



Clinical Clerkships Handbook



CMU



Caribbean Medical University School of Medicine
www.cmumed.org

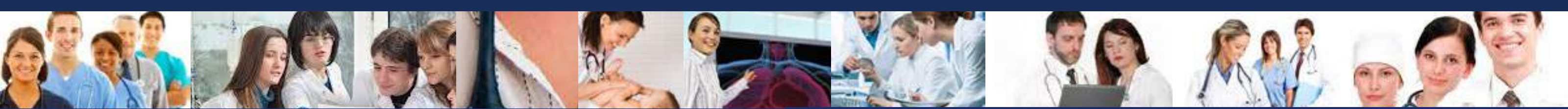


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Welcoming message from the Dean of the School of Medicine

Congratulations on completing your Basic Sciences and welcome to the Clinical Rotations program at the School of Medicine, Caribbean Medical University (SOMCMU). You are now one more step closer to achieving your Doctorate of Medicine.

The Clinical Rotations program at the SOMCMU aims to provide our students with an exceptional, solid and innovative exposure to clinical encounters. During their clinical years, medical students will not only experience standard patient encounters in classical rotations with traditional management, but more importantly, they will learn to appreciate and respect the patients' and comply with their rights, embrace diversity, pursue healthcare in accordance to the Patient-oriented Active Learning Curriculum (PALM), work efficiently in a team, interpret medical information critically, and to recognize the value of continuous self-improvement and learning in the practice of medicine. Our back-to-back clinical rotations minimize the gap between clinical simulation lab (CSL) learning and factual experience. In this way CMU assures continual professional development and meets emerging directives of the modern active learning of medicine. Our affiliated teaching hospitals at the SOMCMU Clinical Medicine Centers and preceptors in the United States provide academic support to each of our students as we work with them and teach each step of the way. Our preceptors serve as clinical role models for our trainees and prepare them to be the top-notch physicians of tomorrow. We will facilitate, and to the best of our ability, support and structure a clinical path and rotation schedule that will suit your strengths and interests in order for you to be the strongest candidate for residency.

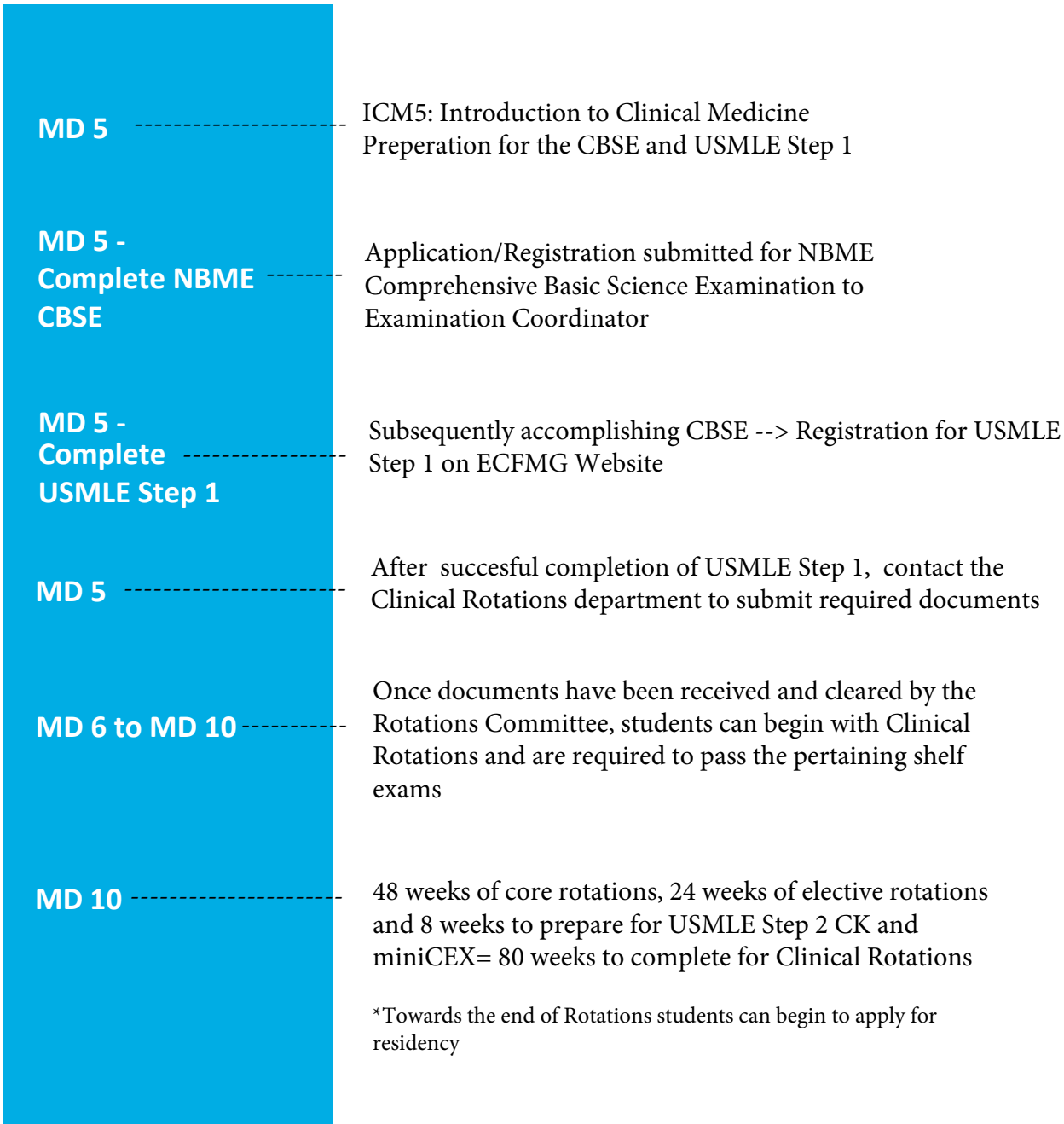
I hope that you will make the most of each clerkship and take from every experience as much knowledge and perception as possible. Stay focused, work hard and be diligent in fulfilling your responsibilities to become knowledgeable, skilled and empathic physician.

Best of luck on your endeavors!

Marek Malecki, M.D., Ph.D.,
Dean of the School of Medicine

USMLE Step 1 Timeline

As you approach the completion of the basic sciences you will undoubtedly begin to think about the USMLE Step I. This deserves thoughtful consideration and your greatest effort as this is a very challenging exam; lack of preparation or focused plan of action will surely bring forward some stressors. It goes without saying that a strong foundation of knowledge and performance in the basic sciences along with an effective plan for preparation is directly related to student success with the USMLE Step 1 exam. Let's take a moment to understand some of the timing issues to consider and be aware of once you complete the basic sciences and sit Step I. Typical exit points from the basic sciences are April, August and December each year. Below is a timeline of of transition from basic sciences to clinical rotations.



BEFORE STARTING THE CLINICAL ROTATIONS and APPLICATION PROCESS

The students who graduated from the Basic Sciences review the requirement to start the rotations and collect all required documents per the Clinical Rotations Handbook (CRH).

With issues that are not addressed in the CRH, the students contact the Clinical Coordinator at the HQ, Willemstad, Curacao (CRCHQ) either in person on on-line (rotations@cmumed.org).

All the issue concerning the rotations at the Dean Malecki CR Network can be addressed by the CMC CMU SOM Medical Centers contacted directly (see CMCs).

All individually requested CR have to be submitted to the Dean (dean@cmumed.org), who will assign the Faculty of the Faculty Clinical Rotations Committee to initiate (see CRH).

The eligible students send the Request for Rotations the entire package comprising all documents defined in the CRH (RFR@cmumed.org) at least 6 weeks before the start of each trimester.

The Faculty of the Clinical Rotations Committee reviews the applications and assign the sites to the CRC at the HQ (CRCHQ).

The CRCHQ sends the files to the Clinical Rotations Coordinators at the CMC in the USA (CRCCMC).

The CRCCMC contact the students with the details concerning hospital, training, tours, housing, etc.

PURSUING CLINICAL ROTATIONS

As outlined in the CRH (CRH link), while respecting the records comprising: Evaluations, Logbooks, Invoices, Surveys, and potentially LOR and Clinical Research (link to Research).

LAST DAY AT CLINICAL ROTATIONS, NBME CSSE, and RECORDS

Upon the last day of the CR, the Preceptors send the signed evaluations, logbooks, and invoices as the triads of the documents to the CRCHQ.

Upon the last day of the rotations, the students send the survey to the SPAC.

The CRCHQ uploads all the documents to the student's account on INET before midnight the same day.

The CRCHQ informs the Faculty of the CR Committee of the uploaded documents (FCRC@cmumed.org), the accounting of uploaded invoices (accounting@cmumed.org, and the exams of eligibility to take the Clinical Subject Shelf Exams (CSSE) (exams@cmumed.org).

The Faculty of FCRC grade the Logbooks and post the grade within 72 h from posting on INET.

The EC schedules the exams at the NBME and informs the students of the dates, times, and requirements (see Exams and Assessments).

THE CRCHQ assembles the cumulative students' profile based upon the info posted on the INET.

At the joint session of the SPAC and FCRC review the students' cumulative profile and determines academic advancement 4 weeks before the next trimester following the information sent to the student, CRCHQ, EC, Registrar.



CMU SOM Clinical Medicine Center UMMC- Houston, TX, USA



CMU SOM Clinical Medicine Center Insight - Chicago, IL, USA



CMU SOM Clinical Medicine Center MMC - Manati, PR, USA



CMU SOM Clinical Medicine Center JPH - Chicago, IL, USA



CMU SOM Clinical Medicine Center - Orlando, FL, USA



Introduction to Clinical Medicine



The ICM5 semester is more of a subject wise approach (Pharmacology, Pathology, Anatomy, Physiology, etc..). They do a review of each subject in depth that students studied during their basic sciences. For example, the pathology professor, will review pathology for each system including cardiology, respiratory, gastroenterology, etc. The pharmacology professor will review pharmacology for each system including cardiology, respiratory, gastroenterology, etc. This allows students to gain in depth knowledge about each subjective in a systemic approach. The review is heavily concentrated on high yield key topics for the USMLE boards exams.

Exam Preparation & ICM5 Semester

The USMLE Step 1 exam is arguably one of the most challenging of the professional exams and special attention must be paid in preparing for this exam. Each of the major disciplines/systems are represented on the exam, all of equal importance. The abundance of information can be overwhelming. CMU wants to make certain our students have a structured plan and adequate guidance in order to make the most of their studying.

After the completion of MD4 (BS Subject shelf exams passed), students are required to attend the 16 weeks of ICM5 semester, to prepare for the NBME CBSE and USMLE Step 1. With our highly knowledgeable teaching physicians, CMU is confident our students will acquire the necessary study skills and high-yield information more quickly and efficiently.

Q-Banks ►

Each of the review courses has its own version of questions provided to you. The most popular Q-Bank is USMLE World Q-Bank. USMLE World questions are challenging and best used toward the end of your study schedule as an assessment tool. Most students will answer more than 10,000 questions during their preparation for the USME Step I exam.

Resources ►

The most commonly used and recommended books/programs for USMLE Step 1 are:

- **First Aid USMLE Step 1**
- **Lecturio**
- **Uworld**

In order for CMU to approve students to sit for the USMLE Step 1, students must complete an NBME Basic Science Comprehensive Exam with the passing score. Kindly check with the Examinations Department for the correct passing score as this is subject to change every year.

Transfer Students



All students who transfer into Caribbean Medical University after completing basic sciences at any other university's Doctor of Medicine program of the USMLE Step 1 exam but will not be allowed to participate in any clinical clerkships until they have successfully completed the NBME CBSE and USMLE Step I exam and a passing score is reported to the Rotations Dept. Transfer students must follow the same NBME protocol prior to receiving approval for their USMLE Step 1.



USMLE Application



In order to take the USMLE Step 1 exam, students will need to fill out the application form found at www.ecfm.org. The ECFMG website will also be an excellent source of information and resources as you progress toward graduation, ECFMG certification and residency eligibility.

Here are some important points to keep in mind while working on the USMLE Step application:

As you enter the ECFMG website, click on the link entitled, "Online Services" and then click on the arrow for IWA (Interactive Web Application). This process is user-friendly and is explained fully on the website. Please read all instructions in order to fill out the application completely and correctly. You can stop and save the information during the process and can return to make any modifications needed.

♦ **ECFMG Registration:** You must first visit the ECFMG website and register for a User Name and Password. Scroll down to the bottom of the page where it states "If you are a first-time user of ECFMG On-line Services, click here to establish an account." It can take as many as 5 days for your information to be registered and for the system to assign you a unique USMLE identification number. This information will come to you by email and will allow you to sign in and apply for the exam.

♦ **Resources:** Read the FAQ's and Information Booklet as the answers to most questions are readily available in these two sections of the ECFMG website.



♦ **ECFMG Reporter:** Once you register with ECFMG you will automatically get this bulletin. We recommend that you read each one completely as soon as you receive it as it contains important updates, rule changes and bulletins that could pertain to you.

♦ **Timing:** Allow twenty-one (21) business days for the exam application processing to include our certification of the application, registration of your application into the ECFMG database and receipt of your exam permit. Your permit will have a PIN # which allows you to make an appointment for the exam at any Prometric Testing Center near you.

♦ **Payment:** You must pay for your exam immediately or your application will be rejected. The fees change occasionally, so please make sure to check the ECFMG website for updates.

USMLE Application



◆ **Medical School Info:** The information you enter on the application should encompass your medical school start date through your projected date of completion. The projected graduation date and diploma date will be the same. If you are a transfer student, enter the other successfully completed basic science courses and clinical rotations from the MD schools you had previously attended as transfer credits.

Because you do not need to complete an internship or Civil Service with our program, you can check “no” on both of these questions.

The title of your Degree will be “Doctor of Medicine”

◆ **Test Block:** Be sure to check the appropriate test block (90 day window) with the anticipated date for your exam somewhere in the middle of the test block. For example, if you wish to sit the exam during the month of March, your test block should be February 1 thru April 30.

This allows you to take it in February if your preparation goes well or take it in April if you need more time.

◆ **Form 186:** At the end of the application you will print “Form 186”, if this is your first sitting. These form must be signed, dated and have a photo attached and sent to our Chicago office so it can be certified and submitted for registration. (typical timeframe to receive your exam registration pin # is now about 21 days after you send us the Form 186).

◆ **Scores:** It takes approximately 21 business days for the USMLE Step 1 and USMLE Step 2 CK scores to be reported to you by email and you must forward the score report to the Dean of the school for inclusion to your file. Withholding your score from CMU will result in your being suspended from Clinical Rotations and blocked from ERAS and ECFMG applications until CMU receives your official score report.

CMU Students are required to Pass the USMLE Step 1 within 6 years of Medical School or may be dismissed.

Leave of Absence



CMU students are required to take 16 weeks of ICM after MD4 as a review semester to take a review course and sit for the NBME CBSE and USMLE Step 1. After the 16 weeks of review and students have passed the NBME CBSE and USMLE Step 1, students would have to submit their documents to the Rotations Department to start Clinical Rotations. There are 5 clinical semesters. Each semester is 16 weeks for a total of 72 weeks of rotations.

If you do not have the USMLE Step 1 exam passed and is not ready to start after the 16 weeks of ICM5 you will need to take a leave of absence (www.cmumed.org/resources/pdf/loa.pdf) so we can defer your first clinical invoice until you are ready to start clinical rotations.

The first leave of absence is free, but if you cannot write the USMLE Step 1 after the the first leave of absence and need more time to prepare, for reach subsequent leave of absence you request, (1 semester), you will be charged a fee per leave of absence request; per semester. If submit a leave of absence and you write the exam earlier then your submitted leave of absence then you are able to return from your leave of absence at an earlier date and commence your clinical rotations. You need to have successfully passed USMLE Step 1 in order to commence your clinical rotations.



Clinical Rotations



At CMU we strongly believe that third and fourth year clinical clerkships are a crucial step in the pursuit of a medical career. We have created a network of strategically located placements throughout the United States to ensure that each of our students is placed into the clerkships of their choice. Our preceptors are not only physicians but they are also professors, directors, department chairs and highly involved community members, all of which will optimize our students' experience.

The clinical program and requirements discussed in this handbook apply to students who have completed the Basic Sciences program and have passed all Basic Science subject exams., as well as those students entering our program as clinical transfers.



Clinical Rotations

Clinical sites

Our clinical sites are located in the following states such as Illinois, Texas, Florida and Manati (Puerto Rico).

We encourage students to conduct the majority of their rotations in one state, and we prefer that they choose the Chicago or Houston area because we can guarantee a back-to-back schedule for their core rotations and no extra costs of traveling and affordable living.

Once students are ready for clinicals, they will contact the Rotations Dept. and will be further instructed on the application and documents process.

- *Curriculum Vitae/Resume*
- *Proof of Health Insurance*
- *Proof of US Immigration or US Visa*
- *State ID / Driver License*
- *Health Clearance Certificate*
- *Criminal Background Check*
- *Photo*
- *Copy of passport*
- *Hipaa & OSHA Certificate*
- *Drug Test*

Students will be provided with an a health clearance form they need their healthcare provider to complete.





Request for Rotations

Upon satisfying all applicable requirements, CMU will discuss with you the options and set up your clinical schedule. Clinical rotations consist of 72 weeks of training, divided into 6 trimesters of 12 weeks each. The clinical team considers the best interests of both student and host facility when offering rotations. You will work together with the CMU Rotations Department in a good faith effort to arrange rotations, which meet your preferences in the context of CMU's available rotation facilities, but the final decision on assigning you to specific rotations will remain with CMU.

Liability insurance during clinical rotations

Students are required to pay annually for the cost of liability insurance. Your coverage under CMU's liability insurance policy during clinical rotations takes effect as soon as you begin the first rotation, and ends upon completion of the final rotation.



Clinical rotation tuition

You must pay clinical rotation tuition for each 16-week rotation. Tuition rates are posted on the CMU website and are subject to change from time to time. Tuition for each rotation is due 30 days before the start of the semester. Tuition is not owed for any period during which you are not engaged in a rotation. All tuition, fees and charges are subject to change upon notice by CMU. There are 6 clinical Trimesters (7 - 12), which are 12 weeks each for a total of 72 weeks.

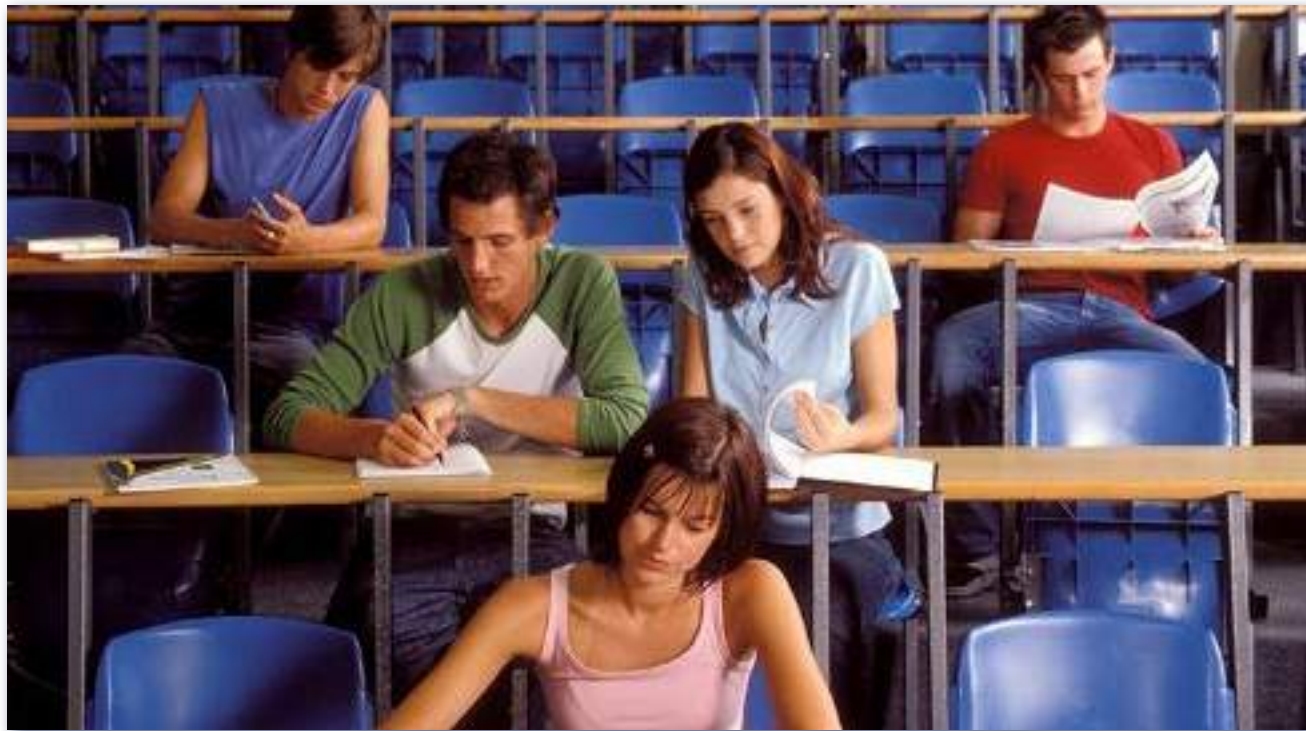


Individual Elective Rotations

The applications for the individual elective rotations have to be submitted to rotations coordinator who will present them to the Rotations Committee Faculty and the Dean of the School for the Thorough process of vetting and verification to Approve the requested Rotation. Only qualified teaching physicians are entitled to mentor the CMU students. You must provide detailed contact information at least 45 days prior to the commencement of the rotation in order to review the circumstances. You shall be responsible for all additional costs and expenses resulting from any such clerkship that you yourself have arranged.



Only written decisions/approvals and scheduling via the official CMU email will be considered. Verbal, Text or other casual communication will not be accepted.

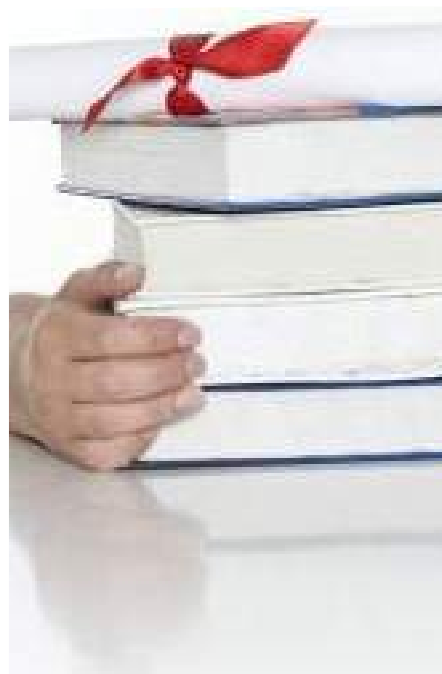


■ Rotation change of terms or cancellation

If the rotation provider changes the dates of the rotation, you may elect not to proceed with the rotation by promptly notifying CMU. If you opt not to proceed with the rotation as modified, or if the provider cancels a rotation, CMU will give you reasonable priority in making alternate arrangements which are consistent with your preferences and which best maintain your clinical timeline.

■ Student compliance with preceptor

You must respect the authority of the supervising physician (preceptor) and comply with the requirements and directives of the rotation teaching team. Inappropriate personal behavior, habits and professional conduct during any rotation, especially that which compromises patient health, safety or confidentiality, may be the subject of disciplinary action against you. You must perform to the highest ethical standards appropriate for a member of the medical profession.

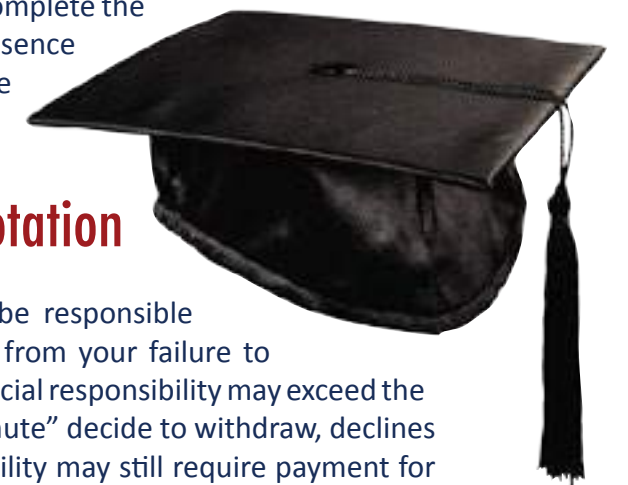


■ Failing to attend a rotation

Rotation attendance is mandatory, and leaving a rotation is unusual and strongly discouraged. In the case of a serious emergency or issue, you must obtain permission from the supervising preceptor, medical education coordinator and dean of clinical medicine in order to leave a rotation. Depending on the schedule of the particular program, you may not have the opportunity to complete the rotation at that site. Unauthorized extended absence could cause you not to receive credit for the time away from the clinical setting.

■ Costs of failing to attend a rotation

After you accept a specific rotation, you will be responsible for all costs and other consequences resulting from your failure to commence and complete that rotation. This financial responsibility may exceed the usual tuition. For example, if you at the “last minute” decide to withdraw, declines or fails to appear for a rotation, the rotation facility may still require payment for the reserved place in its program. In such a case, you must make that payment.





Student visas

Non-US citizens are responsible for obtaining all required visas, work permits and other government approvals to allow the student to perform US clinical rotations. You may contact immigration specialists for assistance, but the costs and fees are the student's responsibility.

CMU recommends that non-US citizen students obtain a B1/B2 visa for the purpose of completing their clerkships in the United States. The Clinical Dept. will send you a signed visa request support letter for the student to submit to the United States consulate in their country or for Canadian students, at the US border. The border service officer or immigration agent will review the information as well as the student's record through their system. We have had excellent success using this method and our students have been given a one-year visa and upon completion of the year have been able to renew their visa for an additional 6-8 months. CMU will only sponsor students for US visa once they have successfully completed their USMLE Step 1 and are ready to commence their clinical rotations.



Transition to ICM

Once students pass and submit their NBME towards applying for USMLE Step 1, their first clinical tuition is due at this time and must be paid before proceeding further. Upon passing their USMLE Step 1 students can contact the Rotations department (rotations@cmumed.org) to begin their document submittal process for their Rotations.

Students who are beginning the clinical aspect of their education are required to attend ICM in order to prepare them for the clinical clerkship protocol when starting clinical clerkships. The orientation will expose students to the clinical aspect of their education before they are sent independently to their assigned clerkship.

ICM consists of:

A power point presentation on Clinical Sciences policies & guidelines. The presentation will cover the following topics:

- *Core/Electives timeline*
- *Dress code/code of conduct during rotations*
- *Logistics before commencing rotations*
- *Requirements for completion of rotations: logbooks, case write-ups, evaluations, NBME rotation exam, grading methods*
- *NBME Clinical Basic Science Examination*
- *Health fairs & community involvement*
- *CPR / Advanced Cardiac Life Support / Pediatric Advanced Life Support*
- *American Medical Residency Certification Board workshop*
- *Graduation requirements & Criteria for receiving ECFMG diploma*
- *HIPAA privacy, OSHA, bloodborne pathogens, hazardous material safety*

Clinical grades are composed via the following methods:

- * Final Clinical Evaluation (worth 25%) - Clinical Logbook (worth 25%) and NBME Rotation Examination (worth 50%) = 100% of Final Grade
- * For clinical rotations that do not have NBME rotation exams (Electives): Final Clinical Evaluation (worth 50%) and Clinical Logbook (worth 50%)

Upon receipt of your clinical documents please allow 2-4 weeks for the documents to be reviewed and grades to upload to MYCMU accounts.

Clinical grade re-assessment policy

Note: Only the categories students are evaluated for will be taken into consideration for the final mark. If the preceptor selects "N/A" then that category will not be accounted for in the final marks total.

Any concerns regarding the clinical evaluation or clinical grade must be taken up with SPAC (Student Performance Assessment Committee) within 14 days of completing the rotation. Once the grades have been uploaded to the students MYCMU account, grades will not be changed. Any changes or amendments to grades will be at the discretion of the SPAC Faculty based on review of the student's request and confirmation with the preceptor.

Please note that students will be responsible for logbooks, case write-ups, evaluations not received. So please confirm the rotations department were received. Please be advised that documents have to be submitted by the Preceptor or Preceptor's office.

Please be advised that Rotations are credited when reviewed and approved by the Rotations Faculty Committee and scheduled by the Rotations Coordinator.

A Few Pointers



1. Please ask your preceptor about the hospital policies on charting. Do not write in patient charts unless specifically permitted to do so by your preceptor.

2. Punctuality is mandatory. Tardiness is inexcusable. If you are going to be late or are sick, call the preceptor the night before if possible, and if not, call them immediately in the morning. Arriving early, staying late and volunteering will all earn you respect and extra points. Do not leave until dismissed by your preceptor. When you begin a rotation, clarify your duty and call hours. If you switch hours, it is your obligation to clear it with your preceptor.

3. Wear comfortable shoes.

4. If the patient has a disorder/illness, use your references and read up about it before you present the patient to the preceptor. If a lab is abnormal, try to figure out the meaning in relation to the disorder. Always have a differential for clinical signs and symptoms.

5. If you are given an assignment, do it immediately. Doing a thorough job or doing more than is expected earns you points. This goes for oral and written presentations, too.

6. Treat the staff well, from the head nurse to the janitorial staff. Be aware that nurses have their own space and do not intrude. Arrogant students and residents seem to have the roughest call nights.

7. An argument or power struggle with a preceptor will have negative consequences. You do not have to like or agree with people to learn from them.

8. Never say you know something or can do something if it is not true. Preceptors know you are students and do not expect you to know everything. Do not lie about anything; you will be found out.

9. Treat patients with courtesy and respect. Adult patients should always be addressed as Mr. or Ms. + surname (last name). Do not laugh or joke with patients, even if you hear others doing it. Be mindful at all times of patient confidentiality and policies regarding non-fraternization.

10. Comments your preceptor makes on your evaluation will go into your MSPE, which goes with your residency application. Try to get a letter of recommendation prior to leaving a rotation if you did particularly well. Send copies of all letters of recommendation to the dean of the School of Medicine

Getting the Most Out of Your Clinicals

Patients are the main source of learning in the clinical program. It is from the patients you see that you will develop your clinical knowledge and skills. Be assertive in searching out new learning experiences. You may be able to receive a passing grade by doing no more than is directly assigned to you, but you will be cheating yourself by not taking advantage of opportunities to further develop your clinical skills. Seize every opportunity to observe the signs and symptoms of any condition to expand your knowledge and skills.

Clinical Rotations



■ Case Write-Up/Logbook

During each clinical clerkship students are required to complete case write-ups/logbook for each patient encounter to maintain daily patient logs. Students are required to record and complete history and physical examination information in detail as well as assessments and plans. All case-write ups are reviewed by the preceptor and signed off before being submitted to the rotations department, which are then graded by the Rotations Committee Faculty.



■ NBME Rotation Examination

Students are required to complete an NBME shelf examination at the end of each rotation. The examination will focus on specific information and cases relevant to the rotation that the student has completed. Students are to follow NBME for preparation and must contact The Examination Department (exams@cmumed.org) at least four weeks prior to the end of their rotation to have the NBME rotation examination scheduled. Students who fail this examination, must retake this at an extra cost.

Core Rotations

■ Core Rotations

Core clerkships (Surgery, Internal Medicine, Family Medicine, Psychiatry, Obstetrics/Gynecology and Pediatrics) must be completed by all students and are designed to provide a basic understanding and competency such that you will be prepared to sit and pass the USMLE Step 2 CK exams, which are a measure of your clinical knowledge and clinical skills respectively. These rotations are typically completed in your 3rd year and before you begin elective rotations since core competencies are required before getting involved in more specialized or technical areas of clinical practice.

There is great variability among these rotations as to geography, physical location (hospital, clinical or private office), and hours expected to work. In general you will work the hours asked of you but it can be expected that days in Surgery and OB/GYN have unpredictable hours and can be as much as

80 hours per week. On the other hand the primary care clerkships tend to have fewer hours and coincide with a doctor's office hours (20-60 hours/week). It is very likely, and you would be expected if asked, that you give case presentations during rounds and/or complete some special research projects to elevate your level of knowledge in each discipline. It is probable that all these methods of assessment will be factors in your overall evaluation and grade. At the conclusion of each core clerkship you will be required to sit the Clinical Assessment Test (shelf exam)

to show your basic level of competence based on your experiences and exposure during that rotation.

Keep in mind that core clerkships provide the foundations for USMLE Step 2 CK and it is prudent to gain access to USMLE Step 2 CK review/preparation materials in order to study in conjunction with clerkship responsibilities.

Students are to complete 48 weeks of mandatory core rotations as outlined below:

- | | |
|----------------------------|-------------------|
| • Family Medicine | - 6 weeks |
| • Pediatrics | - 6 weeks |
| • Internal Medicine | - 12 weeks |
| • Psychiatry | - 6 weeks |
| • OB/GYN | - 6 weeks |
| • Surgery | - 12 weeks |

For each of the core rotations, we have provided a list of suggested experiences. It is expected that the student will have been assigned at least three patients displaying one or more of these medical conditions during their rotation with you.

Students are expected in all cases to elicit and assess information obtained from the patient; observe the appropriate manner in which a competent physical examination is conducted; to draw up a problem; to construct a differential diagnosis list and discuss the order of probability; and to discuss with the attending the appropriate plan of action in terms of diagnostic therapies and patient education.

Family Medicine



The family medicine core clerkship includes an in-patient and out-patient clinical setting. During this time students are exposed to patients with many common and occasionally more rare health problems. This clerkship should teach the student to be able to take a complete patient history as well as the proper format to compile an accurately written SOAP note. They should also be able to understand how to correctly write a prescription using the appropriate medical abbreviations.

Suggested experiences for family medicine are drawn from areas of general surgery, Internal medicine, obstetrics and gynecology, pediatrics, and psychiatry.



Internal Medicine



The core clerkship in Internal medicine teaches students a logical approach to patients and their problems, leading from a presenting or chief complaint, through a comprehensive history and physical examination, to the formulation of a differential diagnosis.

Learning experiences:

- *Ischemic Heart Disease*
- *Hypertension*
- *Chronic Obstruction Pulmonary Disease*
- *Osteoarthritis and rheumatoid arthritis*
- *Anemia (micro and macrocytic)*
- *Diabetes Mellitus, Type 1 and 2*
- *Renal insufficiency*
- *Neoplasms*
- *Fever of uncertain etiology*
- *Cerebrovascular accident*
- *Hepato-biliary disease*
- *Gastritis, PUD I*
- *Acquired Immune Deficiency Syndrome*
- *Infectious diseases*

Surgery



A surgery core clerkship exposes the student to clinical problems requiring surgical intervention. The student gains increased understanding of patient management. Surgical technique is not the main objective of this rotation, but operating room observation is a fundamental part of the rotation.

Learning experiences:

- *Acute abdominal pain*
- *Abdominal/thoracic trauma*
- *Shock*
- *Neoplasm of chest*
- *Neoplasm of gastrointestinal tract*
- *Hernia repair*
- *Coronary/valvular heart disease*
- *Burn injury*
- *Peripheral arterial disease*
- *Head injury*
- *Biliary tract disease*
- *Nutritional needs of surgical patient*
- *Wound care*

Pediatrics

The objectives of the core clerkship in pediatrics is to teach students to learn how to elicit a thorough history from patient and/or parent, to become familiar with each age-appropriate examination and development assessment, to communicate effectively with patients and parents and to demonstrate an understanding of common pediatric problems.

Learning experiences:

- *Normal growth & development*
- *Well baby examination*
- *Care of the pre-mature infant*
- *Asthma*
- *GI Disease*
- *Infections (esp. neonatal and infancy)*
- *Cardiac/Hematological disorders*
- *Child Abuse*
- *Immunization protocols*



Obstetrics & Gynecology



The goals of the core clerkship in obstetrics and gynecology are to provide the students with clinical experience in the management of normal and pathological changes that occur during pregnancy, labor, delivery, and the puerperium, the diagnosis and management of gynecology diseases, the principles and practice of family planning, public health aspects related to sexually transmitted disease, cancer detection, and education in human sexuality.

Learning experiences:

- *Normal gynecological exam (includes breast/pap smear)*
- *Normal term pregnancy and vaginal delivery*
- *Medical complications of pregnancy*
- *Abnormal obstetrics*
- *Sexually transmitted diseases*
- *Gynecologic neoplasm*
- *Disorders of menstruation*
- *Infertility – Sterility*
- *AIDS/substance abuse in pregnancy*



Psychiatry

The core clerkship in psychiatry teaches the student about biological, psychosocial, and social-cultural psychiatric disorders. Students learn to complete a psychiatric diagnostic work-up. Students also learn the psychiatric concepts, attitudes and skills that will be useful to all physician-patient relationships. Students should be respectable and sympathetic to any personal issues a patient may present with as well as maintain patient-physician confidentiality.

Learning experiences:

- *Schizophrenia (new onset/chronic)*
- *Anxiety – phobias and panic disorder*
- *Delirium/Dementia*
- *Acute psychosis/psychiatric emergencies*
- *Chemical dependence (drugs/alcohol)*
- *Mood disorders*
- *Somatoform disorders*
- *Personality disorders (Cluster B)*
- *Mental status examination*



Elective Rotations

The remaining 24 weeks of clerkships are to be conducted as electives. Students have a variety of specialty options for completing the complete electives. Each elective must be a minimum of 4 weeks to a maximum of 6 weeks. Students also have the option of undergoing electives in core rotation specialties to gain further experience in a desired specialty.

Listed below are a few of the options students have when choosing electives:

- *Allergy & Immunology*
- *Ambulatory Care*
- *Anesthesiology*
- *Cardiology*
- *Critical Care*
- *Dermatology*
- *Emergency Medicine/Urgent Care*
- *Endocrinology and Metabolism*
- *Family Practice*
- *Gastroenterology*
- *Genetics*
- *Geriatrics*
- *Gerontology*
- *Hematology*
- *Infectious Diseases*
- *Nephrology*
- *Neurology*
- *Ophthalmology*
- *Orthopedic Surgery*
- *Sports Medicine*
- *Pathology*
- *Physical Medicine*
- *Plastic Surgery*
- *Preventive Medicine*
- *Psychiatry*
- *Public Care/Health Care Systems*
- *Pulmonary Disease*
- *Radiology*
- *Rheumatology*
- *Trauma Surgery*
- *Urology*

USMLE Step 2 CK & USMLE Step 2 CS



USMLE Step 2 CK

After having completed the majority of core clerkships students will need to begin preparation to take their USMLE Step 2 CK.

Students must complete USMLE Step 2 CK before completing all core clerkships. The Process for applying for the USMLE Step 2 CK is identical to the process you followed for the USMLE Step 1 exam using www.ecfm.org

Students must contact the Examinations Department (exams@cmumed.org) a minimum of 4 weeks in advance of the date desired to write the NBME Clinical Sciences Comprehensive Exam. Students must pay the fee for the NBME Comprehensive Clinical Science Exam. Upon completion score reports are submitted to CMU. Students must achieve a successful score on the NBME Clinical Sciences Comprehensive Exam and clear the balance of their current clinical semester in order to have CMU verify the student's good standing with the school and allow them to sit for the USMLE Step 2 CK.

If the student is unsuccessful at their first attempt of achieving the required score on the NBME Clinical Sciences Comprehensive, students will be required to re-submit the NBME Clinical Sciences Comprehensive Exam fee and sit for the NBME Clinical Sciences Comprehensive Exam again therefore it is advised to prepare to take your NBME when you are confident and ready.

The USMLE Step 2 CK is a test of your clinical knowledge and is 336 questions, 7-section exam of multiple-choice questions. USMLE Step 2 CK is designed to test information as it is related directly to patient care, diagnosis and treatment plans. Although most students do not take extended periods of time to review as with USMLE Step 1, it is prudent to develop a plan of study that is incorporated with your clerkships in your third year. Most of the same resources that students might have explored for USMLE Step 1 review student have USMLE Step 2 review materials and it would be especially recommended to get the various Q-banks including USMLE World.

Recommended material for Step 2 CK include:

First Aid USMLE Step 2 CK
Master the Boards Step 2 CK
USMLE Step 2 Secrets

Mini-CEX

For the Mini-CEX exam students are required to have successfully passed their USMLE Step 2 CK or completed all core clerkships or successfully the prep course. This ensures a strong knowledge pass and increases students chances of passing on the first attempt. Approval is based upon successful completed of USMLE Step 2 CK or completion of all core clerkships or the student must have successfully completed prep course.



Clinical grades, case write-ups and logbooks are taken into consideration as well for approval for the Mini-CEX. All approval decisions are at the discretion of the academic and rotations committee faculty. The timing for the Mini-CEX is also critical since there are a limited number of locations to complete the examination. It is possible that all dates will be filled if you do not sign up far enough in advance and you might not be able to complete the exam in time to become eligible for the residency MATCH rank list deadline.

The Mini-CEX is designed to test your clinical skills and your ability to interact, assess and document your activity with live patients. Since students will be practicing clinical techniques and knowledge on a daily basis with patients during your clerkships students should prepare for the exam by doing as many questions and vignettes as possible. F



Caribbean Medical University takes pride on its volunteer work and community involvement. We believe that giving back to any community is essential to your training as a physician. This helps students to stay grounded, appreciate their surroundings, give to others when they can and always lend a helping hand.

Our students receive recognition for their hard work and involvement and in the past have received certificates and letters from organizations for the time they committed to each of these events.

Research

Students who are interested in research or submitting evidence based thesis reports will be given specific topics on which they will conduct an investigation. Either a preceptor or a qualified researcher will supervise the students. The Associate Dean for Research also directly supervises this program.

Students may engage in primary research, which involves developing an experimental model and collecting data. Primary research can be experimental research or a clinical study. The students may also conduct secondary research. This may be a systemic review, or a meta-analysis, of a specific area of medicine.

Students will be provided with more information and guidelines upon request.



CMU's Clinical Department is proud of each student's accomplishments and excellence in clinical clerkships to date and wishes every student success in applying to and attaining the residency position of their choice. We prepare our students to be competitive and eligible candidates for residency programs.

Start applications early! When students know that they will be applying to the upcoming match, they should start making decisions on which specialty or specialties to which they would like to apply. Start researching programs regarding the competitiveness, IMG acceptance, and visa sponsorships. Students can do this through the FREIDA online – American Medical Association (<https://freida.ama-assn.org/Freida/user/viewProgramSearch.do>)

FREIDA assists students to narrow down programs by state and specialty. From there students can navigate through individual program websites to review the application criteria.

ERAS Residency **Application Timeline** (US Match)

April – May	- Applicants should start composing their CV. - Applicants should start making a list of programs for application. - Applicants should start composing drafts of personal statements.
Late June	- Applicants can purchase tokens on ECFMG. - Applicants should send any personal statements and CVs for review/ editing to the CMU Clinical Dept.
July 1st	- MyERAS opens to all applications. - Applicants can register their tokens on MyERAS and receive an AAMC ID. - Applicants should start requesting and uploading their letters of recommendation. - Applicants register with NRMP.
Mid August	- MSPEs and transcripts are sent out to MyERAS from CMU. - Upload personal statements. - Upload LORs.
Mid September	- Registration opens at 12:00 noon Eastern Time. - Applicants can begin applying to ACGME program.
Early October	- MSPEs are released to ACGME programs.
September – January	- Interview period (varies based on programs).
Mid January	- Applicants can start entering their rank order list on NRMP.
Late February	- Rank Order List deadline. Applicants must certify their rank order lists before 9:00pm Eastern Time. - Withdraw deadline as well for applicants who have accepted a position outside the match (pre-match) or choose to withdraw.
Mid March	- MATCH DAY - Matched and unmatched information posted at 12:00 noon Eastern Time. - Results are sent via email and are made available on NRMP.

CaRMS Residency **Application Timeline** (Canadian Match)

Mid August	- Online request for registration opens
Early September	- Token distribution begins. - CaRMS online application system opens. - Applicants can register their tokens and login.
Mid October	- Program selection opens.
Late October	- Extra documents/Transcript milestones. - All medical school transcripts and extra documents such as publications and certificates are to be submitted at this time.
Early November	- MCCEE examination milestone. - Information regarding your MCCEE scores if you have passed or are writing the examination in November must be entered under the examinations section. - Document transfer request milestone. - All documents to be transferred from physiciansapply.ca must be requested by this date. MSPE Arrival - LOR Arrival milestone. - All LORs must be sent to CaRMS by this date to ensure they are uploaded and available for the file review period.
Mid November	- Document assignment and program submission milestone. - All documents should be assigned to each program and the list of programs you are applying to should be submitted at this time as the application is coming to a close.
Late November	- CaRMS online application closes at 4:00pm Eastern Time. - No access to the CaRMS online system after this time.
Early December	- CaRMS online application re-opens. File review begins by programs.
January - February	- National interview period.
February	- Applicant Rank Order List Deadline.
Mid March	- MATCH DAY - Matched and unmatched information posted at 12:00 noon Eastern Time.

Letters of Recommendation



■ Letters of Recommendation

Students will have the opportunity to submit several letters of recommendation with their ERAS application and it is important that students request a letter from the preceptor upon token distribution in late June. Letters should be signed in blue ink and should also include your ECFMG/USMLE ID number.

Students should also refer to the program application criteria and only submit the number of letters required. If a program states to only submit three (3) letters then only submit three (3) as submitting more may cause the program to disregard your applications, as you did not follow instructions.



■ Requesting Medical Student Performance Evaluations (MSPE)

CMU will ask that you request your MSPE by completing the MSPE request form, which is provided to all students prior to token distribution. The documents will contain MSPE request form information, transcript request information as well as CMU deadlines for residency documents. Students must follow all procedures and deadlines to ensure their documentation is sent to ERAS in an efficient manner.



The personal statement is your chance to highlight specific points in your educational career that relate to the specialty to which you are applying. This is an excellent opportunity for the student to emphasize their strengths and qualifications. In most cases, the personal statement highlights the experiences and influences that have led to towards the student's decision to become a physician in their chosen field. The statement should emphasize the student medical training experiences.

Students should personalize their statement and avoid generic information. Provide detail as to what motivated you to go to medical school and why you chose a certain specialty. Include how you will excel in that specialty and any future goals.

We recommend using the standard essay format for your personal statement. This format is structured so that your opening paragraph contains some introductory

remarks and then a strong “argument” or thesis at the end of the paragraph. The argument sums up why you are the strongest candidate for the residency program. After that, you begin to detail the proof that the argument is sound. You make your case by discussing your academic preparation for residency, then your clinical/professional preparation for residency (including clinical work, leadership, teamwork, etc.), and then your goals and aspirations. Finally, you conclude with some personal remarks, restating your thesis, and thanking the committee for reviewing your application.

Please note that your ERAS application will accept a personal statement for each specialty area you are applying. Therefore, be careful to write personal statements relevant to specialty area and designate appropriately in the application process, naming each statement specific to each specialty will help ensure the correct one is submitted to each program.



Interviews can begin as early as October. For this reason we recommend that you get your ERAS materials done and submitted on time. Interviews can require 1-3 days depending on the length of travel and committee interview process. You obviously want to be at your best and showcase your communication skills, maturity and academic successes. Be yourself!

Do not put on any false airs as this will not serve you well in any case. Show confidence, strong work ethic, willingness to work as a team member and knowing you have much left to learn to become a competent physician will get you a long way in an interview. You want to try to apply to enough programs to get 5 or more interviews as this number has usually resulted in graduates being matched to residency. Send “thank you” notes to each program you interviewed expressing your interest and potential for visiting for a second interview with the committee. Do not be late! Pay attention to details, travel with enough time to spare and discover driving directions in advance. If unavoidable situations occur call the program and let them be aware of your situation and what is causing you to be late. Programs are not supposed to let you know how you stand compared to other applicants but it could happen. Be cautious in interpreting these comments! Take in the entire experience and after the interviews are concluded you then can assess each program and begin to rank them for your Rank List to be submitted in February.

Bring to each interview a complete set of your application materials to include copies of your transcripts, CV, personal statement, letters of Recommendation and USMLE Step Score reports. It is possible that things can go wrong with computer technology or that pieces of your application might not have been transmitted clearly to the residency review committee. Have on hand more recent evaluations and letters of recommendation that might not be part of your ERAS document or reflected on your submitted transcript.

There are several factors that will contribute to how a program will rank you.

Positive Factors

- *Excellent USMLE Scores (Step I and Step 2CK).*
- *Excellent basic science grades and clinical clerkship evaluations.*
- *Excellent letters of recommendation from supervising preceptors.*
- *Academic contact with faculty member at desired hospital.*
- *Clear, well-written personal statement that explains clinical and professional development and passion for the specialty to which you are applying.*
- *Excellent MSPE.*
- *Research experience and/or interests.*
- *Pleasant attitude, charisma, maturity and poise.*
- *Enthusiasm and energy.*
- *Eagerness to learn, compatibility with staff and program.*
- *Knowledge and compatibility with the geography and climate.*

Negative Factors

- *Weak interpersonal skills, lack of eye contact.*
- *Weak letters and scores.*
- *Academic failures.*
- *Extended leaves of absence (medical or otherwise).*
- *Lack of enthusiasm and excitement.*
- *Long winded or curt answers.*
- *Heavily accented English.*
- *Negative statements about area, climate, or program.*
- *Being late.*
- *Mention of returning to your country of origin to work after residency.*

The MATCH & SOAP Process

Once you have completed ERAS application, finished your interviews and submitted your rank list, you will need to wait while the algorithm figures out who is going to fill the residency positions. Around mid-March you will be informed through email of your success or not in getting a Match. If you have been successful you will not learn of the program to which you have been Matched until 4-5 days following the match. If you have not been Matched you will learn immediately following the match a list of unfilled positions to apply to for the SOAP.

Attaining a residency after the Match is referred to as the SOAP. Applying to at least one program at NRMP will enable you to receive the unfilled program list and participate in the SOAP. During the scramble you will need to submit your application either electronically to those programs still having positions via ERAS or be prepared to fax your materials to any programs requesting your documents.

Since both you and the program are anxious to fill any unfilled spots, it is possible to be accepted to a residency without interview during this SOAP period. The height of activity and duration of this time varies but immediate action is required since after 2-3 weeks most programs have made commitments to students in this process, although positions can continue to be filled long after this initial 2-3 week SOAP so long as slots remain open. It is natural for you to look first at the residency programs where you interviewed or had previously submitted information to determine if they have open slots. If they do, you have an advantage over students who have not previously submitted documents to those programs. You must stay attentive and be aggressive to follow up on any leads and possibilities during this time. Although this is a stressful process students are able to secure a residency during the SOAP.

Graduation & ECFMG Certification

You will receive a signed, official Doctor of Medicine degree once the CMU curriculum has been completed, you have posted and reported passing USMLE Step 1, USMLE Step 2 CK and Mini-CEX exam scores. All tuition and fees must be paid and all balances cleared. You will then be permitted to attend the formal graduation ceremony, which takes place annually in the spring! Upon receiving your Doctor of Medicine you must send 2 photocopies of your degree along with a completed Form 345 to ECFMG. Your diploma is requested through the Registrar Department at registrar@cmumed.org.

Please send a request to the Dean who will verify your medical education to ECFMG so you can be certified as having completed a medical education compatible to that of US medical schools. You will be advised of your responsibilities in this process when it happens. You will receive your ECFMG certificate via mail from ECFMG.

Your ECFMG Certificate will entitle you to accept the residency that has chosen you and will also enable you to register for USMLE Step 3. You may need to submit an application for a temporary license or residency training permit to the state medical board where you have been accepted. This process can vary greatly and immediate attention will give the best chance of having everything completed before the residency begins.



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