2025

Clinical Rotation Handbook

New Anglia University

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New Anglia University

Introduction

The aim of the Handbook of Clinical Rotation is to provide a comprehensive guide for medical students engaged in clinical rotations, ensuring a structured and consistent approach to clinical training. It outlines the expectations, objectives, and assessment criteria for each clinical specialty, emphasizing the acquisition of core competencies in patient care, diagnostic skills, therapeutic management, and professional conduct. The handbook aims to bridge theoretical knowledge with practical skills, supporting students' development through defined learning outcomes, guidance on patient interactions, and insights into effective teamwork and communication in clinical settings.

The Handbook of Clinical Rotation serves as a structured guide, combining educational and administrative aspects to support a comprehensive clinical training experience for medical students. It emphasizes the importance of punctuality and consistent attendance, establishing clear expectations for reporting absences and outlining consequences for non-compliance. To ensure an organized training process, the handbook includes detailed rotation schedules, specifying start and end dates, assigned supervisors, and location assignments. Adherence to these schedules is essential.

Professionalism in appearance and behavior is also a priority, with guidelines on dress code, hygiene, and conduct designed to maintain a respectful and comfortable environment for patients. Documentation plays a key role, with instructions on keeping accurate records of patient encounters, daily activities, and required reports. Students are expected to complete evaluations, self-assessments, and reflective journals as part of their learning assessment.

The handbook provides insight into evaluation and feedback methods, detailing grading criteria and emphasizing the importance of mid-rotation and end-of-rotation assessments. Regular feedback sessions with supervising faculty are encouraged to track and support progress. Communication is streamlined through dedicated contact information for rotation coordinators, academic advisors, and other relevant personnel, along with established channels for addressing any concerns, complaints, or requests for rotation adjustments.

Health and safety protocols are integral, with clear guidelines to reduce risk, including infection control measures, reporting procedures for accidents, and protocols for seeking assistance in case of injuries. The handbook outlines the responsibilities of supervising faculty, who are expected to conduct regular check-ins, evaluate student performance, and guide the development of clinical skills.
Respecting patient privacy and confidentiality is crucial; the handbook reinforces legal and ethical obligations regarding patient information, underscoring the importance of adhering to privacy laws.

Additionally, it includes disciplinary procedures to address any breaches in conduct, such as academic dishonesty, unprofessional behavior, or hospital policy violations. In combining these components, the Handbook of Clinical Rotation provides a foundation for a well-organized, professional, and safe environment, supporting both student development and patient care.

The University fulfills its mission and accomplishes its educational goals at both – the institutional and program level through three fundamental activities: teaching and learning, scholarship and creative activity, and providing support for student learning and success. The institution demonstrates the effectiveness of these core activities by assessing credible and dependable evidence of learning outcomes and by promoting the achievement of every student.

Administration of Clinical Science Program (Clinical Rotations)

Clinical Sciences Department of University

Clinical Sciences Department of University

The Clinical Sciences Department is dedicated to delivering clinical education, training, and patient care. Its functions are crucial for preparing medical students to become competent healthcare professionals and for providing high-quality healthcare services. Functions of the Clinical Sciences Department:

a. Clinical Education

The department is responsible for providing clinical education and training to medical students. This includes hands-on clinical experiences, clerkships, and rotations, enabling students to apply their theoretical knowledge in real-world healthcare settings.

b. School Management

The department supports faculty members responsible for teaching and mentoring medical students during their clinical rotations, ensuring effective guidance and educational support.

c. Clinical Skills Training

The department organizes clinical skills training sessions, helping students develop essential practical skills, including physical examination techniques, patient communication, and basic medical procedures.

d. Clinical Clerkship Assignments

The department coordinates and assigns medical students to clinical clerkships and rotations across various medical specialties, providing a comprehensive learning experience.

e. Patient Care Supervision

The department oversees the delivery of patient care by medical students under the supervision of attending physicians, fostering the development of clinical competence and professionalism.

f. Clinical Competency Assessment

The department evaluates the clinical competency of medical students based on their performance during rotations, ensuring they meet established educational standards.

g. Clinical Research

The department may engage in clinical research in collaboration with the Research Support Center, investigating various medical conditions, treatment outcomes, and healthcare practices to contribute to medical knowledge.

h. Clinical Curriculum Development

Collaborating with the Biomedical Department, the Clinical Sciences Department develops and integrates clinical components into the medical curriculum, ensuring students receive a well-rounded education.

i. Clinical Policies and Guidelines

The department assists in developing and implementing clinical policies and guidelines to prioritize patient safety, ensure quality care, and uphold ethical standards.

j. Clinical Training Facilities

The department maintains partnerships with hospitals and healthcare institutions where medical students complete their clinical training, ensuring access to diverse learning environments.

k. Community Health Programs

The department may participate in community health programs and initiatives, promoting public health awareness and preventive care to enhance community well-being.

l. Patient Outreach and Support

Engagement in patient outreach and support activities is another focus area, ensuring patient education and involvement in healthcare decisions.

m. Patient Safety and Quality Improvement

The department actively participates in initiatives aimed at improving patient safety and the quality of healthcare delivery, enhancing overall outcomes. 'Preparedness for practice' means the readiness of students to work in clinical practice. It includes not only clinical skills but also behavioural, emotional, and attitudinal aspects.

n. Continuing Medical Education (CME)

The department engages in CME programs for faculty and medical professionals organized by the University, promoting ongoing education and updates on the latest medical advancements.

o. Clinical Rotation Evaluations

The department assesses and evaluates feedback from medical students and faculty regarding the quality of clinical rotations, identifying areas for improvement to enhance the educational experience.

University is committed to supporting students throughout their clinical rotations by providing the necessary guidance, resources, and opportunities to foster a positive and productive learning experience. Below are key measures the University ensures during clinical rotations:

A. Clear Understanding of Expectations

Before starting each placement, Clinical Science Department and Hospital/Clinics representatives make sure that students:

- Are aware of the **learning outcomes** for the placement so they know what to focus on.
- Receive a detailed **placement timetable** and information on planned learning activities to help them stay organized.
- Understand the **conduct and behaviour policies** of the placement pro vider and their responsibilities in the professional environment.
- Recognize that they are in a working environment and are expected to **behave professionally**, similar to employees.
- Know how to **seek support** if they need help, including how to make a case for **reasonable adjustments** based on individual needs.
- Understand how to **raise concerns** in the clinical setting, with clear steps on how to proceed if issues arise.
- Are informed about the **social media policies** in place, including our guidance on appropriate use of social media.
- Have received the appropriate **training** (including training on any IT systems they'll need to use) and have been provided with **resources** to carry out their placement successfully.

B. Access to IT Resources

The Clinical Sciences Department ensure that students have good **access to accessible and flexible IT resources** to support their virtual learning needs while on placement. This includes access to necessary systems for remote learning and collaboration.

C. Simulation and Inter-professional Learning

To help students feel confident and prepared for real-life clinical scenarios, Clinical Sciences Department incorporate **simulation training** and **inter-professional learning.** This hands-on experience allows students to practice their skills in a controlled environment before applying them in actual patient care.

D. Confidentiality and Learning Environment

Clinical Sciences Department maintain strict processes to ensure **confidentiality** and create a safe environment where students can learn from their mistakes without fear of judgment. This approach supports continuous improvement and professional growth.

E. Mentorship and Peer Support

Placement providers are encouraged to identify a **mentor** or establish a **buddy system,** pairing senior students with junior students. A 'buddy' can offer advice on learning opportunities, share insights from their own experience, and help with any other clinical placement-related issues. Clinical Sciences Department also takes into consideration the **diversity** of the buddy system to ensure an inclusive and supportive peer network.

By ensuring these measures are in place, Clinical Sciences Department aims to provide a well-rounded, supportive, and enriching clinical experience for all students.

University Hospital/Clinic Responsibilities

Hospital Affiliation Selection

New Anglia University seeks to establish affiliations with hospitals that align with its mission to provide high-quality healthcare, education, and research. This policy outlines the criteria for selecting hospitals for affiliation and the process for establishing and maintaining these partnerships.

Criteria for Hospital Affiliation

License: The hospital needs to hold a license from the local authorities, ensuring that it adheres to particular standards of quality and safety.

Accreditation: The hospital should be accredited by a recognized accrediting body such as the Joint Commission or an equivalent authority.

Quality of Care: The hospital must demonstrate a commitment to providing high-quality patient care. This includes achieving favorable clinical outcomes, maintaining high patient satisfaction scores, and adhering to evidence-based practices.

Clinical Services: The hospital should offer a comprehensive range of clinical services to meet the healthcare needs of community. This includes primary care, specialty care, inpatient care, diagnostic services, and access to advanced treatments and technologies.

Teaching and Training Opportunities: The hospital should provide opportunities for medical education and training, offering internships and residency programs, and providing continuing education for healthcare professionals.
The Hospital shall provide core clinical rotations for the MD Program students in the following subjects:

- Internal Medicine: 12 weeks
- Surgery: 12 weeks
- Pediatrics: 6 weeks
- Obstetrics and Gynecology: 6 weeks
- Psychiatry: 6 weeks
- Family Medicine: 6 weeks

The exact teaching content per rotation is described in the respective syllabus of the MD program. Elective clinical courses can also place in the same hospital.

Research Collaboration: The hospital should have a robust research infrastructure and a track record of collaboration with academic institutions. Collaborative research endeavors can lead to advancements in medical knowledge and improved patient care.

Community Engagement: The hospital should actively engage with the local community. This may involve participating in health fairs, offering health screenings and educational seminars, and partnering with community organizations to address healthcare disparities.

Financial Stability: The hospital should demonstrate financial stability and viability. Financial stability is essential for ensuring the continuity of care, supporting educational programs, and investing in infrastructure and technology upgrades.

Reputation and Leadership: The hospital should have a strong reputation in the healthcare community. It should be led by experienced and visionary leadership committed to excellence in patient care, education, and research.

Role of clinical preceptors, supervision guidelines, and learning environment support

A. **Leadership Accessibility and Positive Culture** - Clinical staff and placement providers should ensure that leadership teams are accessible to students and that student contributions are valued. Leadership at all levels should foster an environment of engagement and positivity, which helps prevent cultures of blame or exclusion.

B. **Feedback and Inclusive Learning Culture** - Placement providers should give students regular, honest, and direct feedback. Mistakes should be addressed with a focus on learning and improvement, and strategies should be in place to counter hierarchies and group divisions, promoting inclusivity within the team.

C. **Recognizing Student Roles** - Clinical teams and placement providers should acknowledge that students are important members of the team and contribute significantly to patient care.

D. **Student Safety in Clinical Environments** - Placement providers must ensure that students are able to learn safely in clinical environments. Students should receive the same protections as other clinical team members, particularly during emergencies or pandemics. This includes providing appropriate PPE and training in its use. Students must also adhere to the clinical site's policies and protocols during such times.

E. **Role Models and Professional Conduct** - Members of the clinical team should act as professional role models for students, creating a healthy learning environment and demonstrating compassionate leadership and safe patient care practices.

F. **Student Involvement in Clinical Activities** - Clinical teams should involve students in all clinical activities and observations, with appropriate supervision to ensure patient safety. Students should be given opportunities to participate or lead depending on their competencies and should have equal access to clinical experiences.

G. **Guidance on Multidisciplinary Teamwork** - Clinical teams should guide students in engaging with multidisciplinary teams. Students should familiarize themselves with team members and take every opportunity to learn from them, fostering interprofessional learning and collaboration.

H. **Developing Time Management and Professional Judgement** - Students should use their clinical placement experience to develop time management and professional judgement skills. While theoretical learning is important, clinical placements provide essential experiential learning opportunities. Students should take initiative in seeking involvement in day-to-day clinical activities and pursue independent study, such as attending lectures or webinars, when fewer clinical activities are available.

I. **Professional Socialization** - Placement providers should support the professional socialization of students, a key component of their professional development. This can include regular reflective practice and discussions with peers and teach-

ers.

J. **Professionalism Assessment** - Clinical teachers should play an active role in assessing student professionalism through methods such as observations, case-based discussions, and maintaining portfolios that document personal and professional development. These portfolios should promote critical reflection and be reviewed through face-to-face or virtual meetings.

K. **Support for Teaching Programs** - Placement providers should support medical schools' specialist lecture and teaching programs. This includes coordinating teaching schedules, ensuring the teaching content at clinical placements aligns with the medical school curriculum, and providing students access to lectures when they are at remote placements, including necessary IT services.

L. **Standardized Assessments** - Placement providers must ensure that standardized assessments are available and align with medical school expectations, maintaining quality assurance of teaching content at clinical sites.

M. **Engagement in Clinical Governance** - Clinical placement teams should actively engage students in clinical governance activities that have educational value. Students should be encouraged to recognize the importance of these activities for improving healthcare delivery.

N. **Support for Additional Learning Activities** - Placement providers should give students the time and resources to participate in activities such as quality improvement projects, clinical research, peer teaching, and presenting in governance meetings, including morbidity and mortality and multidisciplinary team meetings. Engagement with senior management and learning about healthcare systems, such as the NHS, should also be encouraged.

O. **Consideration of Diverse Student Needs** - Placement providers should work with medical schools to accommodate the diverse needs of students, offering reasonable adjustments for those with specific requirements, such as allowing time for faith observances or supporting students with caregiving responsibilities.

Clinical Rotation Induction

At the start of every clinical rotation, it is crucial that students are properly introduced to the environment and expectations of their placement. Hospitals/Clinics make sure that all students receive a thorough induction, which helps them adjust smoothly and maximize their learning experience. Here's what rotation providers do to ensure a comprehensive introduction:

A. **Induction for all Students.**

Hospitals/Clinics require that all students receive an induction into their placements as part of our agreements with placement providers. This ensures that students are well-prepared for the clinical environment.

B. **Individualized Induction**

Hospitals/Clinics also take into consideration the specific needs of individual students during induction. Reasonable adjustments are made to accommodate any requirements, ensuring that every student can participate fully in the placement experience.

C. **Key Elements of the Induction Process**

Each induction given by placement providers covers essential information, including:

- Protocols, rules, and procedures specific to the placement.
- An overview of the local context of the practice, including the community's diversity and any health inequalities.
- Guidance on appropriate conduct such as dress codes, punctuality, reporting absences, and respectful treatment of patients and visitors.
- Information on health and safety rules.
- Encouragement for students to look after their own health, including recognizing when it might be inappropriate for them to attend due to illness.
- Clear explanation of roles and responsibilities within the team.
- A tour of the placement environment and familiarization with the physical layout.
- Introduction to relevant staff members, along with information on levels of supervision and lines of accountability.
- Access to wellbeing and peer support systems, as well as staff networks for support.
- Procedures on how to raise concerns, particularly regarding patient care or the level of support and supervision provided.
- A discussion of learning objectives to help students stay focused on their goals during the rotation.
- A schedule of learning activities and opportunities for hands-on experience.
- Access to clinical and learning resources, including medical records and IT systems, where necessary.
- Information on how students will receive feedback on their performance, as well as how they can respond and improve.

D. **Balancing Induction Content**

To avoid overwhelming students with information, Hospitals/Clinics ensure that induction content is balanced. A general overview is provided centrally, and specific details are covered at the relevant placement provider. This approach prevents unnecessary repetition, minimizes fatigue, and ensures students have the right amount of information at the right time. This structured induction process ensures that students feel well-supported, understand their responsibilities, and can make the most of their clinical rotation.

Supervision and Patient Safety

- The hospital is responsible for ensuring that medical students work under constant supervision, particularly when performing clinical procedures such as venipuncture, catheter insertions, or advanced diagnostic techniques (e.g., electrocardiograms, arterial blood gas analysis).
- Supervisors must verify that students are competent to perform procedures before allowing them to engage in clinical activities involving patients.
- The Hospital must implement a structured learning environment, with clear protocols in place to maintain patient safety, such as double-checking student diagnoses and treatment plans with licensed physicians.
- The clinic should have a defined system of escalation, where students can quickly seek assistance from senior medical staff in case of uncertainties or complications in patient care.

Patient Rights

a. Patients should be informed in accessible ways that students are involved in learning at the site, such as through patient or admission leaflets and outpatient letters. This should include information about their right to decline student involvement without impacting their care.

b. During the consent process, the doctor or healthcare professional should inform the patient of the student's role, explain their supervision, and clarify that they are a part of the clinical team.

c. Students should have opportunities to observe the consent process.

d. When students are more involved in patient care, such as being in consultation rooms or observing treatments, specific consent from the patient should be obtained by the treating healthcare professional to ensure the patient's comfort with the student's presence.

e. Students with suitable clinical experience may, under supervision, explain procedures to patients. In some cases, they may obtain consent for minor tasks, like taking a blood sample or measuring blood pressure. However, students should not obtain written consent for procedures.

Clinical Science Program

The Medical Curriculum of New Anglia University incorporates the fundamental principles of medicine and its underlying scientific concepts. These allow students to acquire skills of critical judgment and to use these principles and skills in solving problems of health and disease. The content is of sufficient breadth and depth to prepare a medical student for entry into clinical clerkships, residency program and contemporary medical practice. It is divided into two main phases: the Basic Sciences and the Clinical Sciences Programs.

Eligibility for Clinical Rotations

In order to be eligible for core clinical clerkships, it is mandatory for all students to achieve a passing grade in all basic sciences classes and components, including the sixth Semester. Following the completion of the Fifth Semester, the University conducts the NBME Comprehensive Basic Science Examination. Obtaining a passing grade on the CBSE is a requirement to meet the academic eligibility criteria for commencing Clinicals without any exceptions.

The exam will assess the following Physician Tasks/Competencies:

Percentage Breakdown:

System	Range
Medical Knowledge/Foundational Science Concepts	62%–68%
Patient Care: Diagnosis	21%–28%
Patient Care: Management	6%–8%
Communication, Interpersonal Skills, & Professionalism	1%–3%
Practice-based Learning	2%–4%

Main topics of the exam:

1. Medical Knowledge/Scientific Concepts
2. Patient Care: Diagnosis
   - History and physical examination
   - Laboratory and diagnostic studies
   - Diagnosis
   - Prognosis/outcome
3. Patient Care: Management
   - Health maintenance and disease prevention
   - Pharmacotherapy
   - Clinical interventions
4. Communication, Interpersonal Skills, & Professionalism
5. Practice-based Learning
   - Application of principles of biostatistics
   - Population health
   - Epidemiology

Upon successful completion of the exam, the Dean's office will schedule rotations for students. It is pertinent that students follow the instructions given to them by the Dean's office and that they submit the required documentation as advised in a timely manner.

Submission and Documentation Process for Clinical Rotation

All documentation related to vaccinations, health clearance, DBS checks, and mandatory training certificates must be submitted to the university's before the placement starts.
Clinical placements for medical students in hospitals follow strict health and safety regulations to ensure patient and staff safety. Here are the official requirements for medical students in hospitals:

1. Health and Immunization Requirements:

a. Vaccinations:

- Hepatitis B:

Students must be vaccinated against Hepatitis B and show documented proof of immunity, typically demonstrated by a positive Hepatitis B surface antibody titer.

- Measles, Mumps, Rubella (MMR):

Evidence of immunity to Measles, Mumps, and Rubella is required, usually through either proof of two MMR vaccines or a positive antibody test.

- Varicella (Chickenpox):

Students must provide evidence of immunity to Varicella either through vaccination or a positive antibody test.

- Tetanus, Diphtheria, Pertussis (Tdap):

Proof of up-to-date vaccination for Tetanus, Diphtheria, and Pertussis (whooping cough), generally within the past 10 years.

- Tuberculosis (TB):

TB screening is mandatory for all. Students need to provide a negative result from a Mantoux test or an IGRA blood test. If they have a positive result, a chest X-ray and medical clearance will be required to prove non-infectivity.

b. COVID-19:

- COVID-19 vaccination is typically required, especially for working in certain clinical areas.

c. Influenza:

- Students are required to have an annual flu vaccination, especially during the flu season (October to March).

2. Health Clearance and Occupational Health Screening:

- Occupational Health Clearance:

Students must undergo an occupational health assessment to ensure they are fit to work in a clinical environment. This assessment includes a review of the students health history and immunization records.

- Blood-Borne Virus (BBV) Testing:

Screening for blood-borne viruses such as Hepatitis B, Hepatitis C, and HIV is mandatory, particularly for students undertaking exposure-prone procedures. If positive, students need specialist clearance and restrictions may apply to certain clinical activities.

3. Personal Protective Equipment (PPE) and Infection Control Training:

- PPE Competency:

Medical students must complete training on the correct use of PPE (masks, gloves, gowns, etc.) and adhere to infection control protocols, including hand hygiene and safe handling of medical equipment.

- Fit Testing for Respiratory Protection:

Fit testing for FFP3 respirators or N95 masks is required if the student will be exposed to aerosol-generating procedures or high-risk patients, such as those with TB or COVID-19.

4. Criminal Records and Safeguarding Checks:

- Disclosure and Barring Service (DBS) Check:

Students must undergo a DBS check (enhanced disclosure), which is a background check to ensure they are suitable to work with vulnerable adults and children. This check looks for any criminal records and previous convictions.

5. Occupational Health Responsibilities:

a. Reporting of Health Issues: Students are required to report any medical conditions that could impact their ability to perform clinical duties or that pose a risk to patients (e.g., infectious diseases, mental health issues).
b. Exposure to Infectious Diseases: If a student is exposed to an infectious disease (e.g., TB, COVID-19), they are required to report it to the occupational health team and follow any necessary testing, quarantine, or treatment protocols as advised.

6. Professional Liability Insurance:

Medical students must be covered by professional indemnity insurance (medical malpractice insurance) during their clinical placements.

7. Compliance with Hospital Policies:

Students must agree to adhere to the specific policies and procedures of the Hospital where they are placed, including infection control, safeguarding, and clinical governance.

Structure of Clinical Sciences Program

The Clinical Sciences Program is structured into two components: compulsory core and elective courses. Accredited hospitals, either assigned by the institution or chosen by the medical students themselves, host clerkships as per the regulations.

The Academic Year is divided into three terms, and it is mandatory for students to officially register for each term. Course registration occurs through the online portal, where students can easily view their registered courses and corresponding schedules, including information about course timings, locations, and instructors.

Clinical Sciences Program – Rotations (Clerkships)	Credits
VII Term	
Internal Medicine	12
VIII Term	
Surgery	12
IX Term	
Pediatrics	6
Obstetrics and Gynecology	6
Total	36
X Term	
Psychiatry	6
Family Medicine	6
XI-XII Terms	
Clinical Electives	24
Total	36

Clinical clerkships (core and electives) are based on a 1-credit-per-week model, which includes 55 contact hours of clinical practice, with the total number of 72 credits granted across the two years of Clinical Sciences.

Internal Medicine Clerkship (Rotation)

The 12-week Internal Medicine clerkship provides a comprehensive, immersive experience for medical students, emphasizing adult patient care across various specialties. Under the guidance of the Clerkship Chair and Preceptors, students gain hands-on exposure to core aspects of internal medicine, such as cardiology, pulmonology, gastroenterology, and nephrology, rotating through both inpatient and outpatient settings. Here, students conduct patient interviews, perform physical exams, and develop treatment plans while refining their diagnostic reasoning and clinical decision-making skills.

The learning environment encourages interprofessional collaboration, with students engaging in morning rounds, grand rounds, and work rounds to ensure an

integrated approach to patient care. Supervision is provided daily by Preceptors, who mentor students closely, offering real-time feedback on clinical skills and professionalism. These interactions build students' capabilities in patient-centered communication and teamwork with other healthcare professionals.

Students are required to complete a set of core clinical experiences, including diagnostic procedures, patient documentation, and a minimum of 60 patient encounters. This practical training is augmented by weekly academic sessions led by Preceptors, where students discuss cases, review ethical considerations, and practice oral presentations. Essential skills are taught, such as interpreting ECGs, documenting patient records, and managing complex patient cases.

Assessment is multi-faceted, combining formative assessments, such as direct observation and SOAP note evaluations, with summative methods like the OSCE and written exams.

SOAP is a structured method for documenting patient encounters in medical records, commonly used in clinical settings. It stands for:

- **S – Subjective:** Information the patient shares about their symptoms, history, and personal experiences with the illness. This might include their chief complaint, past medical history, and current symptoms.
- **O – Objective:** The clinical findings from the examination and diagnostic tests. This includes observations like vital signs, physical exam results, and test outcomes.
- **A – Assessment:** The clinician's diagnosis or impression based on the subjective and objective information. It may include differential diagnoses if the cause is not entirely clear.
- **P – Plan:** The proposed approach to managing the patient's condition, including treatments, medications, further testing, and follow-up recommendations.

The SOAP format ensures clarity and consistency in medical documentation, supporting efficient communication among healthcare providers and improving patient care.

The grading system, structured on a 100-point scale, ranges from "Excellent" to "Fail," ensuring a clear measure of each student's progress. Students are also encouraged to self-assess, using reflections on patient interactions and feedback from mentors to refine their clinical approach.

Throughout the clerkship, students are expected to uphold high standards of professionalism, including attendance, communication, and adherence to ethical codes. The syllabus outlines required readings and resources, providing a strong

academic foundation to support their clinical training. Additionally, policies for grade appeal and mistreatment reporting are in place, ensuring a supportive and fair learning environment for all participants.
In essence, the Internal Medicine clerkship is designed to cultivate well-rounded, competent physicians capable of delivering compassionate, evidence-based care in diverse healthcare settings.

Surgery Clerkship (Rotation)

The *Surgery Clerkship* provides a robust and immersive experience for medical students, focusing on the principles, techniques, and complexities of surgical care. This 12-week rotation covers a range of surgical specialties, including **General Surgery, Trauma Surgery, Orthopedic Surgery, Neurosurgery, Cardiothoracic Surgery, Vascular Surgery, Urology, Pediatric Surgery, Otolaryngology (ENT) and Head & Neck Surgery, Gynecological Surgery, and Minimally Invasive Surgery (MIS)**. Each specialty offers unique insights and hands-on experience, from routine interventions to complex surgical cases.

Students gain practical exposure by observing and assisting in surgeries, performing essential tasks like suturing, and engaging in patient care activities such as assessments and wound management. Key responsibilities include participating in surgical rounds, preparing for and assisting in operations, and engaging in patient education. The clerkship places strong emphasis on safety protocols, infection control, and the importance of effective communication within surgical teams.

Assessment comprises both formative (Mini-CEX, case presentations) and summative methods (written exams, OSCEs). The Surgery Clerkship assessment totals 100 points, divided into:

Formative Assessment – 30 points: Based on Mini-CEX, assessing clinical skills such as history-taking and patient interaction.

Summative Assessment – 70 points:

- Written Exam: Covers surgical knowledge, worth 30 points.
- OSCE: Evaluates clinical skills in practice, worth 40 points.

A minimum of 42 points in the summative section is required to pass

Students are required to log a variety of patient encounters and procedures, ensuring exposure to a wide range of surgical conditions and skills. Self-reflection and feedback are integral to the program, guiding students to continually improve their clinical skills, knowledge, and professionalism.

Through this comprehensive clerkship, students are equipped to handle urgent surgical cases, understand surgical ethics, and develop foundational skills necessary for a career in surgery

Pediatrics clerkship

The *Pediatrics Clerkship* provides medical students with a well-rounded clinical experience in pediatric medicine, focusing on infants, children, and adolescents. This 6-week rotation combines both inpatient and outpatient responsibilities, where students work with general pediatricians and engage in patient assessments, history-taking, physical examinations, and developmental evaluations. Key areas include patient education, clinical documentation, and participation in pediatric procedures such as vaccinations, venipunctures, and lumbar punctures.

The learning environment spans multiple settings, including pediatric wards, outpatient clinics, neonatal intensive care units (NICUs), and emergency departments, providing exposure to a broad range of pediatric cases. Students also participate in interdisciplinary teams and receive training in communication tailored to young patients and their families.

Assessment is divided into formative and summative methods, totaling 100 points. The formative component (30 points) includes a Performance-Based Assessment (10 points) and Multiple-Choice Questions (20 points). The summative component (70 points) consists of a Written Exam (30 points) and an OSCE (40 points). A minimum of 42 points in the summative assessment is required to pass.

Obstetrics and Gynecology

The *Obstetrics and Gynecology Clerkship* is a 6-week course that introduces medical students to women's health, including prenatal, labor, delivery, postpartum care, and gynecological conditions. Students work in both inpatient and outpatient settings, where they engage in patient assessments, physical exams (including pelvic exams), prenatal and postpartum care, and assistance in both normal and cesarean deliveries. They also gain experience in gynecologic surgeries such as hysterectomies and laparoscopies.

Students participate in interdisciplinary teams, learning from experienced preceptors while developing competencies in patient communication, counseling on family planning, and contraception. The course emphasizes cultural sensitivity, ethical practice, and collaboration with professionals like midwives and nurses.
Assessment combines formative (30 points) and summative (70 points) components, totaling 100 points. Formative assessment includes Direct Observation (15 points) and SOAP Notes (15 points). Summative assessment comprises an End-of-Clerkship Written Exam (30 points) and an OSCE (40 points), with a minimum of 42 points required to pass

Psychiatry Clerkship

The *Psychiatry Clerkship* is a six-week program designed to give medical students a foundational understanding of psychiatric care. Students participate in diverse settings, including inpatient units, outpatient clinics, emergency departments,

and community mental health centers, working closely with patients experiencing mental health challenges across a spectrum of conditions such as depression, anxiety, psychosis, and substance use disorders.

Key student responsibilities include conducting psychiatric evaluations, developing treatment plans, participating in therapy sessions, and collaborating with interdisciplinary teams.

Additionally, students observe psychotherapeutic techniques, participate in rounds, and gain experience in psychiatric emergency evaluations.

Assessment comprises both formative (30 points) and summative (70 points) components. Formative evaluations include Direct Observation by Clinical Preceptors (15 points) and SOAP Note Documentation (15 points), while summative assessments consist of a Written Exam (30 points) and OSCE (40 points), which cover core competencies in psychiatric diagnostics, patient interaction, and treatment planning. A minimum of 42 points is required in the summative section to pass

Family Medicine Clerkship

The Psychiatry Clerkship is a comprehensive six-week course designed to introduce medical students to the fundamentals of psychiatric care. Through hands-on experience in inpatient and outpatient settings, students learn to assess, diagnose, and manage a range of mental health conditions, including depression, psychosis, anxiety, and substance use disorders. The clerkship emphasizes skills in patient interaction, case presentation, and the management of psychiatric emergencies.

Students are responsible for taking psychiatric histories, performing mental status examinations, and developing treatment plans. Additional experiences include observing therapeutic interventions, shadowing professionals, and collaborating within interdisciplinary teams.

Assessments consist of formative (30 points) and summative (70 points) evaluations. Formative assessments include Direct Observation by Clinical Preceptors (15 points) and SOAP Note Documentation (15 points). Summative assessments comprise an End-of-Clerkship Written Exam (30 points) and an OSCE (40 points), requiring a minimum of 42 points to pass

Completion of the Clinical Science program

Successful completion of the Clinical Science program is a prerequisite for academic excellence, in particular:

- pass grade in all the clinical sciences internal exams.
- obtain a minimum score of 61% of the overall grade of the standardized achievement test NBME Comprehensive Clinical Science Examination (CCSE).

The CCSE is a general, integrated achievement test covering material typically learned during core clinical clerkships. The exam will assess the following Systems and Physician Tasks.

System	Range
General Principles, Including Normal Age-Related Findings and Care of the Well Patient	1%–5%
Immune System	1%–5%
Blood & Lymphoreticular System	5%–10%
Behavioral Health	5%–10%
Nervous System & Special Senses	5%–10%
Skin & Subcutaneous Tissue	1%–5%
Musculoskeletal System	5%–10%
Cardiovascular System	5%–10%
Respiratory System	5%–10%
Gastrointestinal System	5%–10%
Renal & Urinary System	1%–5%
Pregnancy, Childbirth, & the Puerperium	5%–10%
Female Reproductive System & Breast	5%–10%
Male Reproductive System	1%–5%
Endocrine System	5%–10%
Multisystem Processes & Disorders	5%–10%
Biostatistics, Epidemiology/Population Health, & Interpretation of the Medical Lit	1%–5%
Social Sciences, Inc. Medical Ethics, Professionalism, Systems-based Practice, & Patient Safety	10%–15%
Physical Task	**Range**
Diagnosis: Knowledge Pertaining to Diagnostic Studies, Diagnosis, & Patient Outcomes	40%–50%
Patient Care: Health Maintenance	10%–20%
Patient Care: Pharmacotherapy, Intervention, & Management	40%–50%

Competencies and objectives of the Medical Doctor educational program

MD Program competencies and their associated educational objectives:

1. Patient Care

1.1. Deliver patient-focused care that is characterized by compassion, appropriateness, and effectiveness in addressing health concerns and promoting well-being.

1.2. Perform all essential medical, diagnostic, and surgical procedures relevant to the specific field of practice.

1.3. Collect, document, and proficiently present crucial and accurate patient information through thorough history-taking, physical examinations, and utilizing electronic medical records for laboratory data, imaging, and other diagnostic tests.

1.4. Organize and prioritize tasks to ensure the delivery of safe, effective, and efficient care.

1.5. Interpret and effectively apply findings from laboratory data, imaging studies, and other necessary tests within the scope of the practice area.

1.6. Formulate and implement patient management plans while developing effective teamwork skills as part of an interprofessional healthcare team.

2. Knowledge for Practice

2.1. Demonstrate comprehensive knowledge of established and advancing biomedical, clinical, epidemiological, and social-behavioral sciences, and their practical application in patient care.

2.2. Demonstrate an investigative and analytical approach to clinical scenarios.

2.3. Apply well-established and emerging biomedical scientific principles that are fundamental to healthcare for both individual patients and populations.

2.4. Apply well-established and evolving clinical science principles in making diagnostic and therapeutic decisions, clinical problem-solving, and other aspects of evidence-based healthcare.

2.5. Apply principles from epidemiological sciences to identify health issues, risk factors, treatment approaches, available resources, and disease prevention/health promotion strategies for patients and populations.

2.6. Apply principles from social-behavioral sciences to patient care, including assessing the impact of psychosocial and cultural factors on health, disease, healthcare-seeking behavior, adherence to treatment, and attitudes towards care.

2.7. Access, evaluate, and integrate evidence from up-to-date scientific studies to make informed decisions and exercise sound clinical judgment.

3. Professionalism

3.1. Show a strong dedication to fulfilling professional duties while upholding ethical principles and adhering to codes of conduct.

3.2. Demonstrate compassion, integrity, sensitivity, and respect towards a diverse patient population, acknowledging individual differences in sex, gender identity, age, culture, race, religion, disabilities, and sexual orientation.

3.3. Demonstrate respect for patient privacy and autonomy, prioritizing patient needs over personal interests.

3.4. Demonstrate a steadfast commitment to ethical principles related to providing or withholding care, maintaining patient confidentiality, obtaining informed consent, maintaining appropriate professional boundaries, and conducting ethical business practices, including compliance with applicable laws, policies, and regulation**s.**

4. Interpersonal and Communication Skills

4.1. Demonstrate interpersonal and communication skills that lead to effective information exchange and collaboration with patients, their families, and healthcare professionals.

4.2. 4.1 Participate in educating patients, families, students, trainees, peers, and other healthcare professionals.

4.3. 4.2 Communicate adeptly with patients, families, and the public, as appropriate, considering diverse socioeconomic and cultural backgrounds.

4.4. 4.3 Maintain comprehensive, timely, and clear medical records.

4.5. 4.4 Demonstrate sensitivity, honesty, and compassion during challenging conversations, including those related to death, end of life, adverse events, conveying bad news, disclosing errors, and addressing other sensitive topics.

4.6. 4.5 Demonstrate insight and understanding regarding emotions and human responses to emotions, enabling effective management of interpersonal interactions.

4.7. 4.6 Demonstrate basic relationship building skills, including appropriate tone, pace, eye contact, and posture, to convey care and concern while avoiding technical jargon.

5. Discovery

5.1. Demonstrate a strong desire for intellectual exploration, essential for both scientific discovery and personal growth, by actively engaging in research.

5.2. Engage in critical analysis of current literature within a particular field of study and develop novel research inquiries.

5.3. Create well-crafted research questions and hypotheses that exemplify high quality.

5.4. Utilize suitable research methods to address specific investigative questions.

5.5. Demonstrate an understanding and application of ethical principles in the conduct of scientific inquiry.

5.6. Communicate new knowledge acquired through scientific research with clarity and precision.

6. Practice-Based Learning and Improvement

6.1. Demonstrate the capacity to examine and assess one's patient care, integrate scientific evidence, and continually enhance patient outcomes through ongoing self-evaluation and lifelong learning.

6.2. Engage in constant self-reflection, actively seek feedback, and identify strengths, areas for improvement, and personal biases to enhance professional performance continually.

6.3. Establish personal development objectives by participating in educational activities aimed at addressing knowledge, skills, and attitude gaps and limitations.

6.4. Implement systematic changes to enhance performance and patient care, based on the insights gained from self-assessment and learning endeavors.

7. Systems-Based Practice

7.1. Demonstrate an understanding of the broader healthcare context and the capability to respond effectively to it, utilizing available resources to ensure optimal healthcare delivery.

7.2. Collaborate efficiently in diverse healthcare delivery settings and systems to facilitate coordinated patient care.

7.3. Integrate considerations of cost awareness and risk-benefit analysis into patient care decisions, both at the individual and population levels.

7.4. Advocate for high-quality, efficient, and safe patient care systems that prioritize the well-being of patients.

7.5. Participate in identifying and addressing system errors, implementing potential solutions using a systems-based and team-based approach, with the aim of enhancing overall healthcare effectiveness.

8. Interprofessional Collaboration

8.1. Demonstrate the ability to actively participate in an interprofessional team, ensuring the delivery of safe, effective, and patient- and population-centered care.

8.2. Engage in open and effective communication and collaboration with fellow health professionals, fostering an environment of mutual respect, dignity, diversity, ethical integrity, and trust in addressing diseases and serving communities.

8.3. Comprehend one's own role and the roles of other health professionals within interprofessional teams, aiming to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable.

9. Personal and Professional Development

9.1. Demonstrate the attributes necessary for continuous personal and professional development throughout one's life.

9.2. Demonstrate the utilization of resources and support systems to foster a dedication to both physical and emotional well-being, recognizing how it influences professional behavior, including integrity, patience, empathy, and the quality of patient care.

9.3. Effectively manage the equilibrium between personal and professional responsibilities, seeking assistance when needed.

9.4. Demonstrate ease with ambiguity in clinical healthcare settings and respond by utilizing suitable resources to address uncertainty.

10. Diversity, Equity & Inclusion and Social Determinants of Health

10.1. Demonstrate an understanding of how Diversity, Equity & Inclusion (DEI) and Social Determinants of Health (SDH) significantly impact healthcare delivery and access for diverse patient populations within the broader healthcare systems.

10.2. Demonstrate awareness and sensitivity to the influence of social determinants of health, acknowledging their far-reaching effects on health needs and disparities in access among various patient populations.

10.3. Acquire and utilize relevant information about individual patients, patient populations, or communities from which patients come, to enhance the quality of care provided.

10.4. Pay attention to patients' perspectives by inquiring about their social context and understanding of illness, recognizing the importance of their unique experiences.

10.5. Integrate knowledge of structural inequalities in healthcare access and outcomes, including an awareness of current and historical factors, to promote the well-being of both individual patients and communities.

10.6. Address patients respectfully, building rapport by using appropriate names and pronouns in communication.

10.7. Provide care with cultural humility, recognizing and appreciating the specific needs of diverse populations.

Competencies and Associated Educational Objectives

Competency	Educational Objectives
Patient Care	Deliver compassionate, effective care; perform essential medical procedures; collect and document patient information; prioritize tasks; interpret diagnostic findings; and develop management plans with teamwork skills in an interprofessional setting.
Knowledge for Practice	Demonstrate comprehensive knowledge across sciences and apply them in patient care; approach clinical scenarios analytically; integrate biomedical principles; apply clinical science for diagnosis and treatment; use epidemiological and social-behavioral sciences to understand health issues and promote wellness; and incorporate evidence from research into clinical judgment.
Professionalism	Uphold ethical principles; show compassion, respect for diversity; prioritize patient privacy; adhere to professional boundaries and codes of conduct, including respect for patient needs, confidentiality, and informed consent.
Interpersonal and Communication Skills	Exhibit effective communication with patients, families, and colleagues; educate diverse audiences; document accurately; handle challenging conversations sensitively; manage interpersonal interactions effectively; and build rapport through basic relationship skills.
Discovery	Engage in research with intellectual curiosity; critically analyze literature; develop research questions; use appropriate methods; adhere to ethical principles; and communicate findings clearly.
Practice-Based Learning and Improvement	Continuously assess and improve patient care through self-evaluation; engage in lifelong learning; reflect on strengths and weaknesses; set goals; and implement systematic changes for improvement.
Systems-Based Practice	Understand the healthcare context; collaborate in various settings; incorporate cost-awareness in decisions; advocate for safe, efficient care systems; and address system errors with a team-based approach.
Interprofessional Collaboration	Participate actively in interprofessional teams to ensure patient-centered care; communicate and collaborate respectfully; understand roles within the team to deliver safe, efficient care.
Personal and Professional Development	Demonstrate continuous personal growth; utilize resources for well-being; balance personal and professional responsibilities; and respond to uncertainty with appropriate resources.
Diversity, Equity & Inclusion and Social Determinants of Health	Understand the impact of DEI and social determinants on healthcare; recognize health disparities; gather information about patients' social contexts; address structural inequalities; and practice cultural humility.

Program outcomes

Outcome 1- Professional values and behaviours	
Outcome Category	Description
Professional and Ethical Responsibilities	Graduates must adhere to ethical and professional principles, demonstrate compassionate behavior, respect patient confidentiality, act with integrity, and maintain personal and professional responsibility. They should also recognize their limits and seek help when needed to protect patient safety, manage fatigue, acknowledge personal biases, and prioritize patient-centered care.
Legal Responsibilities	Graduates must demonstrate knowledge of the legal framework in medicine, understanding how it impacts practice. This includes knowing where to find information on relevant legislation and applying legal knowledge to patient care.
Patient Safety and Quality Improvement	Graduates should focus on placing patient safety at the center of care, promoting health and safety, learning from errors, preventing infection spread, and applying quality improvement methods to enhance patient outcomes. This also involves understanding quality assurance and human factors in clinical practice.
Dealing with Complexity and Uncertainty	Graduates should recognize the complexities in illness and the uncertainties in patient care. They must adapt management strategies, work collaboratively with patients and other health professionals, and communicate openly about treatment uncertainties.
Safeguarding Vulnerable Patients	Graduates must identify signs of vulnerability, abuse, or neglect and take action to safeguard patients. This includes considering patient autonomy, assessing support needs, understanding legal obligations, and addressing issues like addiction, poor nutrition, and social deprivation that may contribute to ill health.
Leadership and Teamwork	Graduates must contribute to healthcare management and effective team building. They should demonstrate leadership skills, work effectively within multidisciplinary teams, and communicate clearly, supporting collaboration across various healthcare settings to deliver high-quality patient care.

Outcome 2- Professional skills	
Outcome Category	Description
Communication and Interpersonal Skills	Graduates must communicate clearly, openly, and effectively with patients, their relatives, and colleagues. This includes adapting communication to individual needs, maintaining confidentiality, and handling sensitive conversations appropriately. Effective use of both verbal and non-verbal communication methods is emphasized.
Consultation Skills	Graduates must conduct effective consultations by accurately recording medical history, encouraging patient questions, and providing clear explanations that match patients' level of understanding. They are also required to assess patients' capacity to make decisions and respect their involvement in care decisions.
Diagnosis and Medical Management	Graduates must work collaboratively with patients and colleagues to diagnose and manage clinical presentations safely across different care settings. They are expected to support patients in decision-making, perform core procedures safely, and make holistic clinical decisions based on individual patient factors.
Emergency and Immediate Care	Graduates should be able to provide immediate care in medical and psychiatric emergencies, recognizing when a patient is deteriorating and taking appropriate action. This includes assessing the severity of clinical presentations, providing life support, and seeking additional support if necessary.
Prescribing Medications Safely	Graduates must prescribe medications safely, with a focus on obtaining an accurate medication history, assessing risks, and informing patients about their medications. They must also monitor medication efficacy and adjust prescriptions as needed, recognizing the unique challenges of prescribing for vulnerable populations.
Using Information Effectively and Safely	Graduates must manage patient information effectively and securely, adhering to data protection laws and maintaining accurate records. They are responsible for using health informatics in clinical decision-making, understanding data governance, and contributing to population-level healthcare improvements.

Outcome 3- Professional knowledge	
Outcome Category	Description
Healthcare Systems and Patient Journey	Graduates must understand how patient care is delivered within health systems, drawing from personal experience to illustrate care across community, primary, and secondary settings. They should also describe the importance of integrating care across different settings and recognize emerging trends, such as the shift to community-based care.
Applying Biomedical Principles	Graduates must apply biomedical principles to patient care, including knowledge in anatomy, biochemistry, cell biology, and other core sciences. They should explain normal human physiology, understand disease processes, justify clinical investigations, and interpret data to form differential diagnoses and management plans.
Applying Psychological Principles	Graduates must integrate psychological principles into patient care. This includes understanding the impact of mental health on physical health, adapting to patients' behaviors, managing patients with substance use disorders, and recognizing the psychological effects of major life changes such as bereavement.
Applying Social Science Principles	Graduates must recognize the influence of social factors on health. They should understand sociological concepts of health and illness, the impact of social determinants, health inequalities, and behavioral change models as they apply to person-centered care.
Health Promotion and Illness Prevention	Graduates must promote health and prevent illness by applying knowledge of population health, epidemiology, and sustainable healthcare practices. They should evaluate social and environmental factors affecting health, advocate for lifestyle changes, and apply principles of disease prevention.
Clinical Research and Scholarship	Graduates must apply scientific methods to research and decision-making. They should understand evidence hierarchies, interpret research for patient communication, design studies, and apply evidence from public health data to inform individual patient care, demonstrating an understanding of personalized and stratified medicine.

Generic requirements and specific procedure requirements

Generic requirements and specific procedure requirements
There are both generic requirements and specific procedure requirements for each procedure.

Generic requirements for each procedure

The following generic requirements apply to each procedure:

- introduce themselves
- check the patient's identity
- confirm that the procedure is required
- explain the procedure to the patient (including possible complications and risks) and gain informed consent for the procedure (under direct supervision where appropriate)
- follow universal precautions to reduce the risk of infections, including:
    a. control the risk of cross infection, and take appropriate steps for personal safety
    b. follow approved processes for cleaning hands before procedures or surgical operations
    c. correctly use personal protective equipment (for example gloves, gowns, and masks)
    d. employ safe disposal of clinical waste, needles, and other sharps
    e. dispose of all equipment in the appropriate receptacles
- label samples appropriately according to local guidelines
- accurately document the procedure according to local guidelines
- ensure confidentiality
- interpret any results and act appropriately on them
- arrange appropriate aftercare/monitoring

There are three levels of competence:

Safe to practice in simulation
The newly qualified doctor is safe to practice in a simulated setting and is ready to move to direct supervision. This means that the newly qualified doctor will not have performed the procedure on a real patient during medical school, but on a simulated patient or manikin. This means that they will have some knowledge and skill in the procedure but will require direct supervision when performing the procedure on patients.

Safe to practice under direct supervision
The newly qualified doctor is ready to perform the procedure on a patient under direct supervision. This means that the newly qualified doctor will have performed the procedure on real patients during medical school under direct supervision. By direct supervision, we mean that the medical student or newly qualified doctor will have a supervisor with them observing their practice as they perform the procedure. As the newly qualified doctor's experience and skill becomes sufficient to allow them to perform the procedure safely they will move to performing the procedure under indirect supervision.

Safe to practice under indirect supervision
The newly qualified doctor is ready to perform the procedure on a patient under indirect supervision. This means that the newly qualified doctor will have performed the procedure on real patients during medical school under direct supervision at first and, as their experience and skill became sufficient to allow them to perform the procedure safely, with indirect supervision. By indirect supervision, we mean that the newly qualified doctor is able to access support to perform the procedure if they need to – for example by locating a colleague and asking for help.

Specific procedure table

Assessment of patient needs			
	Procedure	Description	Level of competence
1	Take baseline physiological observations and record appropriately	Measure temperature, respiratory rate, pulse rate, blood pressure, oxygen saturations and urine output.	Safe to practice under indirect supervision
2	Carry out peak expiratory flow respiratory function test	Explain to a patient how to perform a peak expiratory flow, assess that it is performed adequately and interpret results.	Safe to practice under indirect supervision
3	Perform direct ophthalmoscopy	Perform basic ophthalmoscopy and identify common abnormalities.	Safe to practice under indirect supervision
4	Perform otoscopy	Perform basic otoscopy and identify common abnormalities.	Safe to practice under indirect supervision
Diagnostic procedures			
5	Carry out venipuncture	Insert a needle into a patient's vein to take a sample of blood for testing. Make sure that blood samples are taken in the correct order, placed in the correct containers, that these are labelled correctly and sent to the laboratory promptly.	Safe to practice under indirect supervision

6	Take blood cultures via peripheral venipuncture	Take samples of peripheral venous blood to test for the growth of infectious organisms.	Safe to practice under direct supervision
7	Carry out arterial blood gas and acid base sampling from the radial artery in adults	Insert a needle into a patient's radial artery (in the wrist) to take a sample of arterial blood and interpret the results.	Safe to practice under direct supervision
8	Measure capillary blood glucose	Measure the concentration of glucose in the patient's blood at the bedside using appropriate equipment. Record and interpret the results.	Safe to practice under indirect supervision
9	Carry out a urine multi dipstick test	Explain to patient how to collect a midstream urine sample. Test a sample of urine to detect abnormalities. Perform a pregnancy test where appropriate.	Safe to practice under indirect supervision
10	Carry out a 3- and 12-lead electrocardiogram	Set up a continuous recording of the electrical activity of the heart, ensuring that all leads are correctly placed.	Safe to practice under indirect supervision
11	Take and/or instruct patients how to take a swab	Use the correct technique to apply sterile swabs to the nose, throat, skin, and wounds. Make sure that samples are placed in the correct containers, that these are labelled correctly and sent to the laboratory promptly and in the correct	Safe to practice under indirect supervision for nose, throat, skin or wound swabs
Patient care			
12	Perform surgical scrubbing up	Follow approved processes for cleaning hands and wearing appropriate personal protective equipment before procedures or surgical operations.	Safe to practice under direct supervision
13	Set up an infusion	Set up and run through an intravenous infusion. Have awareness of the different equipment and devices used.	Safe to practice under direct supervision
14	Use correct techniques for moving and handling, including patients who are frail	Use, and/or direct other team members to use, approved methods for moving, lifting, and handling people or objects, in the context of clinical care, using methods that avoid injury to patients, colleagues, or oneself.	Safe to practice under indirect supervision

15	Instruct patients in the use of devices for inhaled medication	Explain to a patient how to use an inhaler correctly, including spacers, and check that their technique is correct.	Safe to practice under indirect supervision
16	Prescribe and administer oxygen	Prescribe and administer oxygen safely using a delivery method appropriate for the patient's needs and monitor and adjust oxygen as needed.	Safe to practice under indirect supervision
17	Prepare and administer injectable (intramuscular, subcutaneous, intravenous) drugs	Prepare and administer injectable drugs and prefilled syringes	Safe to practice under direct supervision
Therapeutic procedures			
18	Carry out intravenous cannulation	Insert a cannula into a patient's vein and apply an appropriate dressing.	Safe to practice under direct supervision
19	Carry out safe and appropriate blood transfusion	Following the correct procedures, give a transfusion of blood (including correct identification of the patient and checking blood groups). Observe the patient for possible reactions to the transfusion and take action if they occur	Experienced in a simulated setting; further training required before direct supervision
20	Carry out male and female urinary catheterisation	Insert a urethral catheter in both male and female patients.	Safe to practice under direct supervision
21	Carry out wound care and basic wound closure and dressing	Provide basic care of surgical or traumatic wounds and apply dressings appropriately.	Safe to practice under direct supervision
22	Carry out nasogastric tube placement	Pass a tube into the stomach through the nose and throat for feeding and administering drugs or draining the stomach's contents. Know how to ensure correct placement.	Safe to practice in simulation
23	Use local anaesthetics	Inject or topically apply a local anaesthetic.Understand maximum doses of local anaesthetic agents.	Safe to practice under direct supervision

Skills of critical judgement based on evidence and experience

The curriculum provides opportunities for medical students to acquire skills of critical judgement based on evidence and experience, and to develop their ability to use those principles and skills effectively in solving problems of health and disease.

The medical curriculum integrates the essential principles of medicine and the scientific concepts that underpin it. This integration enables students to gain critical judgment skills and apply them to address health and disease-related problems. The curriculum covers a wide range of topics in-depth, preparing medical students for clinical clerkships, residency programs, and modern medical practice. It offers various opportunities for students to acquire evidence-based critical judgment skills and develop their proficiency in utilizing these principles and skills effectively for problem-solving in the context of healthcare.

Critical judgment skills in medical students are crucial for their development as competent and responsible healthcare professionals.

In the MD program used strategies that can help enhance critical judgment skills in medical students:

Encourage active learning: Promote active learning approaches, such as case-based learning, problem-solving exercises, and discussions. These methods encourage students to think critically and apply their knowledge to real-world scenarios.

Foster reflection: Encourage students to reflect on their clinical experiences and patient encounters. Reflection allows them to analyze their thought processes, identify biases or assumptions, and consider alternative perspectives.
Teach evidence-based medicine (EBM): Emphasize the importance of basing clinical decisions on current evidence. Teach students how to critically appraise scientific literature, understand study designs and statistical concepts, and apply evidence to patient care.

Provide feedback and debriefing: Regularly provide constructive feedback on students' clinical reasoning and decision-making processes. Utilize debriefing sessions after clinical encounters or simulations to discuss the students' approach, identify areas for improvement, and reinforce critical thinking skills.

Use clinical reasoning frameworks: Introduce students to clinical reasoning frameworks, such as the hypothetico-deductive model or the clinical reasoning cycle. These frameworks provide a systematic approach to analyzing clinical cases, considering differentials, and making informed decisions.

Encourage scepticism and curiosity: Foster an environment where students are

encouraged to question assumptions, challenge information, and seek out additional knowledge. Cultivate a culture of intellectual curiosity to promote critical thinking and continuous learning.

Emphasize interdisciplinary collaboration: Encourage students to work collaboratively with professionals from different healthcare disciplines. Interdisciplinary collaboration exposes students to diverse perspectives and challenges them to integrate and critically evaluate information from various sources.

Expose students to ethical dilemmas: Present students with ethical dilemmas and engage them in discussions about the principles and values involved. Encourage them to analyze the ethical aspects of patient care and consider the potential consequences of their decisions.

Simulations and case studies: Incorporate simulated patient encounters and case studies into the curriculum. These activities provide opportunities for students to practice critical judgment skills in a controlled environment, receive feedback, and learn from their experiences.

Promote self-directed learning: Encourage students to take responsibility for their own learning and to seek out resources independently. This fosters the development of critical thinking skills and a habit of lifelong learning.

Developing critical judgment skills is an ongoing process. It requires a combination of active learning, practical experience, feedback, and reflection. By incorporating these strategies into the medical education curriculum, University helps medical students enhance their ability to think critically and make sound clinical judgments.

Service to society and community

The medical curriculum comprehensively addresses various societal problems that intersect with patient care, aiming to equip future healthcare professionals with a holistic understanding of healthcare's broader context. Here are key aspects of common societal problems and their impact on patient care that are covered in the medical curriculum of the New Anglia University:

1. Health Disparities:
The curriculum delves into health disparities arising from socioeconomic, racial, and geographical factors. Students learn how these disparities affect access to healthcare, treatment outcomes, and overall patient well-being.

2. Socioeconomic Factors:
The impact of poverty, lack of insurance, and limited access to resources on patient care is explored. Students understand how financial constraints can lead to delayed diagnoses, inadequate treatment, and compromised health.

3. Cultural Competency:
The curriculum highlights the importance of cultural competency in patient care. Students learn to navigate diverse cultural backgrounds, language barriers, and religious beliefs to provide effective and sensitive healthcare.

4. Mental Health Stigma:
Students are educated about the stigma surrounding mental health issues and how it can deter patients from seeking timely treatment. The curriculum emphasizes the need for destigmatization and integrated mental health care.

5. Substance Abuse and Addiction:
The curriculum covers substance abuse and addiction as societal problems with significant implications for patient care. Students learn to recognize signs of addiction, provide support, and facilitate access to treatment.

6. Public Health Challenges:
The curriculum addresses public health challenges such as infectious disease outbreaks, environmental hazards, and vaccination hesitancy. Students understand how these issues impact patient populations and learn preventive strategies.

7. Aging Population and Geriatric Care:
As the population ages, students explore the challenges associated with geriatric care, including multiple chronic conditions, polypharmacy, and end-of-life care decisions.

8. Health Literacy:
The curriculum emphasizes the importance of health literacy. Students learn to communicate medical information effectively, ensuring patients understand their conditions, treatment plans, and medications.

9. Medical Ethics and Social Justice:
Students engage in discussions about medical ethics and social justice, exploring dilemmas related to resource allocation, organ transplantation, and equitable healthcare delivery.

10. Global Health Disparities:
The curriculum addresses global health disparities, underscoring the inequities in healthcare access and outcomes across different regions of the world.

11. Access to Care in Rural Areas:
Students examine the challenges faced by patients in rural and underserved areas, including limited healthcare facilities, long travel distances, and reduced specialist availability.

12. Technological Divide:
The impact of the technological divide on patient care is explored, including barriers faced by individuals without access to digital health resources or telemedicine services.

13. Gender Disparities in Healthcare:
Students learn about gender-related healthcare disparities, such as differences in diagnosis and treatment for men and women, and the impact of these disparities on patient outcomes.

14. Social Determinants of Health:
The curriculum emphasizes how social determinants of health, such as education, housing, and employment, influence patients' overall well-being and access to healthcare services.

15. Advocacy and Community Engagement:
Students are encouraged to become advocates for addressing societal problems impacting patient care. They learn to engage with communities, raise awareness, and work towards systemic changes.

By incorporating these aspects into the curriculum, the medical education process goes beyond clinical knowledge and skills, fostering a deep awareness of the broader societal context that shapes patient care. This holistic approach empowers future healthcare professionals to provide compassionate, patient-centered care that considers the intricate interplay between individual health and the larger societal landscape.

Cultural competence and health care disparities

The curriculum is carefully structured to impart the essential knowledge, skills, and core professional attributes that enable medical students to deliver effective care within the dynamic framework of a diverse society. Here's a comprehensive description of how the curriculum achieves this:

1. Cultural Competency Education:
    - The curriculum offers comprehensive training in cultural competency. Students learn to understand, respect, and navigate diverse cultural backgrounds, ensuring that they can provide patient-centered care that respects individual values and beliefs.

2. Cross-Cultural Communication Skills:
    - Communication skills training is enhanced to address cross-cultural nuances. Students learn to communicate effectively, using appropriate language and non-verbal cues while considering patients' cultural contexts.

3. Health Disparities Education:
    - The curriculum delves into health disparities arising from societal factors. Students understand the impact of socioeconomic status, race, ethnicity, and other factors on healthcare access and outcomes.

4. LGBTQ+ and Gender-Sensitive Care:
    - The curriculum addresses the needs of LGBTQ+ patients, promoting understanding and sensitivity. Students learn to create an inclusive and welcoming environment that caters to the diverse identities and orientations of patients.

5. Language Access Programs:
    - Recognizing the importance of language, the curriculum may incorporate language access programs to ensure effective communication with patients who have limited English proficiency.

6. Ethical Considerations:
    - Students engage in discussions about ethical considerations related to diverse patient populations. They learn to navigate complex dilemmas involving cultural beliefs, informed consent, and end-of-life decisions.

7. Clinical Exposure to Diverse Cases:
    - Clinical clerkships expose students to a diverse range of patient cases. This exposure allows them to understand the nuances of healthcare delivery across different cultural and demographic contexts.

8. Community Engagement and Service:
    - Community service opportunities and outreach programs allow students to interact with diverse communities. This engagement fosters empathy, broadens perspectives, and enhances their ability to provide culturally sensitive care.

9. Implicit Bias Training:
    - The curriculum addresses implicit biases and trains students to recognize and mitigate them. This awareness is crucial for delivering unbiased, equitable care.

10. Multidisciplinary Collaboration: - Students learn the importance of collaborating with professionals from diverse healthcare disciplines. This experience equips them to provide holistic care that considers various aspects of a patient's well-being.

11. Patient Advocacy and Empowerment: - The curriculum instills the value of patient advocacy, empowering students to support patients in making informed decisions about their care while respecting their cultural preferences.

12. Global Health Perspectives: - Exposure to global health issues broadens students' understanding of healthcare challenges in diverse settings, fostering adaptability and cultural sensitivity.

13. Reflective Practice: - Students engage in reflective exercises that encourage them to examine their own biases, experiences, and interactions. This practice enhances self-awareness and fosters personal growth.

14. Mentorship and Role Models: - Interaction with faculty and professionals from diverse backgrounds serves as inspiration and guidance, demonstrating the value of diversity in healthcare.

15. Inclusive Curriculum Materials: - The curriculum materials incorporate diverse case studies, examples, and perspectives to ensure that students are exposed to a range of healthcare scenarios.

Through these strategic approaches, the curriculum prepares medical students to provide effective care in a diverse society. Graduates are equipped not only with medical expertise but also with the ability to engage with patients from various backgrounds, respect individual differences, and contribute to the creation of inclusive healthcare environments that prioritize patient well-being and cultural competence.

Students Responsibilities

- All students are responsible for their actions within the clinical environment. Their behavior must adhere to the principles of honesty, respect, and confidentiality outlined in this Code of Conduct, and compliance will be evaluated accordingly.
- Students must recognize their personal limitations during clinical rotations, especially in situations beyond their experience or competence. They should seek guidance from experienced professionals when necessary and demonstrate accountability by accepting and responding to feedback on their performance.
- Students are expected to model behavior that aligns with this Code of Conduct and the professional standards set by their licensing bodies. This includes a commitment to continuous professional development to maintain and improve their clinical competence.
- In the clinical context, students must follow the policies of the healthcare institution and their professional order regarding the disclosure of errors or misjudgments. Transparency and adherence to institutional guidelines are essential.
- In clinical settings where students, teachers, academic, and non-academic staff carry out work or training activities, adherence to the relevant policies and procedures governing conduct within those specific clinical settings is required. This includes compliance with healthcare institution regulations and any other standards applicable to the clinical environment.
- Punctuality, attendance, and active participation are mandatory in clinical settings, including student placements. Students are required to meet deadlines for any clinical documentation, assignments, or information requests. If unable to meet these deadlines, students must make timely, pre-approved alternative arrangements.
- Students must use social media responsibly, refraining from sharing confidential or inappropriate information about patients, healthcare staff, or colleagues. They should avoid posting untruthful or disrespectful content and exercise discretion when sharing personal information.
- Personal communication devices must not disrupt patient care or interactions with healthcare providers. Devices provided in clinical settings must be used in accordance with institutional policies, and personal devices should not interfere with clinical responsibilities.

Students Attendance

Students are expected to attend 100% of scheduled activities. The university provides students with the option to compensate for missed lectures, tutorials, and clinicals a maximum number of absences of up to 10% per subject. After each absence, an automated electronic notification is sent to the student, indicating the missed hours, asking to log into the Student's Portal and choose from the respective drop-down menu the reason of the absence (check Attendance Policy). If the missed hours surpass 10%, the electronic system automatically changes the student's status to inactive, resulting in the course being considered failed. In such instances, the student can request the creation of an individual study plan by submitting an application to the administration through the Student's Portal. The dean, in collaboration with the Student Evaluation and Promotion Committee, evaluates the application and reaches to a conclusion. The outcome of this decision is then conveyed to the student through electronic means.

If a student misses any activities due to a contagious airborne/droplet illness, like the flu or COVID, the student MUST obtain clearance prior to returning to University activities

Clinical Tools/Supplies

The list of items that medical students need during clinical rotations:

- White clinical lab coat (student doctor's coat)
- Scrubs
- ID Badge
- Stethoscope
- Reflex Hammer
- Tuning Forks
- Pen Light/Thermometer
- Safety Pins/Alcohol Wipes
- Ophthalmoscope
- At least 2 black pens (and one with color)
- Small notepad
- Tourniquet
- Hand sanitizer
- Clipboard with storage
- Blood pressure cuff (portable) and pulse oximeter
- Scissors
- Pocket-sized notebook
- Comfortable, supportive shoes

Student Assessment

There are two types of assessment:

a). **Formative assessment** (assessment during the course) and
b). **Summative assessment** (the final assessment at the end of course).

The nature, frequency, content, and scoring of student examinations in each course are determined by the respective Clerkship (Rotation) Chair and reflected in the syllabus.

All officially designated exams are mandatory for all registered students.

The School of Medicine ensures that each medical student undergoes assessment and receives constructive feedback early in each required clerkship, allowing ample time for improvement. Formal feedback occurs by at least the midpoint of the course. All assessment methods and time is indicated in each course syllabus.

The School of Medicine requires students to write daily progress notes during clerkship, which are promptly reviewed, critiqued, and provided with timely feedback. In cases where laws or institutional policies prohibit medical students from writing orders, the School of Medicine may replace such tasks with similar assignments that adhere to local practices.
Indexed System of Evaluation

Four types of positive assessment:
(A) Excellent - 91-100 points of the evaluation;

(B) Very good - 81-90 points from maximum marks;

(C) Good - 71-80 points from maximum marks;

(D) Satisfactory - 61-70 points from maximum marks;

Two types of negative assessment:
(FX) Did not pass - 51-60 points from maximum marks, which means that a student needs harder work to pass and is granted one additional attempt with independent work;

(F) Fail- 50 points and less from maximum marks, which means the performance a student is not sufficient and he/she has to learn the subject from the beginning.

Only the students who were present during the mid-exam will be allowed to take the final exam. The minimum score for passing the final exam is 60% of the maximum score. A student can retake the final examination if he/she collects 51-60

points from maximum marks which means the student is granted one additional attempt. In case of getting FX in the component of an educational program, the University shall appoint an additional exam not less than 10 days after announcement of final exam results. The number of points a student obtains in the final assessment is not added to those on additional examination. If a student fails to pass the re-take exam, he/she will study the course again. The student will be granted credits in case of receiving one of the positive assessments.

Assessment of the additional examination is concluding and will be reflected in the final assessment of the educational program component. Only one opportunity will be allowed to remediate an unsatisfactory grade by repetition of a course. If a student fails to attain a satisfactory (or better) grade upon repetition of the course, the final grade will be Unsatisfactory, and the student will be referred to the Dean for consideration of the student's future status in the medical program.

All unsatisfactory grades from one academic year must be remediated before a student may begin the next academic year.

All disciplinary cases involving a student must be resolved, and the student's status in the School of Medicine must be restored to "good standing," before the student may receive a degree. Only students who are in good standing will be permitted to participate in commencement or related activities or exercises.

Clinical Skills Assessment Criteria

1. Vital Signs Assessment:

- Accurate measurement and recording of blood pressure, pulse rate, respiratory rate, and temperature.
- Proper use of appropriate instruments.
- Recognition of abnormal values and appropriate response.

2. Physical Examination:

- Demonstration of the four examination techniques: inspection, palpation, percussion, and auscultation.
- Systematic approach to examining different body systems.
- Identification of normal and abnormal findings.

3. Venipuncture and Intravenous (IV) Access:

- Selection of appropriate vein and site.
- Proper use of a tourniquet and cleansing technique.
- Successful insertion of needle and securement of IV catheter.
- Minimization of patient discomfort and risk of infection.

4. Medication Administration:

- Verification of patient identity and medication accuracy.
- Accurate calculation and preparation of dosage.
- Proper injection technique and site.
- Monitoring for adverse reactions and appropriate response.

5. Wound Care and Dressing Changes:

- Effective wound assessment and cleansing technique.
- Application of sterile dressing with appropriate precautions.
- Recognition of signs of infection or wound complications.

6. Patient Communication and Bedside Manner:

- Active listening and effective communication with patients.
- Explaining procedures and interventions clearly to patients.
- Demonstrating empathy and compassion in interactions.

7. Documentation:

- Accurate and comprehensive charting of patient observations, in terventions, and responses.
- Clear and concise documentation that follows established protocols.
- Maintaining patient confidentiality in written and electronic records.

8. Team Collaboration:

- Effective communication and collaboration with colleagues, nurses, and other healthcare professionals.
- Contribution to a multidisciplinary care team.
- Demonstrating professionalism and respect for colleagues.

9. Clinical Decision-Making:

- Identification and prioritization of patient needs and interven tions.
- Evidence-based and patient-centered clinical reasoning.
- Timely recognition of deteriorating patient conditions and appro priate response.

10. Time Management:

- Efficient allocation of time during patient care activities.
- Meeting deadlines and managing multiple tasks effectively.
- Ensuring patient safety while balancing time constraints.

11. Infection Control and Safety:

- Proper hand hygiene and use of personal protective equipment.
- Adherence to infection control protocols to prevent the spread of pathogens.
- Ensuring a safe environment for patients and healthcare providers

Compensatory learning activities

While students are expected to take some initiative in proposing alternative activities, experiences, schedules, and/or assignments for those missed, course Vice-Deans reserve final authority to mandate students complete specific additional learning or clinical activities to compensate for approved time away. A student may need to alter his/her schedule (including any planned time off) to meet clerkship requirements. Students are expected to finish the program and obtain the degree within a timely matter. A maximum of six (6) years is the allowed duration and failure to complete the medical program within this timeframe will result in recommendation for dismissal. The Student Evaluation and Promotions Committee will review such cases and approval of the dismissal recommendation will be required by the Provost. The Provost has the right to grant a student a special right to continue his studies. This decision is made by the Provost on an individual basis and taking into account all circumstances.

Clinical Site Inspection

The reporting structure within the University ensures effective communication and coordination between the clinical departments and the academic leadership. This helps maintain a smooth integration of medical education and clinical practice.

The Vice Dean of Clinical Sciences and the Chairs of the Clerkships (Preceptors) play crucial role in this process:

1. Oversight and Monitoring: The Vice Dean of Clinical Sciences and the Chairs of the Clerkships (Preceptors) of the course hold the responsibility of supervising the teaching physicians within their respective departments. They closely monitor the activities of teaching physicians, ensuring that they fulfill their duties as educators effectively.

2. Teaching Performance: The Vice Dean of Clinical Sciences and the Chairs of the Clerkships (Preceptors) are assessing the teaching performance of the physicians. This evaluation involves observing their interactions with students, reviewing their teaching methods, and providing constructive feedback to help them enhance their instructional techniques.

3. Curriculum Adherence: The teaching physicians are expected to align their teaching approaches with the University's established curriculum and educational objectives. The Vice Dean of Clinical Sciences and the Chairs of the Clerkships (Preceptors) ensure that the content delivered to students is in line with the University's standards and guidelines.

4. Professional Development: As both medical practitioners and educators, teaching physicians are encouraged to stay updated with the latest advancements in their medical fields. They are expected to engage in continuous learning to maintain their expertise and provide students with current and relevant medical knowledge.

5. Faculty Development Programs: To support the growth of teaching skills and methodologies, the University offers faculty development programs. These programs aim to enhance the teaching effectiveness of faculty members, equipping them with innovative pedagogical approaches and instructional tools.

Overall, this reporting structure fosters a supportive and accountable environment for teaching physicians. It ensures that they are well-equipped to impart quality education to the students while staying updated with the ever-evolving field of medicine. By maintaining a strong connection between the clinical departments and the academic leadership, the University can provide a comprehensive and top-notch medical education experience.

Clinical Supervisor

Role of Clinical Supervisors

Educational Leadership:

- **Curriculum Implementation:** Clinical Supervisors are responsible for implementing the clinical curriculum within their specialty. This includes planning and delivering clinical teaching sessions that align with the educational objectives of the medical program.
- **Clinical Teaching:** Supervisors lead hands-on training, bedside teaching, and other instructional activities that help students apply theoretical knowledge to real-world clinical situations. They ensure that the content is relevant, up-to-date, and aligned with current medical standards.
- **Quality Assurance:** Supervisors continuously monitor and assess the quality of clinical education provided. They are responsible for ensuring that teaching methods are effective and that students are meeting learning objectives. This involves regular reviews of teaching materials, methods, and student performance.

Mentorship:

- **Guidance and Support:** Clinical Supervisors act as mentors to medical students, offering guidance, support, and professional advice. They help students navigate clinical challenges, develop critical thinking skills, and build confidence in their clinical abilities.
- **Career Development:** Supervisors assist students in their professional development, providing advice on career paths, residency programs, and further educational opportunities. They may also help students with networking and gaining exposure to different medical specialties.
- **Personalized Feedback:** Supervisors provide individualized feedback based on direct observation and student interactions. They identify areas of strength and opportunities for improvement, helping students set specific goals for their clinical learning.

Evaluation:

- **Student Performance:** Supervisors are responsible for evaluating students' clinical performance through a variety of assessment methods, including direct observation, case presentations, and Objective Structured Clinical Examinations (OSCEs). They ensure that students demonstrate the necessary competencies in clinical skills, knowledge application, and professional behavior.
- **Formative and Summative Assessments:** Clinical Supervisors design and administer both formative (ongoing) and summative (final) assessments to gauge student progress and ensure that they meet the required clinical standards.
- **Remediation:** For students who struggle, Supervisors develop and implement remediation plans, offering additional support and guidance to help them meet clinical competencies

Responsibilities of Clinical Supervisors

Supervision and Instruction:

- **Direct Supervision:** Supervisors provide direct oversight of students during clinical rotations, ensuring that they adhere to ethical standards, patient safety protocols, and best practices in patient care. This involves supervising patient interactions, clinical procedures, and decision-making processes.
- **Instructional Delivery:** Supervisors are responsible for delivering high-quality instruction during clinical teaching sessions. This includes leading bedside teaching rounds, organizing case discussions, and facilitating simulation-based learning when applicable.
- *Clinical Demonstrations:* Supervisors perform and demonstrate clinical procedures, guiding students through the correct techniques and ensuring they understand the rationale behind each step. They provide hands-on training and supervise students as they practice these skills.

Student Evaluation and Feedback:

Continuous Monitoring:

- **Daily and Weekly Observations:** Supervisors engage in daily and weekly observations of students' clinical activities to ensure consistent performance tracking. This involves shadowing students during patient rounds, procedures, and consultations, as well as reviewing their interactions with patients and other healthcare team members. Supervisors pay close attention to the application of clinical skills, decision-making processes, communication with patients, and adherence to ethical standards.
- **Clinical Logbooks:** Students are required to maintain detailed clinical logbooks that record their experiences, including the types of cases encountered, procedures performed, and patient outcomes. Supervisors regularly review these logbooks to ensure that students are exposed to a broad range of clinical scenarios and are meeting the required learning objectives. Su-

pervisors provide guidance on case selection and encourage students to reflect on their learning experiences within the logbook entries.

- **Skill Checklists:** Specific clinical skills are assessed using standardized checklists that outline the critical steps and competencies required for each procedure. Supervisors use these checklists during direct observation of student performance, ensuring that each step is executed correctly and safely. These checklists cover a range of skills, from basic procedures like venipuncture to more complex tasks such as suturing or managing acute conditions.
- **Direct Observation of Procedural Skills (DOPS):** Supervisors utilize DOPS to assess students' technical skills in performing clinical procedures. During these sessions, the supervisor observes the student in real-time, providing immediate feedback on technique, safety, and patient communication. This method helps to identify any gaps in the student's procedural knowledge and skillset, allowing for targeted remediation.
- **Mini-Clinical Evaluation Exercises (Mini-CEX):** Mini-CEX sessions are short, focused evaluations where supervisors assess students' ability to handle specific clinical encounters. These exercises are conducted in various clinical settings and cover a wide range of competencies, including history-taking, physical examination, diagnostic reasoning, and patient counseling. Supervisors provide immediate feedback after each session, highlighting areas of strength and opportunities for improvement.

Feedback Sessions:

- **Structured Feedback Sessions:** Regularly scheduled feedback sessions are held to provide students with comprehensive evaluations of their performance. These sessions typically occur at the midpoint and end of the clinical rotation, although more frequent meetings may be scheduled based on student needs. During these sessions, supervisors discuss the student's strengths, areas for improvement, and progress toward achieving clinical competencies.
- **Constructive Criticism:** Supervisors deliver constructive criticism in a manner that is both supportive and educational. They focus on specific behaviors or skills that need improvement, providing clear examples and offering practical advice on how to enhance performance. Supervisors also encourage students to ask questions and seek clarification on any feedback provided.
- **Recognition of Achievements:** Supervisors make it a priority to recognize and celebrate students' achievements during feedback sessions. Positive reinforcement is used to motivate students and build their confidence. Achievements may include successful completion of complex procedures, effective patient management, or demonstrated improvement in clinical reasoning.
- **Interactive Feedback:** Feedback sessions are designed to be interactive, allowing students to actively participate in the discussion. Supervisors encourage students to reflect on their own performance, identify challenges they faced, and propose strategies for overcoming these challenges. This reflective practice helps students develop self-awareness and take ownership of their learning.

- **Goal Setting:** During feedback sessions, supervisors work with students to set specific, measurable, achievable, relevant, and time-bound (SMART) goals for their continued development. These goals are tailored to the individual student's needs and focus on areas where improvement is needed. Supervisors follow up on these goals in subsequent sessions to ensure that progress is being made.

Documentation of Progress:

- **Detailed Progress Reports:** Supervisors are responsible for maintaining detailed records of each student's progress throughout the clinical rotation according syllabuses. These records include evaluations from daily observations, checklists, DOPS, Mini-CEX, and feedback sessions. Progress reports are comprehensive, covering all aspects of the student's clinical education, including technical skills, knowledge application, professionalism, and communication abilities.
- **Electronic Tracking Systems:** University electronic tracking systems have to be used to document and monitor student progress. Supervisors enter their observations, evaluations, and feedback into these systems, which are accessible to both students and relevant faculty members. This allows for real-time monitoring of student development and facilitates the sharing of information across the educational team.
- **Compilation of Strengths and Areas for Improvement:** Supervisors systematically document both the strengths and areas needing improvement for each student. Strengths might include particular proficiency in certain procedures, effective patient communication, or strong clinical reasoning skills. Areas for improvement are clearly outlined, with specific examples provided to illustrate the issues.
- ***Sharing with Faculty:*** The documented progress is shared with relevant faculty members, including the course director, academic advisors, and other clinical educators involved in the student's education. This ensures a coordinated approach to student development, where all educators are informed about the student's performance and can contribute to their ongoing education.
- **End-of-Rotation Summaries:** At the end of each clinical rotation, supervisors compile a summary report that encapsulates the student's overall performance, including the achievement of learning objectives, mastery of clinical skills, and professionalism. This summary is reviewed with the student during the final feedback session and is also submitted to the academic office as part of the student's official record.
- **Follow-Up on Documentation:** Supervisors are responsible for ensuring that any recommendations for further development or remediation made during feedback sessions are documented and followed up on. They work closely with the student and relevant faculty to implement any necessary interventions, such as additional practice sessions, tutorials, or counseling, to address identified areas of weakness.

Clinical Practice:

- **Safe Learning Environment:** Supervisors ensure that the clinical learning environment is safe for both students and patients. This includes adhering to patient safety protocols, infection control measures, and ethical guidelines.
- **Case Load Management:** Supervisors manage the allocation of cases to students, ensuring that each student has exposure to a diverse range of clinical conditions. They ensure that students are not overburdened and that their clinical experiences are balanced and educational.
- **Ethical Practice:** Supervisors model ethical clinical practice, emphasizing the importance of patient confidentiality, informed consent, and professional conduct. They guide students in navigating complex ethical dilemmas in clinical settings.

Professional Development:

- **Continuous Learning:** Supervisors are expected to stay current with the latest advances in medical practice and education. They participate in continuing medical education (CME) activities, attend relevant workshops, and engage in scholarly activities that enhance their teaching and clinical expertise.
- **Self-Reflection:** Supervisors engage in regular self-assessment and reflection on their teaching practices. They identify areas where they can improve and seek out professional development opportunities to enhance their skills.
- **Peer Collaboration:** Supervisors collaborate with other faculty members to share best practices, develop teaching materials, and contribute to the continuous improvement of the clinical curriculum.

Collaboration:

- **Interprofessional Collaboration:** Supervisors work closely with other healthcare professionals, including nurses, pharmacists, and allied health staff, to provide a comprehensive educational experience. They facilitate interprofessional learning opportunities where students can observe and participate in team-based care.
- **Departmental Integration:** Supervisors actively participate in departmental meetings, contributing to curriculum planning, student assessments, and quality improvement initiatives. They ensure that their teaching is aligned with the goals and objectives of the medical school.
- **External Liaison:** Supervisors may serve as liaisons with external institutions, such as hospitals and specialty clinics, ensuring that clinical placements provide high-quality educational experiences.

Conclusion

The Clinical Rotation Handbook has been designed to provide a thorough framework for medical students embarking on their clinical rotations. By integrating the principles of medical professionalism, patient-centered care, and interprofessional collaboration, this guide ensures that students are well-prepared to navigate the clinical environment responsibly and effectively. Throughout their rotations, students will gain valuable hands-on experience, develop critical judgment, and refine their clinical skills within a structured, supportive setting.

The University is committed to fostering a culture of continuous learning and ethical practice. Students are encouraged to engage actively with the curriculum, seek feedback, and pursue personal and professional growth. By upholding the standards outlined in this handbook, students contribute to a safe, respectful, and inclusive healthcare environment, embodying the values of compassion, integrity, and respect for diversity.

As students complete their rotations, they are reminded of the importance of lifelong learning, resilience, and adaptability—key attributes that will serve them in their medical careers. This handbook will serve as a lasting resource, guiding them not only during their time at the University but throughout their journey in the medical profession.

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