INTRODUCTION
Welcome to the Neuroscience Clerkship. The central and peripheral nervous systems are complex and fascinating, and its disorders are challenging and unique. You will acquire both clinical skills and knowledge during this rotation which will be useful, whatever professional path you take.

Clerkship Director  Clerkship Co-Director  Clerkship Coordinator
Dr. Jose Carrillo  Dr. Lama Al-Khoury  Jean Gottbreht
714-456-7214  714-456-8759  714-456-7707

carrilj2@hs.uci.edu  lalkhour@uci.edu  jlgottbr@uci.edu
Building 200, Suite 206

EXPECTATIONS OF MEDICAL STUDENTS
• Actively participate in attending rounds every morning Monday-Friday (except Wednesday). The only exception is neurology student conference(s)/ tutorials which supersede(s) your rounds responsibilities.
• Present patients in collaboration with your resident(s). Remember these are your patients, and your opportunity to demonstrate knowledge of your patient’s condition.
• Make brief presentations on neurological topics of your choice to your attendings or residents, while on Pediatric Neurology/Stroke service/Non-stroke service/Neuro-ICU. Succinct 5-10 minute presentations preferred.
• Prepare for and participate in tutorials, which will take place on Wednesday mornings. Schedule details for each week TBA via email.
• Enter a minimum of 12 patients in your case logs
• Complete your neurology core competency on call paper
• Take the OSCE and NBME Neurology Shelf Examination.
• Demonstrate proficiency performing the neurologic examination.
• Maintain appropriate standards of professionalism at all times. Highest standards of professionalism will also apply to your use of iPads, and cell phones.
• Show compassion for the patients, work collegially with the staff, and be on time for rounds, tutorials, and clinics.
• Attend Grand Rounds on Friday mornings starting at 8 am.
• Attend all Didactic/Teaching sessions. Quizzes will follow each week.
• Attend Neurology half-day outpatient Clinics with available Neurology faculty while on Neuro-radiology, Neuro-ICU, Pediatric Neurology, +/- Stroke service.
COMPONENTS
You will be divided into 4 groups and rotate through the following services:
1 week on Neurology Stroke - 7 am  Senior: Dr. Brian Kaiser (506-7786)
1 week on Neurology Non-Stroke - 7 am  Senior: Dr. Anna Morenkova (506-5311)
1 week of Neurosurgery (2 weeks are possible for interested students)
1 week of Neuroradiology (3 students) or Pediatric Neurology (2 students)
1 week (Optional) of Neuro-ICU (max 3 students)- 7:15am  Neuro-Critical Care attending On Call.

TEAM AND WEEKLY SERVICE ASSIGNMENTS

TEAM A  Week 1—July 22 is Non-Stroke  Week 2—July 29 is Neuroradiology/CHOC/Neuro-ICU
Week 3—August 5 is Neurosurgery  Week 4—August 12 is Stroke

Melissa Perez
(CHOCh)
Lancelot Beier
Elizabeth Chou

TEAM B  Week 1—July 22 is Stroke  Week 2—July 29 is Non-Stroke
Week 3—August 5 is Neuroradiology/CHOC/Neuro-ICU  Week 4—August 12 is Neurosurgery

Lisa Jacobs
Kambria Nguyen
(CHOCh)
Laura Muscianese
TEAM C  Week 1—July 22 is Neurosurgery  Week 2—July 29 is Stroke
Week 3—August 5 is Non-Stroke  Week 4—August 12 is Neuroradiology/CHOC/Neuro-ICU

Matin Khoshnevis  Melvie Kim

TEAM D  Week 1—July 22 is Neuroradiology/CHOC/Neuro-ICU  Week 2—July 29 is Neurosurgery
Week 3—August 5 is Stroke  Week 4—August 12 is Non-Stroke

Staci Sakai  Timothy Muldoon

GOALS AND OBJECTIVES
(Modified from curriculum developed by the American Academy of Neurology)
• Demonstrate competence in presenting a neurological history and physical examination
• Demonstrate competence in doing a neurological examination
• Develop experience in fundoscopic examinations
• Recognize neurological symptoms & localize neurological lesions
• Generate a neurological differential diagnosis
• Recognize neurological emergencies
• Witness or perform a lumbar puncture
• Learn about neurological tests: EEG, EMG, LP, MRI, CT,
• Become familiar with commonly seen neurologic disorders
RECOMMENDED TEXT

- Students have found Blueprints Neurology helpful in the past.

ONLINE RESOURCES

- MERLIN Website
  - Check for Orientation Materials, Useful Links, Articles, Podcasts, Evidence-Based Guidelines, Neurologic Exam websites, and Student Survival Guide
- iPad APPS:
  - Neuro Tutor, Brain Pro, Pocket Body, Stroke Scale, Stroke Track, CliniCalc, JiffPad, 3D Brain, BrainView, Nerve Whiz, NeuroLocalizer, etc.

NEUROLOGICAL EQUIPMENT

- Reflex hammer
- 128 Hz. Tuning fork
- An ophthalmoscope
- Snellen card for testing visual acuity (or equivalent app)

REQUIRED CONFERENCES

1. **Neuroscience Didactic Sessions**: will be conducted by the residents and faculty during Wednesday morning sessions. You are expected to return to your services after the sessions are completed each afternoon. Schedule and location details are emailed for each week. Quizzes will follow after the didactic sessions.

2. **Case-Based Discussions**: one session per block. It will take place during the didactic sessions of the Clerkship along with your Neuroscience Tutorials. For this block it will be July 24th, at 9 am in Bldg. 55, Room 114.

3. **Flipped-Classroom Session**: one session per block. It will take place during the teaching sessions of the Clerkship as part of your didactic sessions on that day. Your active participation in this session is crucial for full credit. **Remember to bring your iPads!** You will be split up into groups of 3 and given topics to research and later present for your classmates during this session. For this block it will be on August 7th, at 9am in Bldg. 55, Room 114.
SUPPLEMENTAL CLINICAL EXPERIENCES

1. Telemedicine Clinic
   - Dr. Ira Lott pediatric telemedicine clinic—this block clinic on July 31 & August 14
   - Location: City Tower, 333 City Blvd. West, Suite 800 Telemedicine Room
   - Report back to Neuro-Radiology when finished

2. Afternoon Outpatient Neurology Clinic
   - Wednesday Afternoons (1st, 3rd, and 4th Wednesdays), option for other days if needed.
   - Dr. Hermanowicz, Wednesday afternoon.
     - Gottschalk Medical Plaza, 1 Medical Plaza Drive, Irvine, CA 92697 (714)456-7002
     - 1 student accommodated Wed pm—this block clinic on July 24
   - Volunteer Neurology Faculty list, subject to change and additions.

CASE LOGS
Students on the neurology rotation are required to show their patient activity by entering this data in patient logs at https://intranet2.ha.uci.edu/StudentPortal/Default.aspx then click on Case Logs. A minimum of 12 cases is required to be logged to complete the rotation. These must be patients that you have personally examined, have participated in their care, and on whom you could give a verbal presentation, if called on. Patient log categories include: altered mental status, CNS infection, dementia, gait disorders, headache, movement disorders, multiple sclerosis, neuromuscular disorders, seizures or neurologic emergencies (stroke, syncope, intracranial bleeding).

NEUROLOGY “Core Competency Performance” PAPER
The neurology core competency performance paper will be distributed at the beginning of the clerkship. This paper must be turned in with all legible signatures PRIOR to taking the USMLE exam. On this paper, you must have a resident or attending initial each line, to confirm direct observation of performance on each of the following: patient care, medical knowledge, practice based learning & improvement, interpersonal & communication skills, professionalism and system based practice. (form posted on MERLIN)

CALL
Exposure to neurological emergencies is an important part of your neurological training. To accomplish this you will be assigned a total of 3 week nights and 1 week end day of call during this rotation. Week night call is until 10 pm; week end call starts with 8 am rounds and is finished by 6 pm. You are expected to actively accompany the on-call resident to any emergency calls. Any quiet time can be used for reading and tutorial preparation.
Students will have 1 **Neurosurgery Call** during a week night while on Pediatric Neurology or Neuroradiology. This will count as one of your total 3 week night calls. Neurosurgery call will not occur while the student is on the Neurosurgery service so as to not violate any work hour restrictions. Medical students on Neurosurgery Call should page the Night Float pager **714-506-4323** to find the resident when On Call and actively follow them until 10pm.

Be sure to have your neurology core competency card legibly signed by the resident you worked with on your assigned Call.

**ABSENCES**

UCI SOM vouchers are for exceptional absences only. In Neurology, absences must be approved in writing by the Clerkship Director prior to the start of your rotation. This includes absences during interview season. Only emergent absence is acceptable without a prior approval. **You must complete a SOM voucher for your absent time.** Additional absence may also necessitate additional work.

**REMINDER**

Neuroscience is a core rotation at UCI and must be successfully completed. Extended absence could lead to a poor, or even a failing grade requiring that the course be repeated. Interviews for residency positions should not be scheduled during this rotation. There are no excused absences last 3 days of the rotation.

**FLU** ---- We follow CDC guidelines. You must contact the Clerkship Coordinator if you are ill and need to stay home.

**MID COURSE EVALUATION**

During the second week, you will have an OSCE examination to evaluate your ability to perform the neurological examination. You will receive a report of your performance and at this time, you will be informed if any improvements needed. You are expected to review the neurologic examination even if you rotate through Neuro-radiology during the first week of the clerkship. This block is an exception and it will be Wednesday, July 10th.

**WEB BASED FINAL EXAMINATION**

The NBME Shelf / Subject Examinations are used by the majority of the core clerkships including Neurology. The Neurology Shelf Examination serves as the ONLINE final. This test is used as neurology shares students’ expressed values, including fairness and intent to cover core material applicable to clinical practice. We follow established UCI SOM policies on shelf examinations including the opportunity to repeat the exam if needed.

*The shelf exam is a required part of this clerkship. It is given to every student enrolled in the course on Friday of the last week. Jean will provide more specific information at orientation. Your exam will be August 16 at 1 pm in Bldg. 200, 2nd floor, Room 201.*
Please note: Your signed note core competency paper MUST be completed and turned in prior to taking the exam. In addition, the intranet evaluations on the residents and faculty you worked with MUST be completed within 2 weeks of finishing the clerkship. The website these evals can be found on is https://intranet1.ha.uci.edu/student/index.asp There are no exceptions. We require written documentation from the UCI office on the first day of your rotation for any special accommodations.

GRADING
The following is considered when processing the final grade.

• 70%
  o Neurology staff’s global evaluation
  o Professionalism, ethics, knowledge, participation, attendance
  o Preparation, knowledge and participation in didactics/tutorials
  o Participation in hospital and clinic rounds.
  o Observation by a resident or attending of your performance on all 6 exam components as listed on the neurology card
  o Short call nights which include 1 weekend day
  o Brief presentations on topic of your choice
  o OSCE mid-rotation evaluation (10%)
  o Didactic Quizzes (10%)
  o Flipped Classroom Session (5%)

• 30%
  o Shelf Examination (passing grade of greater than 6th percentile).

Please note that in order to obtain honors, you must score in the 85th percentile on the shelf exam and receive honors in your total score. Any unexplained absences from the Wednesday tutorials sessions or issues with professionalism will preclude you from receiving honors.

CAVEAT
Absenteeism, poor participation, substandard knowledge, and poor clinical skills will adversely affect your final grade. Any issues with professionalism will be forward to Dr. Michael Prislin.

NEUROCRITICAL CARE
Please go to Douglas Hospital 5th floor Neuro-ICU (52) immediately after orientation or by 7:15am and have nursing staff page the Neurocritical Care attending On Call.

NEURORADIOLOGY
Douglas Hospital basement Room 0134, Reading Room #16 x6399
Please go to reading room immediately after orientation or by 9 am.
Questions—please e-mail Teresa Louis at tlouis@uci.edu

PED NEURO
Please call Adriana Hernandez prior to starting at 714-204-3219 for precise starting information. Please be at her office immediately following orientation. She can be emailed at ahernandez@CHOC.org.
Neurosurgery Rotation (1 or 2 week(s))

Please read all instructions carefully

*Neurosurgery service schedule *Scrubbing into a case *Contact information

Updated 7/15/13

-------------------------------

**Daily Schedule**

During the Neurosurgery rotation, medical students are expected to make rounds daily (M-F) with our PGY2 Resident, Dr. Michelle Paff early in the morning. Her pager # is 714 506-9698. Please contact her before you start to verify time and location, and for parking instructions. You will be assigned a Neurosurgery Attending by the Coordinator, Meri Dailey, via email. You are to **follow that attending** the entire week of your Neurosurgery rotation, throughout the entire day. It is your responsibility to make contact with the attending by **8:00 AM Monday** morning, and be with them whenever they are rounding, seeing patients in clinic or in the operating room, or attending Grand Rounds, and other didactic activities, so please make sure you know their schedules. The attending will be given your name as well, and will be expecting to hear from you by Monday morning. To avoid any down time, **If your attending is not available for a day, or a portion of a day, please check with your assigned attending and ask if you may attend another attending’s operative procedure and/or clinic. If you need direction, please report back to Dr. Paff for instructions for that day, or contact Meri Dailey if you cannot reach Dr. Paff.**

During your rotation, be prepared to give brief case presentations on your patients if requested by your attending. The attending you are assigned will be responsible for your evaluation and you will kindly be asked to complete an evaluation on them as well. Their contact information is located on the next page. **If you do not follow your attending throughout the rotation you will NOT receive an evaluation, so it is Critical that you follow these instructions! Please contact Meri Dailey, Residency Coordinator, if you will be absent, or if you have any questions.**

**If you are choosing a two week rotation, you may be asked to give a brief presentation on a topic relating to neurosurgery on our academic day (Fridays). If you have down time, please study for a brief exam relating to neurosurgery that must be turned in at the end of your rotation.**

**Operating Room** When you come into the OR please observe the following protocol:

1) **Introduce yourself to Attending**, Circulating Nurse and the Scrub tech

2) Familiarize yourself with the patient’s condition—see chart, films etc. Give the Attending an oral summary of the case, if requested.

3) Do not just stand in the corner. Immerse yourself in the experience and get the most you can from the opportunity. Standing in place and staring into space is highly discouraged. Ask questions about the case, the imaging, the technology or monitoring.

4) Get final approval from Attending to scrub in

5) If you can already tie knots, you may get to use that skill in the OR

6) Round on the patient the next day, and every subsequent day you’re on the service

Please note there is no in-house call schedule. Neurosurgery residents are on home-call.
Clinic
Don’t wait in the waiting room, walk straight into the back of the clinic and ask a staff member where the neurosurgeon or PA is. Introduce yourself. Try to become engaged to get the most from this experience.

<table>
<thead>
<tr>
<th>Neurosurgery Clinic and OR days</th>
<th>updated: 7/15/12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Clinic</strong></td>
<td><strong>OR</strong></td>
</tr>
<tr>
<td><strong>(start times vary)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>MONDAY</strong></td>
<td></td>
</tr>
<tr>
<td>Linskey: 8:00 AM Cancer Center - Brain Tumor Clinic</td>
<td>Yanni / Hsu</td>
</tr>
<tr>
<td><strong>TUESDAY</strong></td>
<td></td>
</tr>
<tr>
<td>Yanni: 8:00 AM Pavilion I</td>
<td>Linskey / Hsu</td>
</tr>
<tr>
<td><strong>WEDNESDAY</strong></td>
<td></td>
</tr>
<tr>
<td>Linskey 8:00AM CN Clinic QOW, GKSR Hoag QOW</td>
<td>Yanni/ Hsu</td>
</tr>
<tr>
<td><strong>THURSDAY</strong></td>
<td></td>
</tr>
<tr>
<td>Hsu: 9:00 AM Pavilion I</td>
<td>Yanni / Linskey</td>
</tr>
<tr>
<td><strong>FRIDAY</strong></td>
<td></td>
</tr>
<tr>
<td>Neurosurgery Academic Day</td>
<td></td>
</tr>
<tr>
<td>begins at 8:00am-12:00pm</td>
<td></td>
</tr>
<tr>
<td>1:000 PM Brain Tumor Board</td>
<td></td>
</tr>
<tr>
<td>Surgery or Clinic may take place after 12:00pm</td>
<td></td>
</tr>
<tr>
<td><em>(Varies – Check the schedule on Thursday)</em></td>
<td></td>
</tr>
<tr>
<td>Any / All</td>
<td></td>
</tr>
</tbody>
</table>

**CONTACT INFORMATION**

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Pager #</th>
<th>UCI email address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frank Hsu</td>
<td></td>
<td><a href="mailto:fpkhsu@uci.edu">fpkhsu@uci.edu</a></td>
</tr>
<tr>
<td>Daniel Yanni, MD</td>
<td>714-506-8535</td>
<td><a href="mailto:dyanni@uci.edu">dyanni@uci.edu</a></td>
</tr>
<tr>
<td>Mark Linskey, MD</td>
<td>714-506-2303</td>
<td><a href="mailto:mlinskey@uci.edu">mlinskey@uci.edu</a></td>
</tr>
<tr>
<td>Residents:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michelle Paff, MD(PGY-2)</td>
<td>714-506-9698</td>
<td><a href="mailto:mpaff@uci.edu">mpaff@uci.edu</a></td>
</tr>
<tr>
<td>Christopher Owen, MD</td>
<td>714-506-9299</td>
<td><a href="mailto:owenc@uci.edu">owenc@uci.edu</a></td>
</tr>
<tr>
<td>(Chief)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amandip Gill, MD(PGY-5)</td>
<td>714-506-5474</td>
<td><a href="mailto:asgill@uci.edu">asgill@uci.edu</a></td>
</tr>
<tr>
<td>Residency Coordinator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meri Dailey</td>
<td>Phone</td>
<td><a href="mailto:medailey@uci.edu">medailey@uci.edu</a></td>
</tr>
<tr>
<td></td>
<td>714-456-7495</td>
<td></td>
</tr>
</tbody>
</table>

9
Call Schedule Information:

Call is scheduled at 6:00pm to 10:00pm. Please report to the 52 Workroom and please page the resident on call to let he/she know where you are and for assignments. You will be given the call calendar for the month prior to your rotation.

Please see the list below of resident contact information below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone/Cell</th>
<th>Fax</th>
<th>Pager</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexandru, Daniela PGY-6</td>
<td>949-701-3217</td>
<td>714-456-8284</td>
<td>714-506-1946</td>
<td><a href="mailto:danielaas@uci.edu">danielaas@uci.edu</a></td>
</tr>
<tr>
<td>Christie, Catherine PGY-4</td>
<td>415-290-8450</td>
<td>714-456-8284</td>
<td>714-506-5365</td>
<td><a href="mailto:cchrist1@uci.edu">cchrist1@uci.edu</a></td>
</tr>
<tr>
<td>Gill, Amandip PGY-5</td>
<td>818-749-5241</td>
<td>714-456-8284</td>
<td>714-506-5474</td>
<td><a href="mailto:asgill@uci.edu">asgill@uci.edu</a></td>
</tr>
<tr>
<td>Kaloostian, Sean PGY-3</td>
<td>818-836-0978</td>
<td>714-456-8284</td>
<td>714-506-5379</td>
<td><a href="mailto:skaloost@uci.edu">skaloost@uci.edu</a></td>
</tr>
<tr>
<td>Mathews, Marlon PGY-6</td>
<td>714-273-8285</td>
<td>714-456-8284</td>
<td>714-506-6198</td>
<td><a href="mailto:mmathews@uci.edu">mmathews@uci.edu</a></td>
</tr>
<tr>
<td>Owen, Christopher PGY-7</td>
<td>562-324-4542</td>
<td>714-456-8284</td>
<td>714-506-9299</td>
<td><a href="mailto:owenc@uci.edu">owenc@uci.edu</a></td>
</tr>
<tr>
<td>Michelle Paff PGY-2</td>
<td>949-981-8504</td>
<td>714-456-8212</td>
<td>714-506-9698</td>
<td><a href="mailto:mpaff@uci.edu">mpaff@uci.edu</a></td>
</tr>
<tr>
<td>John Roufail PGY-1</td>
<td>425-773-8264</td>
<td>714-456-8212</td>
<td>714-506-3168</td>
<td><a href="mailto:jroufail@uci.edu">jroufail@uci.edu</a></td>
</tr>
</tbody>
</table>
**Neuro-Critical Care**

**Purpose:** Recognizing that many important topics and clinical lessons within neurology are set within the Neuro-ICU, the Neuroscience Clerkship will provide an opportunity for medical students to gain exposure to Neuro-critical Care.

**What is Neurocritical Care?:** Neurocritical Care is a dynamic interdisciplinary field that focuses on the most critically ill patients in neurology and neurosurgery, and includes daily application of various concepts in internal medicine, pulmonology, anesthesiology, emergency medicine, and general critical care. Neuro-intensivists provide comprehensive care for these patients, including full support of other failing organs such as initiating and continuing mechanical ventilation for respiratory failure, as well as treating cardiac failure, renal and liver failure. Nearly all bedside procedures are conducted by neuro-intensivists, including but not limited to: intubations, central lines, arterial lines, lumbar punctures, lumbar drains, thoracentesis, paracentesis. For more information on neurocritical care, please refer to: [http://www.neurocriticalcare.org/patients-families/what-neurocritical-care](http://www.neurocriticalcare.org/patients-families/what-neurocritical-care)

**Goal:** The goal for the 1 week optional rotation through Neuro-critical Care is to give medical students education, exposure and training in the care of critically ill neurology patients.

**Education:** Medical student education will be in the form of clinical training, procedural skills, morning rounds with bedside teaching, radiology rounds including neuro and non-neuro imaging with patient-centered clinical correlations, and didactic talks.

**Expectations:**

- Students will report to Douglas Hospital Neuro-ICU (52) on Monday morning of their first week after orientation or 7:15 am, and ask nursing staff to page the neuro-critical attending on call.
- Students are expected to be present and on-time for daily morning rounds starting at 8:00 am, Monday-Thursday.
- Rounds will take place at 10am on Fridays.
- Students are expected to pre-round and have any clinically relevant information on their assigned patients during rounds.
- Students are expected to present 2 interesting critically ill patients to the attending on morning rounds in a thorough yet concise manner.
- Students are expected to generate new patient H&P notes, Consult notes, and Progress notes on their patients.
- Student’s clinical duties are superseded by Wednesday didactic sessions, Grand Rounds, and the OSCE.
- Students are encouraged to look into an area of interest, unfamiliar topic or finding, and deliver a brief informal presentation of approximately 5 minutes. Handouts and slides are not necessary.

**Evaluation:** Medical student evaluation during the Neuro-critical Care week will be in the form of Attending and Resident evaluations. The overall grade in the Neuroscience Clerkship will incorporate these evaluations into the student’s averaged clinical evaluation.
Medical Student Duty Hours
University of California, Irvine School of Medicine
Drafted by the Clinical Course Directors Committee
January 11, 2008

The University of California, Irvine School of Medicine Committee on Curriculum and Educational Policy (CEP) in conjunction with the Counsel of Clinical Course Directors has established a work hours and working conditions policy to govern all Medical Student clinical rotations. This policy is effective immediately.

1. For all medical student rotations at UC Irvine Medical Center, Long Beach Memorial, Long Beach VA and outlying clinics affiliated with the UC Irvine School of Medicine, duty hours are limited to 70 hours per week averaged over four weeks including all in-house call.
2. Sub-Internship and ICU clinical rotations will be excluded from this policy, but their hours will not exceed the resident work hours.
3. Student physicians must receive one day in seven free of all educational and clinical responsibilities averaged over a four-week period.
4. In-house call must not exceed more than every fourth night averaged over a four-week period.
5. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Student may remain on duty for up to an additional 6 hours to participate in didactics activities, transfer of care, and maintain continuity of medical and surgical care.
6. During shift work, shifts should not be longer than twelve hours.
7. There should be a ten-hour rest period provided between all daily duty periods and after in-house call. Adequate time for rest and personal activities must be provided.
8. Duty hours do not include readings, preparation, and other study time whether spent in the library or away from duty site.
9. Violations of this policy should be reported to the Course Director and subsequently forwarded to the Educational Affairs office.
10. This policy covers all medical students who rotate through the University of California, Irvine.
11. Students on externships away from UC Irvine will follow the other institutions guidelines.

UCI Holiday Accommodation
Students will be released from clinical duties at 6:00 p.m. the night before the holiday and return at 6:00 a.m. the day after the holiday. Easter is not considered a holiday so any student wishing to take Easter off must use one of his/her vouchers. However, if a student is scheduled for a rotation and responsible for direct patient care (Sub I, ICU or Emergency Medicine) he/she will work the exact schedule that the team works. Therefore, anyone who does not want to be on call the night before a specific holiday, or on a specific holiday, make sure not to schedule a Sub I or Emergency Medicine Rotation during that time. *Holidays should not be counted as the student’s day off.*

Match Day & Picnic Accommodations (no change)
Students will be released from clinical duties at 6:00 p.m. the night before Match Day and return at 6:00 a.m. the day after the Match. All students will be allowed to attend the Match Day Ceremony and picnic on the UCI Campus.

Honor's Evening Accommodations (no change)
Students will be released from clinical duties at 3:00 p.m. the day of the Honor's Evening Banquet. Students are expected to return to regular assignments at 6:00 a.m. the following day. However, if a student is scheduled for a rotation with direct patient care (Sub I, Emergency Medicine, or Substance Abuse), he/she will work the exact schedule that the team works. Therefore, anyone who does not want to be on call the night before a specific holiday, or on a specific holiday, make sure not schedule the Senior Sub I, Emergency Medicine, or Substance Abuse rotation during that time.
**Time Off for Interviews**

Interviewing is an essential component of the search for a residency program. Interviews should be scheduled during vacation time. Under no circumstances may interviews be scheduled during core rotations or when students have direct patient care responsibilities (Senior Sub I, Emergency Medicine, ICU, Radiology, Neurology or Substance Abuse) unless it is done on a regular day off. Be sure to schedule plenty of vacation time during the months of September through January to interview with residency programs.

In rare exceptions, interviews may have to take place while a student is enrolled in course work. If this is the case, it is at the discretion of the course director to determine the length of time that may be missed from the rotation without requiring a total repeat of the course but no more than an average of one day off per week should be scheduled. Students will be expected to use one of their vacation vouchers. In addition, the course director will determine the means for making up the missed course work. A student may fail the rotation or be given an incomplete if he/she has unexcused absence(s) from any rotation. Students must notify the course director immediately upon identifying a conflict in the interview schedule and assigned course work.

Institutional Learning Objectives for the University of California, Irvine School of Medicine

A. Goal: UCI graduates will be knowledgeable.

Objectives: By the time of graduation, students will have demonstrated appropriate, relevant and sufficient knowledge in these broad areas:

i. Knowledge of the structure and function of the major organ systems, including the molecular, biochemical and cellular mechanisms for maintaining homeostasis;

ii. Knowledge of the pathogenesis of diseases, interventions for effective treatment, and mechanisms of health maintenance to prevent disease;

iii. Knowledge of basic clinical skills required to meet the skills objectives, including interviewing, physical diagnosis, communication and clinical reasoning processes;

iv. Knowledge of population health, epidemiology principles and the scientific basis of research methods relevant to healthcare;

v. Knowledge of medical practice, including health care economics and health systems impacting delivery and quality of patient care.

B. Goal: UCI graduates will be skillful.

Objectives: By the time of graduation, UCI students will demonstrate, at the appropriate level.

i. The ability to competently conduct a medical interview and counseling to take into account patient health beliefs, patient agenda and the need for comprehensive medical and psychosocial assessment;

ii. The ability to competently perform a complete and organ-system-specific examination including a mental health status examination;

iii. The ability to articulate a cogent, accurate assessment and plan, and problem list, using diagnostic clinical reasoning skills in all the major disciplines;

iv. The ability to search the medical literature, including electronic databases, and to locate and interpret up-to-date evidence to optimize patient care;

v. The ability to practice effective preventive medicine by identifying, addressing and advocating for strategies to maintain health and well-being, to identify and treat disease early where appropriate and to advise on lifestyle practices;

vi. The ability to function effectively within the context of complexity and uncertainty in medical care;

vii. The ability to identify and process ethical and professional issues.
C. Goal: UCI graduates will be altruistic, demonstrating professionalism and commitment.

Objectives: UCI graduates will demonstrate appropriate attitudes and behaviors in these domains:

i. Honesty and integrity reflecting the standards of the profession, in interacting with colleagues, patients, families and professional organizations;

ii. Professional behaviors reflecting compassion and respect for patient privacy, altruism and a commitment to comprehensive, holistic medical care;

iii. Sensitivity and awareness of diverse cultures, health beliefs and social factors impacting patient health and illness;

iv. The commitment to seek knowledge and skills to better serve the needs of the underserved in their communities;

v. Respect for colleagues and team members.

D. Goal: UCI graduates will be dutiful.

Objectives: By the time of graduation, students will show:

i. A commitment to lifelong learning and independently seeking new knowledge and skills in their own recognized areas of learning deficit;

ii. A commitment to patient care and to the well-being of patients and colleagues

iii. A commitment to serve our community;

iv. A commitment to personal well-being and the well-being of family and friends.

Medical Students on Clinical Rotation
Questions? Call EIP: 714-456-5221
Mandatory Infection Control and Prevention Training

The following rules and regulations apply to all individuals in clinical care. You are responsible for your own behavior regardless of the adherence by your colleagues or superiors.

1. **Hand Hygiene**
   Hand hygiene is the most important way to prevent hospital-associated infections. Medical students currently have the lowest adherence to hand hygiene (<70%). It is critical that students understand the importance of this requirement for entry and exit from all patient rooms.
   - Alcohol hand gel is acceptable unless hands are visibly soiled. Thumbs and between the fingers are the most commonly missed places when using alcohol hand rub. Clean well between fingers and under fingernails when washing with soap and water.
   - For patients on Spore Precautions (C. difficile) soap and water is required to remove spores
   - Accreditation surveys occur frequently and unannounced. A single observed missed hand hygiene event can put the hospital at risk for citation.

2. **Standard Precautions**
   - Use personal protective equipment (PPE) such as gloves, gowns, masks, and eye shields to protect yourself based on any expected or perceived exposure to blood, body fluids or non-intact skin such as rashes or open wounds. Do not depend on knowing a diagnosis to use protection. Adherence to Standard Precautions will minimize exposure from undiagnosed or unsuspected diseases. Discard used PPE appropriately into a specified collector/regular trash prior to exiting a patient room.

3. **Special Precaution Signs and Procedures**
   These precautions should be instituted pre-emptively for all potential cases of the below. As with all patients, hand hygiene should be performed before and after room entry.

<table>
<thead>
<tr>
<th>Precaution Sign</th>
<th>Special Procedure</th>
<th>Common Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Droplet</td>
<td>Regular mask within 3 feet of patient</td>
<td>meningococcal meningitis, pertussis, influenza</td>
</tr>
</tbody>
</table>
| Special Droplet | N95 mask to enter if not vaccinated  
Regular mask to enter if vaccinated >2 wks | Novel H1N1 influenza |
| Contact         | Gown and gloves to enter | MRSA, VRE, highly resistant GNR (ESBLs and others), chicken pox or disseminated shingles, RSV, rotavirus, scabies |
| Spore           | Gown and gloves to enter. Soap and water for all hand hygiene | Clostridium difficile |
| Airborne        | N95, negative pressure room with door closed | TB, measles, chicken pox or disseminated shingles |

4. **TB and N95 Mask Fit Testing**
   - All medical students must be fit tested for the right size and type of N95 masks. Those who have not been fit tested should refrain from caring for patients in airborne isolation until fit testing is completed and documented.
   - Patients with proven or suspected pulmonary TB cannot be removed from airborne precautions while in the hospital until the following criteria are met: 1) three negative induced sputum smears, 2) receipt of therapy for at least 2 weeks, 3) clinical improvement is noted. Patients can be sent home before these criteria are met provided that public health is notified, compliance is assured, and there is no child under 5 years old living at home.

5. **Influenza Vaccination and Masking Policy**
   - All students required to be on UC Irvine Medical Center premises or in outlying affiliated clinics must receive all CDC recommended influenza vaccines each year. If not vaccinated by Jan 1, they must wear a regular mask while in these areas. Failure to comply will result in removal from all clinical duties and areas.
6. Other Vaccines
   • All students are required to show proof of immunization or immune titers to hepatitis B, MMR, polio, varicella, and tetanus/diphtheria prior to clinical duties. In addition, proof of TB clearance (e.g. ppd or symptom/CXR screen) is required annually. Finally, pertussis vaccination is strongly recommended.

7. Illness
   • Do not work while ill. Please stay home for any fever or if you feel poorly regardless of fever.
   • If you feel well, but have active cough or runny nose; please wear a regular mask when in clinical or patient care areas.

8. Artificial Nails Policy and Dress Code
   • Artificial nails have been definitively associated with hospital infections. Artificial nails are not allowed for anyone with patient care responsibilities. While painted natural nails are allowed, nails should not exceed ¼ inch at all times.
   • OR surgical scrubs must not be worn off the Medical Center campus at any time. A cover gown/lab coat must be worn over scrubs when leaving OR. Shoe covers, hats, and masks must be discarded when leaving the OR.

9. Placing Central Venous Catheters
   • By legislation, all persons placing a central venous catheter must undergo line placement training and complete a Central Line Insertion Practice (CLIP) form for EACH line. This documents compliance with critical elements such as wearing sterile gown and gloves, with hair covering and mask for inserter and helper, use of a full sterile barrier on patient, and chlorhexidine skin prep.
   • By legislation, all central venous catheters must have physician documentation on daily notes for the continued necessity of the line. Otherwise, the line should be removed.

10. Equipment Cleaning
    • Clean your stethoscopes with alcohol wipes or surface disinfectant “Cavi-wipes” after use. If you use Cavi-wipes, be sure to use gloves.
    • Also use Cavi-wipes” to clean and disinfect any shared patient care equipment you use.

11. Admission MRSA Screens and Physician Notification
    • By legislation, all patients at UC Irvine Medical Center are being screened on admission for MRSA (nasal swab). If patients are found to be MRSA positive, a physician must notify the patient and provide documentation of notification. Education on prevention of transmission must also be provided if the patient has an MRSA infection.

12. Document Provision of Education
    • Hospital accreditation increasingly is based on documenting care provided to patients. Ensure that documentation is complete, particularly for educating patients about any communicable diseases.

13. Sharps injury or Blood/Body Fluid Exposure
    • If you experience a sharps injury or exposure to blood or body fluids, report to Occupational Health as soon as possible for follow-up. In an effort to protect workers from exposure, CalOSHA prohibits eating or drinking in any clinical area, including nurses’ stations.

(JAC revised 12/19/12)


Core Clerkships Shelf Examinations Policies
1. A standard passage score for the shelf examinations has been set at the 6\textsuperscript{th} percentile for all clerkships. The Associate Dean for Student Affairs and the SOM Registrar will be notified about any student scoring below the 15\textsuperscript{th} percentile.
2. Students will not be permitted to take two shelf examinations on the same day.
3. Any student who passes the shelf examination cannot retake the examination for a higher clerkship score.
4. If a student fails a shelf examination or is a “no-show”, he/she will not be eligible for Honors regardless of his/her examination score.
5. Students must have recorded grades and removed Incomplete grades for all third year clerkships to progress past fall quarter of the fourth year (December 31) or the Incomplete will automatically be changed to a Fail grade and will permanently on the transcript and Dean’s Letter. The Associate Dean for Student Affairs may make accommodations to this policy.
6. All students are required to take the shelf examination on the scheduled date. If a student is unable to take the examination at the scheduled time, he/she must obtain written clearance from the course director prior to the time of test administration.
7. Any student requiring special examination accommodations must inform the clerkship director and the clerkship coordinator a minimum of four weeks in advance of the administration of the examination.

Examination “No-Show” Policy
1. A no-show for a scheduled shelf examination constitutes a failure unless written clearance by the course director is obtained prior to the time of administration and a student will have one additional opportunity to take the examination.
2. The student will have to pay for the re-administration of an examination if he/she fails to show for an examination without prior approval or changes the testing date less than 30 days prior to the examination.
3. If a student misses a final examination, he/she is required to retake the exam at the first available make-up examination time. Exceptions to this policy may be granted by the clerkship director or the Associate Dean for Student Affairs.

Examination Failure Policy
1. A student who failed the written final on the first attempt will receive a grade of “I”. The student will not have to pay for the administration of the additional examination.
2. The second examination score is the score that will be used for any student who failed the exam and had to retake it. The exam scores are not averaged, as that could bring a passing grade on the retake back into the failure range if the two scores were averaged.
3. If a student fails a final examination, he/she is required to retake the examination at the first available make-up examination time. Exceptions to this policy may be granted by the clerkship director of the Associate Dean for Student Affairs.

Examination Second Failure Policy
1. Any student who fails an examination twice will receive a Fail designation on his/her transcript.
2. The student will be required to repeat a minimum of four weeks of the clerkship before progressing to his/her fourth year course work.
3. The new grade will be posted on the transcript in addition to the first grade. Please note that University policy states that both grades will appear on the transcript, thus demonstrating that a student repeated the course.
4. Any student who fails a clerkship will be placed on academic probation and placed on the agenda for the Committee on Promotions and Honors for discussion.

Clerkship Final Grade Policy
1. Students must have recorded grades and removed Incomplete grades for all third year clerkships to progress past fall quarter (December 31) of the 4\textsuperscript{th} year or the Incomplete will automatically be changed to a Fail grade and will permanently show on your transcript and Dean’s Letter. The Associate Dean for Student Affairs may make accommodations to this policy.
2. Course Director’s must review all evaluations submitted by residents and attendings and submit one final cumulative evaluation for each student in the clerkship.
3. The Course Director must sign the evaluation.