

**OHSU School of Medicine**  
**Undergraduate Medical Education Core Competencies**

**Patient Care and Procedure Skills:** Demonstrate compassionate, appropriate, and effective care for the treatment of health problems and the promotion of health.

**Medical Knowledge:** Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, social and behavioral sciences, and the application of this knowledge to patient care.

**Problem-Based Learning and Improvement:** Demonstrate the ability to investigate and evaluate one's own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

**Interpersonal and Communication Skills:** Demonstrate effective information exchange and teaming with patients, their families, and other health professionals.

**Professionalism:** Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

**System-Based Practice:** Demonstrate an awareness of and responsiveness to the larger context and system of health care, and the ability to effectively call on system resources to provide care that is of optimal value.

View the complete UME Program Objectives at  
[www.ohsu.edu/xd/education/schools/school-of-medicine/students/index.cfm](http://www.ohsu.edu/xd/education/schools/school-of-medicine/students/index.cfm)

**MISTREATMENT:** The OHSU School of Medicine has zero tolerance with regard to harassment or belittlement of students. Negative/disrespectful comments regarding patients, patients' family, other students, residents or any member of the healthcare team is a violation of OHSU policy and will not be tolerated. Students, residents and faculty are strongly encouraged to report such incidents to the Clerkship Director, Ombudsperson or the Associate Dean for Student Affairs.

**DUTY HOUR POLICY:** Duty hours must be limited to 80 hours per week on the clinical hospital services and/or in clinics, including required clerkship lectures, conferences and exams. Medical students should have at least one full day off per week, averaged over a month.

**FEEDBACK:** Faculty/residents are expected to provide students with routine feedback on their performance and are required to provide a face-to-face midterm formal feedback meeting. Both critical and positive feedback for improvement must be provided to the student by week 3 of the rotation (week 5 for Medicine Clerkship).

**EMR (Electronic Medical Record) GUIDELINE:** Students are expected to be integrated in the healthcare team. They are expected to be fully engaged in the electronic health record system in both the inpatient and outpatient settings.

**Students are permitted to:** write progress notes; pend orders; enter information into all components of the patient database, including past medical, family, social history (PFSH) and the review of systems (ROS); access and view data from the EHR; access the problem list, medication list, history and allergies which are reviewed; develop a student "in basket" for purposes of receiving feedback about the documentation; initiate the discharge summary—in this case, after a review of the student note, faculty and residents must use the "addend" function to edit the medical student note. This results in the faculty/resident becoming the author of the note as well.

**Students are not permitted to** cut, paste or duplicate any part of another person's note; sign order (students may pend and should notify the supervising physician to sign); students are discouraged from using pre-established completed note templates.

**Expectations for supervising residents and/or attendings:** review the student notes and orders and provide the student with feedback (can use the in basket for this); must approve and sign the orders that are pended by a medical student; physicians must write their OWN primary note in every situation, but may refer to a medical student's previously documented PFSH and ROS for the purposes of billing, documenting additions or addendums when necessary; students are not to be used as scribes.

## Neurology Clerkship

### Clerkship Core Objectives

- 1) To familiarize the student with the clinical presentation of common neurological disorders. History taking skills to elicit precise symptoms and to distinguish clinical syndromes will be emphasized.
- 2) To develop in the student a facility with the neurologic exam. Both the detailed neurological examination and features of the neurological examination for practical application in general medical practice and allied neurological specialties such as orthopedics, and physical medicine will be taught.
- 3) To have the student acquire a sound knowledge of the differential diagnosis of common neurologic disorders, the laboratory evaluation and clinical management of these diseases. Categorically included are: stroke, seizure disorders, headache, movement disorders, multiple sclerosis, stupor and coma, diseases of muscle and nerve, dizziness, and dementia.
- 4) To introduce the student to the diagnostic evaluation and management of urgent neurological or neurosurgical illness.
- 5) To convey the indications for and to acquire skills in performing lumbar puncture and to appreciate both the clinical value and the limitations of technologies such as: electroencephalography, evoked potentials, computerized axial tomography (CT), magnetic resonance imaging (MRI), arteriography, myelography, and radionuclide imaging.
- 6) To acquaint the student with the new frontiers in neurology and many of the cutting-edge issues in neuroscience.
- 7) To introduce the concepts of neurologic consultation and an understanding of the role of the consultant in clinical problem solving.

### Clerkship Procedure Experiences

**Stroke:** know the risk factors and classification; distinguish between lg and sm vessel strokes; understand the rationale behind acute and prophylactic mgmt of stroke; recognize the common cause and presentation of deep and lobar hemorrhages.

**Episodic Disorder (HA/SZ):** know the definition and status epilepticus; understand the general categories of seizure classification; learn how to manage status epilepticus. learn important questions to ask in evaluating a pt; recognize the most common syndromes and clinical feature and therapeutic implications of temporal arteritis and subarachnoid hemorrhage; familiarize w/ the Tx of Chr H/A syndromes.

**Coma/Mental Status Change :** learn the anatomic basis, how to perform neurologic exam on a comatose pt; able to differentiate metabolic coma from those due to structural causes; define and contrast the clinical features; describe the initial approach and DDx; know the components of the mental status exam, incl. the assessment of aphasia

**Neuromuscular:** Peripheral Neuropathy: recognize the clinical hallmarks and the most common focal neuropathies; understand the use of lab tests in pt eval

**Neurodegenerative Disorder :** know features of syndrome of parkinsonism, DDx and the basic principles of mgmt of disorder; understand classification of hyperkinetic movement disorders by type of involuntary movements; contrast the clinical features of Alzheimer dis and vascular dementia, incl their demographics; list risk factors, incl specific neurologic dis associated w/ an increased risk of dementia.

### Neurology Contact Information

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