellence as lifelong learners through leadership, communication, and teamwork and to **support faculty in the development, delivery, and evaluation of the curriculum.**”

With this handbook we aim to provide you with a starting point for your course. The handbook outlines expectations of coordinators, course policies, and other helpful tools and essentials. We have included contact numbers for resources when you need additional information or assistance.

A word about terminology: we have used the word *coordinator* in the general sense to encompass both Course Coordinators who teach courses in the first two years of the curriculum and Clerkship Coordinators who administer the third year clerkships and oversee fourth year electives. In places where it is appropriate to focus on one or the other we have used the term *Course Coordinator* or *Clerkship Coordinator*.

A special thanks is needed for the administrators and coordinators who took the time to review drafts of the handbook and share their insight on what would be most helpful.

We look forward to working with you, and thank you for contributing to the education of our students!

Jennifer Kimmel, MD
Associate Dean for Medical Education

Coordinators' Duties

A. Course Syllabus, Teaching Materials, and Scheduling

The Coordinator is responsible for the creation and updating of the syllabus, selection of teaching materials, and scheduling of class meeting times and presenting faculty. It is the Coordinator's responsibility to make sure that course materials are accessible to all students.

1. Syllabus and Teaching materials are addressed on pages 27-30 under the "Curriculum Matters" Section.
2. Scheduling
 - a. Class schedules for the upcoming year are approved by the Year 1-2 Committee each spring. Once the schedule is finalized, changes must be approved by that Committee.
 - b. The Coordinator is responsible for scheduling department faculty and visiting faculty. The Office of Medical Education is available for assistance in identifying guest faculty speakers.
 - c. Year 3-4 Coordinators inform the Office of Medical Education of the minimum and maximum number of students that can be handled by their Department in a clerkship rotation. The Student Schedule Coordinator prepares the yearly schedule which is approved by the Committee.

B. Evaluation

Prior to the start of a course, the Coordinator is responsible for providing the course schedule with instructional assignments to OME's Evaluation and Assessment Specialist. This information is used to schedule the release dates for all teaching and course evaluations for students to complete on-line. (See "Assessment and Evaluation" on pages 31 and 32.)

The Coordinator is responsible for student assessment in the form of test creation, administration and grading, assessment of clinical skills and procedures, and competency measurement.

Although we instruct students to seek assistance when struggling academically, it is the Coordinator's responsibility to initially contact students whose performance is failing and guide the student in the development of a plan for improvement. (see Appendix E for a model letter) Students at UNSOM are expected to be self-directed learners; therefore it is important for them to take a proactive role in assessing their own weaknesses and developing a plan for improvement. Thus, the Coordinator need not repeatedly contact the student.

Coordinators must contact Alisha Fong at least one month in advance of a testing date so that NBME Subject (Shelf) exams can be ordered and proctors trained and assigned for their classes and clerkships.

C. Meeting Attendance

The Coordinator should attend all monthly meetings for either the Year 1-2 or Year 3-4 Coordinators' Committee and Joint Committee meetings. When unable to attend, the Coordinator should appoint a representative from their teaching faculty to attend. Year 1-2 Coordinators meet on the third Tuesday of the month between 4:00 and 5:30 PM. Year 3-4 Coordinators meet on the first Wednesday of the month between 1:30 and 3:00 PM.

D. Course/Clerkship Information Reports for LCME Compliance

1. Coordinators assist with the LCME Self-Study process.
2. Coordinators supply the Office of Medical Education with information and records about their classes and students for entry into the AAMC CurrMIT medical education database and local UNSOM databases.
3. Coordinators contribute information to the Annual LCME Report as asked.

E. Site Comparability

While no two clinical learning experiences can be identical, Clerkship Coordinators must ensure comparability of Reno and Las Vegas training experiences. Learning objectives/competencies, core experiences lists, and evaluation systems should be the same at both sites. Didactics, outpatient and inpatient experience distribution, and other learning activities should be as similar as possible.

F. Concerning Interaction with Community-Based Faculty

The Coordinator is responsible for ensuring that community-based faculty who are used in a regular capacity have current faculty appointments within their department. Additionally, the Clerkship Coordinator needs to verify the hospitals/facilities that these faculty are associated with and forward that information to the Administrative Assistant to the Associate Dean for Medical Education to be sure that UNSOM has a current Affiliation Agreement with that institution.

G. Communication

Coordinators act as liaisons between their teaching faculty, their departments, and the curricular committees. Coordinators can bring forward potential agenda items from faculty to the committee chairs and convey information and decisions from curricular meetings back to their respective course/clerkship faculty and when applicable, to their departments.

Coordinators should also inform the Associate Dean for Medical Education of course changes.

Students can be reached through the e.g. MS09@unr.edu Class of 2009 list serves; just type in the appropriate two digits of the class year. Your fellow coordinators can be emailed at year1-2@unr.edu and year3-4@unr.edu. Updated lists of coordinators are also on the Medical Education Website at <http://www.medicine.nevada.edu/dept/OME/admin.asp>. There are also list serves available for faculty and staff at the Reno and Las Vegas campuses; contact Robert Boyd (rboyd@medicine.nevada.edu) at the IT Help Desk for more information.

Function of the Coordinators' Committees

There are three committees that address curricular issues at UNSOM. The following information about these committees is **quoted** from the UNSOM Bylaws.

A. Committees for Medical Education:

The management and governance of the medical student curriculum of UNSOM will reside with two faculty curriculum committees, namely the Year I and Year II Course Coordinators Committee and Year III and Year IV Clerkship and Electives Coordinators Committee. The goals of these committees are to define, achieve, and maintain educational excellence for all curricular programs. These committees oversee all undergraduate medical education courses and special programs. Committee chairs report directly to the Assistant/Associate Dean for Medical Education, who makes educational recommendations to the Dean for action. When action concerning an individual medical student's progress is recommended, the Assistant/Associate Dean for Admissions and Student Affairs is responsible for taking appropriate action, and keeping both curricular committees informed of any actions and/or status changes.

To be in concert with NSHE policy, medical student members must be excused from participation and required to leave during Committee deliberations when the performance of an individual medical student is reviewed unless the student who is the subject of the review has consented to the participation of the medical student members.

B. Year I / II Course Coordinators Committee, and Year III /IV Clerkship and Electives Coordinators Committee

1. Committee Members. Membership represents a major educational service to the School and should be so reflected in annual evaluations and student portfolios. Each course coordinator shall be a member of the appropriate committee. Student representatives are elected by their respective classes with final approval by the Assistant/Associate Dean for Medical Education and the Assistant/Associate Dean for Admissions and Student Affairs in consultation with the Committee Chairs.

2. Committee Chair. Committee Chairs are appointed by the Dean, upon recommendation from the Assistant/Associate Dean for Medical Education. This is typically a minimum two-year term that may be extended.

3. Assistant/Associate Dean(s) for Medical Education and Assistant/Associate Dean(s) of Admissions and Student Affairs are *ex-officio* members. Other *ex-officio* members sit at their pleasure.

C. Curriculum Steering Committee

This coordinating group shall be comprised of the Assistant/Associate Dean(s) for Medical Education, the Chair of the Year I and II Course Coordinators Committee, and the Chair of the Year III and IV Clerkship and Electives Coordinators. The Assistant/Associate Dean for Medical Education may add faculty, staff, or students to represent different planning perspectives. The group coordinates joint work groups, plans joint meetings of the two curriculum committees, plans and facilitates educational faculty development programs. The Curriculum Steering Committee will make biannual reports to the Faculty Council.

All faculty committee members must hold an academic or administrative faculty appointment in the School of Medicine.

A Committee Secretary is supplied by the Office of Medical Education.

Historically, the Coordinators' Committees have handled the following tasks:

- A. The agenda always includes "Student Progress," a discussion of students with academic or behavioral difficulty and recommendation for intervention including referral to the Student Development Committee;
- B. Decision making concerning educational policy and procedures especially for maintaining consistency between courses/clerkships, e.g. evaluation and examination policies;
- C. Creation and adoption of educational standards for UNSOM, e.g. promotion criteria for medical students;

- D. Planning for changes in the existing curricular structure in concert with the other stake holders at the medical school;
- E. Discussion of course and examination development and procedures.
- F. Discussion, evaluation, and revision of the existing curriculum;
- G. Approval and adoption of new courses and programs, e.g. Ethics, Law and Medicine course and BS/MD or MD/MPH programs;
- H. Appointment of sub-committees and task forces for special projects;
- I. Recommendation to the admissions committee and ASA concerning qualifications needed for entering students.

Structure and Duties of the Dean's Level Offices

Office of the Dean

Dean of the Medical School

General Administration of the medical school, Office of the Budget, Legal Counsel, Human Resources, Communications, the Foundation Office, oversight of Medical School Associates North and South, Savitt Library and Information Technology, and all offices listed below.

Office of Medical Research

Senior Assoc. Dean for Basic Science and Research

This office supports the research mission of the school of medicine, including clinical, translational, and basic science research.

<http://www.medicine.nevada.edu/research/>

Office of Admissions, Recruitment, and Student Affairs (ASA)

Assoc. Dean for Admissions and Student Affairs

Asst. Dean for Admissions and Student Affairs

This office handles medical school recruitment, the admissions process, and student affairs.

<http://www.medicine.nevada.edu/dept/asa/default.asp>

Office of Medical Education (OME)

Assoc. Dean for Medical Education

OME has oversight of the curricular program; student, faculty and program evaluation; course, clerkship, and elective scheduling; the Division of Interdisciplinary Medical Education (DIME) courses and activities; Medical Humanities and Ethics; and the Simulated Patient Program.

<http://www.medicine.nevada.edu/dept/ome/>

Office of Faculty Affairs and Development (OFAD)

Assoc. Dean for Faculty Affairs and Development

Asst. Dean for Faculty Affairs and Development

This office handles faculty development programs in such areas as promotion and tenure, teaching and learning, peer assessment, and uses of classroom and information technology.

<http://www.medicine.nevada.edu/faculty/OFAD/>

Office of Graduate Medical Education (GME)
Assoc. Dean for Graduate Medical Education

This office provides oversight for the school's residency training programs in both Reno and Las Vegas and ensures institutional accreditation as well as accreditation of the training programs.

Roles of OME Personnel

The mission of the Office of Medical Education is to engage students in the pursuit of excellence as lifelong learners through leadership, communication, and teamwork and to support faculty in the development, delivery, and evaluation of the curriculum. Our current personnel and the members of the two Coordinators' Committees are listed at

<http://www.medicine.nevada.edu/dept/OME/admin.asp>.

The following positions provide support in the listed areas.

Associate Dean for Medical Education

- Oversight of program for the MD degree, with primary responsibility for development of new curricular programming
- Primary responsibility for management of school wide evaluation
- Advise Dean on matters affecting the educational program regarding LCME accreditation and legislative sessions
- Policy decisions and recommendations at the faculty, Dean's staff and University level
- Oversight of OME operations

Specialist, Evaluation, Assessment, and Student Advising

- Development and implementation of all course and teaching assessment for undergraduate medical education
- Collection and reporting of assessment data for all courses and educational activities administered through OME
- Advisement of undergraduate medical students with academic concerns
- And *ex-officio* member of Student Development Committee

Coordinator, Curriculum Assessment and Development

- Assists faculty with curriculum development, objectives preparation, and curricular information searching as requested
- Coordinates the course review process
- Maintains the UNSOM curriculum database
- Collects data for LCME reports
- Asst. Editor for the Educators' Forum Newsletter

Coordinator, Simulated Patient Education

- Recruit and train patient models and standardized patients
- Assist faculty with DxR Computerized patient cases
- Promote use of the Human Patient Simulator
- Coordinator for the case development team

Director, Medical Humanities and Ethics

Responsible for the Ethics, Law, and Medicine Course, Ethics and Narrative Medicine electives, community outreach, and programming throughout the four years.

Director, Division of Interdisciplinary Medical Education

Oversees the following courses: Introduction to Patient Care I & II, Clinical Problem Solving I & II, Clinical Reasoning in Medicine, the Advanced Health Care Experience in Rural Health (Rural Rotation), the Transition to Clinical Medicine, and associated electives.

Education Coordinator

Coordinates community faculty recruitment, contracts, and student assignment to the Preceptorships in IPC-I & II

OME also handles:

Room keys	Alisha Fong 682-7727
Room scheduling	Rocio Barajas 682-7723
Video-conference scheduling	Rocio Barajas 682-7723
Electives, clerkship and year 1-2 course scheduling	Debbie Chase 682-7729
Affiliation agreements	Alisha Fong 682-7727
Lab fees	Lisa Rose 682-7735
Course related travel	Alisha Fong 682-7727
Ordering of USMLE exams	Alisha Fong 682-7727
Processing Scantron forms for exams	Sarah DeArman 682-7722
Assistance in Las Vegas	Sherry Marcu 702-671-2302

Roles of ASA Personnel

The mission of the Admissions and Student Affairs Office is to recruit and select for admission to UNSOM individuals who possess an intense desire for excellence in science, medicine, humanism and strong interpersonal skills and the capacity to thrive in a collegial environment. It is also our mission to foster the personal and professional development of physicians-in-training in a supportive and carrying atmosphere.

The following positions provide support in the listed areas.

Associate Dean for Admissions and Student Affairs

- Oversight of the UNSOM admissions process
- Primary responsibility of student issues and development
- Advise Dean on matters affecting the admissions and student affairs issues
- Policy decisions and recommendations at the faculty, Dean's staff and University level
- Oversight of Admissions and Student Affairs operations

Assistant Dean for Student Affairs

- Oversight of student affairs and student development
- Oversight of career development initiatives for students
- Coordinate and oversee new student orientation
- Administrator of student scholarship program
- Coordinate students' out-of-state summer clinical and research programs
- Assist in review of student application process
- Oversee student development programs

Director, Recruitment and Student Services – *Las Vegas*

- Management of recruitment and outreach programs statewide
- Oversee student support services in Las Vegas
- Management of recruitment operations in Las Vegas

Coordinator, Education Outreach

- Assists Director of Recruitment with implementation and coordination of student recruitment and outreach programs
- Assists Director with implementation and coordination of new student programs, e.g. BS/MD
- Assist with fiscal management of said recruitment and outreach programs
- Collects data for recruitment and retention purposes
- Assists Director with public relations duties as they pertain to recruitment and student outreach

Information Technology Analyst

Responsible for research and development of information technology for the Admissions and Student Affairs department
ASA information technology liaison to UNR/IT departments and other entities as they correlate to ASA
Responsible for reporting UNSOM data
Assists in student programs

Manager, Admissions and Student Affairs

Oversight and management of daily operations of Admissions and Student Affairs operations
Assists Associate Dean with entire admissions process
Oversight of ASA student events
Management of ASA staff and operational personnel resources
Oversight of ASA student records and enrollment processes
Assists in data research, analysis and reporting
Responsible for administration of UNSOM Emergency Loan process
Responsible for all fiscal administration of Admissions and Student Affairs operation

ASA also handles:

Applications/Admissions	Pat Romney; 784-4604
Registration, Records and Verifications	Brandi Taylor; 682-8351
Grades	Brandi Taylor; 682-8351
Recruitment Programs and Events	Gina Sella; 682-8354
Las Vegas Inquiries	Cindy Eggleston; 702/671-6451
UNSOM Emergency loans	Kris Nelson; 682-8356
Student scholarships	Dr. Peggy Dupey; 682-8361
Graduation Inquiries	Brandi Taylor; 682-8351
Credit Card Purchasing	Kris Nelson; 682-8356
Match Process	Brandi Taylor; 682-8351

Policies & Procedures That Concern Coordinators

A. Role of the Student Development and Honor Committees

The **Student Development Committee** oversees medical students' professional development, cognitive and non-cognitive progress and welfare. The committee consists of one student representative from each class, three faculty members from the basic science departments, and three faculty members from the clinical departments. The Associate Dean for Admissions and Student Affairs serves as a non-voting, *ex officio* member. The committee chairman is appointed by the Dean.

The committee usually meets monthly to discuss the personal and professional growth of medical students faced with a wide range of cognitive and non-cognitive issues. The Associate Dean for Admissions and Student Affairs presents information on behalf of the students and faculty and conveys discussions and recommendations from the committee to the Dean of the School of Medicine for final action. Students under discussion are usually asked to attend.

Students who are identified as having academic or professional problems by the Year 1-2 or Year 3-4 Coordinators' Committees may be referred to the Student Development Committee (See page 12).

The **Honor Committee** is a student run committee that acts to support students, staff, and faculty by promoting and maintaining honor, integrity, and professionalism at the school of medicine. The committee consists of two student representatives from each class as well as two faculty advisors. Students, staff, and faculty are encouraged to utilize this committee if they have concerns about possible honor code violations. The Honor Committee itself holds no judicial power, but rather acts as support for students and faculty regarding issues of concern. The Honor Committee can make recommendations to students and faculty as to the appropriate steps or measures that need to be taken to investigate potential honor code violations. The Honor Committee can also hold informal hearings on an alleged offense and make recommendations to the Student Development Committee and/or the Dean for Student Affairs.

B. Examination Procedures

Faculty should ensure that the testing environment supports honesty in the testing process; seating students every other seat, two versions of the exam, restrictions on restroom breaks, and proctors present in the room for exams. Students are not to ask questions of the proctor because the conversations are disruptive to other students in the room. Cell phones, text messaging, or use of outside communication devices are not allowed during testing. Use of computers and/or Internet during the exam will be clearly spelled out by the faculty in the examination instructions.

C. Posting Grades

Because of issues with confidentiality, faculty may not post grades in public sites even if listed by student ID number or some other code. Any method of distribution that allows a student access to solely their own grade is acceptable; grades may be posted on WebCampus or E*value, mailed to students, or picked up at the faculty member's office.

Answers to test questions may be posted for a short period of time following an exam if a faculty member or proctor remains with those answers to observe students. Any form of digital recording of the test questions, i.e. via cell phones, cameras, etc. is strictly not allowed.

D. Exam Failure and Retake

1. USMLE Step 1

It is the policy of the University of Nevada School of Medicine that medical students take USMLE Step I for the first time no later than June 30th of their sophomore year. If a student does not demonstrate a passing score, he or she must immediately contact the Associate Dean for Student Affairs and the Associate Dean for Medical Education. The Associate Dean for Medical Education will make arrangements for timely removal from the clerkship rotations. Before returning to the clerkship rotations, the student must demonstrate a passing score and then work with the Associate Dean for Medical Education to reenter the clerkships. In most cases not passing Step 1 of the boards on the first attempt results in delay of graduation by 12 months.

A medical student will have no more than three opportunities to demonstrate a passing score for Step I. If a student fails on the third attempt he/she will be dismissed from the School of Medicine.

2. USMLE Subject (Shelf) Exams and Clerkship Final Exams.

Clerkship Shelf Exam Protocol: In the event that a student fails the shelf examination given as a required final in a required clerkship, the student will be awarded an “incomplete” grade for the course until the shelf examination is repeated and passed. The shelf examination should be retaken within twelve weeks of receipt of the failing score of the first attempt. It is strongly recommended that the student form a plan of study collaboratively with the clerkship director in whose clerkship the shelf examination was failed. If the student fails the shelf examination on the second attempt, the student will receive a “fail” grade for that clerkship and that clerkship will be repeated. The student must follow a prescribed plan of study during the repeated clerkship. This prescribed plan of study will be designed by the clerkship director and tailored to the specific deficiencies of the individual student. If the student fails the shelf examination on the third attempt, they will receive a failing grade for the repeated clerkship and will be dismissed from medical school. A passing grade on the shelf examination is at the fifth percentile or better during the academic quarter that the test is taken.

In required clerkships that use a written exam other than the shelf exam, the passing score is determined by the clerkship director. The protocol for failure of the written exam is outlined in the clerkship syllabus. Passage of the written exam is required for passage of the clerkship.

3. USMLE Step 2 Clinical Knowledge (CK) and Clinical Skills (CS)

The Clinical Knowledge (CK) exam is a traditional standardized exam based largely on clinical cases. The Clinical Skills exam involves encounters with Standardized Patients, assessment of history taking and physical examination skills, differential diagnosis, and writing of patient notes. Passage of both exams is required for graduation. Students must take these exams or the first time prior to December 15th of their fourth year. As above, students have three opportunities to pass these exams or face dismissal from medical school.

E. Standards for Promotion

All academic deficiencies shall be assessed by the Student Development Committee (SDC), using the Criteria to Deny Promotion approved by the Year

1-2 Course Coordinators Committee in March 2008. The SDC shall have the ability to override these guidelines.

1. Cognitive Criteria to Deny Promotion

Year I to Year II

One marginal pass - Student receives letter of concern from Year 1-2 Committee.

Two marginal passes - Student referred to SDC. Student will be placed on academic probation and *may* be required to repeat the year with requirement of 75% or better to pass in each course repeated.

Three or more marginal passes - Are grounds for dismissal. If SDC approves continued active student status, the student will be placed on academic probation and must repeat the year with a requirement of 75% or better to pass in each course repeated.

One failure with all other courses passed (no marginal passes) - repeat the course.

One failure with one or more marginal passes - Are grounds for dismissal. If SDC approves continued active student status the student will be placed on academic probation and must repeat the year with a requirement of 75% or better to pass in each course repeated.

Two or more failures - Are grounds for dismissal. If SDC approves continued active student status the student will be placed on academic probation and must repeat the year with a requirement of 75% or better to pass in each course repeated.

Year II to Year III

One or more marginal passes -

If this is student's first marginal pass during medical school - Student receives letter of concern from Year 1-2 Committee.

If this is student's second or subsequent marginal pass - Student referred to SDC. Student will be placed on academic probation and *may* be required to repeat the year with a requirement of 75% or better to pass in each course repeated.

One failure -Repeat the course with a requirement of 75% or better to pass.

Two or more failures – Dismissal with the opportunity to reapply.

Additional Cognitive Criteria for Promotion

Student progress will be reviewed at the end of each semester. A minimum grade of 75% is required to pass a course on a second attempt.

Marginal pass is defined of a score between 70 to below 75%.

Three or more marginal passes in a semester is grounds for dismissal. If SDC approves continued active student status, the student will be placed on academic probation and must repeat the year with a requirement of 75% or better in each course repeated.

Three semesters of continued marginal performance is grounds for dismissal.

2. Non-Cognitive Criteria to Deny Promotion

Behavioral issues – i.e. infractions that reflect poorly on oneself, one’s peers, or UNSOM; infractions that directly advance or harm a person

Student will be referred to SDC. The infraction must be documented in the student’s permanent academic record. Disciplinary action may be taken up to and including dismissal. If SDC approves continued active student status, the student will be placed on probation. A second occurrence will result in dismissal.

Academic dishonesty – i.e. cheating, plagiarism, breach of confidentiality in SP exams, forgery

Cheating on any academic test will result in automatic failure of the course and is grounds for dismissal.

Student will be referred to SDC. The infraction must be documented in the student’s permanent academic record. If SDC approves continued active student status, the student will be placed on probation. If the student is allowed to repeat the course, the highest grade he/she can receive is a C.

A second infraction will result in dismissal.

From UNR “Student Conduct Information” accessed at <http://www.unr.edu/stsv/acdespol.html>. Academic dishonesty is defined as: “Cheating, plagiarism, or otherwise obtaining grades under false pretenses. Plagiarism is defined as submitting the language, ideas,

thoughts or work of another as one's own; or assisting in the act of plagiarism by allowing one's work to be used in this fashion. Cheating is defined as (1) obtaining or providing unauthorized information during an examination through verbal, visual or unauthorized use of books, notes, text and other materials; (2) obtaining or providing information concerning all or part of an examination prior to that examination; (3) taking an examination for another student, or arranging for another person to take an exam in one's place; (4) altering or changing test answers after submittal for grading, grades after grades have been awarded, or other academic records once these are official."

Also included under the heading of "cheating" is the submission of any work as your own that you did not create or perform. This includes, but is not limited to: homework assignments, written projects, and patient history or examination findings.

Patient Care – Falsifying or knowingly omitting pertinent information, lying regarding patient care, conscious HIPPA violations

Student will be referred to SDC. The infraction must be documented in the student's permanent academic record. If SDC approves continued active student status, the student will be placed on probation. A second infraction will result in dismissal.

F. Videoing Classes and Simulated Patient Encounters

Upon entry to UNSOM, students are asked fill out a form granting permission for recording of their voice and/or image. There are three categories of permission: 1) recruitment, promotion and advertising materials; class photos, name badges and ceremonial photos, e.g. White Coat Ceremony and graduation; 2) for clinical skills training with e.g. standardized patients and the human patient simulator; or 3) for research in which results will be reported in group/aggregate format.

If you would like to video your lectures, small groups, or clinical encounters, please check with Jenna Reith of ASA at jreith@medicine.nevada.edu who is the keeper of the student information database for the School of Medicine to verify that students have given their permission.

Instructional Design Principles

Today, education is blessed or cursed with many modalities of instruction. There's basic science lecture, clinical lectures - often called didactics, lecture with personal response systems, cased-based learning, problem-based learning, team-based learning, small group learning, online learning, distance learning, learning at the bedside, discussion groups, standardized patients and patient models, computer cases, and use of human patient simulators. It's easy to overlook the basic principles of instructional design or how to set up any experience so it will maximize the student's opportunity to learn and achieve the goals you set forth.

Here, it is wise to follow one of Stephen Covey's principles and "Begin with the end in mind." Before tackling any new curriculum segment or even a new clerkship or elective, ask yourself, "What do I expect students to know or be able to do when they are done with this learning experience?" Here are the steps to a sound design plan.

1. Determine and write down the instructional goals and rationale for the course.
2. Analyze the goal. Why do students need to learn this information or skill? Is the goal aligned with institutional needs and standards?
3. Analyze the learners and the environment in which the learning will take place. Will the information or skills be presented at a level achievable by students? Are there sufficient space and resources available?
4. Write performance objectives, competencies, and/or core experiences lists.
5. Develop assessment instruments matched to #4 above. Prefer criterion referenced assessment (like competencies) where students are measured and graded on their ability to achieve desired standards rather than comparison with each other.
6. Develop the instructional strategy. How will you present the material to your learners?
7. Develop or select the instructional material by surveying the literature, adapting available resources, designing new materials, and determining the best way to present the materials.
8. Proceed with the instructional program.

9. Conduct a formative [or preliminary] evaluation. It is best to conduct this part way through the learning experience so that adjustments can be made that will improve the program. Consider both content and procedural revisions.
10. Conduct summative evaluation. Were your students able to achieve the goals and competencies that you set for them? If the answer is “yes,” well done. If “no,” return to step 1 and work through again with appropriate changes.
11. Revise the instructional program as needed.

Courtesy of Veronica Michaelsen, M.D., M.Ed., University of Virginia School of Medicine, IAMSE Conference, July 2007.

Curriculum Matters

A. Assistance with curriculum development

Guidance concerning curricular issues is available from the Office of Medical Education faculty and the Office of Faculty Affairs and Development. Also, don't overlook the experience of faculty in your own department.

Many medical school websites, post course information and curriculum which can be used for inspiration or comparison. Most educators are willing to share materials across institutions if they are given credit. MedEdPORTAL is a central repository for materials managed by the AAMC (see page 44 also)

Most educational conferences have workshops on various topics from course design to assessment tools to giving feedback to students and faculty.

B. Syllabus preparation

Your syllabus represents an agreement between you and your students describing the information and learning opportunities that you as a faculty member will provide and the learning responsibilities of the student. *

Components of a course syllabus are listed below. We encourage posting your syllabus online, but it should be presented as a whole, not fragmented into separate elements.

1. Name and course number; faculty with their contact information; office hours and location
2. Table of contents (optional, but useful)
3. Rationale for the course (why is it important in the curriculum)
4. Course goals and objectives. These should be in alignment with the UNSOM institutional objectives.
5. Course methodology used to meet these goals and objectives

Lectures/didactics, discussions, laboratories, small group learning, team-based learning, teaching rounds, case-based learning, conferences, self-directed learning, video, standardized patients, human patient simulator, etc.

6. Class schedules: lectures/didactics, morning report, noon conferences, call, clinic and hospital wards, assignment due dates, exam dates, etc.
7. Assignments/projects/learning modules with due dates
8. Standards and procedures of evaluation for (7) above and the course as a whole
9. Policy on late work, missed tests, and absences
10. Textbooks, reference materials, and online resources for the course
11. Unsatisfactory performance/remediation planning
12. Honor and professionalism guidelines
13. Advice on how to succeed in this class (optional)

* During our review of the Family Medicine Clerkship, the students offered some suggestions for format and information to be included in any clerkship syllabus. Here are some of their practical suggestions.

On the first day, where do I need to be and when should I be there? With whom do I meet?

What is my schedule (time and place) for lectures, morning report, noon conferences, clinics, and rounds? Whom do I report to?

What is expected of me professionally? Dress, conduct, HIPPA?

Do I have call? If so, when? What is expected of me when I am on call?

Do I need to keep a patient log? How do I do that?

Will I be required to do additional assignments during this rotation? When are they due?

Are there any holidays?

What is expected of me when I am asked to do a presentation?

How do I prepare for the shelf exam or final?

What happens on the last day of this rotation?

C. Course review process

You should have an annual process within your department and with the teaching faculty in the course to look at your course with a critical eye. Are the materials up to date? Are the current goals and objectives still covering what students need to know at the end of your course? Do you want to change any of the teaching methodologies? (see page 29)

In addition, a central review process of all of the courses and clerkships is administered through OME occurring over a period of three years. Materials about the course are provided by the Course/Clerkship Coordinator to OME for distribution to a review team consisting of the Coordinator(s), department faculty, Department Chair (optional), a mix of basic science and clinical faculty, residents (if applicable), medical students, and OME faculty. This team meets for three hours to discuss all aspects of the course and reconvenes after 4-6 weeks for a one hour follow-up meeting with the presentation of an action plan by the Coordinator. After a full cycle of the course, the Coordinator meets with the Associate Dean for Medical Education and the Coordinator for Curriculum Assessment and Development for a debriefing on how planned changes worked and further plans for change.

A summary report of the curricular review is available to all Coordinators, Department Chairs, and the Deans. Other teaching faculty may obtain a copy from OME by request.

D. LCME requirements

UNSOM's educational program is fully accredited by the Liaison Committee for Medical Education (LCME). The LCME is a committee jointly appointed by the AAMC and the AMA, responsible for determination of US and Canadian medical schools' accreditation status based on site visits and self-study materials. The accreditation process occurs every seven to eight years; we were visited in October of 2001 and our next site visit will be in October of 2009. Course/Clerkship Coordinators are responsible for supplying information about their course/clerkship curriculum to the Office of Medical Education to be added into a database that represents the medical school educational program for our students.

The LCME also requires that medical schools fill out an Annual Report of information each April. Therefore, the Office of Medical Education will be requesting information about your courses in order to comply with this annual event.

The LCME can also request information from medical schools at its discretion.

Assessment and Evaluation

A. Assessment of Student Learning

Each course coordinator is responsible for developing appropriate and effective methods for assessing student learning of course goals, objectives and/or competencies. Course coordinators are responsible for all aspects of learning assessment that takes place in their course, whether or not they are directly involved in the instructional delivery of a specific topic or section of the curriculum. Course coordinators must communicate regularly with students regarding their academic progress.

For a majority of our basic science curriculum, we rely on the multiple choice question (MCQ) exam format to assess what students have learned and how well they can apply their knowledge in a testing environment. We strongly encourage course coordinators to carefully proof read all examination questions before they are administered and, if possible, to have a colleague, qualified graduate student, or resident preview the exam prior to giving it to students for the first time. OME's Specialist for Evaluation and Assessment is also available to assist you with creation of examination questions.

Other effective student assessment techniques include presentations (individual or small group), writing assignments, oral examinations, simulation model cases, and standardized patient scenarios (case studies, Observed Standard Clinical Examinations (OSCE), and/or Observed Standard Video Examination (OSVE)).

While not currently in use, student portfolios are another assessment tool and may include a wide variety of "student learning artifacts", such as multimedia projects, A/V recordings, patient/procedure logs, self-assessments of learning and reflective journaling. Portfolios can represent a depth of student learning that many times is difficult to capture through traditional testing methodologies.

The use of personal response system devices (PRS or "clickers") allows basic science and clinical faculty to assess classroom learning anonymously, giving faculty and students immediate feedback that can be used to improve both teaching and learning. Training is available through Teaching and Learning Technologies on the UNR campus.

B. Student Ratings of Courses and Teaching

The Office of Medical Education currently uses two different on-line programs to collect quantitative and qualitative data from our students about their educational experiences; WebCampus for Years 1 and 2 and E*Value for Years 3 and 4. Student evaluations of courses and instructors are downloaded, summarized, and reported to course coordinators in mid-January and mid-July of each year. Course coordinators will meet annually with the Associate Dean of Medical Education to review all aspects of the course. It may be helpful to plan this meeting immediately before or after the annual meeting the Coordinator has with course faculty (see next paragraph) depending on the goals of the Coordinator has for the course at that time.

Course Coordinators are expected to review teaching evaluation reports with their instructional faculty on an annual basis and to provide copies of these reports to their department chairs for use in annual performance reviews. Course coordinators should observe and give feedback to their instructional faculty at least once every two years. OME will provide an observation checklist that summarizes characteristics and qualities that reflect effective teaching techniques and can be used when giving feedback to faculty.

OME and OFAD are in the process of creating a peer review team of experienced educators who will observe and give feedback to course coordinators, when requested. This voluntary faculty development program is based on the National Peer Review of Teaching Program implemented by the Research in Medical Education group (RIME) of the AAMC.

The OME Evaluation and Assessment Specialist is also available to conduct student focus groups and/or PRS sessions for any UNSOM course coordinator who requests feedback on a particular topic or instructional resource.

See Appendices for copies of all student rating forms and National Peer Review of Teaching observation checklists. (Coming soon!)

Giving Feedback

A. Feedback for Students

Course coordinators have two duties related to feedback. The first is to provide the Office of Medical Education with timely information about student performance via the Year 1-2 and year 3-4 Coordinator's Committees' Student Progress reports. The other role is to give feedback directly to your students.

Learners need and desire feedback. The education literature offers a consistent message that medical students and residents want more feedback on their performance. Students are often motivated by grades and want opportunities to adjust their performance to meet "honors" criteria. Learners genuinely want to refine their skills and expand their knowledge to be the best physician possible.

Principals of Good Feedback

The Medical Education Literature suggests the following principals for effective feedback:

1. Good feedback is timely

As much as possible, try to discuss student performance and behavior directly following the exam or event. Delays between the student's performance and feedback decrease the impact and relevance of your comments.

2. Good feedback is based on direct observation

Optimally, the person giving feedback to the student, should be the person who observed their behavior. Second hand observations lack credibility and impact for learners.

3. Good feedback is specific

The more specific the observations and feedback, the better. Faculty should make notes on behaviors and events and write down verbatim statements about what they heard and saw. Global or general feedback ("Good job" or "At an appropriate level for third year student") may raise more questions than provide answers about performance.

4. Good feedback is balanced and starts with the positive

Students are more receptive to negative feedback after they have heard about what they did right. Start with the positive.

5. Good feedback follows predictable pattern

Students and residents generally appreciate getting the opportunity to prepare for feedback, so it is best to schedule a one-on-one feedback session. Avoid giving feedback in front of a group, as on teaching rounds or in the clinic with patients, unless there is no alternative.

6. Feedback follows a brief self-assessment

Begin a feedback session by asking the student to give their own self-assessment of their performance or event. This way, the student has the opportunity to reflect on their own performance and set the stage for hearing your observations and suggestions.

B. A Model for Feedback

This model was developed by the Bayer Institute for Healthcare Communications and is used in several medical student settings at UNSOM such as Med 610 and the Psychiatry Clerkship examination. The model uses four quadrants to structure the order and type of feedback offered to a learner.

1st QUADRANT – THE STAR QUADRANT: In this quadrant write down the things you see and hear that the student is doing well. For example, does the student look professional by wearing a clean white coat, collared shirt and name tag? Does the student express interest in the patient through non-verbal and verbal communication? Write down the exact things the student says or does so you can reinforce these behaviors.

2nd QUADRANT – THE DO MORE QUADRANT: In this quadrant write down the things the student is starting to do or should continue to do more of. Is the student making intermittent eye contact? Attempting to use open ended questions? Scrubbing up to the forearm but not the elbow? Write down what you see and hear and discuss it with the student in order to raise awareness and reinforce the behaviors.

3rd QUADRANT – THE DO LESS QUADRANT: In this quadrant write down the things the student should do less of. Perhaps the student interrupts a patient each time the patient tried to answer a question. It may not be feasible to never interrupt, but it certainly should be minimized. The Do Less quadrant is the

other side of the Do More coin. You can frame the same behavior from two approaches: make more eye contact OR spend less time looking at your notes. When the option is there to record a behavior in either frame, load the Do More quadrant.

4th QUADRANT – THE DELTA QUADRANT: In this quadrant write down the things the student needs to stop or do differently. Chewing gum, forgetting to wash hands, and using slang are all behaviors that could be in the delta (change) quadrant. It is important to ask students if they can think of alternative behaviors to what you wrote in this section.

Use the four quadrants whenever you observe student performance. Then, when it is time to review the performance with the student, ask first for a self-assessment and then briefly orient the student to the four quadrants so he or she understands the format you will use. Give the student a copy of the page with your notes in case they want to review the specifics later.

<p style="text-align: center;"> QUADRANT 1 THE STAR QUADRANT Doing well </p>	<p style="text-align: center;"> QUADRANT 2 THE DO MORE QUADRANT Increase </p>
<p style="text-align: center;"> QUADRANT 4 THE DELTA QUADRANT (□) Stop or change </p>	<p style="text-align: center;"> QUADRANT 3 THE DO LESS QUADRANT Decrease </p>

C. Working with Faculty

As Course Coordinator, you can't do it alone. You will be working closely with faculty in your department and perhaps faculty in other departments or from the community.

Engaging faculty: when you ask someone to participate in your course, you will need to tell them what your expectations are. Clarifying expectations at the outset makes rewarding successes and coping with failures all that much easier.

Be sure to include:

When	Dates and times of the class sessions to be taught
Where	Assigned classroom and class hours
Who	Number of students in the group and class level
What	Topics to be covered Goals and/or objectives for the sessions
Effort Expected	Estimated amount of preparation
Training	Required meetings/ training associated with the course
How	Discuss methods of teaching the material
Observation	As the Course Coordinator, you may observe the guest's or other department faculty member's presentation and offer comments and/or suggestions for improvement.
Participation In Evaluation	Who will write exam questions? Who will grade exam questions and written assignments? Types and timing of evaluations What feedback students will provide and when
Special issues	Any special needs or requirements of the course
Payment	How much, if any, financial reward is attached to teaching in this course

Follow-up: when you get the student evaluations, make a copy and distribute to each individual faculty person for use in their development as

teachers as well as annual evaluations and promotion. If there are student concerns, make sure your chair is aware (he or she may wish to view the student evaluations) and meet with the faculty to review and problem solve. If there are concerns that don't show up on student evaluations, schedule a 'check in' with the faculty member. At that point, you can find out how the faculty member feels his/her teaching is working out. If a faculty person is not meeting your expectations, you should tell him/her specifically what is amiss, and refer to the expectations outlined when you first engaged them in teaching. If the faculty member can't meet expectations despite good intent and effort, you may wish to help them by giving peer feedback by observing their teaching (see feedback model above) or referring them to a faculty development course.

Easing out faculty: Sometimes faculty abilities and your needs as course coordinator do not match. Perhaps the faculty member has less time than expected or they are unable to meet expectations even after your feedback and help. At this point, you should give the chair an indication of your plan to discontinue that person's contributions (since the chair may be directing how each faculty allocates time and may be hearing more about this if the person is unhappy with your decision). You next need to meet with the person and let him/her know of your decision with clarity and kindness. Be sure to offer alternative activities if they would be able to meet expectations another area.

Faculty Development Resources

A. Local resources

The Office of Faculty Affairs and Development (OFAD) offers a number of supports to clerkship and course coordinators. Each year we offer workshops and speaker programs that focus on specific elements of teaching. For example, OFAD and faculty from Medical Education and Student Affairs developed a workshop on evaluating and documenting student professionalism and plans to develop similar workshops on giving professionalism feedback. OFAD is developing a video editing station and has a small training room for faculty development activities. We have books and other materials that may be useful to basic science and clerkship teaching. Other OFAD activities target more general aspects of faculty development, such as annual evaluations and academic advancement.

The Assistant/ Associate Dean of Faculty Affairs and Development is available to meet with faculty on request to assist in developing materials, offer peer evaluation of teaching and problem solving. Email or call: ofad@medicine.nevada.edu and 775 784-6777.

The University of Nevada Reno offers faculty development programs on using teaching technology such as WebCampus, PowerPoint, Personal Response Systems (clickers) and video. See their website <http://www.it.unr.edu/tlt/instructional.asp>.

B. Outside resources:

Many specialties have academic organizations for those who teach (see section on Educational Scholarship). There are also faculty development programs sponsored by other institutions such as University of California, Harvard-Macy (<http://www.harvardmacy.org/default.asp>) and AAMC (<http://www.aamc.org/meetings/>). When the budget allows, OFAD offers financial support for faculty to attend outside programs and meetings that advance their skills as medical educators.

The AAMC and the Alliance for Clinical Education (ACE) published a “Guidebook For Clerkship Directors” edited in 2005 by Ruth-Marie E. Fincher, M.D. that may be found at <http://familymed.uthscsa.edu/ACE/guidebook.htm>.

Savitt Medical Library & Information Technology

A. Contact Information

Savitt Library: 775-784-4625

Library Web Site: www.med.unr.edu/medlib

Library & IT Director: Jim Curtis. jacurtis@medicine.nevada.edu

Help Desk Manager: Robert Boyd. rboyd@medicine.nevada.edu 775-682-7305.

Head, Information & Education Services: Terry Henner.

thenner@medicine.nevada.edu 775-682-7301

OTHER AFFILIATED LIBRARIES IN RENO

Saint Mary's Regional Medical Center Library

Phone: 775-770-3108; Fax: 775-770-3685

Hours: Mon-Fri 8am-4:00pm (Library Annex opens 24 hours, 7 days a week)

Medical Librarian: Donna Alexander:

donna.alexander@chw.edu)

http://www.saintmarysreno.com/staywell/med_lib.php?d_pageID=201

The Max C. Fleischmann Medical Library is located on the third floor via the "A" elevators.

Renown Regional Medical Center Medical Library

Medical Librarian: Tina Slanc, M.L.I.S.

Telephone : 775-982-5722

Fax : 775-982-5735

Room : 1st Floor, Sierra Tower

Hours: Monday through Friday, from 7:00 a.m. to 3:30 p.m.

The Medical Library is located on the first floor of the Sierra Tower, next to the volunteers office.

OTHER AFFILIATED LIBRARIES IN LAS VEGAS

Sunrise Hospital Medical Library

Phone: (702) 731-8210; Fax: (702) 731-8674

Hours: Mon-Fri 7:30 am-4:00 pm.

Library Assistant: Clarita Bugarin: (clarita@sunriseecme.com)

For general information: (sunrise.library@hcahealthcare.com)

Website: www.sunriseecme.com

Located in the administration wing directly across the hall from the Auditorium.

University Medical Center Library

Phone: (702) 383-2368; Fax: (702) 383-2369

Hours: Mon-Fri 7:30 am-4:00 pm; Closed Sat. and Sun.

There is no after hour access available.

Librarian: Dee Disardina, MS AHIP

Located on the 5th floor of the UMC 2040 building. Access to UNSOM electronic collections requires MedID authentication. Access to the UMC network requires a UMC logon.

B. Instruction and References

The Library provides training in the use of the Internet and productivity software in clinical medicine. We can provide classes and integrated support of curricular needs as well as individual assistance in using information resources. The primary contact for classes and assistance is: Terry Henner, Head, Information & Education Services: thenner@medicine.nevada.edu 775-682-7301.

Electronic Journals, Books and Databases -The library subscribes to over 3500 journal titles in electronic format. Online journals are available to students and residents from any web enabled computer. The library also subscribes to over 100 online texts covering basic science and clinical disciplines. Among the clinical resources available through the Savitt Library website include MDConsult, FirstConsult, StatRef, Dynamed, TRIP+, Cochrane Library of Systematic Reviews, Medline, ToxLine, Science Citation Index, and PsycInfo. Access to proprietary online resources is authenticated using your MedID account. Help with connecting to or using library information resources or computing/information management issues can be found in tutorials at:
www.med.unr.edu/medlib/help.htm

Document Delivery/Interlibrary Loan - DDS/ILL can obtain copies of journal articles and borrow books that are not held locally in our collections. Requests for items are initiated electronically by the user through links on the library website. Documents are typically delivered directly to your desktop in electronic format. Patrons need to register one time with Loansome Doc and Iliad in order to use our service. This is a fee based service and you will be billed quarterly for items you have ordered - there is no charge to order a book. It is important to keep your mailing address current since some items may not be delivered to your e-mail account. Additional information on procedures and fees can be found at:
<http://www.med.unr.edu/medlib/LibServices/docdel.htm>

For more information contact: Norman Huckle, Document Delivery Service Librarian, nhuckle@medicine.nevada.edu , 775-784-4625 or Debby Coker, Document Delivery Services Assistant, dcoker@medicine.nevada.edu, 775-784-4626.

C. Information Technology Support

The Information Technology Department provides support for computing needs including email, network connectivity, virus protection, software installation, and general troubleshooting. They can also assist Coordinators with classroom support, Audio/Visual equipment support, video conferencing, Web Campus support (formerly WebCT), videotaping a class, and video conversion.

The Medical School Help Desk in Reno is located in the Savitt Medical Library in the Pennington Building and is the focal point for all IT support. They can be reached at 775-784-3534, email us at medhelp@medicine.nevada.edu, fill in our online form at http://www.medicine.nevada.edu/dept/it/help_request.asp or pay us a visit!

Our resources in Las Vegas are more limited, but we do have an IT team available to you at 702-671-5100. Do let them know what your educational needs are as collaboration is possible with some advance notice.

Please contact us to see how we can help.

D. WebCampus

The point of first contact for issues with WebCampus is Robert Boyd with the Help Desk at 784-3534. His role is to be a liaison between the Teaching and Learning Technologies (TLT) group that does instructional design and WebCampus course setup and the medical school faculty, staff, and students. He can add and delete users and students to courses and answer questions about how to use the program. He will cheerfully refer you to the TLT group if your needs are beyond his scope.

Most of our course materials for the 1st and 2nd years and some materials for 3rd and 4th years are posted on the WebCampus system. This includes syllabi, schedules, PowerPoints, Internet links, assignments, quizzes and exams, and grades. Training is available twice a year in early August and early January through the Instructional Design Team located on the main UNR campus with TLT. Their website is <http://teaching.unr.edu/IDT/staff/index.html>. Jill Wallace and Alina Solovyova-Vincent conduct the training sessions. Julie Petereit is the person to contact concerning course setup on WebCampus and entering your student class lists. The group can be reached at 775-682-6798.

Educational Scholarship

A. Medical Education Journals

Scholarship in Medical Education is valued at UNSOM. Here is a list of the major journals in this field. OME can be of assistance to you in drafting education research projects and in recommending journals for publication.

[Medical Education Journal](#)

[Academic Medicine](#)

[Teaching and Learning in Medicine](#)

[The Clinical Teacher](#)

[The Medical Teacher](#)

[Medical Education](#)

[BMC Medical Education](#)

[Advances in Health Sciences Education](#)

[Journal of the International Association of Medical Science Educators \(JIAMSE\)](#)

B. Educational Websites

MedEdPORTAL at www.aamc.org/mededportal is a website for posting peer reviewed teaching materials that count as scholarly activity. It is also a site where you may find teaching materials that are shared through Creative Commons so they are available to all.

Heal Library (Health Education Assets library, a national digital library) at www.healcentral.org is also a reviewed collection of high-quality resources. These may be either individual multimedia files or coherent collections of resources.

AAMC/CRIME - Association of American Medical Colleges' Computer Resources in Medical Education

Since 1988, CRIME has provided leadership in the development, evaluation, and utilization of technology-based medical education through a collaborative grass-roots community of educators and technologists. If it has to do with technology and medical education, CRIME addresses it!

AAMC/RIME - Association of American Medical Colleges' Research in Medical Education group

The purpose of the RIME group is to promote high quality collaborative research in medical education between schools with common interests and to provide a forum for discussions and planning at AAMC conferences.

C. Medical Education Conferences

UNSOM holds a group membership in Association of American Medical Colleges (AAMC). Therefore, all faculty members are eligible to attend their conferences and utilize their resources. Their website is www.aamc.org.

Western Group on Educational Affairs (WGEA) is a regional division of the professional development group in the AAMC addressing the education of physicians. UNSOM faculty are also members of this organization.

International Association of Medical Science Educators (IAMSE)'s membership is largely from the basic science and year 1-2 educators group of anatomists, biochemists, pharmacologists, pathologists, geneticists, microbiologists, etc. They invite members from many medical sciences – medicine, osteopathic schools, veterinary schools, and chiropractic schools.

The Associate Deans for OME and GME are the school's representatives to the American Medical Association (AMA) section on medical schools.

D. Medical Education Organizations

Clinical disciplines have educational organizations that focus on the process of teaching and learning in that particular field:

Society of Teachers of Family Medicine (STFM) www.stfm.org

Clerkship Directors in Internal Medicine (CDIM) www.im.org/CDIM

Council on Medical Student Education in Pediatrics (COMSEP)
www.comsep.org

Association of Professors of Gynecology and Obstetrics (APGO)
www.apgo.org

The Association for Surgical Education (ASE) www.surgicaleducation.com

Association of Directors of Medical Student Education in Psychiatry
(ADMSEP) www.admsep.org

Special Programs

A. B.S./M.D. Program

The School of Medicine, in partnership with the University of Nevada, Reno (UNR) and the University of Nevada, Las Vegas (UNLV), offers a seven year accelerated pathway for a small number of motivated, mature high school seniors who intend to pursue a career in medicine. Students accepted into this program will complete the first three years of the required undergraduate curriculum at UNR or UNLV, followed by the traditional four years of medical school. The program includes the full curriculum of both the undergraduate partner and the School of Medicine. In addition, summer coursework, research, and clinical experience will be required of students accepted into the program. At the time of admission to the BS-MD program, students receive a provisional acceptance to the University of Nevada School of Medicine. The School of Medicine reserves the authority to deny matriculation to any BS-MD student who does not fulfill all requirements.

B. M.D./M.P.H.

The M.D./M.P.H. program is designed for students with an interest in any of the five basic fields of Public Health: Epidemiology and Biostatistics; Health Ethics, Policy, and Administration; Social and Behavioral Health; International Public Health; and Environmental and Occupational Health. **[Note: areas of specialization are variable and depend upon department staffing. Students should check with the School of Community Health Sciences to confirm course offerings.]** The program is designed to permit students to complete the M.D. and M.P.H. degrees in five years. Optimally the Public Health curriculum will be taken between the 3rd and 4th year of medical school. The program can be completed in this time period due to overlapping credit granted between the two schools. Students must first be accepted into the M.D. program; then they may apply to the M.P.H. program following the successful completion of their first semester of medical school up until the end of their third year. Students should indicate their interest in applying to this dual degree program to Jennifer Kimmel, M.D. or Robbyn Tolles, M.A.T. with the Office of Medical Education and Peggy Dupey, Ph.D. with the Office of Student Affairs and should contact Melanie Minarik, Ph.D.,

M.P.H. Graduate Program Director at (775)682-7066 or email mphadmin@unr.nevada.edu for further information.

C. M.D./M.B.A.

The M.D./M.B.A. dual degree program is for UNSOM students who are interested in healthcare administration, finance, and policy making. It is a highly flexible program that is designed for completion in five years as arranged with the College of Business. This dual degree is tailored to meet the career goals of each participating M.D. student. Typically, students will complete this program between their 2nd and 3rd year of medical school. The degree is ideal for students considering advancement in medical leadership in group medical practices, government agencies, healthcare companies, or research and pharmaceutical firms. Interested students should contact Jennifer Kimmel, M.D. or Robbyn Tolles, M.A.T. with the Office of Medical Education and Peggy Dupey, Ph.D. with the Office of Student Affairs and Kambiz Raffiee, Associate Dean and Director of the M.B.A. program at the College of Business at (775)784-4912 or email raffiee@unr.edu.

D. M.D./Ph.D.

The M.D./Ph.D. Program is designed to train selected students who possess appropriate aptitude and motivation for careers as physician scientists. Students in the program acquire dual expertise in biomedical research and clinical medicine. The program is organized to permit participants to receive the joint degree in a period of six or seven years. The Ph.D. component of the combined degree would be obtained through research training and additional course work under the auspices of the basic science departments. Application to the M.D./Ph.D. Program is made after a student is selected to the UNSOM M.D. granting program. In addition to the regular application, an additional application requesting admission to the combined degree program must be submitted to the M.D./Ph.D. Program Committee and to the Graduate School of the University of Nevada, Reno. Students in various stages of medical school also may petition the committee for admission to the combined degree program. The student is allowed up to 3 years to complete the Ph.D. program. Ph.D. programs currently offered include Biochemistry, Biomedical Engineering, Cell and Molecular Biology, Cell and Molecular Pharmacology & Physiology, and Speech Pathology & Audiology.

For information, contact David Lupan, Ph.D. at (775)784-4908, or by e-mail at dlupan@medicine.nevada.edu.

SPECIAL NOTE CONCERNING DUAL DEGREE PROGRAMS

Reentry requirements will apply for students participating in dual degree programs. Students must undergo a clinical skills assessment prior to re-entering the clinical environment. The reentry program is coordinated through the Division of Interdisciplinary Medical Education (D.I.M.E.) office.

SPECIAL QUALIFICATION PROGRAMS

The purpose of a “Special Qualification” program” is to provide students with the opportunity to gain expertise in a chosen field of study. Specific academic objectives are identified for each student and a minimum of 320 hours of effort is required over the course of the four years. A “Special Qualification” is an academic distinction noted in the student’s permanent record. Participants will be officially recognized during the Awards Ceremony in May of their graduation year. Program oversight rests with the Office of Medical Education/ Division of Interdisciplinary Medical Education (D.I.M.E.). A student must be in good academic standing before signing up for a “Special Qualifications” Program.

As of April 1, 2009, UNSOM offers the following “Special Qualifications” Programs:

Special Qualifications in Nutrition	Contact: Jessica Krenkel, Ph.D.
Special Qualifications in Clinical Ethics	Contact: Marin Gillis, L.Ph., Ph.D.
Special Qualifications in Narrative Medicine	Contact: Susan Palwick, Ph.D. and Marin Gillis, L.Ph., Ph.D.
Special Qualifications in Service Learning	Contact: Amy McFarland, M.P.H.

Any faculty member may propose a “Special Qualification” program for UNSOM medical students. The 320 hours of effort may be distributed across all four years of medical school or placed between Year 1 and Year 2 of medical school. Distributing the effort allows for student growth in understanding the area of specialty. The determination that a student has fulfilled the requirements of a “Special Qualifications” Program rests with the founding faculty member and documentation of this fulfillment of SQ objectives must be provided to OME/DIME by said faculty member.

Appendices

Appendix A

University of Nevada School of Medicine Honor Pledge

I will strive to maintain the highest standards of responsibility, integrity and professionalism during my education and throughout my professional career.

I will neither receive nor give unauthorized assistance on examinations or assignments and I will approach my education with honesty and integrity.

I will respect and support my classmates, colleagues and teachers at all times.

I will strive to acknowledge my limitations, strive to learn from my mistakes and work to improve my skills to the benefit of my patients.

I will strive to commit myself to a lifetime of learning and teaching both the art and science of medicine.

I will strive to attend to all my patients with competence and compassion.

I will maintain patient confidentiality and be tactful in my words and actions.

I will honor the diversity of patients' experiences, cultures and beliefs.

I will recognize the privileges afforded to me as a physician and a physician-in-training and promise not to abuse them.

I will use my knowledge to improve the lives of others and never to harm.

I make these promises solemnly, freely and upon my honor.

Institutional Objectives for Medical Students University of Nevada School of Medicine

1. Medical Knowledge

Students shall acquire the body of knowledge and thinking processes necessary to becoming a competent physician. Students shall:

- acquire and retain the basic science knowledge base essential to becoming a physician
- demonstrate the application of basic science principles to clinical practice
- develop well-rounded and in-depth clinical knowledge
- demonstrate the ability to formulate a differential diagnosis
- demonstrate advanced critical thinking skills
- demonstrate the ability to assimilate information, comprehend conceptual issues, analyze and correlate clinical information
- demonstrate an understanding of normal human behavior and the impact of human behavior on health and illness.

2. Patient Care

Students shall acquire the skills necessary to provide competent care for their patients. Students shall:

- demonstrate the skills necessary to perform a complete and accurate history and physical examination
- demonstrate the appropriate application of diagnostic studies including laboratory testing, diagnostic imaging, and other testing
- demonstrate the ability to process the information gathered on a patient into a diagnostic and therapeutic plan, ie. Develop good problem solving-skills
- demonstrate the ability to critically read the medical literature and apply this information appropriately in the treatment of individual patients in order to practice up-to-date, evidenced-based medicine
- demonstrate appropriate procedural skills, sterile technique, and universal precautions
- seek appropriate consultation for their patients
- work effectively within a team to provide patient-centered care
- provide care with compassion and respect for all patients.

3. Practice-Based Learning

Students will become self-directed learners particularly within the patient care setting and will strive for ongoing professional improvement.

Students shall learn to:

- assess their own learning needs

- develop the skills to effectively use information technology and other resources to obtain information from the medical literature for optimum patient care
 - practice evidence-based medicine
 - perform ongoing self-assessment and plan for continuing improvement as a physician.
- 4. Interpersonal Communication Skills**
- Students must demonstrate effective communication skills necessary to functioning as a competent physician. Students shall:
- demonstrate effective listening skills
 - demonstrate proficiency with interviewing and counseling patients and families
 - demonstrate efficient and accurate verbal patient case presentations
 - demonstrate accurate, appropriate, timely and legible documentation in the patient record
 - communicate effectively as a member of a team with other health care providers.
- 5. Professionalism**
- Students shall demonstrate the behaviors befitting an ethical professional at all times. Students shall:
- exhibit respect, compassion, humility, altruism, duty, and honesty with patients, staff, faculty, fellow students, and themselves
 - be punctual, reliable, and conscientious in fulfilling professional duties
 - demonstrate a commitment to excellence
 - accept responsibility for their own actions
 - respect patient confidentiality
 - practice sensitivity for patients with regard to culture, age, gender, race, ethnicity, sexual orientation, and disabilities
 - demonstrate professionalism in dress, hygiene, and demeanor.
- 6. Systems Based Practice**
- Students shall begin to develop an understanding of the setting in which they will practice medicine and the challenges of providing cost effective care. Students shall:
- be a patient advocate
 - demonstrate comprehension of community health and epidemiology
 - understand the importance of quality improvement measures and demonstrate a commitment to patient safety
 - demonstrate an awareness of the types of healthcare coverage currently available
 - demonstrate an appreciation for providing cost effective care.

University of Nevada School of Medicine

Year 1-2 Course Rating Form

Please use the following scale for items on this rating form:

- 1 = Strongly Disagree
- 2 = Disagree
- 3 = No Opinion
- 4 = Agree
- 5 = Strongly Agree
- NA = Not Applicable

1. Course coordinator maintained an atmosphere that actively encouraged thinking and learning.
2. Course coordinator clarified the relationships between the various topics covered in the course.
3. Course coordinator showed concern for my academic progress in this course.
4. Course coordinator was able to deal effectively with difficulties in the course as they arose.
5. Suggestions for improvement of the administrative aspects of this course:
6. Assigned reading facilitated my understanding and learning of course material.
7. The learning resources provided (i.e. handouts, web sites, etc.) were valuable supplements to course materials.
8. Suggestions or comments regarding the learning resources provided in this course:
9. Exams covered a reasonable amount of course material.
10. Examination questions were clearly written and grammatically correct.
11. Assessment methods used in this course (i.e. written exams, oral exams, SP testing, etc.) fairly tested my learning/understanding of course material.
12. *Assignments (i.e. group projects, papers) contributed to my learning of the course content.(optional question)*
13. Suggestions for improvement of the assessment methods used in this course:

Any course specific questions that course coordinators request add here.

14. Overall, I found this course to be intellectually stimulating and academically rewarding.
15. Please provide any constructive comments or suggestions for improvement of this course.

University of Nevada School of Medicine

Year 1-2 Instructor Rating Form

1. Did you attend a majority of the class sessions presented by this instructor?
 Yes No
2. If you selected No, please indicate the most appropriate reason:
 Lectures are not my preferred style of learning.
 Quality of lecturer's presentation was not conducive to my learning of course material.
 Other reasons

If you answered **No** to Question 1, **DO NOT** complete any further items for this instructor.

Please use the following scale for items on this rating form:

- 1 = Strongly Disagree
- 2 = Disagree
- 3 = No Opinion
- 4 = Agree
- 5 = Strongly Agree
- NA = Not Applicable

3. Instructor provided a preliminary overview of lecture at the beginning of class.
4. Instructor emphasized important points during lecture.
5. Instructor selected relevant examples that improved my learning of course content.
6. Instructor encouraged student participation by willingly asking and answering questions.
7. Instructor demonstrated enthusiasm and interest in the subject.
8. Instructor solicited and respected student feedback.
9. Instructor's strong background in the subject matter facilitated my learning.
10. Instructor effectively related the lecture/presentation to assigned written material and electronic resources.
11. Instructor was organized and displayed evidence of skillful preparation.
12. Instructor's explanations were clear and concise.
13. Instructor was reasonably available for personal help.
14. Instructor's use and/or inclusion of audio-visual resources assisted in my learning of the course content.
15. Overall, I found this instructor to be an effective teacher and I learned a lot.
16. Please provide constructive comments or suggestions for improvement of Dr. XXXX's instructional methods or content delivery skills.

University of Nevada School of Medicine
Year 1-2 Limited Lecturer Rating Form

Please use the following scale for items on this rating form:

- 1 = Strongly Disagree
- 2 = Disagree
- 3 = No Opinion
- 4 = Agree
- 5 = Strongly Agree
- NA = Not Applicable

1. Instructor had a realistic appraisal of students' background and experience.
2. The content of the instructor's lecture(s) was relevant to my learning of the course material.
3. Instructor was organized and displayed evidence of skillful preparation.
4. Instructor encouraged student participation by asking and answering questions.
5. Instructor included recent developments in this field.
6. Please provide constructive comments or suggestions for improvement of Dr. XXXX's instructional methods or content delivery skills.

University of Nevada School of Medicine
Year 1-2 Laboratory Activity Rating Form

Please use the following scale for items on this rating form:

- 1 = Strongly Disagree
- 2 = Disagree
- 3 = No Opinion
- 4 = Agree
- 5 = Strongly Agree
- NA = Not Applicable

1. Instructor provided an adequate overview of all aspects of the lab activity.
2. Instructor appropriately demonstrated specific lab procedures.
3. Access to lab/equipment/tools was adequate.

For Gross Anatomy lab form only:

4. The participation of surgery faculty in the anatomy lab contributed to my overall learning.
5. The clinical case study discussions demonstrated the relevance of anatomy to the practice of medicine.
6. The dissection videos provided in lab were useful in facilitating and expediting the dissection procedures.

This item for all lab rating forms:

7. Please provide constructive comments or suggestions for improvement regarding the lab activities you participated in.

Appendix D Medical Student Clinical Evaluation Form

Student Name: _____ Dates of Rotation: _____

Clerkship Title: _____

Evaluator's Name: _____ Evaluator's Location: _____

Please indicate frequency of contact with this student (please circle):

Extensive
(Almost daily)

Frequent
(At least weekly)

Occasional
(1 or 2X per Clerkship)

DIRECTIONS: Circle the category of the rating scale for each of the six items which most accurately reflects your judgment of this student's performance. There are no "in-between" ratings. "Honors" is defined as "performance that substantially exceeds that expected of the student." "Marginal" is defined as "performance that, while not failing, is substantially worse than that expected of the student".

Please make comments where necessary, informative, and appropriate.

* Ratings of "Honors", "Marginal" or "Fail" must be accompanied by comments to document & explain.

A. CLINICAL ABILITIES/PERFORMANCE/ASSESSMENT

I. KNOWLEDGE Honors High Pass Pass Marginal Fail Unable to Rate

Definition: Understands basic pathophysiology of disease; is knowledgeable about common problems; is able to acquire and retain facts.

COMMENTS: _____

II. PROBLEM SOLVING Honors High Pass Pass Marginal Fail Unable to Rate

Definition: Ability to assimilate information and problem-solve in a logical fashion; analyze and correlate clinical information; formulate an appropriate problem list and differential diagnosis; understand basic therapeutic plans and diagnostic strategies.

COMMENTS: _____

III. CLINICAL SKILLS Honors High Pass Pass Marginal Fail Unable to Rate

Definition: Ability to perform a history and physical exam; present in a clear and concise way; garner appropriate clinical information from a variety of sources; document daily records appropriately; perform routine procedures; adapt to a variety of clinical environments.

COMMENTS: _____

B. PERSONAL QUALITIES AND VALUES

I. INTERPERSONAL SKILLS Honors High Pass Pass Marginal Fail Unable to Rate

(e.g. Communication Skills; cooperation; empathy; teamwork; sense of humor; care of others, etc.)

COMMENTS: _____

II. PROFESSIONAL CHARACTERISTICS Honors High Pass Pass Marginal Fail Unable to Rate

(e.g. Respect; honesty; altruism; duty; humility; excellence – consistent; ethical; recognizes limitations; responsible; reliable; flexible; receptive to feedback, etc.)

COMMENTS: _____

III. MOTIVATION/ENTHUSIASM Honors High Pass Pass Marginal Fail Unable to Rate

(e.g. Initiative, conscientiousness; punctuality; commitment; active involvement, etc.)

COMMENTS: _____

C. OVERALL GRADE RECOMMENDATION Honors High Pass Pass Marginal Fail Unable to Rate

FORMATIVE COMMENTS: *(This is an opportunity for you to give constructive feedback to the student. These are comments for the student's information only. They will not be included in the Dean's letter.)*

SUMMATIVE COMMENTS: *(For comments summarizing the student's performance. For verbatim use in the Dean's letter. Attach extra pages if necessary).*

EVALUATOR CONCERN: YES/NO (circle) (**MUST COMMENT IF "YES"**). *Indicate here ANY concerns you have about the student's performance that are not severe enough to lead to a failing grade:*

Evaluator's Signature _____ Date _____

Appendix E

Professionalism Report Form

Student Name

Class Year

Date

Course Coordinator's Name

Course and Department Name

Course Coordinator's Signature

Original Source of this Information

The student has shown behavior that is deficient and requires improvement in the following areas: (Please check those that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Respect for others | <input type="checkbox"/> Exhibiting compassion |
| <input type="checkbox"/> Humility; acknowledging limitations | <input type="checkbox"/> Altruism; placing others needs appropriately |
| <input type="checkbox"/> Honesty and integrity | <input type="checkbox"/> Commitment to excellence |
| <input type="checkbox"/> Accepting responsibility for own actions | <input type="checkbox"/> Demonstration of professionalism in dress & hygiene |
| <input type="checkbox"/> Working effectively with teams | <input type="checkbox"/> Listening skills |
| <input type="checkbox"/> Trustworthiness, including respect for patient confidentiality | |
| <input type="checkbox"/> Punctuality, reliability, & conscientiousness in fulfilling duties | |
| <input type="checkbox"/> Practicing sensitivity for patients with regard to culture, age, gender, race, ethnicity, sexual orientation, and/or disability | |
| <input type="checkbox"/> Other _____ | |

Description of the student's behavior or event that occurred

I have read this report and discussed it with my Course Coordinator.

Student Name

Date

Student Signature
Student Affairs

Signature of Assoc. Dean for Admissions &

I have attached a written reply.

Yes _____

No _____

Terms of Use:

The Professionalism Report Form is to be used for infractions of the professional standards of the medical school or the Honor Code. It is to be filled out by the Course Coordinator or person who observed the infraction.

The Coordinator and/or the Associate Dean for Admissions and Student Affairs should discuss the report with the student who then signs the form to indicate that he/she has read and discussed the report. Their signature does not indicate agreement with the statements on the report. The student may choose to attach a written statement concerning the behavior or event to the form.

A signed form remains in the student's confidential file until graduation when it is destroyed barring the following exceptions: 1) there are three or more events on file, 2) an event is sufficiently egregious to merit retention of the form (to be determined by the SDC), or 3) according to UNSOM policy, if the student is referred to SDC, "the infraction must be documented in the student's permanent academic record."

Professionalism Forms may be turned in to either of the Associate Deans or to the Chairs of the Coordinators' Committees.

Appendix F

Invitation to Performance Review Model Letter

MEMORANDUM

Date: <date>

To: <student name>, MS <I, II, III, IV>

From: <insert professor name>

<insert department>

Re: Course grade

I am contacting you regarding your performance to date in the <course title> course. The University of Nevada School of Medicine faculty meet with all students to address academic performance when needed.

<Your quiz grades are> OR <Your exam scores are> giving you an average of <avg> in this course. In order to pass this course you need to improve your grade to >70%. In order to have better than “marginal” score you will need to improve your grade to >75%. Please email me at <email address> to arrange an appointment to discuss your performance to date within five days. The goal of this meeting is to review your performance and develop a plan for improvement so please **prepare a plan for discussion**.

A good understanding of the material is needed for you to progress successfully in medical school and in your medical career. Therefore depending on the outcome of our discussions, it may be necessary for me to refer you to other resources which may include the Student Development Committee. Please be assured that I join the entire faculty in supporting student success at UNSOM. I look forward to hearing from you.

Appendix G

Acronyms and Abbreviations

AAMC	Association of American Medical Colleges
ASA	Admissions and Student Affairs, more properly, Office of Recruitment, Admissions, and Student Affairs
CPS	Clinical Problem Solving – cased-based courses in the first (I) and second year (II)
DIME	Division of Interdisciplinary Medical Education Responsible for 8 courses and numerous electives
DxR	Computer-based diagnostic reasoning case
E*Value	The online evaluation program from which we handle the third and fourth year student, course, and teaching evaluation process. We also utilize their patient log module as well.
IPC	Introduction to Patient Care – History and physical examination skill-based courses in the first (I) and second (II) year; the course included a community-based preceptorship in the spring of the first year and in the fall of the second year.
LCME	Liaison Committee on Medical Education – our accreditation organization; a division of AAMC
NBME exams	National Board of Medical Examiners – responsible for the licensing and the shelf/subject exams
OME	Office of Medical Education
OSCE	Observed Structured Clinical Examination – may consist of many assessment stations like SPs, specimens, slides, ECG, etc.
PCB	Physiology and Cell Biology Department
SOAP note	Subjective, Objective, Assessment, and Plan – a style for writing a patient note
SP	Standardized Patient – a person trained to act as a patient who is also responsible for evaluating students and residents.

- USMLE United States Medical Licensing Examination – Step 1, Step 2 – Clinical Knowledge (CK), and Step 2 – Clinical Skills (CS); also responsible for the discipline based shelf/subject exams
- WebCampus UNR based online course management program which Year 1 & 2 coordinators use to post course information and grades.
- WGEA Western Group on Educational Affairs – our regional group (16 schools) of the national AAMC/GEA