LONGITUDINAL AMBULATORY CARE EXPERIENCE (LACE)
Student Handbook
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I, ________________________________, received my copy of the LACE Student Handbook. It is my responsibility to read and understand the policies and procedures set forth in this manual. It is a guide to policies and procedures for the Longitudinal Ambulatory Care Experience (LACE) as an integral part of my education at the UC Riverside School of Medicine.

I understand and acknowledge that the LACE Program has the right to modify or amend policies, practices, assignments, forms, and other institutional guidelines within the limits of the LACE Program. I acknowledge that changes will be communicated to me via UCR email. It is my responsibility to be aware of and review the changes.

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II. LACE Program Overview

Mission Statement

The mission of the **Longitudinal Ambulatory Care Experience (LACE)** at UC Riverside School of Medicine is to develop innovative **community-based** physician leaders and advocates for the Inland Empire through applied **clinical reasoning** and **professional identity formation**. Our future physicians will have extensive knowledge of the provision of population health, preventive care, and chronic disease management in a **team-based, primary care home model**.

Structure & Function

The foundation of the Longitudinal Ambulatory Care Experience (LACE) program is an integrated three-year primary care clerkship with a LACE **Preceptor** that emphasizes core clinical skills with a focus on professional identity formation.

- LACE is a required and graded component of UC Riverside School of Medicine curriculum
- The primary care clerkship site provides **hands-on clinical experience** over three years, creating a link between classroom learning and real-time application of that knowledge.
- The **professional development** is based on formative feedback through a sustained mentor-mentee relationship with a community-based primary care physician.
- The LACE Program curriculum acts as a bridge between traditional pre-clerkship years and general clinical content with an emphasis on **clinical reasoning** and **metacognition**.
- The longitudinal clerkship experience is integrated with coursework in four **LACE Curriculum Threads**: Public Health & Advocacy, Clinical Reasoning, Biostatistics/Epidemiology, and Health Systems Science Projects.
III. LACE Program Goals: Primary Care Clerkship

The cornerstone of the UCR SOM Longitudinal Ambulatory Care Experience (LACE) is the three-year mentor-mentee relationship between our LACE preceptors and our medical students. The purpose of the LACE Clerkship is to provide students the skills and space to find out what it means to be a physician who treats themselves and their patients with dignity and compassion.

Clinical Reasoning

Clinical reasoning is the process of translating pertinent patient information (history, physical exam, diagnostic data) into a problem list of assessments to build a differential diagnosis and treatment plan (Durning, et al). The ability to synthesize clinical information requires both medical knowledge and clinical experience.

While medical knowledge is built through various curriculum modalities (lecture, small-group sessions), LACE Clerkship offers our medical students an opportunity to gain valuable clinical experience through deliberate practice with an experienced preceptor. Each LACE session is guided by specific learning objectives (Deliverables – Appendix A) to improve clinical skills and diagnostic reasoning under guidance of their LACE preceptor.

Professional Identity Formation

Many factors influence the formation of a medical student’s professional identity, including their learning environment, peer support, teaching and assessment, clinical experiences, and role models and mentors (Cruess et al).

The LACE Preceptor fills this most important mentorship role during the three-year clerkship; each preceptor provides a blueprint of what it means for our students to “think, act, and feel like a physician.” Research strongly suggests that medical students learn this art of being a physician by participating in patient care with an experienced preceptor (Melvin, et al).

Our students participate in active reflection on their LACE Clerkship sessions with both their preceptors and integrated assignments in the LACE Curriculum Threads. This process helps students identify both the conscious and unconscious acquisition of behaviors and knowledge.
IV. LACE Learning Outcomes (Deliverables)

To ensure our students receive a consistent and equivalent learning experience across clerkship sites, we provide specific learning outcomes for the entire three-year LACE Clerkship (Appendix A4-6).

(a) LACE Deliverables (M1, M2, M3)

To facilitate supervision of learning outcomes for both students and LACE Preceptors, we included a recommended timeline for completion of Deliverables that is integrated with pre-clerkship coursework (Appendix A1-3), to be reviewed at each LACE Clerkship session.

- The learning outcomes (Deliverables) reflect the practical application of student coursework in Clinical Skills, Doctoring, and each of the LACE Curriculum Threads (Clinical Reasoning, Public Health, Biostatistics, Health Systems Science).
- Deliverables will be performed at the primary care clerkship site under the supervision of the LACE Preceptor.
- Each LACE Preceptor may use their discretion to change the order of any Deliverable to better align with their specific clinic experience.
- Students are expected to share a list of Deliverables with their LACE Preceptor at the start of each LACE Clerkship session.

Expectations for the clinical content of the student Deliverables fall into three core categories:

1. Preventive health and wellness - includes screening for social determinants of health, identification of risk factors of disease, promotion of health and wellness practices, and implementation of screening evaluations (primary, secondary, and tertiary prevention).
2. Undifferentiated disease process - symptom-driven care (i.e., shortness of breath). Although the specific symptoms and/or differential diagnosis may vary by practice type, the fundamental clinical reasoning approach to assessment is consistent.
3. Chronic disease management - diagnosis-driven care (i.e., diabetes or hypertension). Includes population health management of chronic diseases and coordination of care with community-based resources.

(b) Required Clinical Encounters

To help identify areas for continuous quality improvement of the LACE Clerkship, students are required to log (via MedHub) each of the Deliverables as “Required Clinical Encounters” (RCEs – Appendix B1-3).
V. LACE Student Responsibilities & Requirements

(a) Lectures and Education

Students are required to attend all LACE Lectures (Public Health, Clinical Reasoning, Biostatistics & Epidemiology, and Health Systems Science Project) as per UCR SOM attendance policy. These lectures are a fundamental part of the core medical school curriculum.

- Please refer to each individual LACE Curriculum Thread syllabus for specific learning objectives, required readings/assignments, and course schedules.
- The official academic schedule is available on the UCR SOM Intranet. It is the student’s responsibility to check their individual schedule and access Canvas for any changes.

(b) LACE Clerkship: Policies

General: Each student is paired with a community LACE Preceptor in primary care for the duration of their three-year longitudinal integrated clerkship. The primary care clerkship site offers clinical experience for our students through direct observation and deliberate practice.

- Students must not rotate at their LACE Clerkship site without completion of onboarding requirements, with requisite clearance from the UCR SOM Office of the Registrar.
- There may be other learners assigned to the same clinical site throughout the year; this often necessitates supervision by resident physicians. The majority of time in LACE Clerkship must be under direct supervision of the assigned LACE Preceptor.
- A student may not arrange alternate or make-up sessions with another LACE Preceptor or UCR faculty without approval from the LACE Clerkship Director.
- A student’s primary care physician may never serve as their LACE Preceptor.

Clerkship Schedule:

- **LACE 1**: 16 total half-days - every other week (Tuesday, Wednesday, or Thursday afternoons)
- **LACE 2**: 15 total half-days - every other week (Tuesday, Wednesday, or Thursday afternoons)
- **LACE 3**: 40 total half-days – every week (Monday through Friday afternoons).

- The selected LACE Clerkship is dependent entirely on the availability of the LACE Preceptor. Students may not change their assigned LACE Clerkship date without notifying the LACE Program Coordinator, as their schedule is integrated with several other required curriculum components at UCR SOM.
- **Wellness Days**: Students that are scheduled for LACE on their Wellness Days are asked to re-schedule with their LACE Preceptors for an alternate half-day during that week.
- **Clerkship Didactics**: Students that are scheduled for LACE that conflicts with LACE 3 Clerkship Didactics are asked to re-schedule with their LACE Preceptors for an alternate half-day during that rotation, when possible.

**Attendance**: Students are required to attend all assigned LACE Clerkships sessions with an expectation of at least 3.5 hours per session (1:30 – 5:00pm).

- In the event a student is unable to attend their assigned LACE Clerkship session due to planned or emergency absence, the student must contact both their LACE Preceptor and our LACE Program Coordinator. Students will be required to make-up the missed session (pending availability of their LACE Preceptor) prior to the end of the following Block schedule.
- If a LACE Preceptor is unavailable for a scheduled LACE session for any reason, the students must notify our LACE Program Coordinator. Students are expected to contact their LACE Preceptor prior to their assigned LACE Clerkship session, to avoid unexpected absences.
- For all absences (planned, emergency, unexcused, extended), LACE Clerkship follows UCR SOM Policy (950-070-016).

**Work Hours**: Students are required to log their “work hours” on a weekly basis in MedHub for each LACE Clerkship session.

- Review the MedHub manual (Appendix) for specific instructions on logging work hours.
- The log of work hours in MedHub resets each week on Sunday and thus must be updated before Saturday evening.

(c) **LACE Clerkship: Helpful Tips**

Each LACE Preceptor participates in orientation on expectations and educational objectives; students can thus employ strategies during LACE Clerkship to optimize their experience:

**Review Deliverables**: Meet with your LACE Preceptor at the start of each session to review *Deliverables* and determine specific patients for deliberate practice.

**Selective Patients**: Dedicate a select number of patients per half-day for deliberate practice; an active student does not need to observe every patient encounter to have a meaningful learning experience.

**Direct Observation**: Ask to practice clinical skills (history, physical) under direct supervision of your LACE Preceptor observation for immediate feedback.

**Repetition is Key**: The timeline of the Deliverables is merely a guide; feel comfortable repeating skills across multiple sessions.
**Regular Feedback**: Meet regularly with your LACE Preceptor to identify areas for reflection and improvement on a consistent basis.

**Ask For Rationale**: Talk through clinical decision-making points with your LACE Preceptor to gain valuable insight into their thought process.

**Admit What You Don’t Know**: Recognize your limits and engage in self-directed learning using various medical reference resources.

**Promote a “Growth” Mindset**: Discuss your own journey as a medical student and reflect on the struggles and triumphs of your LACE Preceptor on their journey.

The success of the student in achieving the educational objectives during their longitudinal clerkship experience depends on several factors, including:

- **DO**: Show up on time, ask for opportunities to participate, practice documentation, respectfully engage clinic staff members in professional manner.
- **DO**: Read pertinent clinical topics between patients, discuss/evaluate Health Systems Science (HSS) Project, identify community resources for patients.
- **DO NOT**: Provide direct unsupervised care to the patient; all patients are the full responsibility of the LACE preceptor and must be seen and examined by the physician.
- **DO NOT**: Perform or assist in invasive procedures beyond your level of training (venipuncture, biopsies, intra-articular injections/aspirations).
- **DO NOT**: Participate in any activities or behaviors that violate the UCR SOM Student Conduct Policy.

**(d) LACE Clerkship: Sample Schedule**

**1:20 – 1:30pm**: Student meets with LACE Preceptor to review *Deliverables* for session and identify patients for deliberate practice.

**1:30 – 4:30pm**: Student participates in deliberate practice with selected patients with direct feedback from LACE Preceptor. Between patient visits, students may practice documentation in the medical chart, perform self-directed reading on pertinent case topics, perform chart review, work on LACE Health Systems Science Project (HSSP).

**4:30 – 5:00pm**: Student participates in active reflection on learning points from the session, while exploring the thought-process and clinical reasoning of the LACE Preceptor. The LACE Preceptor provides feedback and guidance on further readings.

- Students log (via MedHub) their “**Required Clinical Encounters**” and “**Work Hours**”
(e) Professionalism

The LACE Program strives to create an inclusive and supportive environment for all students. The students are encouraged to reach out to the LACE Program Director and LACE Program Coordinator regularly with feedback and areas of improvement. At regular intervals during the academic year, the LACE Program Director will meet with respective Class Representatives to identify areas for improvement. This information will be distributed via update e-mails and in Canvas, including upcoming deadlines for assignments.

It is understood that all students abide by the expectations and guidelines outlined in the LACE Student Handbook. If a student is identified as needing additional assistance in meeting these outlined expectations for any reason (unexcused absences, delayed assignments or evaluations, other concerns related to any component of the LACE program), a meeting will be arranged with the LACE Program Director to discuss referral to the UCR SOM Professionalism Education Committee. Please refer to the UCR SOM Handbook for more information on this process.

The following are some examples of behaviors that require referral to UCR SOM Professionalism Education Committee:

- A student requests protected time to study for exams/other coursework during scheduled LACE Clerkship time
- A student attends LACE Clerkship without completing onboarding requisites or clearance from the Office of the Registrar
- A student arranges LACE Clerkship opportunities with a community preceptor other than their assigned LACE Preceptor
- A student does not notify LACE Program Coordinator of changes to their clerkship day or supervision
- A student uses their LACE Preceptor as their personal primary care physician
- A student is late in submitting required documents/assignments for LACE Clerkship or LACE Curriculum Threads
VI. LACE Clerkship – Assessment & Evaluation

LACE Preceptors are required to complete formative and summative assessments of their students during each LACE Clerkship year. This is critical to ensure students are meeting learning objectives and program goals as part of their development as future physicians.

- The UCR Office of Medical Education Quality and Integration provides annual reports that summarize the contents of these assessments and evaluations, as part of continuous quality improvement of our curriculum.
- The contents of these reports are reviewed by the LACE Clerkship Subcommittee of the UCR SOM Medical Education Committee.
  - Each year, student representatives and representatives from the community faculty of LACE Preceptors will participate as members of the LACE Clerkship Subcommittee.
  - These student representatives share valuable feedback to improve the overall structure and function of the LACE Program as outlined in this Handbook, including LACE Clerkship and LACE Curriculum Threads.

(a) Formative Assessment

Each student will receive formative assessments from their LACE Preceptor through the “Observed Clinical Encounter” and the “Mid-Clerkship Assessment.” The formative assessments will not be indicative of or incorporated into the student’s final grade and narrative assessment. However, failure to submit either the “Observed Clinical Encounter” or “Mid-Clerkship Formative Assessment” forms will result in an “Incomplete” grade until completed. If the grade remains incomplete at deadline of the next academic quarter, it will automatically result in a “Fail” grade, per UCR SOM policy.

- **Observed Clinical Encounter** (OCE) – *once per LACE Clerkship year* – the LACE Preceptor must have direct observation for at least one of the student’s clinical encounters, to include formal feedback on the following: interview/history taking, physical examination, clinical reasoning, communication skills, etc.
  - The student and faculty must use the UCR School of Medicine “**UCR SOM Clerkship Observed Clinical Encounter by Faculty**” form. This form requires a student and faculty signature. The student will bear the responsibility to return the completed form via Canvas.

- **Mid-Clerkship Formative Assessment** (MCF) – *once per LACE Clerkship year* – a scheduled session between LACE Preceptor and student to include the following:
o Review of progress of learning outcomes (Deliverables)
  o Review of Required Clinical Encounters (RCE) patient logs
  o Discuss the completion or plan for completion of the Observed Clinical Encounter (OCE)
  o Review of student work hours log
  o Perform meaningful review of clinical performance; students should complete a self-assessment of their performance for review prior to the scheduled meeting
  o Identify areas of improvement and goals for the remainder of the clerkship year
  o The student and faculty must use the UCR School of Medicine “UCR SOM Mid-Clerkship Formative Assessment of Medical Student by Faculty” form. This form requires a student and faculty signature. The student will bear the responsibility to return the completed form via Canvas.

(b) Summative Assessment
Each student will receive narrative assessments from their LACE Preceptor, in the form of:

- “Medical Student Clerkship Summative Assessment by Faculty” Form – LACE Preceptors must complete this electronic form (via MedHub) for the specific purpose of rating the student’s clinical performance and providing narrative assessment to the clerkship.
  o A summative assessment will be entered to assess the student’s performance at the end of the clerkship year. The contents of this assessment may be included in the student’s Medical Performance Student Evaluation (Dean’s Letter).
  o The content of the summative assessments will not be indicative of or incorporated into the student’s final grade for the LACE Clerkship.
  o If a LACE Preceptor does not submit the Clerkship Summative Assessment form within two weeks of the end of the academic year, the student’s grade may be listed as “Grade Delay” until completed.

(c) Student Evaluations of Clerkship/Teaching
To improve upon the LACE Program, we gather evaluations of both LACE Clerkship and the instruction of our LACE Preceptors from students at the end of each LACE Clerkship year.

- Students must complete both “Student Evaluation of LACE Clerkship” and “Student Evaluation of Faculty Teaching” forms (via MedHub)
- If a student appraises a LACE Preceptor as having deficiencies on one or more specific teaching/assessment skills or inadequate overall performance, the LACE Clerkship Director will provide direct feedback to review summative evaluation, provide resources for improvement, and mutually create an improvement plan.
LACE 1 & 2: The grading policy for LACE 1 Clerkship and LACE 2 Clerkship are part of the LACE Module in each Block (Blocks 1-9 in pre-clerkship). Students must pass each component of the LACE Module in each Block to pass the LACE course. The LACE Module consists of:

- **LACE Clerkship**
  - **Requisites:** 100% attendance at LACE Clerkship sessions, submission of required formative assessment forms and student evaluation forms
- **LACE Curriculum Threads** (Health Systems Science Project, Clinical Reasoning, Public Health & Social Medicine, Biostatistics/Epidemiology)
  - **Requisites:** Refer to the respective syllabi for each LACE Thread

LACE 3: The grading scale for LACE 3 is Honors, High Pass, Pass, or Fail. Please see the LACE 3 Grading Rubric (Canvas) for criterion-based reference grading, per UCR SOM policy.

- **Clinical Knowledge** 35%
  - LACE Health Systems Science Thread – Initial Results Analysis, Poster Presentation, Final Paper
- **Clinical performance** 45%
  - Full attendance at all LACE 3 Clerkship sessions
- **Professionalism** 20%
  - Completed on-time assignments for LACE Clinical Reasoning Thread
  - Attendance, punctuality, and full participation in assigned clinical activities
  - Timely completion of all administrative tasks as assigned by the Clerkship Team (reporting Required Clinical Encounters, weekly hour reporting, submitting OCE form, submitting formative mid-clerkship assessment form, etc.)
VII. LACE Curriculum Threads

The purpose of the four LACE Curriculum Threads is to give students a foundation for their professional identity formation as they transform into a physician, an advocate, and a scholar.

(a) LACE Health Systems Science Project

The Inland Empire suffers from persistent health disparities stemming from intersecting socio-economic challenges. As part of our central mission to train physicians who can ameliorate the effects of these disparities, our students embark on a three-year curriculum that guides them through each piece of the research and scholarship process. By following the curriculum, the students become the kind of physician-scientists that can help put good health within reach of every person in our region.

The educational requirements related to the Health Systems Science Thread progress over the course of three years, including: literature review, formulating a research question, submitting for IRB review, and implementing data collection and analysis. All projects must be approved by the LACE Health Systems Science Thread Director (Daniel Novak, PhD – UCR Director of Scholarly Activities).

Students will be expected to present the progression or outcome of their work at the annual conference ("Dean’s Research Day") at UC Riverside School of Medicine. This event serves to disseminate innovative research and quality improvement in healthcare throughout the Inland Empire. LACE Preceptors are invited to the annual “Dean’s Research Day”. The LACE Program staff will select community faculty to share valuable feedback with the students at the conference.

Please refer to the LACE Health Systems Science Projects Thread Syllabus for further details.

(b) LACE Clinical Reasoning

LACE Clinical Reasoning is a longitudinal interactive workshop series focused on integrated clinical decision-making and diagnostic reasoning through the practice of metacognition. Students will explore clinical case narratives to externalize thoughts and analyze their own thinking for potential heuristic error. This conscious reflection is a critical step as students participate in socialization and enter the community of medical practice.

The LACE Clinical Reasoning thread will explore factors that influence clinical decision-making: evidence-based medicine, population health, applied biostatistics, shared decision-making, patient perspectives, and heuristics and cognitive errors. Students will apply these learned methodologies with their LACE Preceptors during their longitudinal clerkship.

Please refer to the LACE Clinical Reasoning Thread Syllabus for further details.
(c) LACE Public Health & Social Medicine

The LACE Public Health core curriculum titled ‘Public Health and Social Medicine: A Focus on Disparities’ is vital to exposing students to a variety of foundational health care topics with an integrated focus on community engagement. Topics include health policy, social determinants of health, ethics, structural competency, medical humanities, and preventive medicine. When linked to their longitudinal clerkship, this core component of the medical school curriculum equips our future physicians to better understand public health and improve the health of the community.

Please refer to the LACE Public Health Thread Syllabus for further details.

(d) LACE Biostatistics & Epidemiology

The LACE Biostatistics & Epidemiology curriculum introduces basic concepts in biostatistics as they are applied to clinical decision-making and research. The two-year course thread also incorporates population health analysis through an understanding of basic epidemiology. Each topic covered overlaps with other LACE Curriculum Threads.

Please refer to the LACE Biostatistics & Epidemiology Thread Syllabus for further details.
Appendix A-1: LACE 1 Deliverables

BLOCK ONE

Week 5:
- Observe the process of a medical assistant/nurse in preparing two patients for a visit
- Obtain **vital signs** on at least two patients during a visit
  - RCE (MedHub): “Physical Exam – Vital Signs”
- Obtain a **History of Present Illness** using the OLDCART(S) method as applicable, with supervision of your LACE Preceptor: Onset, Location, Duration, Character, Alleviating/Aggravating factors, Radiation, Timing, Severity
  - RCE (MedHub): “History – present illness (OLDCARTS method)”
- With your LACE Preceptor, perform a partial or complete **skin exam** on at least one patient
  - RCE (MedHub): “Physical Exam – Skin”

Week 7:
- With your LACE Preceptor, obtain a **History of Present Illness** for at least one patient (using the OLDCART(S) method as applicable)
  - RCE (MedHub): “History – present illness (OLDCARTS method)”
- With your LACE Preceptor, perform a partial or complete **ENT examination** on at least one patient
  - RCE (MedHub): “Physical Exam – Ear, Nose, Throat”
- With your LACE Preceptor, perform a partial or complete **head, neck, lymph node** on at least one patient
  - RCE (MedHub): “Physical Exam – head, neck, lymph node”
- With your LACE Preceptor, obtain a **social history** using the HEADSSS method: home status, education, activities/employment, diet, substance use, suicidality/self-image, sexuality, safety
  - RCE (MedHub): “History – social assessment (HEADSSS)”
- Submit **work hours log** for Block 1 via MedHub

BLOCK TWO

Week 1:
- Obtain **vital signs** on at least one patient during a visit
  - RCE (MedHub): “Physical Exam – Vital Signs”
- With your LACE Preceptor, obtain a **History of Present Illness** for at least one patient (using the OLDCART(S) method as applicable)
  - RCE (MedHub): “History – present illness (OLDCARTS method)”
- With your LACE Preceptor, analyze the **cardiac risk factors** for at least one patient
  - RCE (MedHub): “History – assessment of cardiac risk factors”
Week 3:
- With your LACE Preceptor, obtain a History of Present Illness for at least one patient (using the OLDCART(S) method as applicable)
  - RCE (MedHub): “History – present illness (OLDCARTS method)”
- With your LACE Preceptor, analyze the cardiac risk factors for at least one patient
  - RCE (MedHub): “History – assessment of cardiac risk factors”
- Interpret the basic parts of an electrocardiogram with your LACE Preceptor – see example (Figure 1)
  - RCE (MedHub): “Skills – read an electrocardiogram”

Week 5:
- With your LACE Preceptor, obtain a History of Present Illness for at least one patient (using the OLDCART(S) method as applicable)
  - RCE (MedHub): “History – present illness (OLDCARTS method)”
- With your LACE Preceptor, perform a partial or complete cardiovascular exam on at least one patient.
  - RCE (MedHub): “Physical Exam – Cardiovascular”
- Interpret the basic parts of an electrocardiogram with your LACE Preceptor – see example (Figure 2)
  - RCE (MedHub): “Skills – read an electrocardiogram”

Week 7:
- With your LACE Preceptor, obtain a History of Present Illness for at least one patient (using the OLDCART(S) method as applicable)
  - RCE (MedHub): “History – present illness (OLDCARTS method)”
- With your LACE Preceptor, obtain a history of tobacco use for at least one patient
  - RCE (MedHub): “History – assessment of tobacco use history”
- With your LACE Preceptor, perform a partial or complete respiratory exam on at least one patient.
  - RCE (MedHub): “Physical Exam – Respiratory”
- Submit work hours log for Block 2 via MedHub

BLOCK THREE

Week 1:
- Obtain a History of Present Illness for a consenting patient of your LACE Preceptor’s discretion.
- The related medical history may include: past medical history, past surgical history, reproductive/sexual history, medications, allergies, or a pertinent review of systems
- With your LACE Preceptor, perform a complete respiratory exam on at least one patient.
• RCE (MedHub): “Physical Exam – Respiratory”
  o With your LACE Preceptor, perform a complete cardiovascular exam on at least one patient.
    ▪ RCE (MedHub): “Physical Exam – Cardiovascular”
  o Schedule time to meet with your LACE Preceptor to complete Mid-Clerkship Formative Assessment (Canvas) and to review log of RCEs by the end of Block 3

**Week 3:**
  o With your LACE Preceptor, perform a complete cardiovascular exam on at least one patient.
    ▪ RCE (MedHub): “Physical Exam – Cardiovascular”

**Week 5:**
  o With your LACE Preceptor, observe and assist with a genitourinary exam with a consenting patient. If possible, participate in the genitourinary exam with both a male and female patient.
    ▪ RCE (MedHub): “Physical Exam - Genitourinary Exam (Male)”
    ▪ RCE (MedHub): “Physical Exam - Genitourinary Exam (Female)”
  o Observe and assist with a genitourinary exam with a consenting patient. If possible, participate in the genitourinary exam with both a male and female patient.
    ▪ RCE (MedHub): “Physical Exam - Genitourinary Exam (Male)”
    ▪ RCE (MedHub): “Physical Exam - Genitourinary Exam (Female)”
  o Obtain a complete dietary history (including access/affordability) on a patient, preferably one with a history of pre-diabetes, diabetes, or dyslipidemia.
    ▪ RCE (MedHub): “History – screen for social determinants of health”

**Week 7:**
  o Obtain a reproductive history for a consenting patient of your LACE Preceptor’s discretion.
    ▪ RCE (MedHub): “History – social assessment (HEADSSS)”

**BLOCK FOUR**

**Week 1:**
  o Obtain a reproductive history for a consenting patient of your LACE Preceptor’s discretion.
    ▪ RCE (MedHub): “History – social assessment (HEADSSS)”
With your LACE Preceptor, perform a partial or complete **breast examination** on at least one patient.

- **RCE (MedHub):** “Physical Exam – Breast/axillae”

Discuss recommended **screening guidelines** for at least one patient using the **US Preventive Services Task Force (USPSTF) Guidelines**

- **ePSS - Online Tool for USPTSF:** read the “Rationale” and “Clinical Considerations” sections for at least two screening recommendations
  - **RCE (MedHub):** “Skills – counsel on preventive care for chronic disease”

**Week 3:**

- With your LACE Preceptor, perform a partial or complete **musculoskeletal exam of the upper extremity** on at least one patient.
  - **RCE (MedHub):** “Physical Exam – Musculoskeletal (upper extremity)”
- With your LACE Preceptor, interpret basic parts of any **radiograph** (chest, abdomen, extremities) – see attached example (Figure 3)
  - **RCE (MedHub):** “Skills – read a chest radiograph”

**Week 5:**

- With your LACE Preceptor, perform a partial or complete **musculoskeletal exam of the lower extremity** on at least one patient.
  - **RCE (MedHub):** “Physical Exam – Musculoskeletal (lower extremity)”
- Screen a patient for **intimate partner violence** and share your findings with your LACE Preceptor
  - **RCE (MedHub):** “History – screen for intimate partner violence”
- Submit **work hours log** for Block 4 via MedHub

**BLOCK FIVE**

**Week 1:**

- Obtain a **History of Present Illness** for a consenting patient of your LACE Preceptor’s discretion.
  - **RCE (MedHub):** “History – present illness (OLDCARTS method)”
- With your LACE Preceptor, perform a partial or complete **neurologic exam** on at least one patient.
  - **RCE (MedHub):** “Physical Exam - Neurological”

**Week 3:**

- Obtain a **History of Present Illness** for a consenting patient of your LACE Preceptor’s discretion.
  - **RCE (MedHub):** “History – present illness (OLDCARTS method)”
With your LACE Preceptor, perform a partial or complete **neurologic exam** on at least one patient.

- **RCE (MedHub):** “Physical Exam - Neurological”

With your LACE Preceptor, perform a partial or complete **ophthalmologic exam** on at least one patient.

- **RCE (MedHub):** “Physical Exam - Ophthalmologic”

**Week 5:**

- Obtain a **History of Present Illness** for a consenting patient of your LACE Preceptor’s discretion.
  - **RCE (MedHub):** “History – present illness (OLDCARTS method)”

- Identify a patient presenting with **headache / stress management** (Doctoring)

- Submit **work hours log** for Block 5 via MedHub

- Assessments/Evaluations (required to release grades):
  - Complete **“Student Evaluation of Clerkship”** form via MedHub
  - Complete **“Student Evaluation of Teaching”** form via MedHub
  - LACE Preceptor required to complete **“Clerkship Summative Assessment by Faculty”** form via MedHub
Appendix A-2: LACE 2 Deliverables

**BLOCK SIX**

**Week 2:**
- Obtain **a History of Present Illness** using the OLDCART(S) method as applicable, with supervision of your LACE Preceptor: Onset, Location, Duration, Character, Alleviating/Aggravating factors, Radiation, Timing, Severity

**Week 4:**
- Obtain **a focused HPI, directed physical exam** and provide a differential diagnosis for at least two patient encounters with the supervision of your LACE Preceptor
- With your LACE Preceptor, perform a partial or complete **musculoskeletal exam of the upper extremity or lower extremity** on at least one patient
  - RCE (MedHub): “Physical Exam – Musculoskeletal (upper extremity)”
  - RCE (MedHub): “Physical Exam – Musculoskeletal (lower extremity)”
- Analyze the results of one **hematologic laboratory result** obtained from a patient with your LACE Preceptor. Examples: complete blood count, peripheral smear, electrophoresis, etc.
  - RCE (MedHub): “Skills – interpret hematologic laboratory values”

**Week 6:**
- With your LACE Preceptor, perform a partial or complete **musculoskeletal exam of the upper extremity or lower extremity** on at least one patient.
  - RCE (MedHub): “Physical Exam – Musculoskeletal (upper extremity)”
  - RCE (MedHub): “Physical Exam – Musculoskeletal (lower extremity)”
- Identify age-appropriate **preventive screening guidelines** specific to at least one patient with your LACE Preceptor
  - RCE (MedHub): “Skills – counseling on screening guidelines”
- Interpret the results of one **infectious-culture laboratory result** obtained to evaluate a patient with your LACE Preceptor. Examples: urine dipstick, urine culture, wound culture, sputum culture, etc.
  - RCE (MedHub): “Skills – interpret microbiology culture or analysis”

**Week 8:**
- Obtain **a focused HPI and directed physical exam** for a patient with a possible infectious chief complaint. Review your differential diagnosis with your LACE preceptor.
- With your LACE Preceptor, perform a partial or complete **respiratory exam** on at least one patient
  - RCE (MedHub): “Physical Exam – Respiratory”
- With your LACE Preceptor, perform a partial or complete **skin exam** on at least one patient
- RCE (MedHub): “Physical Exam – Skin”
- Submit work hours log for Block 6 via MedHub

**BLOCK SEVEN**

**Week 1:**
- With your LACE Preceptor, perform a partial or complete **ENT examination and lymph node exam (head, neck)** on at least one patient
  - RCE (MedHub): “Physical Exam – Ear, Nose, Throat”
- RCE: With your LACE Preceptor, perform a partial or complete **skin exam** on at least one patient
  - RCE (MedHub): “Physical Exam – Skin”

**Week 3:**
- Obtain a complete **sexual and reproductive history** from either a male or a female patient.
- Identify any potential **nephrotoxic agents** on a patient medication list with your LACE preceptor.
- Schedule time to meet with your LACE Preceptor to complete **Mid-Clerkship Formative Assessment** (Canvas) and to review log of RCEs by the end of Block 7

**Week 5:**
- With your LACE Preceptor, perform a partial or complete **cardiovascular and respiratory exam.**
  - RCE (MedHub): “Physical Exam – Respiratory”
  - RCE (MedHub): “Physical Exam – Cardiovascular”
- Obtain a history of **cardiac risk factors** for at least one patient
- Use motivational interviewing to counsel a patient on **cessation of tobacco/nicotine use**
  - RCE (MedHub): “Skills – counseling on smoking cessation”
- **Analyze the basic parts of an electrocardiogram** with your LACE Preceptor - see attached example (Figure 4)
  - RCE (MedHub): “Skills – Interpret an electrocardiogram”

**Week 7:**
- With your LACE Preceptor, perform a partial or complete **cardiovascular and respiratory exam.**
  - RCE (MedHub): “Physical Exam – Respiratory”
  - RCE (MedHub): “Physical Exam – Cardiovascular”
- **Interpret a chest radiograph** with your LACE Preceptor - see attached example (Figure 5)
  - RCE (MedHub): “Skills – Interpret a chest radiograph”
- Submit work hours log for Block 7 via MedHub
BLOCK EIGHT

**Week 1:**
- With your LACE Preceptor, perform a partial or complete **abdominal exam** on at least one patient
  - RCE (MedHub): “Physical Exam – Abdominal”
- Review and interpret the results of one **abdominal and/or pelvic imaging study** with your LACE Preceptor. Examples: abdominal X-ray (KUB), CT abdomen/pelvis, renal ultrasound, pelvic ultrasound etc. - see attached example (Figure 6)
  - RCE (MedHub): “Skills – Interpret abdominal/pelvic imaging study”

**Week 3:**
- With your LACE Preceptor, perform a partial or complete **abdominal exam** on at least one patient
  - RCE (MedHub): “Physical Exam – Abdominal”
- Analyze and interpret the results of a **gastrointestinal/hepatology laboratory result or imaging result** with your LACE Preceptor. Examples: liver function tests, lipase, bilirubin levels, abdominal ultrasound or tomography, etc.
  - RCE (MedHub): “Skills – Interpret abdominal/pelvic imaging study”

**Week 5:**
- With your LACE Preceptor, observe and assist with a **genitourinary exam** with a consenting patient. If possible, participate in the genitourinary exam with both a male and female patient.
  - RCE (MedHub): “Physical Exam - Genitourinary Exam (Male)”
  - RCE (MedHub): “Physical Exam - Genitourinary Exam (Female)”
- With your LACE Preceptor, discuss **advanced care planning** with a patient/family. If applicable, you may assist the patient in completing an Advance Directive:
  - The Conversation Project: https://theconversationproject.org/
  - RCE (MedHub): “Skills – counseling on advance care planning”

**Week 7:**
- With your LACE Preceptor, perform a partial or complete **breast examination** on at least one patient.
  - RCE (MedHub): “Physical Exam – Breast (Female)”
- Complete **“UCR SOM Observed Clinical Encounter by Faculty”** (available in Canvas) by the end of LACE 2 Clerkship (April)
- Submit **work hours log** for Block 8
BLOCK NINE

Week 1:
- With your LACE Preceptor, perform a partial or complete neurologic and ophthalmologic exam on at least one patient.
  - RCE (MedHub): “Physical Exam - Neurological”
  - RCE (MedHub): “Physical Exam - Ophthalmologic”
- Obtain a screening psychiatric history for a patient (PHQ-9, GAD, MDQ) - see attached example (Figure 7)
  - RCE (MedHub): “Skills – Psychiatry screening tool”

Week 3:
- With your LACE Preceptor, perform a partial or complete neurologic and ophthalmologic exam on at least one patient.
  - RCE (MedHub): “Physical Exam - Neurological”
  - RCE (MedHub): “Physical Exam - Ophthalmologic”
- Complete a Montreal Cognitive Assessment for a patient with possible cognitive impairment - see attached example (Figure 8)
  - Instructions and patient education: http://www.mocatest.org/
  - RCE (MedHub): “Skills – screening for cognitive delay”
- Practice at least one formal patient presentation with your LACE Preceptor including an expanded differential diagnosis with supporting clinical reasoning evidence.

Week 5:
- Practice at least one formal patient presentation with your LACE Preceptor including an expanded differential diagnosis with supporting clinical reasoning evidence.
- Submit work hours log for Block 9 via MedHub
- Assessments/Evaluations (required to release grades):
  - Complete “Student Evaluation of Clerkship” form via MedHub
  - Complete “Student Evaluation of Teaching” form via MedHub
  - LACE Preceptor required to complete “Clerkship Summative Assessment by Faculty” form via MedHub
Appendix A-3: LACE 3 Deliverables

**Week 1-4:**
- List a differential diagnosis for a patient with presentation of **abdominal discomfort**, using history and physical exam to support hypothesis-driven clinical reasoning
  - RCE (MedHub): “Diagnosis – Abdominal Discomfort”
- Submit one **reflective writing assignment** per month (LACE Clinical Reasoning)
- Submit **work hours log** each month via MedHub

**Week 5-8:**
- Explain a management plan for a patient with **congestive heart failure**, using evidence-based guidelines
  - RCE (MedHub): “Diagnosis – Congestive heart failure”
- Submit one **reflective writing assignment** per month (LACE Clinical Reasoning)
- Submit **work hours log** each month via MedHub

**Week 9-12:**
- Explain a management plan for a patient with **coronary artery disease**, using evidence-based guidelines
  - RCE (MedHub): “Diagnosis – Coronary Artery Disease”
- Submit one **reflective writing assignment** per month (LACE Clinical Reasoning)
- Submit **work hours log** each month via MedHub

**Week 13-16:**
- List a differential diagnosis for a patient with presentation of **cough**, using history and physical exam to support hypothesis-driven clinical reasoning
  - RCE (MedHub): “Diagnosis – Cough/asthma, chronic obstructive”
- Submit one **reflective writing assignment** per month (LACE Clinical Reasoning)
- Submit **work hours log** each month via MedHub

**Week 17-20:**
- Explain a management plan for a patient with **diabetes mellitus / insulin resistance**, using evidence-based guidelines
- List a differential diagnosis for a patient with presentation of **rash/skin issue**, using history and physical exam to support hypothesis-driven clinical reasoning
  - RCE (MedHub): “Diagnosis – Rash or skin issue”
- Submit one **reflective writing assignment** per month (LACE Clinical Reasoning)
- Submit **work hours log** each month via MedHub

**Week 21-24:**
- List a differential diagnosis for a patient with presentation of **headache**, using history and physical exam to support hypothesis-driven clinical reasoning
  - RCE (MedHub): “Diagnosis – Headache”
- Submit one **reflective writing assignment** per month (LACE Clinical Reasoning)
- Submit **work hours log** each month via MedHub
- Schedule time to meet with your LACE Preceptor to complete “**UCR SOM Mid-Clerkship Formative Assessment by Faculty**” (Canvas) and to review log of RCEs by the end of January

**Week 28-32:**
- Explain a management plan for a patient with **hyperlipidemia**, using evidence-based guidelines
  - **RCE (MedHub): “Diagnosis – Hyperlipidemia”**
- Explain a management plan for a patient with **hypertension**, using evidence-based guidelines
  - **RCE (MedHub): “Diagnosis – Hypertension”**
- Submit one **reflective writing assignment** per month (LACE Clinical Reasoning)
- Submit **work hours log** each month via MedHub

**Week 33-36:**
- Complete “**UCR SOM Observed Clinical Encounter by Faculty**” (Canvas) by end of LACE 3 Clerkship (June)
- Submit one **reflective writing assignment** per month (LACE Clinical Reasoning)
- Submit **work hours log** each month via MedHub

**Week 37-40:**
- Explain a management plan for a patient with **upper respiratory infection**, using evidence-based guidelines
  - **RCE (MedHub): “Diagnosis – Upper respiratory infection”**
- List a differential diagnosis for a patient with presentation of **mental health issue**, using history and physical exam to support hypothesis-driven clinical reasoning
  - **RCE (MedHub): “Diagnosis – Mental health (depression, anxiety)”**
- Submit one **reflective writing assignment** per month (LACE Clinical Reasoning)
- Submit **work hours log** each month via MedHub

**Week 41-44:**
- Explain a management plan for a patient with **urinary tract infection**, using evidence-based guidelines
  - **RCE (MedHub): “Diagnosis – Urinary tract infection”**
- List a differential diagnosis for a patient with presentation of **musculoskeletal issue**, using history and physical exam to support hypothesis-driven clinical reasoning
  - **RCE (MedHub): “Diagnosis – Musculoskeletal issue”**
- Submit one **reflective writing assignment** per month (LACE Clinical Reasoning)
- Submit **work hours log** each month via MedHub

**Week 45-49:**
- Explain a management plan for a patient with **wellness visit**, using evidence-based guidelines
  - **RCE (MedHub): “Diagnosis – Wellness visit”**
- Submit one **reflective writing assignment** per month (LACE Clinical Reasoning)
- Submit **work hours log** each month via MedHub
- Assessments/Evaluations (required to release grades):
  - Complete “**Student Evaluation of Clerkship**” form via MedHub
  - Complete “**Student Evaluation of Teaching**” form via MedHub
  - LACE Preceptor required to complete “**Clerkship Summative Assessment by Faculty**” form via MedHub
Appendix A-4: Learning Objectives for LACE 1 Clerkship

After completing LACE 1 Clerkship, participating medical students will be able to:

1. Obtain a supervised social history using the HEADSSS method.
2. Conduct vital signs on a patient.
3. Perform a supervised skin exam on a patient.
4. Perform a supervised head, neck, lymph node exam on a patient.
5. Take part in a supervised ENT exam on a patient.
6. Analyze the history of cardiac risk factors on a patient.
7. Obtain a supervised history of tobacco use on a patient.
8. Interpret the basic parts of an electrocardiogram.
11. List and analyze a complete history on patient, including past medical/surgical history and reproductive/sexual history.
12. Identify social determinants of health (food insecurity) during a patient history interview.
15. Perform a supervised genitourinary exam on a patient.
16. Explain potential heuristic errors and implicit bias in clinical reasoning.
17. Perform a supervised breast exam on a patient.
18. Conduct a supervised musculoskeletal exam of the upper and lower extremity on a patient.
19. Discuss recommended preventive screening guidelines with a patient.
20. Screen a patient for intimate partner violence during a history interview.
21. Interpret the basic parts of a radiograph.
22. Perform literature review in the process of health systems science research.
23. Perform a supervised neurological exam on a patient.
24. Perform a supervised ophthalmologic exam on a patient.
25. Interpret characteristics of diagnostic tests using sensitivity, specificity, predictive value.
26. Demonstrate professionalism and ethical behavior in clinical setting.
Appendix A-5: Learning Objectives for LACE 2 Clerkship

After completing LACE 2 Clerkship, participating medical students will be able to:

1. Analyze a history of present illness on a patient.
2. Perform a complete musculoskeletal exam of the upper and lower on a patient.
3. Perform a complete skin exam on a patient.
4. Analyze the results of a hematologic laboratory result on a patient.
5. Interpret the results of an infectious-culture laboratory result on a patient.
6. Identify recommended preventive cancer screening guidelines for a patient.
7. Perform a complete head and neck exam on a patient.
8. Perform a complete cardiovascular and respiratory exam on a patient.
9. Analyze the basic parts of an electrocardiogram for a patient.
10. Interpret a chest radiograph for a patient.
11. Identify on a patient medication list any nephrotoxic agents.
12. Explain an interdisciplinary approach to identifying and ameliorating health disparities.
13. Perform a complete abdominal exam on a patient.
14. Perform a complete a genitourinary exam on a patient.
15. Interpret an abdominal/pelvic imaging study for a patient.
16. Create an advanced care plan with a patient and/or family.
17. Analyze community values that influence a patient's physical health and communication style.
18. Obtain and document a psychiatric history of present illness on a patient.
19. Perform a complete neurological exam on a patient.
20. Perform a complete ophthalmologic exam on a patient.
21. Interpret an abdominal/pelvic imaging study for a patient.
22. Screen for cognitive delay with a patient and/or family.
23. Participate in reflective writing as part of Professional Identity Formation.
24. Explain potential heuristic errors and implicit bias in clinical reasoning.
25. Gather patient and population data in the process of research or quality improvement.
26. Interpret characteristics of diagnostic tests using sensitivity, specificity, predictive value.
27. Demonstrate professionalism and ethical behavior in a clinical setting.
Appendix A-6: Learning Objectives for LACE 3 Clerkship

After completing LACE 3 Clerkship, participating medical students will be able to:

28. Perform and document a complete history and physical examination on the patient.
29. Interpret laboratory and imaging studies with other pertinent data.
30. Explain a comprehensive assessment and treatment plan for a patient.
31. Identify preventive health screening per recommended specialty guidelines.
32. Explain the basic principles in management of common outpatient conditions.
33. Identify the basic management principles of chronic disease management.
34. Perform a complete medication reconciliation in a patient-centered fashion.
35. Identify social determinants of health that affect patient health outcomes.
36. Analyze heuristic error and bias that influence clinical reasoning.
37. Complete advanced care planning with a patient and/or family.
38. Complete an informed consent with patient/family for common outpatient procedures.
39. Explain community values that influence a patient's physical health and communication style.
40. Analyze and publish results of research and/or quality improvement process.
41. Communicate effectively with patients and families across diverse socioeconomic and cultural backgrounds.
42. Model and foster the development of desirable personal and professional attributes (establish rapport and exhibit sensitivity in patient interactions, maintaining professional boundaries with patients and family members, respect diversity, dress and act in a professional manner, and resolve conflict professionally).
43. Incorporate constructive feedback to improve clinical reasoning and professionalism.
44. Participate in reflective writing as part of Professional Identity Formation.
## Appendix B-1: Required Clinical Encounters (RCEs) for LACE 1 Clerkship

<table>
<thead>
<tr>
<th>Encounter Name</th>
<th>Diagnosis/Procedure</th>
<th>Level of Student Responsibility</th>
<th>Clinical Setting</th>
<th>Alternate Experience</th>
</tr>
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<tbody>
<tr>
<td>Physical Exam - Vital signs</td>
<td>Procedure</td>
<td>Observed</td>
<td>Outpatient</td>
<td>Bates' Guide (12e) - Chapter 4 (p111-146)</td>
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<td>Physical Exam - Skin</td>
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<td>Physical Exam - Head, neck, lymph node</td>
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<td>Physical Exam - Ear, nose, throat</td>
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<td>Observed</td>
<td>Outpatient</td>
<td>Bates' Guide (12e) - Chapter 7 (p215-302)</td>
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<td>Physical Exam - Cardiovascular</td>
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<td>Outpatient</td>
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<td>Bates' Guide (12e) - Chapter 8 (p303-342)</td>
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<td>Physical Exam - Abdominal</td>
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<td>Bates' Guide (12e) - Chapter 11 (p449-508)</td>
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<td>Physical Exam - Genitourinary (male)</td>
<td>Procedure</td>
<td>Observed</td>
<td>Outpatient</td>
<td>Bates' Guide (12e) - Chapter 13 &amp; 14 (p541-606)</td>
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<td>Physical Exam - Genitourinary (female)</td>
<td>Procedure</td>
<td>Observed</td>
<td>Outpatient</td>
<td>Bates' Guide (12e) - Chapter 13 &amp; 14 (p541-606)</td>
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<td>Physical Exam - Breast / axillae</td>
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<td>Physical Exam - Musculoskeletal (lower extremity)</td>
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<td>Observed</td>
<td>Outpatient</td>
<td>Bates' Guide (12e) - Chapter 16 (p625-710)</td>
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<td>Physical Exam - Neurological</td>
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<td>Observed</td>
<td>Outpatient</td>
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<td>Physical Exam - Ophthalmologic</td>
<td>Procedure</td>
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<td>Outpatient</td>
<td>Bates' Guide (12e) - Chapter 17 (p711-796)</td>
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<td>History - present illness (OLDCARTS method)</td>
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<td>History - social assessment (HEADSSS method)</td>
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<td>History - assessment of cardiac risk factors</td>
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<td>Bates' Guide (12e) - Chapter 3 (p65-108)</td>
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<td>History - assessment of tobacco use history</td>
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<td>Bates' Guide (12e) - Chapter 3 (p65-108)</td>
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<td>Observed</td>
<td>Outpatient</td>
<td>Bates' Guide (12e) - Chapter 3 (p65-108)</td>
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<td>Procedure</td>
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<td>MedEd - Open Access - IPV Screening:</td>
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<td>Bates' Guide (12e) - Chapter 3 (p65-108)</td>
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<td>Outpatient</td>
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<td>Skills - read a chest radiograph</td>
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<td>Outpatient</td>
<td>MedEd - University of Virginia:</td>
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## Appendix B-2: Required Clinical Encounters (RCEs) for LACE 2 Clerkship

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<th>Encounter Name</th>
<th>Diagnosis/Procedure</th>
<th>Level of Student Responsibility</th>
<th>Clinical Setting</th>
<th>Alternate Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Exam - Head, neck, lymph node</td>
<td>Procedure</td>
<td>Performed</td>
<td>Outpatient</td>
<td>MedEd - UCSD: <a href="https://meded.ucsd.edu/clinicalmed/head.html">https://meded.ucsd.edu/clinicalmed/head.html</a></td>
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<td>Performed</td>
<td>Outpatient</td>
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<td>Physical Exam - Cardiovascular</td>
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<td>Physical Exam - Abdominal</td>
<td>Procedure</td>
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<td>Physical Exam - Genitourinary (male)</td>
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<td>Physical Exam - Breast / axillae</td>
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<td>Performed</td>
<td>Outpatient</td>
<td>MedEd - UCSD: <a href="https://meded.ucsd.edu/clinicalmed/breast.html">https://meded.ucsd.edu/clinicalmed/breast.html</a></td>
</tr>
<tr>
<td>Physical Exam - Neurological</td>
<td>Procedure</td>
<td>Performed</td>
<td>Outpatient</td>
<td>MedEd - UCSD: <a href="https://meded.ucsd.edu/clinicalmed/neuro2.html">https://meded.ucsd.edu/clinicalmed/neuro2.html</a></td>
</tr>
<tr>
<td>Physical Exam - Ophthalmologic</td>
<td>Procedure</td>
<td>Performed</td>
<td>Outpatient</td>
<td>MedEd - UCSD: <a href="https://meded.ucsd.edu/clinicalmed/eyes.html">https://meded.ucsd.edu/clinicalmed/eyes.html</a></td>
</tr>
<tr>
<td>Physical Exam - Skin</td>
<td>Procedure</td>
<td>Performed</td>
<td>Outpatient</td>
<td>Bates' Guide (12e) - Chapter 6 (p173-214)</td>
</tr>
<tr>
<td>Skills - counseling on smoking cessation</td>
<td>Procedure</td>
<td>Performed</td>
<td>Outpatient</td>
<td>AAFP Smoking Cessation: <a href="https://www.aafp.org/afp/2012/0315/p591.html">https://www.aafp.org/afp/2012/0315/p591.html</a></td>
</tr>
<tr>
<td>Skills - screening for cognitive delay (MOCA, MMSE, Mini-Cog)</td>
<td>Procedure</td>
<td>Performed</td>
<td>Outpatient</td>
<td>MOCA (Veterans Affairs) - <a href="https://www.parkinsons.va.gov/resources/MOCA-Test-English.pdf">https://www.parkinsons.va.gov/resources/MOCA-Test-English.pdf</a></td>
</tr>
<tr>
<td>Skills - read and interpret an electrocardiogram</td>
<td>Procedure</td>
<td>Performed</td>
<td>Outpatient</td>
<td>ECG Wave Maven - Harvard: <a href="https://ecg.bidmc.harvard.edu/maven/mavenmain.asp">https://ecg.bidmc.harvard.edu/maven/mavenmain.asp</a></td>
</tr>
<tr>
<td>Skills - read and interpret abdominal/pelvic imaging study</td>
<td>Procedure</td>
<td>Performed</td>
<td>Outpatient</td>
<td>MedEd - University of Virginia: <a href="https://www.med-ed.virginia.edu/courses/rad/PlainAbdomen/index.html">https://www.med-ed.virginia.edu/courses/rad/PlainAbdomen/index.html</a></td>
</tr>
<tr>
<td>Skills - interpret hematologic laboratory values</td>
<td>Procedure</td>
<td>Performed</td>
<td>Outpatient</td>
<td>MedEd - Tulane University: <a href="https://acid-base.com/">https://acid-base.com/</a></td>
</tr>
<tr>
<td>Skills - interpret microbiology culture or analysis</td>
<td>Procedure</td>
<td>Performed</td>
<td>Outpatient</td>
<td>NCBI Urine Culture: <a href="https://www.ncbi.nlm.nih.gov/books/NBK557569/">https://www.ncbi.nlm.nih.gov/books/NBK557569/</a></td>
</tr>
<tr>
<td>Encounter Name</td>
<td>Diagnosis/Procedure</td>
<td>Level of Student Responsibility</td>
<td>Clinical Setting</td>
<td>Alternate Experience</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>---------------------</td>
<td>---------------------------------</td>
<td>------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Musculoskeletal issue</td>
<td>Diagnosis</td>
<td>Participated</td>
<td>Outpatient</td>
<td>Online MedEd: <a href="https://onlinemeded.org/spa/cases/rheumatology-1">https://onlinemeded.org/spa/cases/rheumatology-1</a></td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>Diagnosis</td>
<td>Participated</td>
<td>Outpatient</td>
<td>Online MedEd: <a href="https://onlinemeded.org/spa/cases/cardiology-2">https://onlinemeded.org/spa/cases/cardiology-2</a></td>
</tr>
<tr>
<td>Coronary artery disease</td>
<td>Diagnosis</td>
<td>Participated</td>
<td>Outpatient</td>
<td>Online MedEd: <a href="https://onlinemeded.org/spa/cardiology/coronary-artery-disease/acquire">https://onlinemeded.org/spa/cardiology/coronary-artery-disease/acquire</a></td>
</tr>
<tr>
<td>Upper respiratory infection, acute</td>
<td>Diagnosis</td>
<td>Participated</td>
<td>Outpatient</td>
<td>Online MedEd: <a href="https://onlinemeded.org/spa/cases/infectious-disease-4">https://onlinemeded.org/spa/cases/infectious-disease-4</a></td>
</tr>
<tr>
<td>Cough / asthma, chronic obstructive</td>
<td>Diagnosis</td>
<td>Participated</td>
<td>Outpatient</td>
<td>Online MedEd: <a href="https://onlinemeded.org/spa/cases/pulmonology-6">https://onlinemeded.org/spa/cases/pulmonology-6</a></td>
</tr>
<tr>
<td>Diabetes / insulin resistance</td>
<td>Diagnosis</td>
<td>Participated</td>
<td>Outpatient</td>
<td>Aquifer - Family Medicine 18 - Headache: <a href="https://aquifer.org/courses/aquifer-family-medicine/#case-list">https://aquifer.org/courses/aquifer-family-medicine/#case-list</a></td>
</tr>
<tr>
<td>Headache</td>
<td>Diagnosis</td>
<td>Participated</td>
<td>Outpatient</td>
<td>Online MedEd: <a href="https://onlinemeded.org/spa/cardiology/cholesterol/acquire">https://onlinemeded.org/spa/cardiology/cholesterol/acquire</a></td>
</tr>
<tr>
<td>Hyperlipidemia</td>
<td>Diagnosis</td>
<td>Participated</td>
<td>Outpatient</td>
<td>Online MedEd: <a href="https://onlinemeded.org/spa/cardiology/hypertension/acquire">https://onlinemeded.org/spa/cardiology/hypertension/acquire</a></td>
</tr>
<tr>
<td>Hypertension</td>
<td>Diagnosis</td>
<td>Participated</td>
<td>Outpatient</td>
<td>Online MedEd: <a href="https://onlinemeded.org/spa/cases/infectious-disease-7">https://onlinemeded.org/spa/cases/infectious-disease-7</a> or <a href="https://onlinemeded.org/spa/cases/pediatrics-10">https://onlinemeded.org/spa/cases/pediatrics-10</a></td>
</tr>
<tr>
<td>Abdominal Discomfort</td>
<td>Diagnosis</td>
<td>Participated</td>
<td>Outpatient</td>
<td>Online MedEd: <a href="https://onlinemeded.org/spa/cases/rheumatology-2">https://onlinemeded.org/spa/cases/rheumatology-2</a></td>
</tr>
<tr>
<td>Rash or skin issue</td>
<td>Diagnosis</td>
<td>Participated</td>
<td>Outpatient</td>
<td>Online MedEd: <a href="https://onlinemeded.org/spa/cases/endocrine-2">https://onlinemeded.org/spa/cases/endocrine-2</a></td>
</tr>
<tr>
<td>Urinary tract infection</td>
<td>Diagnosis</td>
<td>Participated</td>
<td>Outpatient</td>
<td>Aquifer - Family Medicine 05 - Palpitations &amp; 26 - Fatigue - <a href="https://aquifer.org/courses/aquifer-family-medicine/#case-list">https://aquifer.org/courses/aquifer-family-medicine/#case-list</a></td>
</tr>
<tr>
<td>Mental health visit (depression, anxiety)</td>
<td>Diagnosis</td>
<td>Participated</td>
<td>Outpatient</td>
<td>Aquifer - Family Medicine 02 - Wellness Visit: <a href="https://aquifer.org/courses/aquifer-family-medicine/#case-list">https://aquifer.org/courses/aquifer-family-medicine/#case-list</a></td>
</tr>
<tr>
<td>Wellness visit</td>
<td>Diagnosis</td>
<td>Participated</td>
<td>Outpatient</td>
<td></td>
</tr>
</tbody>
</table>
Physician Competency Reference Set (PCRS)
(AAMC Competencies)

The graduating UCR medical student will...

1. Patient Care

Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health

1.1 Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice
1.2 Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging, and other tests
1.3 Organize and prioritize responsibilities to provide care that is safe, effective, and efficient
1.4 Interpret laboratory data, imaging studies, and other tests required for the area of practice
1.5 Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
1.6 Develop and carry out patient management plans
1.7 Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making
1.8 Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes
1.9 Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health
1.10 Provide appropriate role modeling
1.11 Perform supervisory responsibilities commensurate with one’s roles, abilities, and qualifications

2. Knowledge for Practice

Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care

2.1 Demonstrate an investigatory and analytic approach to clinical situations
2.2 Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations
2.3 Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision-making, clinical problem-solving, and other aspects of evidence-based health care
2.4 Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations
Physician Competency Reference Set-AAMC Competencies

2.5 Apply principles of social-behavioral sciences to provision of patient care, including assessment of the impact of psychosocial and cultural influences on health, disease, care seeking, care compliance, and barriers to and attitudes toward care

2.6 Contribute to the creation, dissemination, application, and translation of new health care knowledge and practices

3. Practice-Based Learning and Improvement

Demonstrate the ability to investigate and evaluate one’s care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning

3.1 Identify strengths, deficiencies, and limits in one’s knowledge and expertise
3.2 Set learning and improvement goals
3.3 Identify and perform learning activities that address one’s gaps in knowledge, skills, and/or attitudes
3.4 Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
3.5 Incorporate feedback into daily practice
3.6 Locate, appraise, and assimilate evidence from scientific studies related to patients’ health problems
3.7 Use information technology to optimize learning
3.8 Participate in the education of patients, families, students, trainees, peers, and other health professionals
3.9 Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care
3.10 Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes

4. Interpersonal and Communication Skills

Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals

4.1 Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
4.2 Communicate effectively with colleagues within one’s profession or specialty, other health professionals, and health related agencies (see also 7.3)
4.3 Work effectively with others as a member or leader of a health care team or other professional group (see also 7.4)
4.4 Act in a consultative role to other health professionals
4.5 Maintain comprehensive, timely, and legible medical records
4.6 Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news,
Physician Competency Reference Set-AAMC Competencies

disclosure of errors, and other sensitive topics

4.7 Demonstrate insight and understanding about emotions and human
    responses to emotions that allow one to develop and manage
    interpersonal interactions

5. Professionalism

*Demonstrate a commitment to carrying out professional responsibilities and an
adherence to ethical principles*

5.1 Demonstrate compassion, integrity, and respect for others
5.2 Demonstrate responsiveness to patient needs that supersedes self-interest
5.3 Demonstrate respect for patient privacy and autonomy
5.4 Demonstrate accountability to patients, society, and the profession
5.5 Demonstrate sensitivity and responsiveness to a diverse patient population,
    including but not limited to diversity in gender, age, culture,
    race, religion, disabilities, and sexual orientation
5.6 Demonstrate a commitment to ethical principles pertaining to provision or
    withholding of care, confidentiality, informed consent, and
    business practices, including compliance with relevant laws, policies, and
    regulations

6. Systems-Based Practice

*Demonstrate an awareness of and responsiveness to the larger context and
system of health care, as well as the ability to call effectively on other
resources in the system to provide optimal health care*

6.1 Work effectively in various health care delivery settings and systems relevant
    to one’s clinical specialty
6.2 Coordinate patient care within the health care system relevant to one’s
    clinical specialty
6.3 Incorporate considerations of cost awareness and risk-benefit analysis in
    patient and/or population-based care
6.4 Advocate for quality patient care and optimal patient care systems
6.5 Participate in identifying system errors and implementing potential systems
    solutions
6.6 Perform administrative and practice management responsibilities
    commensurate with one’s role, abilities, and qualifications

7. Interprofessional Collaboration

*Demonstrate the ability to engage in an interprofessional team in a manner that
optimizes safe, effective patient- and population-centered care*

7.1 Work with other health professionals to establish and maintain a climate of
    mutual respect, dignity, diversity, ethical integrity, and trust
7.2 Use the knowledge of one’s own role and the roles of other health
professionals to appropriately assess and address the health care needs of the patients and populations served

7.3 Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations

7.4 Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable

8. Personal and Professional Development

*Demonstrate the qualities required to sustain lifelong personal and professional growth*

8.1 Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors

8.2 Demonstrate healthy coping mechanisms to respond to stress

8.3 Manage conflict between personal and professional responsibilities

8.4 Practice flexibility and maturity in adjusting to change with the capacity to alter one’s behavior

8.5 Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients

8.6 Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system

8.7 Demonstrate self-confidence that puts patients, families, and members of the health care team at ease

8.8 Recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty
Appendix D: Work Hours Policy

I. Policy Summary
Clerkships must provide students with adequate time for individual study, sleep and relaxation. The following policies set forth the acceptable amount of time that clerkships may require of students. “Duty hours” include inpatient and outpatient clinical activities and scheduled academic exercises such as conferences and lectures that are related to the clerkship.

II. Definitions
Accreditation Council for Graduate Medical Education (ACGME)
Assessment and Evaluation Subcommittee (AES)
Medical Education Committee (MEC)
Clerkship Curriculum Subcommittee (CCS)

ACGME: Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading, self-study and preparation time spent away from the duty site.

III. Policy Text
A. All clerkships must be committed to and be responsible for promoting patient safety and medical student well-being and provide a supportive educational environment. Clerkships must ensure that faculty provide appropriate supervision of medical students in patient care activities.
B. All 3rd and 4th year medical students will follow the same duty hour regulations mandated by the ACGME for residents.
C. Duty hours are limited to no more than 80 hours per week averaged over four weeks including all overnight and evening call.
D. Students should be scheduled for 10 hours away from their site between shifts. Just as individual practices vary, actual office hours at each site may vary.
E. Students should be respectful and adaptable to the schedule expected at the physician's office/hospital site.

IV. Responsibilities
Assessment and Evaluation Subcommittee (AES)
Medical Education Committee (MEC)
Clerkship Curriculum Subcommittee (CCS)

A. The MEC is responsible for the curriculum of the medical education program, along with program’s administration and leadership. MEC develops and implements policies regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend during a given week in the clerkship phase of the curriculum.

B. Work hours reports for clerkships is generated by the Office of Assessment and Evaluation and reviewed by the AES every 6- and 12-months.

C. The CCS and the Associate Dean for Clinical Medical Education will regularly monitor the reported work hours of students of the individual clerkship and each clerkship clinic site every 6- to 12-months each year.

V. Procedures
A. Reporting of Work Hour and Work Hour Violations by Medical Students
   1. Students log work hours in the designated online system.
   2. Students review their work hours at the Mid-clerkship feedback session with the designated faculty at the site.
   3. Failure to adhere to duty hour expectations is considered to be student maltreatment and all reporting mechanisms for student maltreatment are available to students.
      i. This includes direct reporting to the clerkship director, block director, associate dean for clinical medical education, the senior associate dean for education or the senior associate dean for student affairs.
      ii. This also includes direct reporting to the Grievance Committee with both formal and informal follow up available.

B. Institutional Communication and Monitoring of Work Hours
   1. Any quality or comparability performance gaps related to work hours regulations requires a continuous quality improvement strategic plan for closing the gap to be filed in writing and by an oral presentation by the Clerkship Director to the Clerkship Curriculum Subcommittee and the Associate Dean for Clinical Medical Education.
   2. The School of Medicine also utilizes a live dashboard where members of the UME team can track duty hour violations.
   3. Work Hours policies are communicated to all students via the Student Handbook and at orientations by the Clerkship Director. A copy of this work hours policy is also sent electronically (e.g., Docusign) once a
year to all faculty and non-faculty instructors (e.g., residents) in every required clerkship.

VI. Forms and Attachments
Not Applicable

VII. Related Information
Medical Student Handbook

VIII. Revision History

Approval(s):

COMPLIANCE COMMITTEE (04/25/2017)

PAUL HACKMAN, J.D., C.H.C.
COMPLIANCE AND PRIVACY OFFICER,
SCHOOL OF MEDICINE

DEBORAH DEAS, M.D., M.P.H
DEAN, SCHOOL OF MEDICINE
CEO, CLINICAL AFFAIRS
CLERKSHIP - (MEDICAL STUDENT) SUMMATIVE ASSESSMENT BY FACULTY / RESIDENT TEACHER

The following guide provides instructions for UCR faculty, residents, and instructors on how to complete their summative clinical assessments of students.

Pages 1-5 provide assessment completion instructions for faculty/residents who have a UCR email.

Pages 6-7 provide assessment completion instructions for faculty/residents who do not have a UCR email.

FACULTY/RESIDENTS WHO HAVE A UCR EMAIL

1. You will receive an email from Medhub informing you of your student’s request to complete the online assessment form. Click on the link provided in the email, and it should open https://ucrsom.medhub.com/ on your browser.

Appendix E: MedHub Manual
2. Log into your Medhub account on one of the recommended browsers listed in the image below using the single sign-on button (preferred), or using your user ID and password.

![Login screen](image)

3. On the homepage in the left hand corner you will find the “Urgent Tasks” box noting your incomplete evaluations. Please click on the “Urgent Tasks” box, or click on the “Evaluations” tab found in the top menu, either will take you to your evaluations page with your list of evaluations/assessments to complete.

![Homepage](image)
4. On the “Evaluations” page you will find a tabled list of the evaluations you are needing to complete, which will include the summative assessment form. The form will be listed starting with the student’s last name, first name, followed by “CLERKSHIP SUMMATIVE ASSESSMENT BY FACULTY/RESIDENT TEACHER”. Please select the assessment you need to complete by clicking on the hyperlinked assessment from your list.

5. Once you have completed the evaluation and clicked the submit button at the bottom of the page, your evaluation has been submitted. You can find your completed evaluations under the “Completed evaluations tab”.

6. When you click on your completed evaluations, it will look as follows:
The following form is a Clerkship Summative Assessment form used to provide competency-based assessments of our students during their Clerkships. Please provide honest and fair assessments of the UCR students you worked with.

<table>
<thead>
<tr>
<th>1. Clerkship specialty</th>
<th>EM</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Please identify whether you are an attending, resident, or non-faculty instructor below.</td>
<td>Attending</td>
</tr>
<tr>
<td>3. Rotation site?</td>
<td>KP</td>
</tr>
<tr>
<td>Setting: Please identify the clinical setting of your rotation.</td>
<td></td>
</tr>
<tr>
<td>4. Was this an inpatient setting?</td>
<td>No</td>
</tr>
<tr>
<td>5. Was this an outpatient setting?</td>
<td>Yes</td>
</tr>
<tr>
<td>6. If &quot;Other setting&quot;, please explain?</td>
<td></td>
</tr>
</tbody>
</table>

**Patient Care:**

Please select the corresponding number that best reflects each student's performance.

Provides patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

<table>
<thead>
<tr>
<th>Needs Improvement</th>
<th>Developing</th>
<th>Meeting Expectations</th>
<th>Exceeding Expectations</th>
<th>Exceptional</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

If "Needs improvement" was selected, please provide narrative comments for remediation.

9. If "Exceptional" was selected, please explain in narrative comments. (Note: this performance exceeds the 90th percentile of all medical students)

**Descriptive Anchors (Knowledge for Practice):**

Please select the corresponding number that best reflects each student's performance:

<table>
<thead>
<tr>
<th>Needs Improvement</th>
<th>Developing</th>
<th>Meeting Expectations</th>
<th>Exceeding Expectations</th>
<th>Exceptional</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
7. **If you are not receiving email alerts from Medhub**, you can access all your evaluations by logging on your Medhub account on the browser or smartphone. You can also check for Medhub emails in your spam folder or in emails from “End User Digest”. If this is the case, click on “Release and allow sender”.

![Email alert example](image.png)
FACULTY/RESEDENTS WHO DO NOT HAVE A UCR EMAIL

1. You will receive an email from Medhub informing you of your student’s request to complete the online assessment form. Click on the link provided in the email.

   ![Email example]

   [Red arrow pointing to link]

2. The link should open the assessment form in your preferred browser. Please complete the form to the best of your ability. (NOTE: The image below is an example. Some forms will look different).

   ![Assessment form example]
3. Once you are done, please click the yellow submit button found at the bottom of the form.

4. When you have successfully completed your student’s assessment, you will receive the note below thanking you for your time.
Student Work Hours

This form provides instructions for SOM students on how to report their weekly work hours in Medhub.

Please note, work hours must be submitted each week by Saturday at 9pm. The new worksheet for each week begins on Sundays.

1. Log into your Medhub account on one of the recommended browsers listed in the image below using the single sign-on button (preferred) found by following this link: https://ucrsom.medhub.com/

2. Under the Tasks tab, click on “This week’s hours”.
3. If this is your first time logging your work hours, please begin by watching the demo video by clicking on “View Demo”. You can also find some helpful definitions by clicking on the question mark on the top corner of the weekly compliance checklist box.

4. When you are ready to log your hours, find the right day of the week on one of the headers, then click and drag your mouse to highlight the bars starting with the time you began your shift and ending with the time you ended your shift.
5. After you have highlighted your work times, a drop-down message will appear asking you to select the type of hours that you worked. After you make your selection, please make sure that the number of total hours on the top right corner of the box are correct.

6. Repeat this process for everyday that you have worked during that week. If you entered some hours in error and you want to remove some of the highlighted bars, click on the times you want to remove. When the drop-down box appears, click on “Delete Work Period”.

7. If you entered some of your work hours and wish to return later to add more hours, or if you intend to make further alterations to your work hours this week, scroll all the way down and click on “Save Incomplete Work Hours”. When you have completed entering all your work hours for that week and you are ready to submit, click on the yellow “Submit Work Hours” button.
8. Please note, if you have an **overnight shift** that extends beyond 12am, please log the start of your shift on the starting date up to 12am, then continue to log the rest of your shift on the following day starting with 12am. In the example below, the student worked on the night of the 13th from 5pm until 3am the following day.

9. After you submit your work hours, you should see a green ribbon header with a check mark indicating that your work hours were successfully submitted.

10. If the hours you submitted were non-compliant, such as in the event you entered more than the 80 hours maximum limit for that week, a warning box will appear after you submit. This box will list the potential issues with the work hours you submitted. You must select one of the listed primary reasons for the non-compliance, and you must write a detailed description explaining the circumstances that were involved.
11. After you submit your non-compliant work hours, you should still see a green ribbon header with a check mark indicating that your work hours were successfully submitted.

12. To see a list of all work hour entries for past weeks, click on the “Work Hours History” tab.
# Work Hours History

<table>
<thead>
<tr>
<th>Dates</th>
<th>Hours</th>
<th>Calendar Days Off</th>
<th>Absences</th>
<th>Compliance (Reason)</th>
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