LSU School of Medicine

Clinical Handbook for Faculty, Residents, and Fellows

AY 2025-2026

LSU School of Medicine in New Orleans

Clinical Handbook for Faculty, Residents, and Fellows

This handbook was compiled by faculty members from the Office of Undergraduate Medical Education for all faculty, residents, and fellows who teach, supervise, and assess students in the clinical setting. This handbook is augmented by the clinical departments with specialty-specific requirements for core clinical conditions, required skills, and didactics and clinical schedules. It is updated annually and provided to all faculty, residents, and fellows via email through the departmental undergraduate medical education offices.

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Educational Program Objectives

Our educational program objectives (EPOs) represent our commitment to preparing our students to provide excellent and compassionate care for diverse patients and populations when they begin their graduate medical training and into their future careers. They are written broadly with the intent that more specific relevant objectives are delineated at both the course/ clerkship and the session levels.

These EPOs and their domains are derived from the *AAMC Reference List of General Physician Competencies (2013)*. The current revision is informed by the *Foundational Competencies for Undergraduate Medical Education draft (AAMC/AACOM/ACGME draft from AAMC website 202*4) and *Milestones 2.0* (*ACGME, Journal of GME 2018*).

Most recent revision and approval: Spring 2024 (Curriculum Steering Committee, Administrative Council, Faculty Assembly)

Patient Care (PC) – Our graduates provide compassionate, appropriate, effective, and safe patient-centered care that promotes patient health and integrates patient and caregiver values and preferences.

EPO PC 1 – Gather essential and accurate information about patients through considerate history- taking that includes the history of present illness, risk factors, and psychosocial contexts, utilizing multiple data sources and/or translator services when necessary.

EPO PC 2 – Gather essential and accurate information about patients through respectful, hypothesis-driven physical examination techniques, with continuous attention to the patient's comfort and safety.

EPO PC 3 – Recommend and Interpret data from laboratory, radiologic, and other diagnostic and screening tests to identify patient problems and organize priorities for patient care.

EPO PC 4 – Formulate a prioritized problem list and differential diagnosis from the available data, incorporating psychosocial and cultural influences and factors.

EPO PC 5 – Develop a diagnostic and therapeutic plan for commonly encountered conditions based on clinical data, patient preferences, up-to-date scientific evidence, and clinical judgment.

EPO PC 6 – Identify patients with urgent or emergent conditions, initiating timely evaluation and appropriate management interventions and escalating care when necessary.

EPO PC 7 – Describe the key elements of informed consent for tests and common procedures, including indications, risks, benefits, alternatives, techniques, and complications.

Knowledge for Practice (KP) – Our graduates demonstrate, apply, and integrate knowledge of foundational, clinical, and social sciences to improve health for patients and diverse populations.

EPO KP 1 – Understand and apply principles of basic sciences that are fundamental to health care for patients and populations.

EPO KP 2 – Understand and apply principles of clinical sciences to diagnostic and therapeutic decision-making and clinical problem-solving for patient care.

EPO KP 3 – Understand and apply principles of social-behavioral sciences to the provision of patient care, including psychosocial and cultural influences on patients' health.

EPO KP 4 – Understand and apply principles of biomedical ethics to patient care and research practices, including core ethical principles and professional values.

EPO KP 5 – Understand and apply principles of epidemiological and statistical sciences to identify health problems and risk factors and utilize strategies for disease prevention for patients and populations.

Systems-Based Practice (SBP) – Our graduates demonstrate and apply knowledge of the larger context of health systems into safe, high-quality patient care, including incorporation of social and structural drivers of health and utilization of appropriate healthcare resources.

EPO SBP 1 – Advocate for safe, high-quality care for patients and populations by incorporating high value care principles, such as cost consideration, resource utilization, and risk-benefit analysis, into recommendations for patient care.

EPO SBP 2 – Demonstrate and apply knowledge of social and structural drivers of health to reduce disparities in patient care and advance health equity.

EPO SBP 3 – Identify the causes and types of patient safety, system, and quality issues that contribute to quality improvement processes.

EPO SBP 4 – Identify key components of the healthcare system and demonstrate knowledge of basic healthcare payment systems.

Practice-Based Learning and Improvement (PBLI) – Our graduates demonstrate the ability to appraise and assimilate scientific evidence into patient care and engage continuously in self-evaluation and life-long learning in order to foster personal and professional growth in their roles as physicians.

EPO PBLI 1 – Locate, critically evaluate, and assimilate evidence from appropriate sources (e.g., scientific studies, clinical practice guidelines) and incorporate it in decision-making about patient care.

EPO PBLI 2 – Engage in informed self-reflection regarding own knowledge and performance to identify opportunities for growth.

EPO PBLI 3 – Strive for personal and professional excellence by seeking and accepting constructive feedback from patients, peers, faculty, healthcare team members, and supervisors.

Interpersonal Communication Skills (ICS) – Our graduates demonstrate interpersonal and communication skills with patients, caregivers, and all healthcare team members to contribute to collaborative, high-quality, and safe patient-centered care.

EPO ICS 1 – Communicate effectively with patients from a variety of backgrounds by using active listening skills and demonstrating cultural sensitivity and attention to patient preferences for communication.

EPO ICS 2 – Provide information to patients with clear, easily understandable language, utilizing written and verbal translator services when necessary.

EPO ICS 3 – Counsel patients using a patient-centered approach in a variety of contexts, including screening recommendations, grave diagnoses and prognoses, pain management, and adverse events/medical errors.

EPO ICS 4 – Communicate clinical information in an organized fashion to team members clearly and accurately in written and electronic formats.

EPO ICS 5 – Communicate relevant clinical information verbally to team members in case presentation format, utilizing respectful verbiage and adjusting language according to audience, context, or purpose (e.g., family-centered rounds).

EPO ICS 6 – Demonstrate the ability to transfer the care of a patient to another health provider utilizing an established framework for handoffs.

EPO ICS 7 - Demonstrate clear and respectful communication with all interprofessional team members to provide collaborative patient care in a positive environment.

EPO ICS 8 – Incorporate expertise and advice from team members from all involved health professionals and consultants into patient care where indicated.

Professional Behavior (PB) – Our graduates demonstrate integrity, ethical reasoning, accountability, and a commitment to their professional responsibilities with patients and caregivers, faculty and staff, colleagues, communities, and the medical profession as a whole.

EPO PB 1 – Display honesty, integrity, and accountability in all assessments and written assignments.

EPO PB 2 – Adhere to attendance and other professional requirements and complete assignments and tasks in a timely manner, in both classroom and clinical settings.

EPO PB 3 – Demonstrate sensitivity and respect for patients, families, peers, teachers, administrative staff, and healthcare team members across diverse populations in all situations.

EPO PB 4 – Maintain patient privacy and confidentiality.

EPO PB 5 – Consistently advocate in the best interest of one's patients, including fair access to care.

EPO PB 6 – Recognize and address personal well-being needs that may impact professional performance.

Required Clinical Experiences 2025-2026

Clerkship	Clinical Condition (Student must participate in the care of the patient)	Clinical Setting
Family Medicine Clerkship	Acute respiratory illness	Ambulatory
	Chronic respiratory problem	Ambulatory
	Dermatologic problem	Ambulatory
	Gastrointestinal complaint	Ambulatory
	Headache	Ambulatory
	Hyperlipidemia	Ambulatory
	Hypertension	Ambulatory
	Mental health complaint	Ambulatory
	Musculoskeletal complaint	Ambulatory
	Preventive health care	Ambulatory
	Substance abuse	Ambulatory
Internal Medicine Clerkship	Abdominal pain	Inpatient
	Acute renal failure	Inpatient
	Acute shortness of breath	Inpatient
	Anemia	Ambulatory
	Arrhythmia	Inpatient
	Bacteremia/Sepsis	Inpatient
	Heart failure	Ambulatory
	Chronic obstructive pulmonary disease	Ambulatory
	Diabetes mellitus	Ambulatory
	Fever	Inpatient
	Acute coronary syndrome	Inpatient
	Syncope	Inpatient
	Venous thromboembolic disease	Inpatient
Obstetrics & Gynecology Clerkship	Abnormal pap smear	Ambulatory
	Contraception	Ambulatory
	Intrapartum care	Inpatient
	Menopause	Ambulatory
	Menstrual abnormality	Ambulatory
	Obstetric problem	Ambulatory
	Pelvic pain	Ambulatory
	Postoperative management	Ambulatory
	Postpartum care	Inpatient
	Prenatal care	Ambulatory
	Urogenital infection	Ambulatory

Pediatrics Clerkship	Abdominal pain and/or vomiting	Ambulatory or Inpatient
	Acute neurological illness	Ambulatory or Inpatient
	Acute renal illness	Ambulatory or Inpatient
	Acute respiratory illness	Ambulatory or Inpatient
	Dehydration & fluid management	Ambulatory or Inpatient
	Developmental delay	Ambulatory or Inpatient
	Failure to thrive	Ambulatory or Inpatient
	Fever	Ambulatory or Inpatient
	Physical or sexual abuse	Ambulatory or Inpatient
	Well child adolescent	Ambulatory
	Well child infant	Ambulatory
	Well child newborn	Ambulatory
	Well child school age	Ambulatory
Psychiatry Clerkship	Addictive disorder	Inpatient/ER
	Anxiety disorder	Inpatient/ER
	Mood disorder	Inpatient/ER
	Personality disorder	Inpatient/ER
	Psychotic disorder	Inpatient/ER
Surgery Clerkship	Abdominal pain/acute abdomen	Ambulatory or Inpatient
	Biliary tract disease - GB & bile duct disease	Ambulatory or Inpatient
	Colon-benign-diverticulitis, IBD, Malignant - Colon cancer	Ambulatory or Inpatient
	Hernia-groin or ventral	Ambulatory or Inpatient
	Post-operative care	Inpatient
	Surgical critical care	Inpatient
	Vascular disease or injury - arterial or venous	Ambulatory or Inpatient
	Hemorrhage	Inpatient
Neurology Clerkship	Paroxysmal disorders	Ambulatory or Inpatient
	Vascular disorders	Ambulatory or Inpatient
	Neuromuscular disorders	Ambulatory or Inpatient
	Progressive degenerative disorders	Ambulatory or Inpatient

Clerkship	Skills (Faculty must sign)	Clinical Setting
Family Medicine Clerkship	Focused history of present illness	Ambulatory
	HEENT examination	Ambulatory
	Diabetic foot examination	Ambulatory
	Progress note	Ambulatory
Internal Medicine Clerkship	Self directed learning - Clinical Question	Ambulatory or Inpatient
	Heart and lung examination	Inpatient
	Progress note	Inpatient
Obstetrics & Gynecology Clerkship	Breast examination	Ambulatory
	C-Section	Inpatient
	Gynecologic surgery	Inpatient
	OB/GYN history taking	Ambulatory
	Laparoscopy	Inpatient
	Pelvic examination	Ambulatory
	Progress note	Inpatient
	Speculum exam/Pap smear	Ambulatory
	Handoff	Inpatient
	Vaginal delivery	Inpatient
Pediatrics Clerkship	Interprofessional Collaboration Skills	Inpatient
	Complete history & physical exam	Ambulatory or Inpatient
	Progress note	Inpatient
Psychiatry Clerkship	History & mental status exam	Inpatient/ER
	Progress note	Inpatient
	Interprofessional Collaboration Skills	Inpatient/ER
Surgery Clerkship	Abdominal examination	Inpatient
	Airway assessment	Inpatient
	Surgical timeout	Inpatient
	Self directed learning - Clinical Question	Inpatient
	Progress note	Inpatient
Neurology Clerkship	Neurologic history and examination	Ambulatory or Inpatient
	Progress note	Ambulatory or Inpatient

General Clerkship Evaluation Form

This is tied to the educational program objectives and reflects the skills that our students must demonstrate. When evaluating the student in these skills, please consider the timing of the rotation in the academic year.

Patient Care

- Student gathers essential and accurate information about patients through considerate history-taking
  ___Does not meet expectation ____Meets expectation _____Exceeds expectation

- Student gathers essential and accurate information about patients through respectful, hypothesis-driven physical examination
  ___Does not meet expectation ____Meets expectation _____Exceeds expectation

- Student recommends and Interprets data to identify patient problems and organize priorities for patient care.
  ___Does not meet expectation ____Meets expectation _____Exceeds expectation

- Student formulates a prioritized problem list and differential diagnosis from the available data, incorporating psychosocial and cultural influences and factors.
  ___Does not meet expectation ____Meets expectation _____Exceeds expectation

- Student develops a diagnostic and therapeutic plan for commonly encountered conditions based on clinical data, patient preferences
  ___Does not meet expectation ____Meets expectation _____Exceeds expectation

Overall, for the domain of Patient Care

____Does not meet expectations _____Meets expectations _____Sometimes exceeds expectations _____Exceeds expectations

Feedback – not to be included in MSPE:

Knowledge for Practice

- Student understands and applies principles of basic and clinical sciences for problem-solving and to diagnose and treat common diseases.
  ___Does not meet expectation ____Meets expectation _____Exceeds expectation

- Student understands and applies principles of social-behavioral sciences as it relates to care including psychosocial and cultural influences on health.
  ___Does not meet expectation ____Meets expectation _____Exceeds expectation

- Student understands and applies principles of biomedical ethics to patient care
  ___Does not meet expectation ____Meets expectation _____Exceeds expectation ____ Not observed

- Student applies principles of epidemiology and statistics to identify health problems and utilize strategies for disease prevention.
  ___Does not meet expectation ____Meets expectation _____Exceeds expectation ____ Not observed

Overall, for the domain of Knowledge for Practice

____Does not meet expectations _____Meets expectations _____Sometimes exceeds expectations _____Exceeds expectations

Feedback – not to be included in MSPE:

Systems Based Practice

- Student advocates for safe, high-quality care for patients considering cost, resource utilization, and risk-benefit analysis and identifying key components of the healthcare system (basic healthcare payment systems)
  ___Does not meet expectation ____Meets expectation _____Exceeds expectation _____ Not observed

- Student demonstrates and applies knowledge of social and structural drivers of health to reduce disparities in patient care and advance health equity.
  ___Does not meet expectation ____Meets expectation _____Exceeds expectation

- Student identifies the causes and types of patient safety and quality issues that contribute to quality improvement processes.
  ___Does not meet expectation ____Meets expectation _____Exceeds expectation _____Not observed

Overall, for the domain Systems Based Practice

____Does not meet expectations _____Meets expectations _____Sometimes exceeds expectations _____Exceeds expectations

Feedback – not to be included in MSPE:

Practice-Based Learning and Improvement

- Student locates, evaluates and incorporates evidence from appropriate sources in clinical decision making.
  ___Does not meet expectation ____Meets expectation _____Exceeds expectation ___Not observed

- Student engages in informed self-reflection regarding own knowledge and performance to identify opportunities for growth - locating, evaluating and assimilating evidence to incorporate it in patient care
  ___Does not meet expectation ____Meets expectation _____Exceeds expectation

- Student strives for personal and professional excellence by seeking and accepting constructive feedback from patients, peers, faculty, healthcare team members, and supervisors.
  ___Does not meet expectation ____Meets expectation _____Exceeds expectation

Overall, for the domain PBLI

____Does not meet expectations _____Meets expectations _____Sometimes exceeds expectations _____Exceeds expectations

Feedback – not to be included in MSPE:

Interpersonal Communication Skills (ICS)

- Student communicates effectively with patients from a variety of backgrounds by using active listening skills and demonstrating cultural sensitivity. Student uses translator services when needed.
  ___Does not meet expectation ____Meets expectation _____Exceeds expectation

- Student communicates clinical information in an organized fashion to team members accurately in written and electronic formats.
  ___Does not meet expectation ____Meets expectation _____Exceeds expectation

- Student communicates relevant clinical information verbally to team members in case presentation format, utilizing respectful verbiage and adjusting language according to audience
  ___Does not meet expectation ____Meets expectation _____Exceeds expectation

- Student demonstrates clear and respectful communication with all interprofessional team members to provide collaborative patient care.
  ___Does not meet expectation ____Meets expectation _____Exceeds expectation ___Not observed

- Student Incorporates expertise and advice from team members from all involved health professionals and consultants into patient care where indicated.
  ___Does not meet expectation ____Meets expectation _____Exceeds expectation ___Not observed

Overall, for the domain ICS

____Does not meet expectations _____Meets expectations _____Sometimes exceeds expectations _____Exceeds expectations

Feedback – not to be included in MSPE:

Professional Behavior (PB)

- Student displays honesty, integrity, and accountability in all assessments and written assignments. Maintains patient privacy and confidentiality.
  ___Does not meet expectation ____Meets expectation _____Exceeds expectation

- Student adheres to attendance and other professional requirements and complete assignments and tasks in a timely manner, in both classroom and clinical settings.
  ___Does not meet expectation ____Meets expectation _____Exceeds expectation

- Student demonstrates sensitivity and respect for patients, families, peers, teachers, administrative staff, and healthcare team members
  ___Does not meet expectation ____Meets expectation _____Exceeds expectation

- Student consistently advocates in the best interest of one's patients, including fair access to care.
  ___Does not meet expectation ____Meets expectation _____Exceeds expectation

- Student recognizes and addresses personal well-being needs that may impact professional performance.
  ___Does not meet expectation ____Meets expectation _____Exceeds expectation ____Not observed

Overall, for the domain Professional Behavior

____Does not meet expectations _____Meets expectations _____Sometimes exceeds expectations _____Exceeds expectations

Feedback – not to be included in MSPE:

REQUIRED Narrative Feedback that will be included in the MSPE:

If faculty feels the student is not meeting expectations and not passing, please notify the clerkship director.

I attest that I have not provided health services, including mental health counseling, to this student. _____

General Mid-Clerkship Feedback Form

(may vary slightly by clerkship)

Mid-rotation Feedback Form

Complete Student Self-Assessment rating, then review with at least 1 resident/faculty who you have spent significant time on your rotation.

*Student:*_____ *Evaluator:*_____

*Date:*_____

FEEDBACK ON STUDENT PERFORMANCE	***STUDENT SELF ASSESSMENT***		***RESIDENT/FACULTY ASSESSMENT***		
	Competent/ Advanced	*Needs Improvement*	*Competent/ Advanced*	*Needs Improvement*	*Unacceptable: Requires Attention*
Patient Care					
Medical Knowledge					
Progress Notes					
Timeliness					
Teamwork					
Professional demeanor					

☐ *I am making adequate progress on my core clinical conditions and required clinical skills.*

☐ *I have been adequately supervised by faculty and residents on this clerkship.*

Student Comments (Anything that I need to improve /I do well):

_____

_____

_____

_____

Resident/Faculty Comments (Anything that the student needs to improve /student does well):

_____

_____

_____

_____

_____ _____

Student Signature *Evaluator Signature*

LSU Health NEW ORLEANS

Office of the Dean
School of Medicine

Policy Title: Policy on the Appropriate Treatment of Medical Students

Policy Statement/Purpose:
The Louisiana State University School of Medicine in New Orleans is dedicated to providing its students, residents, faculty, staff, and patients with an environment of respect, dignity, and support. The diverse backgrounds, personalities, and learning needs of individual students must be considered at all times in order to foster appropriate and effective teacher-learner relationships. Honesty, fairness, evenhanded treatment, and respect for students' feelings are the foundation of establishing an effective learning environment.

Students have the right to be treated with respect and integrity. Mistreatment and abuse of students by faculty, residents, staff, or fellow students is contrary to the educational objectives of LSUHSC-NO and will not be tolerated. Mistreatment and abuse include, but are not limited to, berating, belittling, or humiliation; physical punishment or threats; intimidation; sexual harassment; harassment or discrimination based on race, gender, gender identity, sex, sexual orientation, age, religion, or disability; assigning a grade for reasons other than the student's performance; assigning tasks for punishment or non-educational purposes; requiring the performance of personal services; or failing to give students credit for work they have done.

Policy Directives:
Faculty, residents, staff members, and students receive instruction on the appropriate treatment of students through departmental orientations and meetings, faculty and resident development activities, and specific instructional sessions related to professional behavior and appropriate treatment of colleagues, teachers, and students. Information related to mistreatment is included in the Student Handbook.

This policy and specific procedures therein are derived from the institutional Chancellor's Memorandum (CM) 56 - *Student Rights, Roles, and Responsibilities*. Students who experience or observe incidents of mistreatment are encouraged to report them and may do so without fear of retaliation. The school does not tolerate any form of retaliatory behavior towards students who report mistreatment. Students may choose to bring issues of concern to the course directors, site or clerkship directors, or faculty members for informal discussions. Students who choose to discuss the issue further or make a formal report regarding their concerns about mistreatment have several options and may either identify themselves or choose to remain anonymous, depending on the reporting venue:

- LSUHSC CARES: The link to this institutional reporting site is at the bottom of the LSUHSC webpage, https://www.lsuhsc.edu/administration/academic/lsuhsc-cares/. Students may report anonymously or non-anonymously and their report is routed to the appropriate personnel to help resolve the issue.
- SOM Learning Environment Form: The link to this is on the Office of Student Affairs webpage, https://www.medschool.lsuhsc.edu/student_affairs/conduct_treatment.aspx.

Students may report anonymously or non-anonymously. Reports go directly to the director of Student Affairs who forwards them to the appropriate faculty member to help resolve the issue.

- SOM Council on Student Professional Conduct: The link to this council is on the Office of Student Affairs webpage, https://www.medschool.lsuhsc.edu/student_affairs/. Students may use this mechanism for concerns that they have been mistreated by another student.
- LSU Ombudsperson: The link to the LSU ombuds is on the Office of the Chancellor webpage, https://www.lsuhsc.edu/administration/chancellor/ombuds.aspx. The ombuds provides a confidential, impartial, and informal process for students to seek guidance regarding concerns about mistreatment. The ombuds does not report concerns directly to any office or individual without specific consent from the student.

The school compiles data on student mistreatment through numerous avenues, including student evaluations and national surveys. The Student Experience Committee reviews these data and a summary of mistreatment incident reports biennially and makes recommendations as needed to the relevant individuals or bodies, such as curriculum committees or dean.

LSU Health NEW ORLEANS

Office of the Dean
School of Medicine

Policy Title: Policy on Absences from Clinical Rotations

Policy Statement/Purpose:
A student's responsibilities in clinical rotations include caring for patients on teams and therefore take precedence over other activities. However, situations may arise when a student will need to request a brief absence from daily responsibilities on a required clerkship or other clinical rotation. The school is committed to allowing students who may have extended absences due to illness, infectious or environmental exposures, or temporary disabilities to continue their educational program, provided the student is expected to resume duties within a time frame that allows all clerkship objectives to be satisfactorily achieved.

The guidelines listed below give insight as to what might be considered an acceptable request, and they include visiting students on senior rotations. These are institutional guidelines, and some of the clerkships and departments may have more specific policies. Details regarding absences in individual rotations, such as means of notifying the clerkship/rotation director, and policies on make-up work, are outlined in clerkship and rotation orientations.

Policy Directives:
All requests for leave must be presented to the clerkship/rotation director; it is the student's responsibility to make certain that they are approved. Directors of shorter clerkships/rotations will use their discretion in approving absences for non-emergencies in these rotations.

Sufficient remediation for absences will be established at the discretion of the clerkship/rotation director. Remediation may involve additional call nights, additional weekend responsibilities, clinical work on days normally set aside for NBME preparation, or make-up assignments for missed didactics. A clerkship/rotation director may require remediation of some work for absences of less than two days if they deem that learning opportunities are significantly affected by the absence.

Over the course of the clerkship/rotation, any leave totaling more than two days (for a single absence or for repeated absences, regardless of the reason) will require remediation prior to completion of the clerkship/rotation.

Requested absence days are included in the "one day in seven free of clinical work and required education averaged over the duration of the rotation," as outlined in the student work hour policy.

Adherence to these policy guidelines is considered a matter of professionalism, therefore excessive absences or non-emergent absences may be reflected in the evaluation of the student's work habits or professionalism.

1. **Emergent Absence (such as illness or funeral):**

Students will be excused from clinical activities if they are ill, need to seek health services, or have infectious or environmental exposures or temporary disabilities requiring their absence. Students should notify the clerkship/rotation director as soon as possible. If possible, the student should also notify their team (residents, interns, and attending). Leave of more than two days will require remediation prior to completion of the clerkship. This can include virtual learning, additional case module assignments, or clinical make up sessions once cleared to return. Clerkship/rotation directors may require a note from the treating provider for absence due to illness. Make-up work may be assigned if the absence involves required didactics.

2. **Non-emergent Absence (such as weddings, presentations at national conferences, or school business):**

Students must request these absences from the clerkship/rotation director via e-mail prior to the start of the clerkship. The student should also notify their team (residents, interns, and attending) as soon as possible. Leave of more than two days will require remediation prior to the completion of the clerkship. Make-up work may be assigned if the absence involves required didactics.

3. **Residency interviews (for seniors):**

Students must request these absences from the clerkship/rotation director via e-mail prior to the start of the rotation or as soon as the interview is scheduled. The student should also notify their team (residents, interns, and attending) as soon as possible. Leave of more than two full days or four half days will require remediation prior to the completion of the rotation. Absences for interviews should be minimized, and students should make every attempt to schedule residency interviews at other times e.g., flex blocks. We recognize that this is not always possible.

4. **Circumstances not stated in the above categories:**

Students must request absences for other extenuating circumstances from the clerkship/rotation director via e-mail as soon as possible (before the start of the clerkship/rotation if possible), and approval is at the discretion of the clerkship/rotation director. As above, the student must notify their team and make up any work assigned by the clerkship/rotation director if the absence is approved.

Student Responsibilities on Holidays:

Unless otherwise stated, students will be free from clinical duties on the days below. Students are expected to perform clinical duties if assigned on the weekends associated with the holidays e.g., Saturday and Sunday before Labor Day. If a student is on their acting internship, they should not consider themselves exempt from working holidays and should consult with their clerkship/rotation director at the start of the rotation.

- July 4th
- Labor Day (off Monday)
- Martin Luther King, Jr. (off Monday)
- Mardi Gras (off Monday and Tuesday)
- Easter (off Friday, Saturday, Sunday)
- Thanksgiving (off Thursday, Friday, Saturday, Sunday)
- Christmas (off 2 weeks around holidays -- off Christmas Day & New Years Day only if doing senior rotation in block 7)
- Memorial Day (off Monday)

LSU Health NEW ORLEANS

Office of the Dean
School of Medicine

Policy Title: Policy on Clinical Supervision

Policy Statement/Purpose: Medical students must be appropriately supervised during clinical clerkships and other clinical experiences. This is a matter of both student and patient safety. The level of student responsibility must be appropriate to the student's level of training, and the activities supervised must be within the scope of practice of the supervising health professional.

Policy Directives:
Students will participate in patient care under the direct supervision of LSU Health Sciences Center faculty members, residents, and/or other mutually agreed upon and appropriately credentialed health providers. Students may participate in activities including, but not limited to, the following:

- Take histories from and perform physical examinations on patients in the emergency room, inpatient units, and outpatient clinics
- Document patient findings in the medical record as a student note
- Communicate evaluation results and plans of care with patients as deemed appropriate by faculty with respect to situation
- Scrub in on surgeries and procedures in the surgical suites and labor and delivery units
- Perform minor procedures as deemed appropriate by faculty with respect to training and ability

History taking, physical examinations, medical record documentation, and communicating evaluation results and plans of care are activities that students may perform without the direct accompaniment of a physician or other supervising health provider. Students who perform any procedure must have the appropriate training to do so and must be supervised by a faculty member, resident, or other mutually agreed upon and appropriately credentialed health provider.

Non-physician providers may have student teaching responsibility as assigned by faculty physicians who are available by phone or on site to assist with care if needed. If a non-physician health provider supervises a student in clinical activities, the level of responsibility delegated to the student must be appropriate to the student's level of training, and the activities supervised must be within the scope of practice of the supervising health provider.

If students have concerns that they have not been adequately supervised in clinical activities, they should contact the clerkship director as soon as possible. If students are not comfortable contacting the clerkship director, they should contact the Director of the Clinical Sciences Curriculum, the Associate Dean for Undergraduate Medical Education, the Assistant Dean for Student Affairs, or the Associate Dean for Student Affairs. Students also have the opportunity to report concerns about their level of clinical supervision anonymously on the end-of-clerkship Aesculapian evaluations, which are reviewed quarterly with clerkship directors.

LSU Health NEW ORLEANS

Office of the Dean
School of Medicine

Policy Title: Policy on Clerkship Phase Work Hours

Policy Statement/Purpose: The clerkship phase of the curriculum includes patient care activities as well as didactic learning activities. The clerkship directors developed this policy to be similar to ACGME requirements for residency duty hours.

Policy Directives:
Students on required clinical rotations should not spend more than 80 hours per week (on average over the duration of the clerkship) in clinical and didactic learning activities. Students who are assigned to overnight call in the hospital should not have patient care responsibilities after 1:00 PM on the following day. However, students are expected to attend mandatory didactic activities even after overnight call. In-house call must occur no more frequently than every third night, averaged over the rotation. Students must have a minimum of one day in seven free of clinical work and required education averaged over the duration of the rotation. Weekends, school holidays, and absences are included in this "one day in seven" guideline.

If a student has concerns that their duty hours have been exceeded, they should contact the clerkship director as soon as possible and can do so without concern that their clerkship evaluation will be negatively affected by the report. If students are not comfortable contacting the clerkship director, they should contact the Assistant Dean for Undergraduate Medical Education, the Associate Dean for Undergraduate Medical Education, the Director of Student Affairs, the Associate Dean for Student Affairs, or one of the Assistant Deans for Student Affairs.

Policy Title: Policy on Formative Feedback

Policy Statement/Purpose: Formative feedback provides students with the opportunity to gauge their cognitive or non- cognitive performance in a course or clerkship before the final assessment or evaluation. This allows students the opportunity for self-assessment and improvement. LSUHSC School of Medicine in New Orleans provides formative feedback to students in all courses that are required and graded.

Policy Directives:
In the preclerkship curriculum phase, all course directors provide formative feedback in the form of practice questions. These practice questions are provided throughout the course and before examinations so that students have adequate time to assess their level of understanding of the content and seek additional help from the course directors as needed. The provision of appropriate formative feedback to students in each course is reviewed by the Course Evaluation Committee as part of its course review process.

Required core clerkships that are 4 weeks or longer in duration provide students with formal mid-clerkship feedback. Clerkship directors or other designated supervisors meet with each student to discuss their performance and completion of required clinical experiences to date and to give reinforcing and constructive feedback. Clerkship directors provide additional guidance for improvement to students who are not meeting expectations. The clerkship director or supervisor completes a Mid-Clerkship Feedback Form and submits it to the clerkship coordinator. Each clerkship coordinator monitors adherence to this policy and reports completion quarterly to the Clerkship Director Committee.

Policy Title: Policy on Summative Assessment

Policy Statement/Purpose: The medical school provides students with fair and timely summative assessments in all courses and clerkships.

Policy Directives:
Summative assessments are based on the course and clerkship objectives and individual session learning objectives in all courses and clerkships. Students receive scores on summative assessments as soon as they are available. Students receive their final grades in all courses and clerkships within 4 weeks of the last day of the course or clerkship.

LSU Health NEW ORLEANS

Office of the Dean
School of Medicine

Policy Title: Policy on Narrative Assessment

Policy Statement/Purpose: Written narrative feedback and assessment provides students with the opportunity to reflect on their performance, including non-cognitive attributes and skills. This contributes to their growth and improvement as professionals. Students receive meaningful narrative feedback and assessment wherever it is feasible based on faculty-student interaction, most notably in the circumstances noted below in the policy guidelines.

Policy Directives:
In the pre-clerkship curriculum phase, students receive written narrative assessment from faculty in all courses that have longitudinal small group activities, such as the small groups in the Anatomy and Clinical Skills Integration courses. Assessments are based on performance in clinical skills and students' contributions to group learning.

In the clinical curriculum phase, written narrative assessment is a component of all clerkship evaluation forms, regardless of clerkship length. Faculty are required to write a global narrative evaluation of the student's performance for inclusion in the student's Medical Student Performance Evaluation (MSPE). Formative narrative comments that are meant only for the student are provided separately. These comments are intended to give the student constructive or reinforcing feedback and are not included in the MSPE.

In all phases of the curriculum, written narrative feedback may be provided to students based on their performance related to objectives for professional behavior. This includes both outstanding professional behaviors, as well as professional lapses, and is accomplished through the process of the school's Physicianship Enhancement Form (PEF).

The Preclerkship Course Director Committee monitors the provision of narrative assessment in relevant courses on an annual basis as part of its monitoring process. The Clerkship Director Committee ensures that narrative assessment is provided on all evaluations through quarterly clerkship coordinator reports as part of its monitoring process.

LSU Health NEW ORLEANS

Office of the Dean
School of Medicine

Policy Title: Policy on Non-Involvement of Providers in Student Assessment

Policy Statement/Purpose: To ensure that students receive fair evaluations that are unbiased by the knowledge of underlying medical conditions, the health professionals who provide health services, including psychiatric or psychological counseling, to an LSU Health School of Medicine student are not involved in the academic assessment or promotion of the student receiving those services, excluding exceptional circumstances. Throughout this policy, the term "physicians" applies to faculty members, residents, and fellows.

Policy Directives:
The primary providers of medical and psychological care to our students have no role in the academic evaluation of students in any course or clerkship.

Physicians who provide care to a student, or who have provided care in the past, must recuse themselves from any role in small group instruction, clinical supervision, small group or clinical rotation evaluation, or decision-making regarding the student who received the care. Clerkship evaluation forms include an attestation that the physician completing and signing the evaluation has not provided mental health or medical care to the student. If a physician recognizes that they have provided care to a student who is assigned to them in a small group position or clinical supervision setting, they must contact the course, clerkship, or clinical rotation director so that the student may be reassigned to another site or supervisor.

If a student is placed in a situation where a physician who provided care is in the position of teaching or assessing them in a small group or clinical setting, they must contact their course, clerkship, or clinical rotation director immediately for reassignment to another site or supervisor.

In the case that a member of the preclerkship or clerkship promotions committee has provided past care to a student under consideration in a promotions meeting (e.g., care provided prior to becoming a member of the committee), that individual will recuse themselves from any decisions regarding the student's status.

LSU Health NEW ORLEANS

Office of the Dean
School of Medicine

Policy Title: Policy on Student Clinical Responsibilities During an Emergency

Policy Statement/Purpose: This policy is intended to provide guidance for students if one or more of the campuses of LSU School of Medicine in New Orleans is closed for an emergency, such as a weather-related event. The safety of our students is our priority, but students should be allowed to continue their clinical work if they feel safe to do so and if circumstances at the campuses allow it. Students are not essential workers and therefore are not included in Code Gray planning for hospitals.

Policy Directives:
All students should be familiar with the Chancellor's Memorandum-51 on weather-related emergency procedures, in particular:

"All employees and students are required to update their personal contact information on the LSUHSC-NO registry. The registry will become available online via the LSUHSC-NO website once a state of emergency has been declared by the Chancellor. Faculty staff and students failing to update their contact information on the registry will be subjected to disciplinary action up to and including being charged with an unauthorized absence."

In the event of an emergency closure of one of the campuses of the LSU School of Medicine in New Orleans:

- Students on clinical rotations at the affected campus will be officially excused from school and their clinical responsibilities pending further notice through the emergency website or through the relevant communication channels at those sites.

- Students on clinical rotations at other campuses who have families or personal property in the city or region of the affected campus will be excused from school and their clinical responsibilities for up to 48 hours if needed to take care of their families or property. Students without the need to travel to the affected site to care for family or property may choose to continue their clinical work at their assigned site if they feel safe to do so. Students needing more than 48 hours to care for their family or personal property should contact their clerkship/rotation director to request additional time off. Students should also communicate with their clerkship/rotation directors if there are concerns or questions about safe return to clinical duties.

NEEDLESTICK INJURY

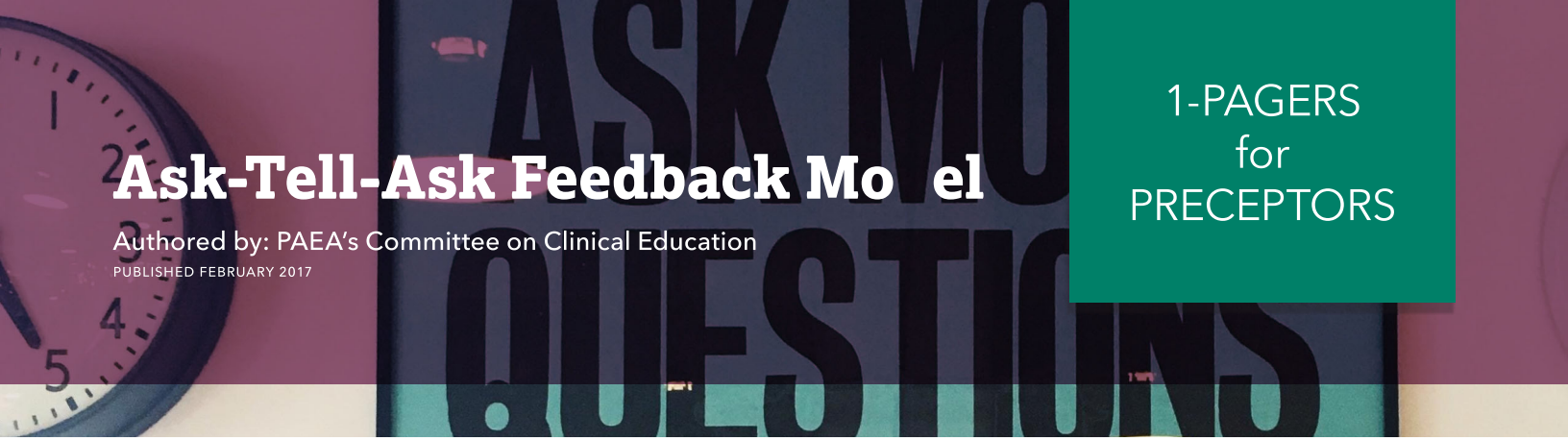
All supervisors must be familiar with the institutional procedures associated with a needlestick injury. The link to the policy can be found here:

https://www.lsuhsc.edu/orgs/studenthealth/needlestickinjury.aspx

Once initial medical care is obtained, the student's on-site supervisor shall notify Student Health at 504-412-1366 or **studenthealthstaff@lsuhsc.edu** for guidance on follow-up actions.

A DA3000 form should be completed.

Tips for Teaching in the Clinical Setting



Ask-Tell-Ask Feedback Mo el

Authored by: PAEA's Committee on Clinical Education

PUBLISHED FEBRUARY 2017

1-PAGERS for PRECEPTORS

The Ask-Tell-Ask Feedback method fosters students' abilities to identify their own strengths and areas for improvement as well as provides preceptors with the opportunity to share positive and constructive feedback to students. The strengths of this model include that it is learner-centered, fosters students' self-assessment skills, increases students' accountability for learning, gives the preceptors insight into students' perceptions of performance, encourages preceptors to provide specific feedback, and can be used across a variety of settings.

First:	ASK	*"What went well?"*	→ TELL	*"This is what I think went well."*
Then:	ASK	*"What could be improved?"*	→ TELL	*"This is what I think could be improved."*

Example 1

Setting: Outpatient
Task Area: Patient Assessment (History-Taking, Physical Exam)

Preceptor: What parts of your assessment of the patient went well?

Student: My problem-focused history-taking seemed complete and only took about five minutes to do.

Preceptor: I agree, your history-taking was thorough and efficient. You also clarified important information that the patient shared during the pertinent review of systems.

Preceptor: What do you think could be improved?

Student: My approach to the physical exam felt disjointed and took longer than I thought necessary.

Preceptor: Yes, while you included essential elements of the physical exam, it was not systematic and the patient had to be repositioned several times. A strategic way to avoid this in the future is to develop a plan for the physical exam before you initiate the exam.

Example 2

Setting: Inpatient
Task Area: Medical Knowledge, Clinical Reasoning

Preceptor: What elements of the diagnosis and treatment planning went well?

Student: I am confident in the most likely diagnosis, and the first-line therapy was appropriate for this patient.

Preceptor: Yes, I believe you came to the correct conclusion about the diagnosis. In addition to knowing which medication is first-line therapy, remember to specify dose/route/frequency and any patient education that is indicated.

Preceptor: What do you think could be improved?

Student: Well, I only had three disorders on my differential diagnosis.

Preceptor: I agree that it is important to have a broader differential diagnosis. I encourage you to read more about the most likely diagnosis and related conditions tonight, then tomorrow we can discuss the clinical reasoning about the diagnosis.

PAEA

One-Minute Preceptor

Authored by: PAEA's Committee on Clinical Education

PUBLISHED FEBRUARY 2017

1-PAGERS for PRECEPTORS

The One-Minute Preceptor teaching method guides the preceptor-student encounter via five microskills. This method is a brief teaching tool that fosters assessment of student knowledge as well as provision of timely feedback. The strengths of this teaching method include: increased involvement with patients, increased clinical reasoning by the students, and the student recieving concise, high-quality feedback from the preceptor.

When to use this: During the "pregnant pause" (i.e., when you find yourself wanting to rush things along and give the students the answer, rather than asking for their thoughts)
What not to do: Ask the student for more information about the case or fill in all of the gaps that you noted in the student's knowledge base and presentation skills at once

Microskills

1 Get a Commitment

Focus on one learning point. Encourage students to develop their critical thinking and clinical reasoning skills. Actively engage the student, establishing their readiness and level of competence. Push the student just beyond their comfort zone and encourage them to make a decision about something, be it a diagnosis or a plan.

Ex: "So, tell me what you think is going on with this patient."

2 Probe for Supporting Evidence

Uncover the basis for the student's decision — was it a guess or was it based on a reasonable foundation of knowledge? Establish the student's readiness and level of competency.

Ex: "What other factors in the HPI support your diagnosis?"

3 Reinforce What Was Done Well

The student might not realize they have done something well. Positive feedback reinforces desired behaviors, knowledge, skills, or attitudes.

Ex: "You kept in mind the patient's finances when you chose a medication, which will foster compliance, thereby decreasing the risk of antibiotic resistance."

4 Give Guidance About Errors/Omissions

Approach the student respectfully while concurrently addressing areas of need/improvement. Without timely feedback, it is difficult to improve. If mistakes are not pointed out, students may never discover that they are making these errors and hence repeat them.

Ex: "I agree, at some point PFTs will be helpful, but when the patient is acutely ill, the results likely won't reflect his baseline. We could gain some important information with a peak flow and pulse ox instead."

5 Teach a General Principle

Sharing a pearl of wisdom is your opportunity to shine, so embrace the moment! Students will apply what is shared to future experiences. Students tend to recall guiding principles, and often the individual patient may serve as a cue to recall a general rule that was taught.

Ex: "Deciding whether or not someone with a sore throat should be started on empiric antibiotics prior to culture results can be challenging. Fortunately, there are some tested criteria that can help…"

Summarize

Consider summarizing or concluding, ending with next steps (e.g., plan for the patient, reading assignment for the student, schedule for follow-up with the student, etc.).

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The Right Stuff: Priming Students to Focus on Pertinent Information During Clinical Encounters

Elizabeth Stuart, MD, MSEd,[a] Janice L. Hanson, PhD,[b] Robert Arthur Dudas, MD[c]

Prioritization of relevant information during clinical encounters is a skill that is critical to learn but not easy to teach. In this article, from the Council on Medical Student Education in Pediatrics series on strategies used by great clinical teachers, we offer a framework for coaching students to understand clinical relevance and increase their efficiency in patient care.

THINKING LIKE DOCTORS

Medical students face several challenges when moving from the classroom to the clinical setting. In addition to new roles, responsibilities, and approaches to learning, the transition brings a shift in how students are expected to process and attend to clinical information.[1,2] To work and learn effectively among clinician supervisors, students must move from thinking like students to thinking like doctors.

In particular, students who are new to the clinical setting often notice a change in expectations for history taking, physical examinations, and case presentations. Preclinical training typically encourages a comprehensive, systematic, and formulaic approach to data gathering. As a result, students' early case presentations tend to be highly structured and thorough. Once they enter the time-constrained, practically oriented clinical setting, students are often asked to streamline, work efficiently, and focus on pertinent details.[3]

A key challenge for clinical teachers is to help students transition their approach. Although the ability to focus on relevant information is one of the most essential elements of medical reasoning and communication, experts have observed that is also one of the most difficult to learn and teach.[2]

LEARNING AND TEACHING WHAT IS PERTINENT

Haber and Lingard[4,5] have looked closely at how students learn to make "relevance decisions" in the context of the development of oral case presentation skills. In observations of inpatient rounds, they noted that supervisors frequently gave students feedback to focus on pertinent or relevant information but rarely defined clinical relevance or provided instruction on how to identify pertinent details. Without explicit guidance, students misinterpreted instructions to streamline their communication, drawing inaccurate conclusions about why specific information was deemed pertinent or not. In the case of a patient with a complicated social history, for example, 1 student interpreted instructions to "Just give me the social context stuff when it's warranted" as an

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TABLE 1 Pre-encounter Priming Examples

Scenarios	Examples of Preceptor Prompts, Coaching	Explanation
• Inexperienced student or student seeing a patient with an unfamiliar problem • Limited time for pre-encounter priming and coaching	• This patient is coming back to clinic for follow-up of ADHD. • Our key goals are to determine if the medication seems to be working as expected and whether there are any side effects. • With those goals in mind, we'll want to review input from the patient, teacher, and parent about attention, behavior, and ability to complete school work. Be sure to ask for the parent and teacher follow-up questionnaires that were given at the last visit. To identify any medication side effects, you'll particularly want to look at growth and ask about changes in appetite or sleep.	Preceptor works through all 3 steps in the framework for the student: • States the key problem • Lists goals for the visit • Explains what key information is needed and how details connect to the broad goals of care.
• More experienced student or student seeing a patient with relatively familiar problem • Time for discussion-based pre-encounter priming and coaching	• This infant is being admitted with a febrile UTI. Tell me what you think should be on his problem list and what our goals should be for managing each problem. • Good. I would add identifying any underlying anatomic predisposition to UTI to our list of goals. • Now, based on your understanding of our goals for this patient, what details do you think are going to be most critical to gather and present?	Preceptor prompts the student to go through all 3 steps in the framework: • Checks the student's understanding of the broad clinical picture (problem list and goals) • Provides feedback on student's ideas for problems and goals. • Coaches student to identify and prioritize pertinent clinical data
• Experienced student, familiar problem, and/or limited time	• When you preround on our patient with bronchiolitis this morning, remember to keep in mind our problem list and the goals for each problem. • Before you see the infant, decide what details are going to be most critical to gather and present on rounds so that we can assess progress and make decisions for each problem and goal.	Preceptor provides a quick reminder or frame. • Articulates steps in the framework • Encourages student to think deliberately about which details are most pertinent to clinical decision-making.

ADHD, attention-deficit/hyperactivity disorder; UTI, urinary tract infection.

idiosyncratic preference of the supervisor ("Some people just don't have an interest in people's social lives…"). The student was later confused when the same supervisor wanted to hear detailed social information as the patient was nearing discharge.[5] When expert clinicians in the study were interviewed, they were unable to articulate a process for determining if a particular detail was relevant. Their understanding of relevance was tacit, intuitive, and therefore difficult to teach. On the basis of these observations, the authors recommended that clinical teachers work deliberately to unpack their tacit understanding, "communicating clearly and repeatedly" to students how the broad context of a medical encounter determines which details are most relevant.[5]

Priming is an educational strategy that offers an opportunity to do just that.

PRIMING STUDENTS TO FOCUS ON PERTINENT INFORMATION: FROM PROBLEMS TO GOALS TO DETAILS

Priming refers to any intervention taken to prepare a learner for an educational experience or task. In the medical education literature, priming typically involves brief coaching just before a patient encounter. It may include telling the student what information to collect, how much time to spend, what the supervisor's role will be, or how information should be presented.[6,7]

Priming can also help students decide what details will be most pertinent to a case. The following problems-goals-details framework for priming is grounded in the idea that relevance is dictated by the goals for the encounter. Of note, although priming can help students judge relevance in the context of diagnostic reasoning, we will focus our attention here on clinical decision-making for patients with established diagnoses in clinic or on the ward.

The framework emphasizes 3 questions for the student to consider before seeing the patient:

1. What are the patient's problems?
2. What are the goals (established or anticipated) for managing each problem?
3. What details will be most important (pertinent) in assessing progress toward each goal?

For example, in the case of an infant being seen in clinic for suspected viral gastroenteritis, an anticipated problem might be dehydration. A key goal could be articulated as "assess hydration status," and pertinent details would be those that the provider needs to make that assessment (eg, fluid intake and output, change in weight, heart rate, and examination findings reflecting hydration).

Having anticipated which information will be most relevant, on the basis of an understanding of problems and goals, the student reviews the chart and sees the patient, making sure to gather and focus on pertinent details. The case presentation after the encounter emphasizes those same details.

The role of the teacher in priming can be varied according to the student's level of experience, the complexity of the patient, and the amount of time available for coaching. For example, the preceptor can model the process by thinking out loud about problems, goals, and links to pertinent details. Alternatively, the preceptor can question the student about goals and relevant data, or simply provide a reminder to consider context as a guide for how to focus. Table 1 provides examples of these different approaches.

Priming before every clinical encounter is not necessary. Preceptors in the outpatient setting might opt to introduce the problems-goals-details framework at the start of a clinic session and refer back to it when providing feedback during case presentations. Inpatient supervisors might present the framework as a tool for prerounding and planning presentations, either verbally or as a written worksheet that prompts students to articulate problems, goals, and details. Priming need not occur just before a patient is seen but can involve a brief discussion during downtime to verify students' understanding of their patients' problems, goals, and relevant data.

Regardless of the exact approach taken, students who are primed by using the problems-goals-details framework begin clinical encounters with a mental roadmap that outlines the big picture, with links to relevant data. Priming students in this manner, although it takes a bit of time up front, can increase students' efficiency in seeing patients while helping them build skill in determining clinical relevance.

CONCLUSIONS

Learning to identify and communicate pertinent information is an essential task for clinical learners. Over time, this skill may develop naturally, but it is known to present a challenge. Priming before clinical encounters, with deliberate attention to establishing links between problems, goals, and related details, may enhance learners' gradual progress in making the shift from thinking like a student to thinking like a doctor. Ultimately, empowering students to recognize and focus on pertinent information enables them to align with supervisors' needs, work more efficiently, and contribute more authentically and meaningfully to patient care.

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