Teaching Medical Students: Information for Clinical Teachers
Saint Louis University School of Medicine

July 1, 2011

The Office of Curricular Affairs is providing the attached information that we believe will be helpful to you in your role in teaching medical students. This document includes information about policies, resources, contact information, the University and School of Medicine mission statements, program goals and objectives. Please take a few minutes to review the document.

Teaching medical students is an important responsibility at Saint Louis University and can be a rewarding and satisfying part of your job. Students will evaluate your teaching (see page 1 of the handout) and these evaluations will be used by your department (SLU faculty) in the assessment of your overall performance.

Thank you for your efforts in teaching our medical students. If you have any questions or concerns related to the teaching program, please feel free to contact me.

Sincerely,

Stuart Slavin, M.D., M.Ed.
Associate Dean for Curriculum
Professor, Department of Pediatrics

Office of Curricular Affairs
School of Medicine
Learning Resource Center 101
314-977-8077

1 Clinical Faculty Information, AY 2011-2012
Policy and Contact Information
Saint Louis University School of Medicine

Academic Policies
- Code of Professional Conduct
- Policies and procedures regarding grading, advancement, graduation, and disciplinary action
- Goals and objectives for electives, subinternships and surgical subspecialties
- Standards for Conduct in the Teacher-Learner Relationship

Office of Curricular Affairs
http://oca.slu.edu
A complete copy of the policies manual can be found on the OCA website.

Professional Development
Angela Sharkey, MD, Associate Dean for Faculty Affairs and Development
M259 2nd Floor, 977-8634  asharkey@slu.edu

Stuart Slavin, M.D., M.Ed. Associate Dean for Curriculum slavinsji@slu.edu  977-8077
Office of Curricular Affairs, Learning Resource Center (LRC) 101

Reinert Center for Teaching Excellence, 314 Verhagen Hall www.slu.edu/centers/cte/
cte@slu.edu  977-3944 / 977-1695

Professional development opportunities for
- Providing effective feedback
- Lecturing
- One-Minute Preceptor
- Presentation skills and technologies
- Teaching Portfolios

And more…

Student Evaluation of Attending Physicians and Preceptors

Evaluation of Individuals
As students move from service to service during the course of each clerkship, they are asked to evaluate the individual attendings, preceptors, and residents with whom they work. The evaluations contain 3 rated items and 1 open-ended text item.

1. Treats students, patients, and other members of the health care team with respect
2. Is actively engaged in teaching students
3. Overall quality of teaching
4. Please provide comments and recommendations for this individual, including comments regarding their participation in the completion of your FACTS form, if appropriate.

The results of these evaluations are provided to the clerkship directors, department chairpersons, and you, at mid-year and at year's end.

Evaluation of Clerkships
Students are also asked to rate the overall quality of teaching and supervision by attendings/preceptors on each evaluation form that students complete at the end of each clerkship. The results of clerkship evaluations are compiled quarterly and are provided to clerkship directors and their department chairs.

Academic Records

Timeliness of Grading
Grades for all courses must be submitted within 4-6 weeks of the end of the course.

Any questions about grading your students in electives, subinternships, or surgical subspecialties should be directed to Jennifer Greathouse in the Office of Academic Records (977-9812) or Therese Heidemann, Phase 3 (Years 3 and 4) Coordinator (977-4215).
We have an email address for all general inquiries: slumeded@slu.edu.

OASIS
All student performance evaluations and grades are entered electronically through the OASIS system. If you are a course director, and/or have been assigned to evaluate or grade a student, you will be provided with information about OASIS (Online Access to Student Information and Scheduling). Questions about OASIS should be directed to Therese Heidemann (slumeded@slu.edu, 977-4215) in Curricular Affairs.
**Work Hours Policy**

For the purposes of this policy, the term duty hours refers to time the student spends on the delivery of patient care, as well as time spent participating in scheduled educational sessions. It does not refer to time the student spends studying.

- Educational activities should have priority over service activities, and ample study time must be provided.
- Duty hours on clinical rotations are to be set taking into account the effects of fatigue and sleep deprivation on learning and patient care.
- Duty periods must not exceed 24 hours in duration. It is essential for patient safety and student education that effective transitions in care occur. Students may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours. Students must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
- Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- Students must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks).
- Students must not be scheduled for more than six consecutive nights of night float.
- Students must not be scheduled for in-house call more frequently than every third night (when averaged over a four-week period).
- In unusual circumstances, students, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.

Violations of this policy may be reported to any of the following: the supervising resident physician, the supervising attending physician, the Clerkship Director, or the Dean’s Office (Curricular Affairs, Multicultural Affairs, or Student Affairs). Clerkship Directors will report on duty hours to the CMC, through the P3CC, at least annually.

**Student Absences during Activities in Years 3 and 4**

This policy applies to all Year 3 and Year 4 activities (i.e., all courses, including clerkships, electives, subinternships, surgical subspecialties, and required courses).

**Unexcused Absences.** One or more unexcused absences are adequate reasons for a course director to consider a grade of Fail for the student. Failure to comply with the Absences Policy is viewed as a serious breach of professional responsibility and may result in a referral to L. James Willmore, MD, Associate Dean for Students and/or a grade of Fail for the course.

**Excused Absences.** Excused absences are primarily for serious circumstances such as a death in the immediate family or an acute medical problem and must be approved by the course director (not by a resident, staff member, or preceptor) prior to the time off. Clearly, acute illness or injury may preclude advance notice, but as soon as possible, the course director should be made aware of such circumstances. Absences which are not serious (as described above) in nature may or may not be approved at the discretion of the course director. Excused absences that in total equal more than 10% of a course’s activities, require remediation. In cases where a student is required to complete additional coursework after the end of the course, an Incomplete (I) will be recorded in the official record (Banner) until the course is completed.

The 10% maximum for absences is NOT discretionary time that students have to be away from the course for other activities such as interviewing. Students should schedule interviews during the eight weeks available without instruction during Year 4. Scheduling interviews during planned instructional times must be approved by the course director prior to the absence. Students must request time away for an interview and mutual agreement must be reached before the student is given permission to be absent.
Students are graded on a five-tier system: Honors (H), Near Honors (NH), Pass (P), Fail (F), Incomplete (I).

The following grade system is used for the official School of Medicine academic transcript. For students having completed the course:

- **Honors (H):** Shows noteworthy performance, which differentiates the outstanding student from most other members of the class or rotation. Up to 25% of students may earn the grade of Honors (H) in a course or rotation.

- **Near Honors (NH):** This grade is used to communicate an excellent, but not Honors quality performance. Up to 25% of students may earn the grade of Near Honors (NH) in a course or rotation.

- **Pass (P):** Students who earn the grade of Pass (P) have successfully met the course requirements and do not exhibit special strengths or deficiencies.

- **Fail (F):** The grade of Fail (F) designates a student performance that does not meet minimum standards for the course (see Determination of Failing and Deferred Performance Levels). A failing performance requires remediation as jointly determined by the course director and the Committee on Student Progress and Program Planning. Remediation is recommended by the course director and may, but does not necessarily require, course repetition. All Fs are permanent and appear on the student's transcript. When an F grade is successfully remediated in the same academic year the grade will appear on the transcript as F/P. Additionally, the Committee on Student Progress and Program Planning may recommend changes in grade remediation requirements for students having academic problems in multiple courses.

- **Incomplete (I):** Required course work has not been completed (e.g., due to excused absence or an illness), or has not been *satisfactorily* completed (e.g., due to unexcused absence or marginal performance on examinations and other course requirements). Failure of the NBME Subject Examination taken in the seven required clerkships will result in the automatic assignment of an Incomplete (I). The CSPPP will be notified of circumstances attendant to the assignment of the Incomplete. Students who receive an Incomplete due to excused absence or illness, for example, may earn a grade of Honors, Near Honors, Pass, or Fail on satisfactory completion of their coursework. Students who receive an Incomplete due to unexcused absence or marginal performance on examinations, for example, may earn a grade of Pass or Fail on satisfactory completion of their coursework. Any course for which work is not completed will permanently show an Incomplete (I) on the student transcript.

There are a few courses in Year 4 that are graded on a three-tier system: Pass (P), Fail (F), Incomplete (I).

For students who withdraw before completing the course:

- **Withdrawal (W):** Withdrew from a course prior to determination of passing or failing status.
The MD Degree Program combines traditional teacher-centered lectures with student-centered small group and problem-based learning activities. The first year (Phase 1) of the curriculum is focused on the fundamentals of biomedical sciences. The second year (Phase 2) addresses human organ systems. Years 3 and 4 (Phase 3) focus on the acquisition of clinical skills. Seven core clerkships are completed during Phase 3. Most required clerkships are completed in Year 3, although students may elect to schedule their clerkship in Family Medicine for the fourth year. The fourth year of the MD Degree Program encompasses a wide variety of subinternship, surgical subspecialty, and elective experiences.

Opportunities to teach, facilitate small groups, and mentor students are numerous. Interested faculty should contact Stuart Slavin, MD (slavinsj@slu.edu) for more information.

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**Electives (required)**

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<td>o Psychiatry (4 weeks)</td>
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<td>o Pediatrics (8 weeks)</td>
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<td>o Surgery (8 weeks)</td>
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<td>o Internal Medicine (12 weeks)</td>
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**Electives**

**Inter-Professional Team Seminar**

**Mission and Values**

The Saint Louis University and School of Medicine mission statements articulate what makes our institution a unique and special place for teaching, learning, and working. We hope they inspire and motivate you, as they inspire and motivate our students, staff, and faculty.

**Goals and Objectives**

The goals and objectives of the MD Degree Program are provided here to assist you in

- Matching your work and teaching opportunities with objectives that students need to achieve
- Developing your teaching strategies for helping students achieve these objectives
- Articulating your expectations for the students you teach
FACTS: Feedback and Clinical Tracking System
Saint Louis University School of Medicine

Every student in the core clerkships uses the FACTS system to track their clinical experiences and get feedback from faculty. Each student receives a copy of the FACTS form and instructions at the clerkship orientation. Completion of the FACTS form is required for both students and faculty for each of the seven core clerkships.

The FACTS program is designed to ensure that during the core clerkships, each student

1. Demonstrates competency in key clinical skills
2. Encounters essential clinical problems and/or diagnoses
3. Receives regular and timely feedback regarding their performance (on knowledge, skills, and behavior) from faculty.

Professionalism Clerkship directors will use the FACTS forms in considering students’ level of professionalism and in assessing the success of the teaching program in providing a solid foundation of educational experiences for each student.

There are three sections in the FACTS form that must be completed. The descriptions below are general, but each section of the form that students show you will be specific to the clerkship.

I. Faculty/Preceptor Feedback
Faculty or community preceptors (Family Medicine) must provide students with formal, individual feedback at regular intervals during the clerkship. This is an educational standard that is required by the Liaison Committee on Medical Education (LCME) for accreditation: Faculty participation is required. These feedback sessions must include a review of the record of required patient encounters (Section III). Please provide students with suggestions on how to improve their performance and how to identify their own learning needs.

II. Clinical Skills
Clerkship directors have identified specific skills that observers (attending physicians, residents, etc.) must directly observe and sign off on when the student has demonstrated appropriate (for a third-year medical student) competency in the skill.

III. Required Patient Encounters
Students are required to see and document at least one encounter for each patient type/problem identified by the clerkship directors and listed on the FACTS form. During your feedback sessions (Section I) with students, please review this list and provide advice and assistance in helping students fulfill this requirement.
Mission and Values

Saint Louis University

The Mission of Saint Louis University is the pursuit of truth for the greater glory of God and for the service of humanity. The University seeks excellence in the fulfillment of its corporate purposes of teaching, research and community service. It is dedicated to leadership in the continuing quest for understanding of God's creation, and for the discovery, dissemination and integration of the values, knowledge and skills required to transform society in the spirit of the Gospels. As a Catholic, Jesuit university, the pursuit is motivated by the inspiration and values of the Judaeo-Christian tradition and is guided by the spiritual and intellectual ideals of the Society of Jesus.

In support of this mission the University:

- Encourages and supports innovative scholarship and effective teaching in all fields of the humanities, the natural, health and medical sciences, the social sciences, the law, business, aviation, and technology.
- Enables an academic environment which values and promotes free, active and original intellectual inquiry among its faculty and students.
- Maintains and encourages programs which link the University and its resources to its local, national, and international communities in support of efforts to alleviate ignorance, poverty, injustice, and hunger, to extend compassionate care to the ill and needy, and to maintain and improve the quality of life for all persons.
- Strives continuously to seek means to build upon its Catholic, Jesuit identity, and to promote activities which apply that intellectual and ethical heritage to work for the good of society as a whole.
- Welcomes students, faculty and staff from all racial, ethnic and religious backgrounds and beliefs and creates a sense of community which facilitates their development as men and women for others.
- Nurtures within its community an understanding of and commitment to the promotion of faith and justice in the spirit of the Gospels.
- Wisely allocates its resources to maintain efficiency and effectiveness in attaining its mission and goals.

Saint Louis University School of Medicine

The Mission of Saint Louis University School of Medicine is to educate future professionals from diverse backgrounds to practice and advance knowledge in medicine and the sciences relevant to medicine. The educational approach embraces integrated activities in basic and clinical research, in provision of patient-centered, compassionate, culturally competent health care, and involvement with the community through public service. These diverse educational experiences prepare individuals for careers and leadership roles in medicine and the medical sciences through training grounded in an understanding of the scientific method and an appreciation for personal commitment and service to others.

In pursuit of its mission, the Saint Louis University School of Medicine seeks to impart to its students the following values:

- A concern for the sanctity of human life.
- A commitment to dignity and respect in the provision of medical care to all patients.
- A devotion to social justice, particularly as regards inequities in availability of and access to health care.
- Humility in awareness of medicine’s inherent limitations in the cure of illness.
- An appreciation for all of the factors that affect a person’s state of health or illness.
- A mature and well-balanced professional behavior that derives from comfortable relationships with members of the human family and one’s Creator.
Educational Goals and Objectives: the MD Degree Program
Saint Louis University School of Medicine

Domain I: Knowledge

GOAL I.A. Upon completion of the MD Program, a SLUSOM student will have a fund of knowledge of those basic sciences which are recognized as fundamental to the practice of scientific medicine which is sufficiently large to ensure that the student can practice scientific medicine.

Objective I.A.1. A student will be able to recall, recognize, and describe the normal structure and function of the human body as a whole, and to recall, recognize, and describe the structure and function of the major organ systems and how they support homeostasis.

Objective I.A.2. A student will be able to recall, recognize and describe the structure of cells and the cellular and molecular mechanisms, which support homeostasis.

Objective I.A.3. A student will be able to recall, recognize and describe the many causes of disease (including genetic, developmental, metabolic, toxic, auto-immune, microbiologic, neoplastic, degenerative and traumatic), and recall, recognize and describe their roles and mechanisms (when known to science) in the development of altered structure and function of common and/or important diseases.

Objective I.A.4. A student will be able to recall, recognize, and describe how behavioral, psychosocial, cultural, economic, environmental, and occupational factors can alter disease expression and/or influence the choice of treatment and/or the response to treatment.

Objective I.A.5. A student will be able to recall, recognize, and describe the pharmacological properties and side effects of drugs used to treat common and/or important human diseases and syndromes and their mechanisms of action (when known to science).

GOAL I.B. Upon completion of the MD Program, a SLUSOM student will have a fund of knowledge of clinical medicine, which is sufficiently large to ensure that the student can practice medicine safely, competently, and effectively, in a post-graduate training program.

Objective I.B.1. A student will be able to recall, recognize and describe the clinical manifestations, method of diagnosis, differential diagnosis, and treatment of common and/or important diseases and syndromes which are encountered in the practice of family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, psychiatry, and surgery.

GOAL I.C. Upon completion of the MD Program, a SLUSOM student will have a knowledge of epidemiological principles, which is sufficiently large to allow the student to understand the role of epidemiology in addressing public health problems.

Objective I.C.1. A student will be able to identify major health care needs of society, and state means to address them.

Objective I.C.2. A student will be able to identify major health care needs of the community in which he or she practices and to access community resources to address these needs, especially health disparities.

Objective I.C.3. A student will be able to identify cultural and ethnic differences in their patients and communities that may influence medical management.

Objective I.C.4. A student will be able to recognize disparities in healthcare and their influence on a patient’s health and well-being.
GOAL I.D.  Upon completion of the MD Program, a SLUSOM student will have a knowledge of the scientific method which is sufficiently large to allow the student to critically review reports of new knowledge in his or her chosen field, and thus, to assimilate new knowledge into his or her practice of medicine intelligently.

Objective I.D.1. A student will be able to review critically, with regard to potential author bias, study design and methods, subject population and study results, a published report of an original clinical investigation of each of the following types: a report on a therapy for a disease, a report on a diagnostic test for a disease, a report on the prognosis of a disease, and a report on a possible cause and effect relationship of a disease.

Objective I.D.2. A student will demonstrate knowledge of, and be able to apply evidence-based principles in their care of patients.

Domain II: Skills

GOAL II.A. Upon completion of the MD Program, a SLUSOM student will be skilled at obtaining the information necessary for the construction of a clinical database.

Objective II.A.1. A student will be able to create a comprehensive clinical database by virtue of the ability to do the following:

a. Interview a patient or patient’s surrogate, using appropriate interpersonal skills, demonstrating cultural competence, and maintaining professional demeanor, to obtain a comprehensive medical history which includes chief complaint, history of present illness, past medical history, family history, social and cultural history, and review of systems.

b. Utilize sources of information in addition to the patient interview to augment the comprehensive medical history. Such sources could include medical records, verbal reports from other health care professionals, and information from family or friends of the patient.

c. Perform a systematic and technically correct physical examination of a patient, adult or child, using appropriate interpersonal skills and professional demeanor, which accurately identifies any abnormal findings and unusual normal variants.

Objective II.A.2. A student will be able to create a focused clinical database by virtue of the ability to perform a focused medical interview and focused physical examination of an acutely ill patient by means of judicious selection of those portions of a comprehensive medical interview and physical examination which are essential to the formulation of a differential diagnosis which includes the most common and/or most urgent diagnoses which could explain the patient’s illness.

GOAL II.B. Upon completion of the MD Program, a SLUSOM student will be skilled at deductive reasoning in diagnostic problem solving.

Objective II.B.1. A student will be able to establish diagnoses by virtue of the ability to do the following:

a. Generate a list of initial diagnostic hypotheses (differential diagnosis) from the clinical database, which takes account of the key points of the medical history and physical examination.

b. Select diagnostic tests that can be used to refute or confirm the initial diagnostic hypotheses, and which are acceptable to the patient in terms of cost, comfort and safety.

- Interpret correctly the results of a diagnostic test by formulating a post-test predictive value (positive or negative) that incorporates the pre-test probability of the presence of the disease and the test’s reported sensitivity and specificity.

GOAL II.C. Upon completion of the MD Program, a SLUSOM student will be skilled at constructing effective treatment strategies.

Objective II.C.1. A student will be able to formulate a treatment plan for the patient by virtue of the ability to do the following:

a. Utilize a medical library and/or database resources to obtain up-to-date information regarding treatment options that might be suitable for the patient.
b. Evaluate critically the quality of the scientific evidence supporting the use of the possible treatment options as per objective II.H.1.b.

c. Identify clinical parameters to be used in assessing the patient’s response to treatment.

d. Communicate effectively in a culturally competent manner with the patient, or surrogate, as per objective II.F.1.a.

e. Achieve consensus with the patient, or patient’s surrogate, on the treatment plan selected.

GOAL II.D. Upon completion of the MD Program, a SLUSOM student will be skilled at providing emergency care to the patient with a life-threatening condition.

Objective II.D.1. A student will be able to care for the patient with a life threatening condition by virtue of the ability to do the following:

a. Recognize when a patient has a life-threatening condition.

b. Initiate correct emergency treatment that is designed to optimize the patient’s chance for survival and to minimize morbidity.

GOAL II.E. Upon completion of the MD Program, a SLUSOM student will be skilled at promoting patient health maintenance and well being.

Objective II.E.1. A student will be able to promote patient health maintenance and well being by virtue of the ability to do the following:

a. Identify patients whose risk of developing a disease (whether the risk is due to genetic, occupational, biological, cultural, environmental, or lifestyle factors), can be reduced by specific, scientifically proven, primary prevention strategies.

b. Communicate effectively with the patient as per objective II.F.1.b.

GOAL II.F. Upon completion of the MD Program, a SLUSOM student will be skilled at communicating with patients, colleagues, and other health care professionals.

Objective II.F.1. A student will be able to communicate effectively with patients, colleagues, and other health care professionals by virtue of the ability to do the following:

a. Explain to an ill or injured patient, or patient’s surrogate, in a manner that the patient or surrogate can understand, (utilizing a patient’s explanatory model of illness, expectations about diagnosis and treatment, and values and preferences about treatment in a culturally competent fashion), the student’s assessment of the nature of the patient’s illness, the purpose of any diagnostic testing, what the patient can expect to experience during the diagnostic testing, treatment options available, and treatment recommendations.

b. Explain to a patient who has a modifiable risk factor for the development of a disease, in a manner the patient can understand, the importance of reducing his or her risk of developing the disease and how this can be done, and then, select a strategy which is acceptable to the patient.

c. Write and/or enter (electronically) each of the following types of notes which document patient care: Hospital Admission Note, Hospital Progress Note, Hospital Discharge Note, Outpatient Visit Note and Consultation Note.

d. Give an oral presentation of a patient’s medical findings that is organized in a standardized format, understandable, and concise.

e. Demonstrate their ability to function effectively in a health care team, showing respect for the knowledge, skills, and needs of other healthcare professionals.

GOAL II.G. Upon completion of the MD Program, a SLUSOM student will be skilled at the performance of routine technical procedures.

Objective II.G.1. A student will be able to perform the following procedures utilizing sterile technique and, when appropriate, Universal Precautions: basic cardiopulmonary life support (CPR), venipuncture, arterial blood removal, peripheral intravenous line insertion, nasogastric tube insertion, urinary bladder catheterization, closure of simple lacerations with sutures, and removal of sutures.
GOAL II.H. Upon completion of the MD Program, a SLUSOM student will be skilled at acquiring knowledge.

Objective II.H.1. A student will be able to acquire new knowledge in the field of his or her choice, by virtue of the ability to do the following:

a. Search an appropriate database for the most current literature on the subject at hand.

b. Review critically, with regard to potential author bias, study design and methods, subject population and study results, a published report of an original clinical investigation of each of the following types: a report on a therapy for a disease, a report on a diagnostic test for a disease, a report on the prognosis of a disease, and a report on a possible cause and effect relationship of a disease.

Domain III: Professional Attitudes

GOAL III.A. Upon completion of the MD Program, a SLUSOM student will have knowledge of those ethical principles which govern proper clinical decision making and practice, as well as recognition of the threat to these principles that are posed by various methods of financing and organizing the provision of health care.

Objective III.A.1. A student will be able to describe how ethical principles guide clinical decision making in a variety of clinical situations, including decision making challenges which can arise at the beginning and end of a patient’s life, as well as explain how conflicts of interest inherent to various methods of financing and organizing the provision of health care can pose threats to medical professionalism.

GOAL III.B. Upon completion of the MD Program, a SLUSOM student will at all times behave towards patients in a manner consistent with the ideals of the profession.

Objective III.B.1. A student will consistently, in the care of his or her patients, do all of the following: (Consistency will be evidenced as an absence of any reports from supervising physicians stating that the student has failed to adhere to any part of this objective, even if the report involves only one instance.)

a. Respect the patient’s rights, including the right to privacy.

b. Respect the patient’s dignity.

c. Recognize his or her own personal biases in health care delivery.

d. Advocate the interests of the patient, even over his or her own interests.

e. Treat the patient compassionately, in the manner in which he or she would want to be treated, if the roles were reversed.

f. Act with integrity and speak honestly.

GOAL III.C. Upon completion of the MD Program, a SLUSOM student will understand the important roles which other health care professionals play in the care of patients and will interact with these professionals in a manner which fosters collaboration in patient care.

Objective III.C.1. A student will consistently respect the dignity of all other health care professionals. (Consistency will be evidenced as per Objective IIIA.1)

GOAL III.D. Upon completion of the MD Program, a SLUSOM student will be aware of the limitations of his or her medical knowledge and clinical skills and will have developed a habit of continuous learning.

Objective III.D.1. A student will consistently seek advice and guidance from supervising physicians and/or specialist physicians, whenever the student recognizes that his or her own knowledge base and/or clinical skills are insufficient to care for the patient without such guidance. (Consistency will be evidenced as an absence of reports from supervising physicians that the student has failed to recognize his or her own limitations, or has failed to act on this recognition, even if the report involves only one instance.)

Objective III.D.2. A student will consistently expand his or her knowledge base by means of reading, as well as by other appropriate methods of learning, and will consistently practice those clinical skills, which are appropriate to the student’s current clinical assignment. (Consistency will be evidenced as an absence of any reports from supervising physicians or non-physician faculty members that the student has failed to expand his or her knowledge and/or has failed to practice appropriate clinical skills during any course or clerkship.)
Curriculum Governance Structure

Saint Louis University School of Medicine

Philip O. Alderson, MD  Dean, School of Medicine
Curriculum Oversight Committee
Curriculum Management Committee

Phase 1 Coordinating Committee
Phase 2 Coordinating Committee
Phase 3 Coordinating Committee
Educational Technology Committee

Curriculum Oversight Committee, Membership for AY 2011-2012

Chairperson  Philip O. Alderson, MD, Dean, School of Medicine: Vice-President for the Health Sciences Center.

Member  Department
Henry J. Kaminski, MD  Neurology and Psychiatry
Mark Knuepfer, PhD  Pharmacological and Physiological Science
Mary McLennon, MD  Obstetrics, Gynecology, and Women’s Health
Gregory Smith, PhD  Surgery
Thomas C. Westfall, PhD  Pharmacological and Physiological Science

Ex Officio
Stuart Slavin, MD  Assoc. Dean, Curricular Affairs, Chairperson, Curriculum Management Committee

Curriculum Management Committee, Membership for AY 2011-2012

Faculty Members  Department
Stuart Slavin, MD, MEd  Committee Chairman, Assoc. Dean, Office of Curricular Affairs; Pediatrics
John Chibnall, PhD  Neurology and Psychiatry
Jason Organ, PhD  Surgery
James J. Deckert, MD  Family and Community Medicine
Maureen Donlin, PhD  Biochemistry and Molecular Biology
Nancy Galvin, MD  Pathology
Miguel Paniagua, MD  Internal Medicine
Anthony Scalzo, MD  Pediatrics

Student Members
Michelle Storkan  Representative, Class of 2012
Jesse Whitfield  Representative, Class of 2012
Ashley Haegerle  Representative, Class of 2013
James Kirkpatrick  Representative, Class of 2013
Tyler O’Flahrity  Representative, Class of 2014
Austin Knott  Representative, Class of 2014

Ex Officio
Robert Blaskiewicz, MD  Obstetrics, Gynecology, and Women’s Health; Chairperson, Phase 3 Coordinating Committee
William Mootz, MD  Assistant Dean, Curricular Affairs; Chairperson, Phase 2 Coordinating Committee
Michael Railey, MD  Associate Dean, Multicultural Affairs
Gregory Smith, PhD  Surgery; Assistant Dean for Student Development; Chairperson, Phase 1 Coordinating Committee

Staff Advisor
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