Fourth Year Selectives
2014-2015

Louisiana State University Health Sciences Center
School of Medicine at Shreveport
Office of the Registrar
P.O. Box 33932
Shreveport, LA 71130-3932
Phone: 318.675.5205 Fax: 318.675.4758
e-mail: shvreg@lsuhsc.edu
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## Selectives by Distinction

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Inpatient Acting Internship - Urology  SIURA

OTHER REQUIRED SELECTIVES
FACTTS (Advanced Diagnostic Skills)  FACTTS
Web-Based Nutrition course  SNUTR
Primary Goal of Selective:
To prepare fourth year medical students for residency programs by improving physical diagnosis skills and academic teaching using a variety of methods and computerized systems.

Specific Objectives:
1. Students will develop advanced physical diagnosis skills utilizing simulators, cases and practice with individual evaluation by the faculty.
2. Students will be allowed to assist with teaching in patient education sessions.
3. Students will identify his or her teaching and learning style.
4. Students will meet regularly to learn and develop teaching skills and a learning profile.
5. Students will evaluate lectures and small group presentations, and using peer evaluation and the Medical Teacher checklist.
6. Students will conduct library searches and critical appraisals using the latest techniques.

Evaluation:
Grade will be based on overall performance. Pass = 80% or better Fail = 79% or lower
Students will receive a passing grade if they complete ALL required activities as presented above and demonstrate the professional attributes essential to the practice of medicine at 80% accuracy. All evaluation tools used in assessing the student must meet pass criteria in order that the student pass the selective.

Attendance is required at all activities. Proper dress, appropriate behavior/professionalism and promptness is expected for a passing grade.

Professionalism during simulation or patient education sessions is expected. No food or beverages in sessions. No flip-flops, no scrubs. Appropriate professional dress: slacks, dress shirts- men; skirts, dresses, pants-ladies. All support staff are to be respected and viewed as a member of the health care team.

Medical Tools-please bring your medical tools to all simulator sessions. If you do not have appropriate tools and a writing utensil, you maybe be asked to leave the session and will not be given credit. You will have to schedule a make-up in the next block.

Make-up for absences must be completed in the following block. Absences are allowed for interviews and the Step Exam with appropriate documentation.

The course directors and teaching faculty will ensure the achievement of all objectives using the following methods and exercises.

1. Faculty will evaluate diagnostic skills on physical exams and simulator cases and lecture presentation skills using standard competency checklists. All evaluations must be passed in order to pass this selective.
2. Attend and participate in all simulator training cases and simulation evaluation programs, Chest X-
ray/EKG and Airway Management lectures and review of current respiratory practices and treatment updates during the month rotation for a passing grade.

3. Complete the VARK to determine teaching and learning styles.

4. Help prepare and teach diabetes action plans to/with diabetic patients.

5. Present a Power Point presentation to the entire group and course directors/appointed designee during the last week of the rotation. Course directors and other selective medical students will use a standard form: “Becoming a Medical Teacher” in order to evaluate the Power Point lecture. Using information provided about the presentation.

6. Attend and participate in all small group presentations and use peer evaluation and the Medical Teacher checklist.

7. The medical Librarian will assist students with research required for clinical question based upon a case scenario.

8. Formulate a search strategy, extracting key terms from the clinical question.

9. Conduct a search using PubMed database, PICO model and submit the results.

10. Critically appraise an original research article or systematic review, using appropriate checklists.

11. Perform an ethical analysis of current complex medical issues.

12. Submit a patient education report based on your clinical encounters in the diabetic foot clinic.

Learning Environments:

Conference- weekly small groups
Simulation Center- located in the Comp. Care Bldg., ground fl. G-106, G-104. Diabetic Wound Clinic –located in the Ambulatory Care Building.
Lecture halls and Classroom, Comprehensive Care Clinics
Medical Library, Clinical Trials Building, room 136
MLK Clinic, 827 Margaret Place, Suite 201

Resources for Learning:
Living with Diabetes, An Everyday Guide for You and Your Family
Simulator Cases
Emergency Airway Management Handout by Dr. Chris Wolcott
Physical Diagnosis Handout by Dr. David McCarty Pediatric Handout by Dr. Marlene Broussard VARK; Mosby's Online Chapter on Neurology

Independent Study time should be used for additional study, diabetic patient education activities, simulator practice, completion of research and reading assignments, and presentation.

Helpful Information

Contact Information:
Peggy Murphy, Ph.D. Steven Greenberg, M.D.
Associate Professor, Dean’s Area Clinical Professor, Dept. of Medicine
Co-Course Director Co-Course Director
Email: pmurph@lsuhsc.edu Email: sgre15@lsuhsc.edu

Diabetic Patient education- patients will be selected by the student from the Diabetic Wound Clinic located in the Ambulatory Care building. The clinical contact person is Denise Myers, ext. 5-4618. Students will interview two patients on assigned visits and during the third week, follow-up phone calls should be made. Diabetic Reports are due at the end of the block. Reports should be emailed to Drs. Terry Davis and Peggy Murphy.

Orientation, lectures, and presentations will be held in the Comprehensive Care Building rooms G-106, 3-131 or Clinical Trials Building, room number 136. Simulation activities will be held in the Comp Care Bldg. Room G-106 and G-104.
Library assignments will be held in the Medical Library, room 1-419 small computer room and assigned conference rooms.

Handouts in the FACTTS blue folders should be reviewed prior to coming to class sessions (Neurology, Pediatrics, Airway, Advanced Physical Diagnosis, Clinical Ethics and any other assigned readings).

Notices and changes in activities are sent via e-mail. Students are responsible for checking their LSUHSC-S student e-mail accounts daily. Updated: 06/27/2013
AHEC – Program Office
Community (AHEC)

SELECTIVE CATEGORY: Community
SELECTIVE DIRECTOR:  Dr. Wanda H. Thomas  Phone – 318.675.5770
ADMINISTRATIVE CONTACT: Shirley L. Wilson  Phone – 318.675.8963
AHEC Office:  (Shreveport Program Office) Medical School, Rm. 5-302
LOCATION:  Private Practice  Physicians in various communities in Louisiana
NUMBER OF STUDENTS PER 4 WEEK BLOCK:  Maximum of seven students per AHEC site per block
SELECTIVE AVAILABLE DURING BLOCKS:  Blocks 1-11
COURSE CODE:  SAHEC

Application REQUIRED at registration. Only students with confirmed placement will be allowed to complete rotation under AHEC.
Available on web at www.lsuhscshreveport.edu/ahec

NOTE: THIS SELECTIVE MAY NOT BE DROPPED WITHIN 1 MONTH OF THE STARTING DATE.

OBJECTIVES AND/OR GOALS

Goal: The student will have the opportunity to observe and participate in all aspects of the practice of primary care medicine in a community setting, not limited to metropolitan, underserved or rural areas. The student will gain both knowledge and insight into the practice of primary care medicine in one of the above listed settings.

OBJECTIVE 1: The student will obtain and write a problem focused history on a patient. He will then describe the problem focused physical exam findings and the management plan developed. The preceptor will critique the write up and give formal written feedback.

OBJECTIVE 2: The student will compare and contrast how common disease processes are diagnosed and managed in an academic institution as opposed to a community primary care setting. One of the disease processes will be written up and turned into the program office upon completion of the rotation.

OBJECTIVE 3: The student will learn to differentiate between documentation requirements for billing and reimbursement for community primary care settings and those required in an academic/hospital setting.

OBJECTIVE 4: The student will create a successful community practice planned based on his experience in a community primary care clinic. The practice plan will include time management, the doctor-patient relationship, office management and medical economics, medico-legal issues and risk reduction, appropriate referral practices, and continuing education. This practice plan will be reviewed and critiqued by the preceptor and the AHEC program office.

OBJECTIVE 5: Students will be able to argue whether the location of the patient population affects the health of the patient based on experiencing the health care delivery model in both a community setting and a hospital/campus setting.

OBJECTIVE 6: At the conclusion of the rotation, the student will be able to formulate an enhanced differential diagnosis of a chief complaint. This will be accomplished by through reading, other self-learning modalities, and practical knowledge gained during the rotation.

Project Assessment:

Assessment of the new goal and objectives will be done via My Evaluation. This is a school based assessment system which teachers/preceptors use. It is based on ACGME requirements.

The beginning of the course description can remain the same, i.e. the basic course information at the top of the course description. The time line for turning in the application will remain at a minimum of 6 weeks prior to the start of the rotation.
Resources for Learning:

Participating Faculty: Course Director, practicing local or AHEC Primary Care Physicians

Texts: Recommendations of the preceptor; whatever the fundamental text book is for the specialty such as Nelsons Textbook of Pediatrics for those doing a rotation with a Pediatrician

Hands-on-Experience: Supervised evaluation of the patients seen in the primary care setting.

Website: [www.lsushcreveport.edu/ahec](http://www.lsushcreveport.edu/ahec); on Moodle, we need to list the text books relevant to each primary care specialty
**Primary Goals of Selective:**

To provide students experience in the application of essential family medicine skills, attitudes, and knowledge in an inpatient setting.

**Specific Objectives:**

- Students will develop their skills in obtaining medical history and physical exam findings relative to the common and major disorders encountered in the Family Medicine inpatient service.
- Students will improve their skills in the evaluation and management of common and major inpatient disorders.
- Students will be able to discuss documentation requirements in the hospital, and compare them to requirements in the student clinic.
- Students will be able to discuss the effects of social and cultural variables on the health of patients in the hospital setting.
- Students will extend their knowledge of fundamental principles of medicine and specific disease entities through conferences, readings, and other self-study learning modalities; and will be able to discuss practical applications of that information.

**Resources for Learning:**

- Participating Faculty: Course director, LSUHSC family physicians.
- Texts: As recommended by assigned preceptor.
- Workshops: Periodic small group discussions and didactic conferences with Family Practice residents.
- Hands-on Experience: Supervised evaluation and management of patients in an inpatient setting.
- Computer Assisted Instruction: Library research.
- Directed Readings: As recommended by assigned preceptor.
- Self-Directed Learning: Focused review of topics directly related to patient care, utilizing library and online resources.

**Evaluation:**

Students will receive a passing grade if they complete all required activities as presented above, and demonstrate the professional attributes essential to the practice of medicine. These professional attributes include: Appropriate grooming, punctuality, attendance at all required activities unless appropriately excused, a respectful and caring approach to patients, adherence to stated and applied rules of conduct, and appropriate interactions with all faculty and staff. This list is not all-inclusive. The course director will complete evaluation forms with input from ward attending and residents. The course director will determine the final grade. Students at risk of failing will be handled on a case-by-case basis; they will be notified personally and/or in writing of any concerns in a timely fashion, and will be offered a reasonable opportunity to improve their performance.

The course director will ensure achievement of all objectives by all students, primarily through participation in regular small group discussions. The course director may develop and require students to complete self-study and evaluation forms when necessary to document achievement of course objectives.

**USMLE Step II encouraged.**
Family Medicine and Comprehensive Care
Ambulatory (Outpatient) Selective

DIRECTOR FOURTH YEAR DEPARTMENT COURSES: Charles Baxter, M.D.
SELECTIVE CATEGORY: Ambulatory Selective
SELECTIVE DIRECTORS: Charles Baxter, M.D.
ADMINISTRATIVE CONTACT: Joy Reger, 675-5347, Room 1-305C
LOCATION: LSUHSC-Shreveport Family Medicine PCF/CFC Clinics:
NUMBER OF STUDENTS PER BLOCK: 1 for SOFMA; 1 for SOFME

No Electives Offered in the Comprehensive Care Clinic
SELECTIVE AVAILABLE DURING BLOCKS: All
NON-LSUHSC STUDENTS ALLOWED: No
COURSE CODE: SOFMA – 2 week code; SOFME (4 week code)

Primary Goals of Selective:
Students will attain additional experience in caring for patients in a primary care setting, improve knowledge and skills related to preventive care and medical disorders commonly seen in a primary care setting, and demonstrate adherence to professional standards.

Specific Objectives:
Students will provide primary contact with patients as part of a multidisciplinary team, under faculty supervision, and will keep a complete patient log of all patients on MyEvaluations.
Students will perform and document a history and physical, and will formulate a provisional treatment plan for each assigned patient for review with the attending physician.
Students will attain proficiency with using evidence based medicine or point of care resources.
Students will adhere to professional standards as outlined in the Course Syllabus.

Resources for Learning:
This is an experiential activity. Student interactions with patients and the health care team in the clinics are the primary learning resource. Quality education is dependent on the quality of patient care provided. Students will actively participate in the ongoing evaluation and improvement of patient care through discussions with patients, their families, and other members of the health care team; the use of informational resources; and participation in ongoing quality improvement projects.

Continuity of care between patients and primary care providers is a basic principal of Family Medicine. Senior students will continue with the same health care teams assigned to them as junior students. This arrangement improves the overall continuity for our patients, and allows individual students the option to maintain continuity relationships with patients from the junior FMMD rotation. For ideal continuity, PCF/CFC blocks should be separated by 2-4 months.

Students may be given assigned readings and required to complete mandatory simulation / e-cases on common clinical problems. Students are expected to actively participate in departmental-based educational activities (Grand Rounds) and demonstrate self-directed learning.
Students will document the daily use of point of care resources to answer clinical questions raised by their patient encounters. The quality of clinical questions generated by the student, the level of information they find, and their ability to apply this information appropriately to patient care should improve as they progress through the rotation. The students will choose two of these questions to submit for final approval before passing the course.

Evaluation:
Passing the selective will require demonstrated attendance to all assigned activities, completion of all required activities, adherence to professional standards of behavior, and a passing score on all evaluations.

Students, who expect to interview with multiple programs, are strongly encouraged not to choose this selective during the interview season. The maximum allowed excused absence from the rotation is two days. Excused absences will require appropriate documentation and notice.
Family Medicine and Comprehensive Care

LSU Health Sciences Center - Monroe
Family Medicine Rotation in Emergency Medicine

DIRECTOR FOURTH YEAR DEPARTMENT COURSES: Charles Baxter M.D.
SELECTIVE CATEGORY: Outpatient Clinic
SELECTIVE DIRECTORS: Euil Luther, M.D.
ADMINISTRATIVE CONTACT: Melissa Joy Reger, 675.5347
LOCATION: University Health - Monroe, LA
NUMBER OF STUDENTS PER BLOCK: 1
SELECTIVE AVAILABLE DURING BLOCKS: All
COURSE CODE: SOEMB (code for 2 weeks) SOEMC (code for 4 weeks)
(318) 330-7650 / mmoor7@lsuhsc.edu

Contact Megan Moore for Housing

Primary Goals of Selective:
To provide student’s experience in the application of essential Family Medicine skills, attitudes, and knowledge in an emergency room setting.

Specific Objectives:
• Students will develop their skills in obtaining problem pertinent medical history and physical exam findings relative to the common disorders encountered in Emergency Medicine.
• Students will develop their skills as clinicians in the Emergency Room as they develop an assessment and plan on their patients.
• Students will be able to discuss documentation requirements with the Family Medicine faculty to learn the appropriate recording of medical information.
• Students will be able to discuss how the following relate to the successful emergency medicine practice: the doctor- patient relationship, continuity of care, the health care team, appropriate consultations, and emergency care.
• Students will be able to compare the effects of social and cultural variables on the health of patients in the Emergency Room.
• Students will extend their knowledge of fundamental principles of medicine and specific disease entities through conferences, reading and other self-study learning modalities; and be able to discuss practical applications of that information.
• Students will gain exposure in and experience with common medical and surgical procedures performed in an emergency room setting.

Resources for Learning:
• Participating Faculty: Course director, LSUHSC Family Medicine Faculty.
• Texts: As recommended by assigned preceptor.
• Hands-on Experience: Supervised evaluation and management of patients in an emergency room setting.
• Computer Assisted Instruction: Library research
• Directed Readings: As recommended by assigned preceptor.
• Self-Directed Learning: Focused review of topics directly related to patient care utilizing library and online resources.
Evaluation:

- Students will receive a passing grade if they complete all required activities as presented above, and demonstrate the professional attributes essential to the practice of medicine. These professional attributes include; appropriate grooming, punctuality, attendance at all required activities unless appropriately excused, a respectful and caring approach to patients, adherence to stated and applied rules of conduct, and appropriate interactions with all faculty and staff. This list is not all-inclusive. The course director will complete evaluation forms with input from faculty preceptors and residents. The course director will determine the final grade. Students at risk of failing will be handled on a case-by-case basis, they will be notified personally and/or in writing of any concerns in a timely fashion, and will be offered a reasonable opportunity to improve their performance.

- The course director will ensure achievement of all objectives by all students primarily by their participation in regular small group discussions. The course director may develop and require students to complete self-study and evaluation forms when necessary to document achievement of course objectives.

1. List any specific core physical exam skills to be taught in your course
   - Specific skills taught will vary as patients permit. Core examination skills learned in the junior year including examination of the head, neck, heart, lungs, abdomen and extremities will be reinforced.

2. List any specific clinical skills as well as attitudes and behaviors that you will be evaluating during your course and how these will be done in a structured manner (LCME)
   - Skills and behaviors will be evaluated by review of the evaluation form completed by the assigned preceptors and by direct communication between the course director and the assigned preceptors. Specific attention will be given to attendance, maturity, fund of knowledge, self-education, oral and written presentations, clinical skills and improvement noted during the course.

3. Copy of evaluation form to be used in your course for the grade determination
   - See page 63

4. Grading process, number and timing of evaluations
   - Preceptor evaluation will occur in an ongoing fashion and results will be submitted verbally as necessary throughout the rotation and formally submitted by evaluation form at the completion of the rotation.

5. Identify handouts, text and other major resources to be purchased by students or provided by the department if different from previously provided
   - Standard medical texts and library resources will be utilized.

6. Describe any computer usage anticipated for the course
   - Computer time will be used to research specific relevant medical problems identified by the assigned preceptor during the course of practice. Library and Internet resources will be available. The course director will assist the student in this endeavor and provide topics for research when none are identified in the course of practice. Outpatient lab computer use will also be encouraged.

7. Describe any anticipated teaching of or use of problem solving skills to be part of your course. (LCME)
   - Clinical problem solving will be taught in the acute care of patients. Review of problems, critical thinking, differential diagnosis, and literature utilization as these things relate to patient care will be explored.

8. List which medical school objectives will be covered at least in part within your course objectives (LCME)
   - Demonstrate a working knowledge of the normal structure and function of the human body and its major organ systems; the structural and homeostatic dysfunction's that cause disorders; the impact of human development, growth, and aging on normal and disordered structure, function, and behavior; and the pathophysiologic basis of human diseases.
   - Demonstrate the ability to evaluate patients, organize and present patient information, and properly manage medical problems by: being able to conduct a medical history and physical examination (comprehensive and focused); developing judgment concerning when a comprehensive or focused evaluation is appropriate; reliably eliciting appropriate information in a history and detecting abnormal findings on the physical examination; correctly identifying the patient’s medical problems, including psychosocial and behavioral problems; formulating accurate hypotheses as to the causes and solutions of these problems; developing appropriate strategies for exploring these hypotheses, including the use of laboratory tests and imaging studies; properly and safely performing routine technical procedures; and formulating a management plan.
• Diagnose and manage patients with common acute and exacerbations of chronic medical conditions; recognize and institute initial treatment for patients with serious or life-threatening conditions.
• Critically read, analyze, and interpret the biomedical literature to stay informed and current with developments in medicine.
• Access and evaluate epidemiological data relating to risk indicators for disease in order to practice effective preventive medicine and to foster healthy behavior.
• Develop skills in the use of computers and related technologies to: study and access current clinical information; retrieve, analyze, document and relay information about patients; communicate optimally with peers and faculty; and collect, analyze, interpret and report information regarding clinical cases and biomedical research.
• Treat patients using accepted moral and ethical guidelines; exhibit integrity and compassion, understand the importance to patients of privacy and dignity; and give careful attention to the impacts of human diversity, the needs of the medically underserved, and the needs of dying patients when no cure is possible.
• Recognize the unique nature of the doctor-patient relationship: demonstrate respect for the roles of other health care professionals; communicate effectively orally and in writing with patients, patients’ families, colleagues, and other medical personnel.
Primary Goals of Selective:
To provide student’s experience in the application of essential Family Medicine skills, attitudes, and knowledge in an outpatient clinic setting.

Specific Objectives:

• Students will document a PE, Assessment, and plan by obtaining a medical history and physical exam findings relative to the common and major disorders encountered in the Family Medicine inpatient service for each patient assigned.

• Students will develop an assessment and plan on their patients.
• Students will discuss documentation requirements with the Family Medicine faculty using the appropriate recording of medical information.
• Students will discuss how the following relate to the successful emergency medicine practice: the doctor-patient relationship, continuity of care, the health care team, appropriate consultations, and emergency care.
• Students will be able to compare the effects of social and cultural variables on the health of patients in the clinic.
• Students will discuss practical applications of fundamental principles of medicine and specific disease entities through conferences, reading and other self-study learning modalities.
• Students will gain exposure in and experience with common medical and surgical procedures performed in an emergency room setting through participation and observation of the residents and physician.

Resources for Learning:

• Participating Faculty: Course director, LSUHSC Family Physicians.
• Texts: As recommended by assigned preceptor.
• Hands-on Experience: Supervised evaluation and management of clinic patients in an outpatient setting.
• Computer Assisted Instruction: Library research
• Directed Readings: As recommended by assigned preceptor.
• Self-Directed Learning: Focused review of topics directly related to patient care utilizing library and online resources.

Evaluation:

• Students will receive a passing grade if they complete all required activities as presented above, and demonstrate the professional attributes essential to the practice of medicine. These professional attributes include; appropriate grooming, punctuality, attendance at all required activities unless appropriately excused, a respectful of all faculty and staff. This list is not all-inclusive. The course director will complete evaluation forms with input from clinic preceptors and residents. The course director will determine the final grade. Students at risk of failing will be handled on a case-by-case basis, they will be notified personally and/or in writing of any concerns in a timely fashion, and will be offered a reasonable opportunity to improve their performance.
• The course director will ensure achievement of all objectives by all students primarily by their participation in regular small group discussions. The course director may develop and require students to complete self-study and evaluation forms when necessary to document achievement of course objectives.

1. List any specific core physical exam skills to be taught in your course
   • Specific skills taught will vary as patients permit. Core examination skills learned in the junior year including examination of the head, neck, heart, lungs, abdomen and extremities will be reinforced.

2. List any specific clinical skills as well as attitudes and behaviors that you will be evaluating during your course and how these will be done in a structured manner (LCME)
   • Skills and behaviors will be evaluated by review of the evaluation form completed by the assigned preceptors and by direct communication between the course director and the assigned preceptors. Specific attention will be given to attendance, maturity, fund of knowledge, self-education, oral and written presentations, clinical skills and improvement noted during the course.

3. Copy of evaluation form to be used in your course for the grade determination
   • See page 27

4. Grading process, number and timing of evaluations
   • Preceptor evaluation will occur in an ongoing fashion and results will be submitted verbally as necessary throughout the rotation and formally submitted by evaluation form at the completion of the rotation.

5. Identify handouts, text and other major resources to be purchased by students or provided by the department if different from previously provided
   • Standard medical texts and library resources will be utilized.

6. Describe any computer usage anticipated for the course
   • Computer time will be used to research specific relevant medical problems identified by the assigned preceptor during the course of practice. Library and Internet resources will be available. The course director will assist the student in this endeavor and provide topics for research when none are identified in the course of practice. Outpatient lab computer use will also be encouraged.

7. Describe any anticipated teaching of or use of problem solving skills to be part of your course. (LCME)
   • Clinical problem solving will be taught in the ongoing care of patients. Review of problems, critical thinking, differential diagnosis, and literature utilization as these things relate to patient care will be explored.

8. List which medical school objectives will be covered at least in part within your course objectives (LCME)
   • Demonstrate a working knowledge of the normal structure and function of the human body and its major organ systems; the structural and homeostatic dysfunction’s that cause disorders; the impact of human development, growth, and aging on normal and disordered structure, function, and behavior; and the pathophysiologic basis of human diseases.
   • Demonstrate the ability to evaluate patients, organize and present patient information, and properly manage medical problems by: being able to conduct a medical history and physical examination (comprehensive and focused); developing judgment concerning when a comprehensive or focused evaluation is appropriate; reliably eliciting appropriate information in a history and detecting abnormal findings on the physical examination; correctly identifying the patient’s medical problems, including psychosocial and behavioral problems; formulating accurate hypotheses as to the causes and solutions of these problems; developing appropriate strategies for exploring these hypotheses, including the use of laboratory tests and imaging studies; properly and safely performing routine technical procedures; and formulating a management plan.
   • Diagnose and manage patients with common acute and chronic medical conditions; recognize and institute initial treatment for patients with serious or life-threatening conditions.
   • Critically read, analyze, and interpret the biomedical literature to stay informed and current with developments in medicine.
   • Access and evaluate epidemiological data relating to risk indicators for disease in order to practice effective preventive medicine and to foster healthy behavior.
   • Develop skills in the use of computers and related technologies to: study and access current clinical information; retrieve, analyze, document and relay information about patients; communicate optimally with peers and faculty; and collect, analyze, interpret and report information regarding clinical cases and biomedical research.
   • Treat patients using accepted moral and ethical guidelines; exhibit integrity and compassion, understand the importance to patients of privacy and dignity; and give careful attention to the impacts of human diversity, the needs of the medically underserved, and the needs of dying patients when no cure is possible.
   • Recognize the unique nature of the doctor-patient relationship: demonstrate respect for the roles of other health care professionals; communicate effectively orally and in writing with patients, patients’ families, colleagues, and other medical personnel.
**Primary Goals of Selective:**

To provide student’s experience in the application of essential Family Medicine skills, attitudes, and knowledge in an inpatient clinic setting.

**Specific Objectives:**

- Students will develop their skills in obtaining problem pertinent medical history and physical exam findings relative to the common disorders encountered in Internal Medicine.
- Students will develop their skills as clinicians in an Internal Medicine Inpatient setting as they develop an assessment and plan on their patients.
- Students will be able to discuss documentation requirements with the Family Medicine faculty to learn the appropriate recording of medical information.
- Students will be able to discuss how the following relate to the successful clinical practice: the doctor-patient relationship, continuity of care, the health care team, appropriate consultations, and preventative care.
- Students will be able to compare the effects of social and cultural variables on the health of patients in the Internal Medicine Inpatient setting.
- Students will extend their knowledge of fundamental principles of medicine and specific disease entities through conferences, reading and other self-study learning modalities; and be able to discuss practical applications of that information.
- Students will gain exposure in and experience with common inpatient procedures performed in an acute care hospital ward setting.

**Resources for Learning:**

- Participating Faculty: Course director, LSUHSC Family Medicine Faculty.
- Texts: As recommended by assigned preceptor.
- Hands-on Experience: Supervised evaluation and management of ward patients in an inpatient setting.
- Computer Assisted Instruction: Library research
- Directed Readings: As recommended by assigned preceptor.
- Self-Directed Learning: Focused review of topics directly related to patient care utilizing library and online resources.

**Evaluation**

- Students will receive a passing grade if they complete all required activities as presented above, and demonstrate the professional attributes essential to the practice of medicine. These professional attributes include; appropriate grooming, punctuality, attendance at all required activities unless appropriately excused, a respectful and caring approach to patients, adherence to stated and applied rules of conduct, and appropriate interactions with all faculty and staff. This list is not all-inclusive. The course director will complete evaluation forms with input from faculty preceptors and residents. The course director will determine the final grade. Students at risk of failing will be handled on a case-by-case basis, they will be notified personally and/or in writing of any concerns in a timely fashion, and will be offered a reasonable opportunity to improve their performance.
• The course director will ensure achievement of all objectives by all students primarily by their participation in regular small group discussions. The course director may develop and require students to complete self-study and evaluation forms when necessary to document achievement of course objectives.

1. List any specific core physical exam skills to be taught in your course
   • Specific skills taught will vary as patients permit. Core examination skills learned in the junior year including examination of the head, neck, heart, lungs, abdomen and extremities will be reinforced.

2. List any specific clinical skills as well as attitudes and behaviors that you will be evaluating during your course and how these will be done in a structured manner (LCME)
   • Skills and behaviors will be evaluated by review of the evaluation form completed by the assigned preceptors and by direct communication between the course director and the assigned preceptors. Specific attention will be given to attendance, maturity, fund of knowledge, self-education, oral and written presentations, clinical skills and improvement noted during the course.

3. Copy of evaluation form to be used in your course for the grade determination
   • See page 57

4. Grading process, number and timing of evaluations
   • Preceptor evaluation will occur in an ongoing fashion and results will be submitted verbally as necessary throughout the rotation and formally submitted by evaluation form at the completion of the rotation.

5. Identify handouts, text and other major resources to be purchased by students or provided by the department if different from previously provided
   • Standard medical texts and library resources will be utilized.

6. Describe any computer usage anticipated for the course
   • Computer time will be used to research specific relevant medical problems identified by the assigned preceptor during the course of practice. Library and Internet resources will be available. The course director will assist the student in this endeavor and provide topics for research when none are identified in the course of practice. Inpatient lab computer use will also be encouraged.

7. Describe any anticipated teaching of or use of problem solving skills to be part of your course. (LCME)
   • Clinical problem solving will be taught in the acute and ongoing care of patients. Review of problems, critical thinking, differential diagnosis, and literature utilization as these things relate to patient care will be explored.

8. List which medical school objectives will be covered at least in part within your course objectives (LCME)
   • Demonstrate a working knowledge of the normal structure and function of the human body and its major organ systems; the structural and homeostatic dysfunction’s that cause disorders; the impact of human development, growth, and aging on normal and disordered structure, function, and behavior; and the pathophysiologic basis of human diseases.
   • Demonstrate the ability to evaluate patients, organize and present patient information, and properly manage medical problems by: being able to conduct a medical history and physical examination (comprehensive and focused); developing judgment concerning when a comprehensive or focused evaluation is appropriate; reliably eliciting appropriate information in a history and detecting abnormal findings on the physical examination; correctly identifying the patient’s medical problems, including psychosocial and behavioral problems; formulating accurate hypotheses as to the causes and solutions of these problems; developing appropriate strategies for exploring these hypotheses, including the use of laboratory tests and imaging studies; properly and safely performing routine technical procedures; and formulating a management plan.
   • Diagnose and manage patients with common acute and chronic conditions; recognize and institute initial treatment for patients with serious or life-threatening conditions.
   • Critically read, analyze, and interpret the biomedical literature to stay informed and current with developments in medicine.
   • Access and evaluate epidemiological data relating to risk indicators for disease in order to practice effective preventive medicine and to foster healthy behavior.
• Develop skills in the use of computers and related technologies to: study and access current clinical information; retrieve, analyze, document and relay information about patients; communicate optimally with peers and faculty; and collect, analyze, interpret and report information regarding clinical cases and biomedical research.

• Treat patients using accepted moral and ethical guidelines; exhibit integrity and compassion, understand the importance to patients of privacy and dignity; and give careful attention to the impacts of human diversity, the needs of the medically underserved, and the needs of dying patients when no cure is possible.

• Recognize the unique nature of the doctor-patient relationship: demonstrate respect for the roles of other health care professionals; communicate effectively orally and in writing with patients, patients’ families, colleagues, and other medical personnel.
SELECTIVE CATEGORY: Inpatient Acting Internship
SELECTIVE DIRECTORS: Brad Touchet, M.D.
ADMINISTRATIVE CONTACT: Joy Reger
LOCATION: Family Medicine Medical Center, 821 Elliott Street, Alexandria, LA
 and Rapides Regional Medical Center
NUMBER OF STUDENTS PER 4 WEEK BLOCK: 1
SELECTIVE AVAILABLE DURING BLOCKS: 2-11
COURSE CODE: SIFMB

**Primary Goals of Selective:**

To provide student’s experience in the application of essential Family Medicine skills, attitudes, and knowledge in a large Community Hospital inpatient setting.

**Specific Objectives:**

The students will be able to:

- Develop skills in obtaining medical history and physical exam findings relative to the common and major disorders encountered on the Family Medicine adult and pediatric inpatient services.
- Improve their skills in the diagnosis, evaluation and management of common inpatient disorders, and healthy newborns.
- Document appropriately in the hospital record, including progress notes, orders, and charges.
- Recognize the effects of social and cultural variables on the health and management of patients in the hospital setting.
- Increase their knowledge of fundamental principles of medicine, specific disease entities, and normal variants through conferences, reading, and other self-study modalities, and be able to discuss the practical application of that information.
- Discuss the specialty of Family Medicine and the management of patients within the context of continuity of care by primary care physicians.

**Resources for Learning:**

- Participating faculty: LSUHSC - Alexandria Family Practice Residency faculty.
- Texts: As recommended by assigned preceptor
- Workshops: Periodic small group discussions and didactic conferences with Family Practice residents.
- Hands-on Experience: Supervised evaluation and management of assigned patients in the inpatient setting.
- Computer Assisted Instruction: Library Research
- Directed Readings: As recommended by assigned preceptor
- Self-directed Learning: Focused review of topics directly related to patient care.
**Evaluation**

Students will receive a passing grade if they complete all required activities as presented above, and demonstrate the professional attributes essential to the practice of medicine. These professional attributes include; appropriate grooming, punctuality, attendance at all required activities unless appropriately excused, a respectful and caring approach to patients, adherence to stated and applied rules of conduct, and appropriate interactions with all faculty and staff. This list is not all-inclusive. The ward attending(s) will complete evaluation forms with input from the residents and other staff as appropriate. The ward attending and the course director will determine the final grade. Students at risk of failing will be handled on a case-by-case basis, they will be notified personally and/or in writing of any concerns in a timely manner, and will be offered a reasonable opportunity to improve their performance.

**AHEC Application**

AHEC Application must be submitted approximately 6 weeks prior to requested Block. See Website.

1) List any specific core physical exam skills to be taught in your course.
   - The core examination skills learned in the junior year including examination of the head, neck, heart, lungs, abdomen and extremities will be reinforced, in both adult and pediatric patients.

2) List any specific skills as well as attitudes and behaviors that you will be evaluating during your course and how these will be done in a structured manner (LCME).
   - Skills and behaviors will be evaluated by the preceptor in an ongoing fashion after direct observation and interaction with the student. The written evaluation form will be completed by the preceptor(s) working with the student. The preceptor will also solicit input from the upper level residents working with the student. Specific attention will be given to attendance, maturity, fund of knowledge, self-education, oral and written presentations, clinical skills, interpersonal skills in relating to patients and staff, and improvement noted during the course.

3) Copy of evaluation form to be used in your course for the grade determination.
   - See page 49

4) Grading process, number and timing of evaluations.
   - Preceptor(s) evaluation will occur in an ongoing fashion, the preceptor will provide feedback as appropriate during the rotation. An evaluation will be submitted formally by means of the evaluation form at the end of the rotation.

5) Identify handouts, text, and other major resources to be purchased by students or provided by the department if different from previously provided.
   - Standard texts and journal access is provided in the library at the Residency and also at Rapides Regional Medical Center.

6) Describe any computer usage anticipated for the course.
   - Computer time will be used to research specific medical problems identified by the preceptor during the course of practice. The preceptor and course director will assist the student in this endeavor and provide topics for research when none are identified in the course of practice.

7) Describe any anticipated teaching of or use of problem solving skills to be part of your course.
   - Clinical problem solving will be taught in the ongoing care of patients. Review of problems, critical thinking, differential diagnosis, and literature utilization will be explored as they relate to patient care.
8) List which medical school objectives will be covered at least in part within your course objectives (LCME).

- Demonstrate a working knowledge of the normal structure and function of the human body and its major organ systems; the structural and homeostatic dysfunctions that cause disorders; the impact of human development, growth, and aging on normal and disordered structure, function and behavior; and the pathophysiologic basis of human diseases.

- Demonstrate the ability to evaluate patients, organize and present patient information and properly manage patients by: being able to conduct a medical history and physical examination (comprehensive and focused); developing judgment concerning when a comprehensive or focused evaluation is appropriate; reliably eliciting appropriate information in a history and detecting abnormal finding on the physical examination; correctly identifying the patient=s medical problems, including psycho-social and behavioral problems; formulating accurate hypotheses as to the causes and solutions of these problems; developing appropriate strategies for exploring these hypotheses, including the use of laboratory tests and imaging studies; properly and safely performing routine technical procedures; and formulating a management plan.

- Diagnose and manage patients with common acute and chronic medical conditions; recognize and institute initial treatment for patients with serious or life-threatening conditions.

- Critically read, analyze and interpret the biomedical literature to stay informed and current with developments in medicine.

- Access and evaluate epidemiological data relating to risk indicators for disease in order to practice effective preventive medicine and to foster healthy behavior.

- Develop skills in the use of computers and related technologies to: study and access current clinical information; retrieve, analyze, document and relay information about patients; communicate optimally with peers and faculty; and collect, analyze, interpret and report information regarding clinical cases and biomedical research.

- Treat patients using accepted moral and ethical guidelines; exhibit integrity and compassion, understand the importance to patients of privacy and dignity; and give careful attention to the impact of human diversity, the needs of the medically underserved and the needs of dying patients when no cure is possible.

- Recognize the unique nature of the doctor-patient relationship; demonstrate respect for the roles of other health care professional; communicate effectively orally and in writing with patients, patients’ families, colleagues and other medical personnel.
Family Medicine and Comprehensive Care
LSU Health Sciences Center - Alexandria, LA

Family Medicine
Outpatient   Senior   Selective

SELECTIVE CATEGORY: Outpatient
SELECTIVE DIRECTORS: Charles Baxter, M.D.
ADMINISTRATIVE CONTACT: Melissa Joy Reger, 318.675.5347
LOCATION: Family Medicine Medical Center; Elliott Street; Alexandria, LA
NUMBER OF STUDENTS PER BLOCK: 2-11
COURSE CODE: SOFMC – code for 2 weeks; SOFMF – code for 4 weeks

Primary Goals of Selective:

To provide student’s experience in the application of essential Family Medicine skills, attitudes, and knowledge in community outpatient setting.

Specific Objectives:

The students will be able to:

• Develop skills in obtaining medical history and physical exam findings relative to the common disorders encountered in Family Medicine.
• Improve their skills in the diagnosis, evaluation and management of common outpatient disorders, and preventive health care.
• Document appropriately, and compare documentation requirements to those at the Shreveport campus.
• Recognize the effects of social and cultural variables on the health and management of patients in the outpatient setting, and compare these effects with those on campus.
• Describe how the following relate to a successful clinical practice: time management, the doctor patient relationship, office management and medical economics, medico-legal issues and risk reduction, the health care team and community resources, appropriate referral practices and continued medical education.
• Increase their knowledge of fundamental principles of medicine, specific disease entities, and normal variants through conferences, reading, and other self-study modalities, and be able to discuss the practical application of that information.
• Discuss the specialty of Family Medicine, and the management of patients within the context of continuity of care by primary care physicians.

Resources for Learning

• Participating faculty: LSUHSC - Alexandria Family Practice Residency faculty.
• Texts: As recommended by assigned preceptor
• Workshops: Periodic small group discussions, and didactic conferences with Family Practice residents.
• Hands -on Experience: Supervised evaluation of patients in the community setting.
• Computer Assisted Instruction: Library Research
• Directed Readings: As recommended by assigned preceptor
• Self-directed Learning: Focused review of topics directly related to patient care.

Please refer to SIFMB for additional learning and evaluation information.
**Evaluation**

- Students will receive a passing grade if they complete all required activities as presented above, and demonstrate the professional attributes essential to the practice of medicine. These professional attributes include: appropriate grooming, punctuality, attendance at all required activities unless appropriately excused, a respectful and caring approach to patients, adherence to stated and applied rules of conduct, and appropriate interactions with all faculty and staff. The residency faculty preceptors will complete evaluation forms. The course director will determine the final grade. Students at risk of failing will be handled on a case-by-case basis. They will be notified personally and/or in writing of any concerns in a timely fashion, and will be offered a reasonable opportunity to improve their performance.

- The course director may develop and require students to complete self-study and evaluation forms when necessary to document achievement of course objectives.

**AHEC Application must be submitted approximately 6 weeks prior to requested Block. See Website.**

1) List any specific core physical exam skills to be taught in your course.
   
   The core examination skills learned in the junior year including examination of the head, neck, heart, lungs, abdomen and extremities will be reinforced, in both adult and pediatric patients.

2) List any specific clinical skills as well as attitudes and behaviors that you will be evaluating during your course and how these will be done in a structured manner (LCME).
   
   Skills and behaviors will be evaluated by the preceptor in an ongoing fashion after direct observation and interaction with the student in daily clinic. The written evaluation form will be completed by the preceptor(s) working with the student. Specific attention will be given to attendance, maturity, fund of knowledge, self-education, oral and written presentations, clinical skills, interpersonal skills in relating to patients and staff, and improvement noted during the course.

3) Copy of evaluation form to be used in your course for the grade determination.
   
   See page 63

3) Grading process, number and timing of evaluations.
   
   Preceptor(s) evaluation will occur in an ongoing fashion and results will be submitted formally by means of the evaluation form at the end of the rotation.

4) Identify handouts, text and other major resources to be purchased by students or provided by the department if different from previously provided.
   
   Not applicable

5) Describe any Computer usage anticipated for the course.
   
   Computer time will be used to research specific medical problems identified by the preceptor during the course of practice. The preceptor and course director will assist the student in this endeavor and provide topics for research when none are identified in the course of practice.

6) Describe any anticipated teaching of or use of problem solving skills to be part of your course.
   
   The student will be introduced to community based clinical problem solving skills while observing the preceptor. The student will also be assigned patients to evaluate by history taking and examination, and will formulate an impression and plan which will be presented to and discussed with the preceptor prior to his or her evaluation of the same patient.
7) List which medical school objectives will be covered at least in part within your course objectives (LCME)

- Demonstrate a working knowledge of the normal structure and function of the human body and its major organ systems; the structural and homeostatic dysfunctions that cause disorders; the impact of human development, growth, and aging on normal and disordered structure, function and behavior; and the pathophysiologic basis of human diseases.

- Demonstrate the ability to evaluate patients, organize and present patient information, and properly manage patients by: being able to conduct a medical history and physical examination (comprehensive and focused); developing judgment concerning when a comprehensive or focused evaluation is appropriate; reliably eliciting appropriate information in a history and detecting abnormal findings on the physical examination; correctly identifying the patients’ medical problems, including psychosocial and behavioral problems; formulating accurate hypotheses as to the causes and solutions of these problems; developing appropriate strategies for exploring these hypotheses, including the use of laboratory tests and imaging studies; properly and safely performing routine technical procedures; and formulating a management plan.

- Diagnose and manage patients with common acute and chronic medical conditions; recognize and institute initial treatment for patients with serious or life-threatening conditions.

- Critically read, analyze, and interpret the biomedical literature to stay informed and current with developments in medicine.

- Access and evaluate epidemiological data relating to risk indicators for disease in order to practice effective preventive medicine and to foster healthy behavior.

- Develop skills in the use of computers and related technologies to: study and access current clinical information; retrieve, analyze, document and relay information about patients; communicate optimally with peers and faculty; and collect, analyze, interpret and report information regarding clinical cases and biomedical research.

- Treat patients using accepted moral and ethical guidelines; exhibit integrity and compassion, understand the importance to patients of privacy and dignity; and give careful attention to the impacts of human diversity, the needs of the medically underserved, and the needs of dying patients when no cure is possible.

- Recognize the unique nature of the doctor-patient relationship: demonstrate respect for the roles of other health care professionals; communicate effectively orally and in writing with patients, patients’ families, colleagues, and other medical personnel.
Internal Medicine
Outpatient Clinical Oncology

DIRECTOR FOURTH YEAR DEPARTMENT COURSES: Karina Sulaiman, M.D.
SELECTIVE CATEGORY: Outpatient Clinic
SELECTIVE DIRECTORS: Gary V. Burton, M.D., gburton@lsuhsc.edu
ADMINISTRATIVE CONTACT: M'Liss Sella, msella@lsuhsc.edu
PHONE: 675.5915, Room 6-328
LOCATION: University Health - Shreveport
NUMBER OF STUDENTS PER 2 WEEK BLOCK: 1
NON-LSUHSC STUDENTS ALLOWED: Yes, 1- if space available
SELECTIVE AVAILABLE DURING BLOCKS: All
COURSE CODE: SOMDC

Primary Goals of Selective:
To provide a comprehensive experience in caring for and managing patients with cancer and hematological disorders in the outpatient setting.

Specific Objectives:
1. Students will complete and document in Epic the history and physical exam of each patient assigned to them in the Heme/Onc clinic as well as all problem lists and treatment plans.
2. Students will perform an H&P on each new patient assigned to them and present the information to their attending.
3. Students will read about the conditions pertaining to their patients and present to the attending physician the pathophysiology, diagnosis, and treatment plans.
4. Students will perform at least one of the following procedures: paracentesis, thoracentis, bone marrow aspiration/biopsy, spinal taps or fine needle aspiration of superficial tumors and document the procedure in myevaluations.
5. Students will attend the weekly Hematology/Oncology grand rounds and the weekly Clinical Management Conference and Internal Medicine Grand Rounds.

Attendance:
Students must be present every weekday. Students are allowed one excused absence during the two week rotation for interviews. This excused absence must be approved by the attending physician. Any additional absences must be approved by the attending physician and clerkship director and must be made up before the semester is completed. Documentation of such interviews must be provided to the Clerkship Coordinator. Students will receive an incomplete until such absences have been made up. Make-up days are at the discretion of the Clerkship Director.

Resources for Learning:
The student is expected to use general reference material such as Harrison’s Principles of Internal Medicine and specialty texts to achieve a basic understanding of their patients’ diseases and their practical management. The resources of the fellows, residents, attending physician and consulting physicians should be used routinely to supplement the student’s reading, as well as recourse to journal articles and internet resources as needed.

Participating Faculty: Course Director, Hematology/Oncology Clinic Faculty and Fellows
Texts: Harrison’s Principles of Internal Medicine and Hematology/Oncology Texts as assigned by Hematology/Oncology faculty
Hands-on Experience: Supervised evaluation and management of patients with cancer in the outpatient setting
Self-Directed Learning: Focused review of topics directly related to the management of patients seen using the library and online resources.

Evaluation:
Students will receive a formative evaluation from the attending physician at the end of the first two weeks of the rotation. Students will receive a summative evaluation by the attending physician.
**Internal Medicine**  
*Inpatient Acting Internship - Clinical Oncology*

DIRECTOR FOURTH YEAR DEPARTMENT COURSES: Karina Sulaiman, M.D.  
SELECTIVE CATEGORY: Inpatient Acting Internship  
SELECTIVE DIRECTORS: Gary V. Burton, M.D., gburto@lsuhsc.edu  
ADMINISTRATIVE CONTACT: M’Liss Sella, msella@lsuhsc.edu  
PHONE: 675.5915, Room 6-328  
LOCATION: LSU Hospital - Shreveport  
NUMBER OF STUDENTS PER 4 WEEK BLOCK: 1  
NON-LSUHSC STUDENTS ALLOWED: No  
SELECTIVE AVAILABLE DURING BLOCKS: All  
COURSE CODE: SIMDA

**Primary Goals of Selective:**  
To provide a comprehensive experience in caring for and managing patients with cancer hematological disorders in the inpatient setting.

**Specific Objectives:**  
1. Students will complete and document in Epic the history and physical exam of each patient assigned to them on the Hematology/Oncology Subspecialty Wards as well as all patient orders and daily progress notes.  
2. Students will perform an H&P on each new patient assigned to them and present the information to their attending.  
3. Students will read about the conditions pertaining to their patients and present a fifteen minute didactic talk twice a week to the attending physician and the Hematology/Oncology ward team about the pathophysiology, diagnosis, and treatment plans.  
4. Students will attend the weekly Hematology/Oncology grand rounds and the weekly Clinical Management Conference.  
5. Students will be present and round with their team every weekday and one weekend day each week.

**Attendance:**  
Students must be present every weekday and one weekend day each week. Students are allowed two excused absences during the four week rotation for interviews. These excused absences must be approved by the attending physician. Any additional absences must be approved by the attending physician and the course director and must be made up before the semester is completed. Documentation of such interviews must be provided to the course director. Students will receive an incomplete until such absences have been made up. Make-up days are at the discretion of the course director.

**Resources for Learning:**  
The student is expected to use general reference material such as the *Washington Manual of Therapeutics* and *Harrison’s Principles of Internal Medicine* as well as specialty texts to achieve a basic understanding of their patients’ diseases and their practical management. The resources of the ward team resident, attending physician, Pharm. D., dietician, and consulting physicians should be used routinely to supplement the student’s reading, as well as recourse to journal articles and internet resources as needed.

- **Participating Faculty:** Course Director, Hematology/Oncology Ward Team Attending Physician and Fellows  
- **Texts:** Harrison’s Principles of Internal Medicine and Hematology/Oncology texts as assigned by Hematology/Oncology faculty  
- **Hands-on Experience:** Supervised evaluation and management of patients with cancer or hematological disorders in the inpatient setting  
- **Self-Directed Learning:** Focused review of topics directly related to the management of patients seen using the library and online resources.

**Evaluation:**  
Students will receive a formative evaluation from the attending physician at the end of the first two weeks of the rotation. Students will receive a summative evaluation by the attending physician at the end of the rotation.
Primary Goals of Selective:
To provide a comprehensive experience in caring for and managing acutely ill patients in the intensive care unit of the hospital.

Specific Objectives:
1. Students will complete and document in the electronic medical record system the history and physical exam of each patient assigned to them on the Inpatient Medicine Wards as well as all patient orders and daily progress notes.
2. Students will perform an H&P on each new patient assigned to them and present the information to their attending.
3. Students will read about the conditions pertaining to their patients and present to the attending physician the pathophysiology, diagnosis, and treatment plans.
4. Students will attend all scheduled department conferences with the Medicine interns as documented by a sign-in sheet.
5. Students will be present and round with their team every week day and one weekend day each week.

Attendance:
Students must be present every weekday and one weekend day each week. Students are allowed two excused absences for interviews during the four week rotation. These excused absences must be approved by the attending physician. Any additional absences must be approved by the attending physician and the course director and must be made up before the semester is completed. Documentation of such interviews must be provided to the course director. Students will receive an incomplete until such absences have been made up. Make-up days are at the discretion of the Course Director.

Resources for Learning:
The student is expected to use general reference material such as the Washington Manual of Therapeutics and Harrison’s Principles of Internal Medicine to achieve a basic understanding of their patients’ diseases and their practical management. The resources of the ward team resident, attending physician, and consulting physicians should be used routinely to supplement the student’s reading, as well as recourse to journal articles and internet resources as needed.

Participating Faculty: Course Director, Medicine Ward Team Attending Physician
Texts: Harrisons Principles of Internal Medicine
Hands-on Experience: Supervised evaluation and management of acutely ill patients in the intensive care unit
Self-Directed Learning: Focused review of topics directly related to the management of patients seen using the library and online resources.

Evaluation:
Students will receive an informal formative evaluation from the attending physician at the end of the first two weeks of the rotation. Students will receive a summative evaluation by the attending physician in Myevaluations at the end of the rotation.
Internal Medicine
Inpatient Acting Internship – LSU MICU

DIRECTOR FOURTH YEAR DEPARTMENT COURSES: Karina Sulaiman, M.D.
SELECTIVE CATEGORY: Inpatient Acting Internship
SELECTIVE DIRECTORS: Laurie Grier, M.D. lgrier@lsuhsc.edu
ADMINISTRATIVE CONTACT: M’Liss Sella, msella@lsuhsc.edu PHONE: 675-5915, Room 6-328
LOCATION: LSU Health Sciences Center / MICU
NUMBER OF STUDENTS PER 4 WEEK BLOCK: 2 NON-LSUHSC STUDENTS ALLOWED: Yes, 1 if space available.
SELECTIVE AVAILABLE DURING BLOCKS: All
COURSE CODE: SIMDE

Primary Goals of Selective:
To provide a comprehensive experience in caring for and managing acutely ill patients in the intensive care unit of the hospital.

Specific Objectives:
1. Students will complete and document in Epic the history and physical exam of each patient assigned to them on the Inpatient Medicine Wards as well as all patient orders and daily progress notes.
2. Students will perform an H&P on each new patient assigned to them and present the information to their attending.
3. Students will read about the conditions pertaining to their patients and present to the attending physician the pathophysiology, diagnosis, and treatment plans.
4. Students will attend all scheduled department conferences with the Medicine interns as documented by a sign-in sheet.
5. Students will be present and round with their team every week day and one weekend day each week.

Attendance:
Students must be present every weekday and one weekend day each week. Students are allowed two excused absences for interviews during the four week rotation. These excused absences must be approved by the attending physician. Any additional absences must be approved by the attending physician and clerkship director and must be made up before the semester is completed. Documentation of such interviews must be provided to the Clerkship Coordinator. Students will receive an incomplete until such absences have been made up. Make-up days are at the discretion of the Clerkship Director.

Resources for Learning:
The student is expected to use general reference material such as the Washington Manual of Therapeutics and Harrison’s Principles of Internal Medicine to achieve a basic understanding of their patients’ diseases and their practical management. The resources of the ward team resident, attending physician, and consulting physicians should be used routinely to supplement the student’s reading, as well as recourse to journal articles and internet resources as needed.

Participating Faculty: Course Director, Medicine Intensive Care Unit Attending Physician
Texts: Harrison’s Principles of Internal Medicine
Hands-on Experience: Supervised evaluation and management of patients in the intensive care unit.
Self-Directed Learning: Focused review of topics directly related to the management of patients seen using the library and online resources.

Evaluation:
Students will receive an informal formative evaluation from the attending physician at the end of the first two weeks of the rotation. Students will receive a summative evaluation by the attending physician in Myevaluations at the end of the rotation.
Internal Medicine

Medicine Ambulatory Care Selective

DIRECTOR FOURTH YEAR DEPARTMENT COURSES: Karina Sulaiman, M.D.
SELECTIVE CATEGORY: Primary Care Selective
SELECTIVE DIRECTORS: Karina Sulaiman, M.D.  ksulai@lsuhsc.edu
ADMINISTRATIVE CONTACT: M’Liss Sella, msella@lsuhsc.edu  PHONE: 675-5915, Room 6-215
LOCATION: Willis-Knighton Medical Center
NUMBER OF STUDENTS PER BLOCK: 1
SELECTIVE AVAILABLE DURING BLOCKS: All
NON-LSUHSC STUDENTS ALLOWED: No
COURSE CODE: SOMAC code for 2 weeks; SOMBC code for 4 weeks

Primary Goals of Selective:
To provide a comprehensive experience in evaluating and managing patients in the private clinic outpatient setting.

Specific Objectives:
1. Students will complete and document in the patient chart the history and physical exam of each patient assigned to them in the clinic.
2. Students will perform a problem focused history and physical on each assigned patient and present it to their attending.
3. Students will read about the conditions pertaining to their patients and present to the attending physician the pathophysiology, diagnosis, and treatment plans.

Attendance:
Students must be present every weekday. Students are allowed one excused absence during the two week rotation for interviews. This excused absence must be approved by the attending physician. Any additional absences must be approved by the attending physician and clerkship director and must be made up before the semester is completed. Documentation of such interviews must be provided to the Clerkship Coordinator. Students will receive an incomplete until such absences have been made up. Make-up days are at the discretion of the Clerkship Director.

Resources for Learning:
The student is expected to use general reference material such as Harrison’s Principles of Internal Medicine and specialty texts to achieve a basic understanding of their patients’ diseases and their practical management. Some clinics will provide clinic-specific reference materials for study. The resources for the fellows, residents, attending physician and consulting physicians should be used routinely to supplement the student’s reading, as well as recourse to journal articles and internet resources as needed.
Participating Faculty: Course director, LSUHSC Medicine Subspecialty physicians
Texts: Harrison’s Principles of Internal Medicine
Hands-on Experience: Supervised evaluation and management of patients in the outpatient setting
Self-Directed Learning: Focused review of topics directly related to the management of patients seen using the library and online resources.

Evaluation:
Students will receive an informal formative evaluation from the attending physician at the end of the first week of the rotation. Students will receive a summative evaluation in MyEvaluations by the attending physician at the end of the two week rotation.
Internal Medicine  
Outpatient Medical Specialties

DIRECTOR FOURTH YEAR DEPARTMENT COURSES: Karina Sulaiman, M.D.
SELECTIVE CATEGORY: Outpatient Clinic
SELECTIVE DIRECTORS: Karina Sulaiman, M.D.  
ksulai@lsuhsc.edu
ADMINISTRATIVE CONTACT: M’Liss Sella, msella@lsuhsc.edu  
PHONE: 675.5915, Room 6-328
LOCATION: University Health and VA Hospital - Shreveport
NUMBER OF STUDENTS PER 2 WEEK BLOCK: 2 per block
SELECTIVE AVAILABLE DURING BLOCKS: All
NON-LSUHSC STUDENTS ALLOWED: No
COURSE CODE: SOMDA

Primary Goals of Selective:
To provide a comprehensive experience in evaluating and managing patients in the outpatient subspecialty setting.

Specific Objectives:
1. Students will complete and document in Epic the history and physical exam of each patient assigned to them in subspecialty clinic.
2. Students will perform a problem focused history and physical on each assigned patient and present it to their subspecialty attending.
3. Students will read about the conditions pertaining to their patients and present to the attending physician the pathophysiology, diagnosis, and treatment plans.
4. Students will attend the subspecialty clinics each weekday as assigned as documented by a sign-n sheet.
5. Students will attend Medicine Grand Rounds each week as documented by a sign-in sheet.
6. Students will participate in an Evidence Based Medicine conference which will consist of reading two articles as assigned by the attending and complete Evidence Based worksheets for each.

Attendance:
Students must be present every weekday. Students are allowed one excused absence for interviews during the two week rotation. This excused absence must be approved by the attending physician. Any additional absences must be approved by the attending physician and course director and must be made up before the semester is completed. Documentation of such interviews must be provided to the course director. Students will receive an incomplete until such absences have been made up. Make-up days are at the discretion of the Course Director.

Resources for Learning:
The student is expected to use general reference material such as Harrison’s Principles of Internal Medicine and specialty texts to achieve a basic understanding of their patients’ diseases and their practical management. Some clinics will provide clinic-specific reference materials for study. The resources for the fellows, residents, attending physician and consulting physicians should be used routinely to supplement the student’s reading, as well as recourse to journal articles and internet resources as needed.
Participating Faculty: Course director, LSUHSC Medicine Subspecialty physicians
Texts: Harrison’s Principles of Internal Medicine
Hands-on Experience: Supervised evaluation and management of patients in the outpatient setting
Self-Directed Learning: Focused review of topics directly related to the management of patients seen using the library and online resources.

Evaluation:
Students will receive an informal formative evaluation from the Course Director at the end of the first week of the rotation. Students will receive a summative evaluation in MyEvaluations by the Course Director using a compilation of evaluations completed by each Subspecialty attending physician.
Internal Medicine
Inpatient Acting Internship – VA General Medicine Ward

DIRECTOR FOURTH YEAR DEPARTMENT COURSES: Karina Sulaiman, M.D.
SELECTIVE CATEGORY: Inpatient Acting Internship
SELECTIVE DIRECTORS: Karina Sulaiman, M.D.  ksulai@lsuhsc.edu
ADMINISTRATIVE CONTACT: M’Liss Sella, msella@lsuhsc.edu  PHONE: 675.5915, Room 6-328
LOCATION: VA Hospital - Shreveport
NUMBER OF STUDENTS PER 4 WEEK BLOCK: 5
SELECTIVE AVAILABLE DURING BLOCKS: All
NON-LSUHSC STUDENTS ALLOWED: NO
COURSE CODE: SIMDC

Primary Goals of Selective:
To provide a comprehensive experience in caring for and managing patients in the hospital on the General Medicine Ward Service.

Specific Objectives:
1. Students will complete and document in the VA Medical Records system the history and physical exam of each patient assigned to them on the Inpatient Medicine Wards as well as all patient orders and daily progress notes.
2. Students will perform an H&P on each new patient assigned to them and present the information to their attending.
3. Students will read about the conditions pertaining to their patients and present to the attending physician the pathophysiology, diagnosis, and treatment plans.
4. Students will attend all scheduled department conferences with the Medicine interns as documented by a sign-in sheet.
5. Students will be present and round with their team every week day and one weekend day each week.
6. Students will be on call each fifth night with their team.

Attendance:
Students must be present every weekday and one weekend day each week. Students are allowed two excused absences for interviews during the four week rotation. These excused absences must be approved by the attending physician. Any additional absences must be approved by the attending physician and course director and must be made up before the semester is completed. Documentation of such interviews must be provided to the course director. Students will receive an incomplete until such absences have been made up. Make-up days are at the discretion of the Course Director.

Resources for Learning:
The student is expected to use general reference material such as the Washington Manual of Therapeutics and Harrison’s Principles of Internal Medicine to achieve a basic understanding of their patients’ diseases and their practical management. The resources of the ward team resident, attending physician, and consulting physicians should be used routinely to supplement the student’s reading, as well as recourse to journal articles and internet resources as needed.
- Participating Faculty: Course Director, Medicine Ward Team Attending Physician
- Texts: Harrison’s Principles of Internal Medicine, Washington Manual of Therapeutics
- Hands-on Experience: Supervised evaluation and management of patients in the inpatient setting
- Self-Directed Learning: Focused review of topics directly related to the management of patients seen using the library and online resources.

Evaluation:
Students will receive an informal formative evaluation from the attending physician at the end of the first two weeks of the rotation. Students will receive a summative evaluation in MyEvaluations by the attending physician at the end of the four week rotation.
Internal Medicine

Inpatient Acting Internship – LSU General Medicine Ward

DIRECTOR FOURTH YEAR DEPARTMENT COURSES: Karina Sulaiman, M.D.
SELECTIVE CATEGORY: Inpatient Acting Internship
SELECTIVE DIRECTORS: Karina Sulaiman, M.D. ksulai@lsuhsc.edu
ADMINISTRATIVE CONTACT: M’Liss Sella, msella@lsuhsc.edu
PHONE: 675-5915, Room 6-328
LOCATION: LSU Hospital - Shreveport
NUMBER OF STUDENTS PER 4 WEEK BLOCK: 5
SELECTIVE AVAILABLE DURING BLOCKS: All
NON-LSUHSC STUDENTS ALLOWED: Yes - if space available.
COURSE CODE: SIMDD

Primary Goals of Selective:

To provide a comprehensive experience in caring for and managing patients in the hospital on the General Medicine Ward Service.

Specific Objectives:

1. Students will complete and document in Epic the history and physical exam of each patient assigned to them on the Inpatient Medicine Wards as well as all patient orders and daily progress notes.
2. Students will perform an H&P on each new patient assigned to them and present the information to their attending.
3. Students will read about the conditions pertaining to their patients and present to the attending physician the pathophysiology, diagnosis, and treatment plans.
4. Students will attend all scheduled department conferences with the Medicine interns as documented by a sign-in sheet.
5. Students will be present and round with their team every week day and one weekend day each week.
6. Students will be on call each fifth night with their team.

Attendance:

Students must be present every weekday and one weekend day each week. Students are allowed two excused absences for interviews during the four week rotation. These excused absences must be approved by the attending physician. Any additional absences must be approved by the attending physician and course director and must be made up before the semester is completed. Documentation of such interviews must be provided to the course director. Students will receive an incomplete until such absences have been made up. Make-up days are at the discretion of the Course Director.

Resources for Learning:

The student is expected to use general reference material such as the Washington Manual of Therapeutics and Harrison’s Principles of Internal Medicine to achieve a basic understanding of their patients’ diseases and their practical management. The resources of the ward team resident, attending physician, and consulting physicians should be used routinely to supplement the student’s reading, as well as recourse to journal articles and internet resources as needed.

Participating Faculty: Course Director, Medicine Ward Team Attending Physician
Texts: Harrisons Principles of Internal Medicine, Washington Manual of Therapeutics
Hands-on Experience: Supervised evaluation and management of patients in the inpatient setting
Self-Directed Learning: Focused review of topics directly related to the management of patients seen using the library and online resources.

Evaluation:

Students will receive an informal formative evaluation from the attending physician at the end of the first two weeks of the rotation. Students will receive a summative evaluation in MyEvaluations by the attending physician at the end of the four week rotation.
Primary Goals of Selective:

To provide a comprehensive experience in evaluating and managing patients in the private clinic outpatient setting.

Specific Objectives:

1. Students will complete and document in the patient chart the history and physical exam of each patient assigned to them in the clinic.
2. Students will perform a problem focused history and physical on each assigned patient and present it to their attending.
3. Students will read about the conditions pertaining to their patients and present to the attending physician the pathophysiology, diagnosis, and treatment plans.

Attendance:

Students must be present every weekday. Students are allowed one excused absence for interviews during the two week rotation. This excused absence must be approved by the attending physician. Any additional absences must be approved by the attending physician and course director and must be made up before the semester is completed. Documentation of such interviews must be provided to the course director. Students will receive an incomplete until such absences have been made up. Make-up days are at the discretion of the Course Director.

Resources for Learning:

The student is expected to use general reference material such as Harrison’s Principles of Internal Medicine and specialty texts to achieve a basic understanding of their patients’ diseases and their practical management. Some clinics will provide clinic-specific reference materials for study. The resources for the fellows, residents, attending physician and consulting physicians should be used routinely to supplement the student’s reading, as well as recourse to journal articles and internet resources as needed.

Participating Faculty: Course director, LSUHSC Medicine Subspecialty physicians
Texts: Harrison’s Principles of Internal Medicine
Hands-on Experience: Supervised evaluation and management of patients in the outpatient setting
Self-Directed Learning: Focused review of topics directly related to the management of patients seen using the library and online resources.

Evaluation:

Students will receive an informal formative evaluation from the attending physician at the end of the first two weeks of the rotation. Students will receive a summative evaluation in MyEvaluations by the attending physician at the end of the four week rotation.
Internal Medicine/Endocrinology
Clinical Endocrinology

ELECTIVE DIRECTOR(S): David Scarborough, M.D.  dscarb@lsuhsc.edu
ADMINISTRATIVE CONTACT: Mary Brooks,  mbroo3@lsuhsc.edu  PHONE: 318.675.5960  ROOM: 6-308
DURATION OF ELECTIVE: 4 Weeks
LOCATION OF ELECTIVE: LSU Medical Center and VA Medical Center
MAXIMUM NUMBER OF STUDENTS: 2
ELECTIVE OFFERED DURING BLOCKS: All
COURSE CODE: SOEDD  NON-LSUHSC STUDENTS ALLOWED: No

Primary Goals of Elective:
To provide a comprehensive experience in caring for and managing patients with endocrine and metabolic disorders in the inpatient and outpatient setting.

Specific Objectives:
1. Students will complete and document in Epic or the VA Electronic Medical Record system the history and physical exam of each patient assigned to them on the Endocrine consult service and in the Endocrine clinic well as all problem lists and treatment plans.
2. Students will perform an H&P on each new patient assigned to them and present the information to their attending.
3. Students will read about the conditions pertaining to their patients and present to the attending physician the pathophysiology, diagnosis, and treatment plans.
4. Students will attend the weekly Endocrine conferences and Internal Medicine Grand Rounds.

Attendance:
Students must be present every weekday. Students are allowed two excused absences for interviews during the four week rotation. This excused absence must be approved by the attending physician. Any additional absences must be approved by the attending physician and course director and must be made up before the semester is completed. Documentation of such interviews must be provided to the course director. Students will receive an incomplete until such absences have been made up. Make-up days are at the discretion of the course director.

Resources for Learning:
The student is expected to use general reference material such as Harrison’s Principles of Internal Medicine and specialty texts to achieve a basic understanding of their patients’ diseases and their practical management. The resources of the fellows, residents, attending physician and consulting physicians should be used routinely to supplement the student’s reading, as well as recourse to journal articles and internet resources as needed.

Participating Faculty: Course Director, Endocrinology Faculty and Fellows
Texts: Harrison’s Principles of Internal Medicine, Endocrine Texts as assigned by Endocrine faculty
Hands-on Experience: Supervised evaluation and management of patients with endocrine and metabolic disorders in the inpatient and outpatient setting
Self-Directed Learning: Focused review of topics directly related to the management of patients seen using the library and online resources.

Evaluation:
Students will receive an informal formative evaluation from the attending physician at the end of the first two weeks of the rotation. Students will receive a summative evaluation by the attending physician at the end of the rotation.

HOURS PER WEEK
CONF 2 HRS  WARD 10 HRS  LAB HRS  LIBRARY 2 HRS
OR HRS  CLINIC 16 HRS  LECTURE 4 HRS  READING 6 HRS
TOTAL NUMBER OF HOURS PER WEEK: 40
Internal Medicine/Rheumatology  
Clinical Rheumatology

ELECTIVE DIRECTOR(S): Sarwat Umer, M.D.  sumer@lsuhsc.edu
ADMINISTRATIVE CONTACT: Vicky Hall  vhall@lsuhsc.edu  PHONE:  318.675.5930, Room 6-320
DURATION OF ELECTIVE: 4 Weeks
LOCATION OF ELECTIVE: LSU Health Sciences Center
MAXIMUM NUMBER OF STUDENTS:   2
ELECTIVE OFFERED DURING BLOCKS: All
COURSE CODE: SOEDO  NON-LSUHSC STUDENTS ALLOWED: No

Primary Goals of Elective:
To provide a comprehensive experience in caring for and managing patients with rheumatic disorders in the inpatient and outpatient setting.

Specific Objectives:
1. Students will complete and document in Epic the history and physical exam of each patient assigned to them on the Rheumatology consult service and in the Rheumatology clinic well as all problem lists and treatment plans.
2. Students will perform an H&P on each new patient assigned to them and present the information to their attending.
3. Students will read about the conditions pertaining to their patients and present to the attending physician the pathophysiology, diagnosis, and treatment plans.
4. Students will attend the weekly Rheumatology conferences and Internal Medicine Grand Rounds.

Attendance:
Students must be present every weekday. Students are allowed two excused absences for interviews during the four week rotation. This excused absence must be approved by the attending physician. Any additional absences must be approved by the attending physician and course director and must be made up before the semester is completed. Documentation of such interviews must be provided to the course director. Students will receive an incomplete until such absences have been made up. Make-up days are at the discretion of the course director.

Resources for Learning:
The student is expected to use general reference material such as Harrison’s Principles of Internal Medicine and specialty texts to achieve a basic understanding of their patients’ diseases and their practical management. The resources of the fellows, residents, attending physician and consulting physicians should be used routinely to supplement the student’s reading, as well as recourse to journal articles and internet resources as needed.

Participating Faculty:  Course Director, Rheumatology Faculty and Fellows
Texts: Harrison’s Principles of Internal Medicine and Rheumatology Texts as assigned by Rheumatology faculty-  
1) Primer on Rheumatic Diseases 
2) Board Review CD 
3) Selected Journal Articles
Hands-on Experience: Supervised evaluation and management of patients with rheumatic disorders in the inpatient and outpatient setting
Self-Directed Learning: Focused review of topics directly related to the management of patients seen using the library and online resources.

Evaluation:
Students will receive an informal formative evaluation from the attending physician at the end of the first two weeks of the rotation. Students will receive a summative evaluation by the attending physician.
Neurology
Inpatient Acting Internship

ELECTIVE DIRECTOR(S): Robert Schwendimann, M.D.
PHONE: 318.675.7760
DURATION OF ELECTIVE: 4 weeks
LOCATION OF ELECTIVE: LSUHSC
MAXIMUM NUMBER OF STUDENTS: 1 MINIMUM NUMBER OF STUDENTS: NA
ELECTIVE OFFERED DURING BLOCKS: All
COURSE CODE: SINEA

PRIMARY GOALS OF SELECTIVE
Provide students with advanced expertise in the neurologic evaluation of patients in primarily the in-patient setting, but also to involve basic neurologic problems in the out-patient clinic. Student will be expected to improve skills in both taking the neurological history, as well as performing the neurological examination. In addition, students will be expected to improve their differential diagnostic abilities for neurologic disease, as well as enhance their skills in management of neurological patients both in a ward and clinic environment.

SPECIFIC OBJECTIVES: (The Student will)
1. Improve skills in obtaining a neurologic history and performing a neurologic examination.
2. Become familiar with the performance and interpretation of EEGs, EMG/Nerve Conduction Studies, Sleep Studies, Evoked Response Testing, EEG Telemetry and neurophysiological surgical monitoring by accompanying their patients to these procedures.
3. Improve performance of certain procedures such as the lumbar puncture, and in interpretation of Neuroimaging Studies.
4. Improve diagnostic abilities in neurologic disease, especially in those problems presenting as cognitive disturbances, altered mental status, syncope/seizures, sensory and motor disturbances, basal ganglion dysfunction, and headache presentations.
5. Learn to choose and utilize various medications seen in neurologic practice as those for management of stroke, epilepsy, dementia, movement disorders, central nervous system infections, neuromuscular junction and headache problems; as well as conditions such as spasticity and neuropathic discomfort.

RESOURCES FOR LEARNING
1. On the ward, the student will extensively evaluate with history and neurologic examination at least three patients per week, following them with daily evaluations and subsequent notations, which will become part of the hospital chart.
2. In the out-patient setting, the student will attend at least once a week the Residents’ Continuity Clinic at which time one to two new patients and/or 2-3 follow-up patients will be evaluated with the particular resident and faculty attending.
3. The student clerk will also attend conferences with their team residents including noon conferences and weekly Grand Rounds and other appropriate lectures and seminars as able.
4. Textbooks, including the third year Perkin’s Neurology and Adams and Victor’s Principles of Neurology available in the library, as well as journals available digitally and researched via PubMed, will be used to enhance learning from the particular patient that the student is evaluating. Via these resources, the clerk will become familiar with the typical presentation, neurologic findings, pathophysiology, and treatment modalities of his patient’s problem, and be able to present this to his ward team.

PARTICIPATING FACULTY
Members of the Department of Neurology as ward service attending or attending in the Residents’ Continuity Clinic, neurophysiology and neuroimaging facilities.

EVALUATION (GRADE WILL BE BASED ON)
Student will receive a passing grade if they demonstrate increasing proficiency in the above objectives. This will be evaluated by their team resident and attending with feedback throughout the month to further improve any deficiencies which may occur. They will be expected to demonstrate a professional demeanor and wear appropriate attire for the clinic or ward. Their attendance at conferences, ward rounds, and clinics will be carefully monitored and all absences must be pre-approved. Punctuality will be mandatory for a passing grade. Student will also be asked to take part in 260 evaluations of residents and staff. A written accounting of patients evaluated with their specific diagnoses will be required.

LEARNING ENVIRONMENTS:
These will include conferences, lectures, the ward service and clinic outpatient service. The student will be expected to take call with the resident until 11 p.m. on that resident’s call night. Clerks will attend neurophysiology lab to observe testing on their specific patients. All activities will be performed at the LSU Health Science Center.
ELECTIVE DIRECTOR(S): Robert Schwendimann, M.D.                        PHONE: 318.675.7760
DURATION OF ELECTIVE: 4 weeks
LOCATION OF ELECTIVE: Highland Clinic
MAXIMUM NUMBER OF STUDENTS: 1 MINIMUM NUMBER OF STUDENTS: NA
ELECTIVE OFFERED DURING BLOCKS: All
COURSE CODE: SCNEU

PRIMARY GOALS OF SELECTIVE
   Student will work with physicians in practice in the community.

SPECIFIC OBJECTIVES: (The Student will)
   1. Independently evaluate some patients and discuss them with mentor.
   2. Be exposed to principles of office management and medical economics.
   3. Learn documentation requirements and exposure to effects of social, cultural, and societal problems.

RESOURCES FOR LEARNING
   Texts: Student will be provided with the necessary texts.
   Workshops: Friday grand rounds and noon conferences
   Hands-on Experience: Student will learn to rapidly assess extent of evaluation required for patient care.
   Computer-assisted instruction: Assistance will be on as needed basis
   Directed readings: Will be assigned by mentor
   Self-Directed learning: understand the importance of developing life-long self directed learning skills

PARTICIPATING FACULTY
   Aimee Borazanci, M.D.

EVALUATION (GRADE WILL BE BASED ON)
   Student will receive a passing grade if they demonstrate increasing proficiency in the above objectives. This will be evaluated by their mentor’s feedback throughout the month to further improve any deficiencies which may occur. They will be expected to demonstrate a professional demeanor and wear appropriate attire for the clinic. Their attendance at conferences and clinics will be carefully monitored and all absences must be pre-approved. Punctuality will be mandatory for a passing grade.

LEARNING ENVIRONMENTS:
   These will include conferences, lectures, the ward service and the clinic.
Overview of Selective:

To prepare the student for an internship and residency in neurosurgery. This selective is designed to enhance clinical skills in neurological and neurosurgical disease and critical care medicine, including diagnosis, examination, and management of neurosurgery patients.

Goals and Objectives:

The student will gain more in depth knowledge on the management of neurosurgical patients with a variety of neurosurgical conditions.

- Correctly perform comprehensive neurological examinations and correlate their findings to pathologic conditions in an inpatient settings.
  - The student will participate daily on inpatient rounds at LSU and examine patients daily, reporting to the chief resident
  - The student will know how to manage and examination of comatose patients by performing exams on daily rounds in ICU with chief resident and neurosurgery faculty.
  - Correctly explain and if possibly perform the steps of brain death evaluation.
- Correctly workup neurosurgical patients in an outpatient setting, identifying non-surgical and surgical interventions of treatment.
  - The student will participate in at least one outpatient clinic with an attending every week, taking a history and physical exam, interpreting radiologic studies and constructing a treatment plan under the direction of the attending surgeon.
- Understand the basic steps of common neurosurgical operative procedures for cranial and spinal conditions by participating in surgery daily.
- At least one night of overnight call to experience how to manage emergency calls and surgical interventions as needed.
- Present one patient at the weekly case conference whereby a powerpoint presentation of the brief history, exam and imaging studies are presented with a brief discussion of the pathologic condition.

The student will demonstrate professionalism and gain understanding of basic aspects of a neurosurgery practice.

- Participate in all daily morning rounds with the neurosurgical team at LSUHSC, including film review and examination of inpatient ICU and floor neurosurgical patients under the supervision of neurosurgical chief residents.
- Document attendance to the weekly neurosurgery case conference on Wednesday afternoons where residents present a neurosurgical case including history, physical exam, imaging studies, and intervention with a literature review on the disease topic.
- Participation in faculty and resident clinics, including workups of patients during clinic.
Reading Resources for Rotation:

- **Textbooks:**
  1. Greenberg Handbook of Neurosurgery
  2. Essential Neurosurgery by Andrew Kaye

- **Online Resource:** Neurosurgery Gray Matter: An Educational Overview, located on the Congress of Neurological Surgeons Website at: [http://w3.cns.org/education/sans.asp](http://w3.cns.org/education/sans.asp)

**Evaluation**

A final evaluation will encompass the student’s performance on rounds, skills in performing a neurological examination, fundamentals of knowledge, performance in case conference presentation, and professionalism. Professionalism is defined as punctuality, interaction with faculty, staff, and patients, and maturity. There will be no written or oral examination.
Obstetrics/Gynecology
Inpatient Acting Internship – Obstetrics Service

DIRECTOR FOURTH YEAR DEPARTMENT COURSES: James Barrow, M.D.
SELECTIVE CATEGORY: Inpatient Acting Internship
SELECTIVE DIRECTORS: James Barrow, M.D.
ADMINISTRATIVE CONTACT: 675.5380
LOCATION: University Health - Shreveport
NUMBER OF STUDENTS PER 4 WEEK BLOCK: 2
SELECTIVE AVAILABLE DURING BLOCKS: All
COURSE CODE: SIOGA

Primary Goals of Selective:
To provide a comprehensive hospital based experience in the management and care of high risk obstetrical patients.

Specific Objectives:
The Acting Intern will be able to:

1. (PC) Obtain accurate histories, perform thorough physical exams and develop comprehensive management plans for various medical conditions complicating pregnancy such as diabetes, hypertension, and sickle cell disease.

2. (PC) Obtain accurate histories, perform thorough physical exams and develop comprehensive management plans that require hospitalization such as premature labor, Preterm Premature Rupture of Membranes, preeclampsia, Intrauterine growth restriction and others.

3. (PC) Learn the evaluation process of the progress if labor and the application of internal fetal monitoring devices.

4. (PC) Perform directly supervised deliveries of uncomplicated pregnancies.

5. (MK) Evaluate and interpret lab abnormalities and formulate a response to them.

6. (MK) Evaluate antepartum and intrapartum states of mother and fetus.

7. (MK) Understand significant physiological changes of pregnancy as they are affected by medical diseases.

8. (I&CS) Present patient information and assessment to other members of the team, in an organized manner with attention to pertinent details and logical management plan.

9. (PBL&I) Use information technology to access information.

10. (P) Work effectively and harmoniously with all members of the OB service.

11. (P) Be present to report to all assigned activities on time and to let their team know where they are at all times.

12. (P) Perform/complete all assigned tasks in a timely and careful manner.

Resources for Learning:
Participating Faculty: All LSUHSC-Shreveport GYN faculty
Students are expected to attend all Tuesday Am didactic conferences as well as Fetal Board.
Texts: William’s Obstetrics 23rd Ed. - Cunningham, MacDonald, Gant, Leveno
ACOG 2011 Compendium - selected topics
Evaluation:

The Acting Intern will be evaluated by the faculty and or residents who are assigned to the specific block period using a standard competency based evaluation form based on the above objectives. The Acting Intern will turn in 4 comprehensive written admit history and physical exams with detailed assessment and differential diagnosis on high risk patients with 4 different types of medical or pregnancy related complications. If the student is unable to perform directly supervised placement of intrauterine fetal monitoring or a vaginal delivery then simulation will be utilized to assess the student skill. The final grade will be Pass or Fail.
Primary Goals of Selective:
To provide a comprehensive surgical and clinical experience in gynecologic pelvic surgery.

Specific Objectives:
The Acting Intern will be able to:

1. (PC, I&CS) Gather essential and accurate information about their patient and present it in an ordered meaningful way with a logical management plan.

2. (PC) Make informed recommendations about diagnostic and therapeutic interventions (surgical and non surgical) based on patient information and preferences.

3. (PC) Participate in surgical procedures as an assistant to the primary surgeon.

4. (PC) Understand and perform normal post operative care and follow up of surgical patients.

5. (MK) Demonstrate knowledge of gynecologic anatomy.

6. (I&CS) Counsel and educate patients and their families in clinical, preoperative, operative and post operative setting.

7. (SBP) Work with health care professionals including those from other disciplines to provide patient-focused care.

8. (PBL&I) Use information technology to support patient care decisions and patient education.

9. (P) Show willingness and ability to work effectively and harmoniously with all members of the gynecologic service.

10. (P) Be present and on time for all assigned activities and let their team know where they are at all times.

Resources for Learning:
Participating Faculty: All LSU Health GYN faculty
Texts: Williams Gynecology – Schorge, Schaffer, Halvorson, Hoffman, Bradshaw, Cunningham
Students are expected to attend all Tuesday AM conferences as well as Thursday Am Pre Op conference.

Evaluation:
The Acting Intern will be evaluated by the faculty and or residents who are assigned to the specific block period using a standard competency based evaluation form based on the above objectives.
The Acting Intern will turn in 4 comprehensive written history and physical exams with detailed assessment, differential diagnosis and plan of care on 4 different types of benign gynecologic conditions.
The final grade will be Pass or Fail.
Primary Goals of Selective:
To acquire extended knowledge of the fundamental principles of ambulatory care medicine; having a primary focus on obstetrical and gynecological care, with additional exposure to preventative and primary care.

Specific Objectives:
The student will be able to:
1. (PC) Enhance history taking and examination skills by providing primary contact of both new patients and return visit patients under the supervision of OB/GYN faculty and housestaff.
2. (PC, MK) Become familiar with available forms of contraception, contraindications and common side effects.
3. (PC, MK) Recognize and evaluate the postmenopausal patient and identify her particular healthcare needs.
4. (PC, MK) Diagnose, evaluate and treat common ambulatory gyn problems, such as pelvic pain and irregular bleeding.
5. (PC, MK) Perform thorough and accurate well woman exams, to include breast and pelvic exam.
6. (PC) Understand when to use and how to perform common gyn office procedures such as wet prep and endometrial biopsy.
7. (PC, MK) Evaluate, treat and manage common low risk obstetrical patients and manage routine prenatal care.
8. (I&CS) Develop proficiency at obtaining a reproductive and sexual history.
9. (I&CS) Communicate pertinent patient information to supervising providers in an efficient and logical way.
10. (P) Demonstrate punctuality, appropriate dress and demeanor for patient interaction.
11. (SBP) Understand health care delivery issues as related to the underserved female population.
12. (PBL&I) Utilize online resources to improve patient care and support their own education.
13. (P) Attend all clinics and conferences attended by the clinic team and let their team know where they are at all times.

Resources for Learning:
Participating Faculty: All LSU Health OB/GYN faculty
Text: Williams Obstetrics 23rd Ed.- Cunningham, MacDonald, Gant, Leveno
Williams Gynecology- Schorge, Schaffer, Halvorson, Hoffman, Bradshaw, Cunningham

Evaluation:
Students will be evaluated by faculty and residents who are assigned during the specific block period using a standardized competency based evaluation form.
Students will submit a single weekly patient interaction write up which includes pertinent history, physical exam and then assessment and plan. The expectation will be for a detailed and well thought out differential or if differential is essentially simple then a written discussion of the pathophysiology of the complaint. If the student is doing a 4 week block then at least 2 different ob and 2 different gyn write ups are expected. If doing the 2 week block then 1 ob and 1 gyn.
Primary Goals of Selective:
To obtain advanced clinical and surgical experience in inpatient and outpatient care of gynecologic oncology patients.

Specific Objectives:
The Acting Intern will be able to:

1. (PC) Gather essential and accurate information about their patient.

2. (PC, MK) Apply staging criteria to make informed recommendations about diagnostic and therapeutic interventions based on patient information and preferences, up to date scientific evidence and clinical judgment.

3. (I&C, MK) Counsel and educate patients and their families concerning their specific gyn malignancy.

4. (MK) understand anatomic relationships as specific to different gyn malignancies and surgical techniques.

5. (P, SBP) Work constructively with all members of the healthcare team in order to arrange appropriate follow up, consults requested or surveillance for gyn onc patients.

6. (P, SBP) Attend Tumor board to observe the team interaction of physicians and specialists to create management strategies for these tumor patients.

7. (P) Demonstrate punctuality, appropriate demeanor and personal appearance for patient interactions.

Resources for Learning:
Participating Faculty: Dr. Destin Black and Dr. Robin Lacour
Residents on rotation will provide didactic lectures on gyn onc topics.
Students will attend all Tuesday Am conferences and Tumor board.

Evaluation:
The Acting Intern will be evaluated by the faculty and or residents who are assigned to the specific block period using a standard competency based evaluation form based on the above objectives.
The course is pass/fail.
**This outpatient selective requires that students keep an attendance log. Each student will be responsible for obtaining a physician’s signature each time he/she reports to work at the Eye Clinic. Blank attendance logs may be obtained from Moodle. **

**Primary Goals of Selective:**
The goal of the selective is to provide students interested in Ophthalmology as a career a more in-depth and complete introduction to the specialty. Ultimately, the selective rotation serves two purposes; the first is to provide a meaningful month of learning about the eye, and to allow the interested student more time to evaluate if Ophthalmology is, indeed, their lifelong career choice. These goals will be measured by the evaluation of their required mini-grand round presentation and the evaluation form on completion of the rotation.

**Specific Objectives:**
1. The students will work with the residents and faculty in the examination and treatment of patients with a variety of ocular and medical conditions.
2. Students, by the end of the rotation, will workup new patients and present their findings to their resident or faculty.
3. Students may also participate in ocular surgery (as assistants).
4. At the end of the selective, the student will give a mini-grand round presentation to the residents and faculty. The presentation will be evaluated by the attending residents and faculty members.
5. The specific requirements for reading, procedures, performed, etc., will vary by specialty clinic.

**Resources for Learning:**

**Participating Faculty:** Dr. Redens, Kavanaugh, Liang, Schulman, Byrd, and Halpern

**Texts:** Kansky’s Text of Ophthalmology

**Workshops:** N/A

**Hands-on Experience:** Both in the clinic and OR with faculty and residents.

**Computer Assisted Instruction:** N/A

**Directed Readings:** Per individual faculty

**Evaluation:**

Based on faculty evaluations / resident evaluations.
Objectives and/or Goals:

For student to observe and participate in community based Oral Surgery practice in an Oral and Maxillofacial Surgery practice.

Specific Objectives:

1. The student will independently evaluate office patients and discuss with Oral Surgeons on how to improve their H & PE skills through practice.
2. Improve medical record documentation and transcription skills.
3. Round with and accompany oral surgeons in hospital, office and OR.

Resources for Learning:

One case presentation at Oral Surgery Grand Rounds conference.

Evaluation:

Grade will be based on one on one interaction and discussion (Pass/Fail)
Orthopaedic Surgery
Inpatient Acting Internship – Orthopaedic Surgery

DIRECTOR FOURTH YEAR DEPARTMENT COURSES: Margaret Olmedo, M.D.
SELECTIVE CATEGORY: Inpatient Acting Internship
SELECTIVE DIRECTOR: Margaret Olmedo, M.D.
ADMINISTRATIVE CONTACT: Anna Beth Crowson, 675-4313, Room 3-316 / Monica Henderson, 675-6180, Room 3-325
LOCATION: LSUHSC-Shreveport
NUMBER OF STUDENTS PER 4 WEEK BLOCK: 3
SELECTIVE AVAILABLE DURING BLOCKS: All blocks
DURATION: 4 Weeks
COURSE CODE: SIOSA

Night Call - Yes    Weekend Call - Yes    Final Exam - No

Overall Educational Goal of Selective:
This orthopaedic selective provides the student with an in-depth look at orthopaedic surgery. The student will spend time at LSU Health Sciences.

During their time at LSU the student will concentrate on the adult patient assessment with an emphasis on orthopaedic trauma. The student should become comfortable with the initial evaluation of orthopaedic adult patients. The student will also build on the skills they learned during the first three years of medical school and assume a higher level of responsibility for all aspects of patient care under the direct supervision of orthopaedic house staff and attending physicians in the inpatient and outpatient setting.

Specific Objectives:
1. Improve the student’s skill in history taking and physical exam of the musculoskeletal system.
2. Improve decision making skills required for the appropriate utilization of diagnostic tests such (CT, MRI, etc.)
3. To familiarize the student with the diagnosis and management of a variety of patients (adult and pediatric) with orthopaedic problems that are routinely seen in a hospital setting.
4. To develop skills in patient education, counseling and discharge planning.
5. To improve the student’s knowledge of orthopaedic disease entities through participation in conferences and didactic teaching sessions.

Brief Description of Student Activities During Rotation:
At LSU Health Sciences Center, the student will be assigned to an orthopaedic team and will work under the direct supervision of a Junior and Senior resident. They will participate in teaching rounds with the house staff and faculty. The students will be given patients to manage. They will be responsible for performing supervised histories and physical examinations and daily progress notes. Students will take part in all educational programs in connection with this orthopaedic department. The student will also take call with the junior resident in-house and is expected to help evaluate patients and to care for in-patients and patients in the emergency department.

Recommended Textbook:
Essentials of Musculoskeletal Care (4th edition)

Method of Student Evaluation:
The senior Resident and the Full-time Faculty will evaluate students throughout the rotation. As interest and time permits, the students will be asked to present on Chairman’s Rounds and during Grand Rounds. The Senior Resident supervising the team will complete a written evaluation, and the faculty member on the team will also provide a written evaluation of the student.
Orthopaedic Surgery
Outpatient - Orthopaedics

DIRECTOR FOURTH YEAR DEPARTMENT COURSES: Margaret L. Olmedo, M.D.
SELECTIVE CATEGORY: Outpatient
SELECTIVE DIRECTOR: Margaret L. Olmedo, M.D.
ADMINISTRATIVE CONTACT: Anna Beth Crowson, 675.4313, Room 3-316 / Monica Henderson, 675.6180, Room 3-325
LOCATION: LSUHSC - Shreveport
NUMBER OF STUDENTS PER 2 WEEK BLOCK: 3
SELECTIVE AVAILABLE DURING BLOCKS: All Blocks
DURATION: 2 weeks
COURSE CODE: SOOSA

Night Call - No  Weekend Call - Yes  Final Exam - Oral

Overall Educational Goal of Selective:

The purpose of this selective is to build on the third year medical student rotation in orthopaedic surgery. This selective is designed for those interested in orthopaedic surgery, as well as for those interested in primary care who want to deepen their knowledge of clinical orthopaedic surgery. The rotation includes two subspecialties: Sports Medicine and Hand Surgery, both of which are primarily outpatient clinical experiences.

Specific Objectives:

1. Students will provide primary contact with patients on initial and follow-up clinic visits under faculty supervision.
2. Orthopaedic history and physical examination skills will be improved, with particular emphasis on the upper extremity and knee examination.
3. Students will learn to adapt the extent of history and physical examination to what is needed for different diagnosis. This will translate into a working knowledge of the most common hand and sports medicine problems and their evaluation.
4. General sports medicine and hand surgery knowledge will be accumulated through attendance at scheduled orthopaedic surgery conferences, as well as self-directed learning modalities. Recommended Textbooks Include: Review of Sports Medicine and Arthroscopy by Miller.
5. Students will learn about aspects of preventative sports medicine and hand care.
6. Students will be introduced to documentation and coding requirements.
7. Students will be exposed to the effects of cultural, social, and societal problems on sports medicine and hand surgery.

Brief Description of Student Activities During Rotation

Each student will be assigned to an orthopaedic team and will work under the direct supervision and guidance of a Junior and Senior resident. He/She will participate in discussions and teaching rounds with the house staff and faculty members. The students will be given patients to manage, with increasing responsibility for their care, including performance of histories and supervised physicals and daily progress notes. Special emphasis will be given to decision making and inpatient management. Further, students will take part in all educational programs in connection with the orthopaedic residency training program. The student will also be a part of special psychomotor exercises that are scheduled during the months in which he/she is rotating through the orthopaedic service.

Evaluation:

The student will be evaluated on history and physical examination of the hand, elbow, shoulder, and knee by oral examination and demonstration. Students will also be evaluated on their ability to summarize pertinent positives and negatives from the directed history and physical examination by oral presentation to faculty.
Primary Goal of Selective

To acquire the specialty knowledge and skills necessary to function at the intern level on the Otolaryngology-Head and Neck Surgery Service.

Specific Objectives:

1. To successfully perform a history and physical examination on 1 adult and 1 pediatric patient in the outpatient setting with >90% accuracy.
2. To generate a 3 or more-item differential diagnosis for the aforementioned adult and pediatric patient.
3. To propose a reasonable assessment and plan for the aforementioned adult and pediatric patient.
4. To demonstrate an understanding of sinus disease by listing at least 2 components of the treatment of acute sinusitis.
5. To demonstrate a basic understanding of behavioral audiometry by identifying a conductive and sensorineural hearing loss when presented with an audiogram.
6. To accurately outline the approach to an upper airway emergency in an adult and pediatric patient.
7. To accurately identify at least 2 anatomical landmarks in thyroidectomy surgery.
8. To successfully perform a fiberoptic laryngoscopic exam under direct supervision.
9. To successfully perform microscopic otoscopy under direct supervision.
10. To successfully perform rigid endoscopy of the nasal cavity under direct supervision.
11. To demonstrate mastery of surgical sterility principles by correctly scrubbing in to assist in the operating room.
12. To prepare and present a PowerPoint lecture on a specific topic of interest in Otolaryngology. The topic will be selected by the student and approved by the course director.
13. Students will be allowed to assist in the OR and also perform minor OR procedures under supervision of house staff and faculty.
14. Students may take call as determined by the chief resident.

Resources for Learning:

Participating Faculty: Drs. Stucker, Nathan, Lian, Gardner, Milligan, Aarstad, Little, Gungor, Mehta and Cosetti
Texts:  Baileys Book of Otolaryngology-Head and Neck Surgery; Cummings Otolaryngology - Head & Neck Surgery
Weekly Didactics: Grand Rounds (Tuesday 7:30 am); Tumor Board (FWCC, Tuesday 1 pm); Otolaryngology COCLIA (Tuesday 2-4 pm)
Workshops: Temporal Bone Course when available/Anatomy course when available
Hands on Experience: Minor OR and OR procedures
Computer Assisted Instruction: Patient of the Month on Tuesday by Dr. Nathan
Directed Readings: Preparation for weekly otolaryngology Tuesday didactic sessions (specific topics will depend of dates of elective rotation)
Self-Directed Learning: Depending on cases seen in clinic or in the hospital

Evaluation:

Grade will be based on successful completion of the course specific objectives as well as attendance, punctuality and overall professionalism.
Primary Goal of Selective

The purpose of this selective is to gain an introduction to the fundamental concepts and skills utilized in Otolaryngology-Head and Neck Surgery in the outpatient setting. Students will also have an opportunity to observe and/or assist in the operating room, should they so desire.

Specific Objectives:

1. To successfully perform and present a pertinent history on either 2 adult patients (if rotating at the VAMC) or 1 adult and 1 pediatric patient (if rotating at LSU Hospital) in the Otolaryngology-HNS clinic with >90% accuracy.
2. To perform a complete head and neck physical exam of an adult and pediatric patient under direct supervision.
3. To propose a reasonable assessment and plan for 1 adult and 1 pediatric patient in the outpatient clinic.
4. To provide at least 1 clinical indication for obtaining an audiogram.
5. To provide at least 1 clinical indication for obtaining a CT scan.
6. To provide at least 1 clinical indication for fiberoptic laryngoscopy.

Resources for Learning:

Participating Faculty: Drs. Stucker, Nathan, Lian, Gardner, Milligan, Aarstad, Little, Gungor, Mehta and Cosetti

Texts: Primary Care Otolaryngology (Second Edition)

Workshops: N/A

Hands on Experience: Clinic/OR

Computer Assisted Instruction:

Directed Readings: Students are expected to read relevant literature so as to be prepared for operative cases as well as conferences. Directed conference reading will depend on timing of rotation.

Self-Directed Learning: Primary Care Otolaryngology

Evaluation:

Grade will be based on successful completion of the course specific objectives as well as attendance, punctuality and overall professionalism.
**Pediatrics**

*Inpatient Acting Internship - Pediatrics*

DIRECTOR FOURTH YEAR DEPARTMENT COURSES: Joseph A. Bocchini, Jr., M.D.
SELECTIVE CATEGORY: Inpatient Acting Internship
SELECTIVE DIRECTORS: Marlene Broussard, M.D. 675.6076 and Wanda Thomas MD 675.6081
ADMINISTRATIVE CONTACT: Sandy Philyaw, 675.6073, Rm. 5-303
LOCATION: LSUHSC Children’s Hospital of Shreveport
NUMBER OF STUDENTS PER 4 WEEK BLOCK: 4
SELECTIVE AVAILABLE DURING BLOCKS: All
COURSE CODE: SIPDA  Non-LSU Students: Yes

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**Goals:**

1. Focusing histories, physicals, and oral and written communication appropriately.
2. Sharing information effectively with a patient and family.
3. Prioritizing and organizing work effectively.
4. Continuing to think about and re-assess the patient during the course of their disease.
5. Functioning as a "team player" with residents, attendings, nurses, ancillary staff and all others involved in the care of the patient.

**Objectives:**

**Patient Care**
- Independently collect focused and comprehensive, developmentally appropriate patient histories and physical examinations
- Develop a prioritized and inclusive problem list
- Summarize interval patient information and rationale for ongoing clinical management
- Suggest appropriate diagnostic tests for the patient’s chief complaint and other medical problems

**Medical Knowledge**
- Identify criteria for admission and discharge from the hospital
- Describe the signs and symptoms that suggest deterioration or improvement of a patient’s clinical condition
- List drugs of choice and rationale for their use in common pediatric illnesses
- Identify contraindications to therapeutic drug use in children of different ages and/or diagnoses
- Calculate fluid and electrolyte requirements for children based on weight, caloric expenditure, diagnosis, and fluid status

**Interpersonal and Communication Skills**
- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds
- Provide education and patient instructions to patients and families, using written or visual methods, taking into account their health literacy level
- Write organized, appropriately focused, and accurate patient notes

**Professionalism**
- Demonstrate personal accountability, integrity, compassion, respect, altruism, and empathy when interacting with all members of the health care team, patients and their families, in order to provide the best patient care
- Demonstrate punctuality and ability to complete patient care tasks efficiently

**Practice-Based Learning and Improvement**
- Demonstrate self-directed learning in daily practice
  - Identify strengths, deficiencies, and limits in one’s knowledge and clinical skills through self evaluation
  - Develop a plan for improvement, perform appropriate learning activities, solicit and incorporate feedback
- Demonstrate evidence-based clinical practice
  - Access appropriate resources to answer clinical questions
  - Critically appraise relevant literature and incorporate it into patient care

**Systems-Based Practice**
- Demonstrate the appropriate utilization of consultants, including social workers, nutritionist, physical therapists, etc.

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**SPECIFIC DUTIES OF SENIOR STUDENTS**
Act as liaison between third year medical students and residents

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Update their patients’ medical information for the team
Work with residents to facilitate communication between the nursing staff and the team
Call in necessary consults for the team
Act as the intern for their assigned patients on the ward under the guidance of the senior resident and staff

Resources for Learning:

 Participating Faculty: Pediatric Ward Attending and Clinical Subspecialists
Workshops: No
Hands on Experience: Yes
Directed Readings: Yes
Self-Directed Learning: Yes

Evaluation:

Observation by Ward Attendings and Housestaff
Goals:
1. Focusing histories, physicals, and oral and written communication appropriately.
2. Sharing information effectively with a patient and family.
3. Prioritizing and organizing work effectively.
4. Continuing to think about and re-assess the patient during the course of their disease.
5. Functioning as a "team player" with residents, attendings, nurses, ancillary staff and all others involved in the care of the patient.

Objectives:

Patient Care
• Independently collect focused and comprehensive, developmentally appropriate patient histories and physical examinations
• Develop a prioritized and inclusive problem list
• Summarize interval patient information and rationale for ongoing clinical management
• Suggest appropriate diagnostic tests for the patient’s chief complaint and other medical problems

Medical Knowledge
• Identify criteria for admission to the hospital
• Describe the signs and symptoms that suggest deterioration or improvement of a patient’s clinical condition
• List drugs of choice and rationale for their use in common pediatric illnesses
• Identify contraindications to therapeutic drug use in children of different ages and/or diagnoses
• Calculate fluid and electrolyte requirements for children based on weight, caloric expenditure, diagnosis, and fluid status

Interpersonal and Communication Skills
• Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds
• Provide education and patient instructions to patients and families, using written or visual methods, taking into account their health literacy level
• Write organized, appropriately focused, and accurate patient notes

Professionalism
• Demonstrate personal accountability, integrity, compassion, respect, altruism, and empathy when interacting with all members of the health care team, patients and their families, in order to provide the best patient care
• Demonstrate punctuality and ability to complete patient care tasks efficiently

Practice-Based Learning and Improvement
• Demonstrate self-directed learning in daily practice
  o Identify strengths, deficiencies, and limits in one’s knowledge and clinical skills through self evaluation
  o Develop a plan for improvement, perform appropriate learning activities, solicit and incorporate feedback
• Demonstrate evidence-based clinical practice
  o Access appropriate resources to answer clinical questions
  o Critically appraise relevant literature and incorporate it into patient care

Systems-Based Practice
• Demonstrate the appropriate utilization of consultants, including social workers, nutritionist, physical therapists, etc.
**Evaluation:**

The preceptor model will be utilized. Students will be evaluated during or after each patient contact by faculty/senior residents who will observe or review communication skills, historical information, physical examination results, and diagnostic and treatment plans. Immediate feedback will be given with instruction to enhance the clinical experience. The student will receive a PASS/FAIL grade at the completion of the rotation. Students may be allowed 2 days of excused absence with medical or interview excuses. Other absence must be made up and arrangements, if possible, are at the discretion of the Director.

**Resources for Learning:**

- Nelson, Essentials of Pediatrics
- Nelson, Textbook of Pediatrics
- Rudolph, Pediatrics
- Gellis and Kagen’s Current Pediatric Therapy
Community Selectives require that students keep an attendance log. Each student will be responsible for obtaining a physician’s signature each time he/she reports to work at Pediatric facility. Blank attendance logs may be obtained from the Pediatric Department, Room 5-303.

–THERE WILL BE NO EXCEPTIONS TO THIS RULE–

**Goals:**

1. Focusing histories, physicals, and oral and written communication appropriately.
2. Sharing information effectively with a patient and family.
3. Prioritizing and organizing work effectively.
4. Continuing to think about and re-assess the patient during the course of their disease.
5. Functioning as a “team player” with residents, attendings, nurses, ancillary staff and all others involved in the care of the patient.

**Objectives:**

### Patient Care
- Independently collect focused and comprehensive, developmentally appropriate patient histories and physical examinations
- Develop a prioritized and inclusive problem list
- Summarize interval patient information and rationale for ongoing clinical management
- Suggest appropriate diagnostic tests for the patient’s chief complaint and other medical problems

### Medical Knowledge
- Identify criteria for admission and discharge from the hospital
- Describe the signs and symptoms that suggest deterioration or improvement of a patient’s clinical condition
- List drugs of choice and rationale for their use in common pediatric illnesses
- Identify contraindications to therapeutic drug use in children of different ages and/or diagnoses
- Calculate fluid and electrolyte requirements for children based on weight, caloric expenditure, diagnosis, and fluid status

### Interpersonal and Communication Skills
- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds
- Provide education and patient instructions to patients and families, using written or visual methods, taking into account their health literacy level
- Write organized, appropriately focused, and accurate patient notes

### Professionalism
- Demonstrate personal accountability, integrity, compassion, respect, altruism, and empathy when interacting with all members of the health care team, patients and their families, in order to provide the best patient care
- Demonstrate punctuality and ability to complete patient care tasks efficiently

### Practice-Based Learning and Improvement
- Demonstrate self-directed learning in daily practice
  - Identify strengths, deficiencies, and limits in one’s knowledge and clinical skills through self evaluation
  - Develop a plan for improvement, perform appropriate learning activities, solicit and incorporate feedback
- Demonstrate evidence-based clinical practice
  - Access appropriate resources to answer clinical questions
  - Critically appraise relevant literature and incorporate it into patient care

### Systems-Based Practice
- Demonstrate the appropriate utilization of consultants, including social workers, nutritionist, physical therapists, etc.

**Evaluation:**

The preceptor model will be utilized. Students will be evaluated during or after each patient contact by practicing pediatricians who will observe or review communication skills, historical information, physical examination results, and
diagnostic and treatment plans. Immediate feedback will be given with instruction to enhance the clinical experience. The student will receive a PASS/FAIL grade at the completion of the rotation.

**Resources for Learning:**

- Nelson, Essentials of Pediatrics
- Nelson, Textbook of Pediatrics
- Rudolph, Pediatrics
- Gellis and Kagen’s Current Pediatric Therapy
Community Selectives require that students keep an attendance log. Each student will be responsible for obtaining a physician’s signature each time he/she reports to work at Pediatric facility. Blank attendance logs may be obtained from the Pediatric Department, Room 5-303.

--THERE WILL BE NO EXCEPTIONS TO THIS RULE--

Goals:
1. Focusing histories, physicals, and oral and written communication appropriately.
2. Sharing information effectively with a patient and family.
3. Prioritizing and organizing work effectively.
4. Continuing to think about and re-assess the patient during the course of their disease.
5. Functioning as a "team player" with residents, attendings, nurses, ancillary staff and all others involved in the care of the patient.

Objectives:

Patient Care
- Independently collect focused and comprehensive, developmentally appropriate patient histories and physical examinations
- Develop a prioritized and inclusive problem list
- Summarize interval patient information and rationale for ongoing clinical management
- Suggest appropriate diagnostic tests for the patient’s chief complaint and other medical problems

Medical Knowledge
- Identify criteria for admission and discharge from the hospital
- Describe the signs and symptoms that suggest deterioration or improvement of a patient’s clinical condition
- List drugs of choice and rationale for their use in common pediatric illnesses
- Identify contraindications to therapeutic drug use in children of different ages and/or diagnoses
- Calculate fluid and electrolyte requirements for children based on weight, caloric expenditure, diagnosis, and fluid status

Interpersonal and Communication Skills
- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds
- Provide education and patient instructions to patients and families, using written or visual methods, taking into account their health literacy level
- Write organized, appropriately focused, and accurate patient notes

Professionalism
- Demonstrate personal accountability, integrity, compassion, respect, altruism, and empathy when interacting with all members of the health care team, patients and their families, in order to provide the best patient care
- Demonstrate punctuality and ability to complete patient care tasks efficiently

Practice-Based Learning and Improvement
- Demonstrate self-directed learning in daily practice
  - Identify strengths, deficiencies, and limits in one’s knowledge and clinical skills through self evaluation
  - Develop a plan for improvement, perform appropriate learning activities, solicit and incorporate feedback
- Demonstrate evidence-based clinical practice
  - Access appropriate resources to answer clinical questions
  - Critically appraise relevant literature and incorporate it into patient care

Systems-Based Practice

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• Demonstrate the appropriate utilization of consultants, including social workers, nutritionist, physical therapists, etc.

**Evaluation:**

The preceptor model will be utilized. Students will be evaluated during or after each patient contact by practicing pediatricians who will observe or review communication skills, historical information, physical examination results, and diagnostic and treatment plans. Immediate feedback will be given with instruction to enhance the clinical experience. The student will receive a PASS/FAIL grade at the completion of the rotation.

**Resources for Learning:**

• Nelson, Essentials of Pediatrics
• Nelson, Textbook of Pediatrics
• Rudolph, Pediatrics
• Gellis and Kagen’s Current Pediatric Therapy
Pediatrics

Community Based Pediatrics

DIRECTOR FOURTH YEAR DEPARTMENT COURSES: Joseph A. Bocchini, Jr., M.D.
SELECTIVE CATEGORY: Community Outpatient
SELECTIVE DIRECTOR: Tommy Latiolais, M.D.
ADMINISTRATIVE CONTACT: Sandy Philyaw – 675.6073 Room: 5-303
LOCATION: Acorn to Oak Pediatrics 1025 Highway 80, Haughton, LA 71037
MAXIMUM NUMBER OF STUDENTS: 1
SELECTIVE NOT AVAILABLE: Jan - March
SELECTIVE OFFERED: ALL BLOCKS EXCEPT 7, 8, AND 9
COURSE CODE: SCPDE

Community Selectives require that students keep an attendance log. Each student will be responsible for obtaining a physician’s signature each time he/she reports to work at Pediatric facility. Blank attendance logs may be obtained from the Pediatric Department, Room 5-303.

--THERE WILL BE NO EXCEPTIONS TO THIS RULE--

Goals:
1. Focusing histories, physicals, and oral and written communication appropriately.
2. Sharing information effectively with a patient and family.
3. Prioritizing and organizing work effectively.
4. Continuing to think about and re-assess the patient during the course of their disease.
5. Functioning as a “team player” with residents, attendings, nurses, ancillary staff and all others involved in the care of the patient.

Objectives:

Patient Care
- Independently collect focused and comprehensive, developmentally appropriate patient histories and physical examinations
- Develop a prioritized and inclusive problem list
- Summarize interval patient information and rationale for ongoing clinical management
- Suggest appropriate diagnostic tests for the patient’s chief complaint and other medical problems

Medical Knowledge
- Identify criteria for admission and discharge from the hospital
- Describe the signs and symptoms that suggest deterioration or improvement of a patient’s clinical condition
- List drugs of choice and rationale for their use in common pediatric illnesses
- Identify contraindications to therapeutic drug use in children of different ages and/or diagnoses
- Calculate fluid and electrolyte requirements for children based on weight, caloric expenditure, diagnosis, and fluid status

Interpersonal and Communication Skills
- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds
- Provide education and patient instructions to patients and families, using written or visual methods, taking into account their health literacy level
- Write organized, appropriately focused, and accurate patient notes

Professionalism
- Demonstrate personal accountability, integrity, compassion, respect, altruism, and empathy when interacting with all members of the health care team, patients and their families, in order to provide the best patient care
- Demonstrate punctuality and ability to complete patient care tasks efficiently

Practice-Based Learning and Improvement
- Demonstrate self-directed learning in daily practice
  - Identify strengths, deficiencies, and limits in one’s knowledge and clinical skills through self evaluation
  - Develop a plan for improvement, perform appropriate learning activities, solicit and incorporate feedback
- Demonstrate evidence-based clinical practice
  - Access appropriate resources to answer clinical questions
  - Critically appraise relevant literature and incorporate it into patient care

Systems-Based Practice
• Demonstrate the appropriate utilization of consultants, including social workers, nutritionist, physical therapists, etc.

**Evaluation:**

The preceptor model will be utilized. Students will be evaluated during or after each patient contact by practicing pediatricians who will observe or review communication skills, historical information, physical examination results, and diagnostic and treatment plans. Immediate feedback will be given with instruction to enhance the clinical experience. The student will receive a PASS/FAIL grade at the completion of the rotation.

**Resources for Learning:**

• Nelson, Essentials of Pediatrics
• Nelson, Textbook of Pediatrics
• Rudolph, Pediatrics
• Gellis and Kagen’s Current Pediatric Therapy
Community Selectives require that students keep an attendance log. Each student will be responsible for obtaining a physician’s signature each time he/she reports to work at Pediatric facility. Blank attendance logs may be obtained from the Pediatric Department, Room 5-303.

**Goals:**

1. Focusing histories, physicals, and oral and written communication appropriately.
2. Sharing information effectively with a patient and family.
3. Prioritizing and organizing work effectively.
4. Continuing to think about and re-assess the patient during the course of their disease.
5. Functioning as a "team player" with residents, attendings, nurses, ancillary staff and all others involved in the care of the patient.

**Objectives:**

**Patient Care**
- Independently collect focused and comprehensive, developmentally appropriate patient histories and physical examinations
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**Medical Knowledge**
- Identify criteria for admission and discharge from the hospital
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**Interpersonal and Communication Skills**
- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds
- Provide education and patient instructions to patients and families, using written or visual methods, taking into account their health literacy level
- Write organized, appropriately focused, and accurate patient notes

**Professionalism**
- Demonstrate personal accountability, integrity, compassion, respect, altruism, and empathy when interacting with all members of the health care team, patients and their families, in order to provide the best patient care
- Demonstrate punctuality and ability to complete patient care tasks efficiently

**Practice-Based Learning and Improvement**
- Demonstrate self-directed learning in daily practice
  - Identify strengths, deficiencies, and limits in one’s knowledge and clinical skills through self evaluation
  - Develop a plan for improvement, perform appropriate learning activities, solicit and incorporate feedback
- Demonstrate evidence-based clinical practice
  - Access appropriate resources to answer clinical questions
  - Critically appraise relevant literature and incorporate it into patient care

**Systems-Based Practice**
- Demonstrate the appropriate utilization of consultants, including social workers, nutritionist, physical therapists, etc.
**Evaluation:**

The preceptor model will be utilized. Students will be evaluated during or after each patient contact by practicing pediatricians who will observe or review communication skills, historical information, physical examination results, and diagnostic and treatment plans. Immediate feedback will be given with instruction to enhance the clinical experience. The student will receive a PASS/FAIL grade at the completion of the rotation.

**Resources for Learning:**

- Nelson, Essentials of Pediatrics
- Nelson, Textbook of Pediatrics
- Rudolph, Pediatrics
- Gellis and Kagen’s Current Pediatric Therapy
Community Selectives require that students keep an attendance log. Each student will be responsible for obtaining a physician’s signature each time he/she reports to work at Pediatric facility. Blank attendance logs may be obtained from the Pediatric Department, Room 5-303.

–THERE WILL BE NO EXCEPTIONS TO THIS RULE–

Goals:
1. Focusing histories, physicals, and oral and written communication appropriately.
2. Sharing information effectively with a patient and family.
3. Prioritizing and organizing work effectively.
4. Continuing to think about and re-assess the patient during the course of their disease.
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Objectives:

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Practice-Based Learning and Improvement
- Demonstrate self-directed learning in daily practice
  - Identify strengths, deficiencies, and limits in one’s knowledge and clinical skills through self evaluation
  - Develop a plan for improvement, perform appropriate learning activities, solicit and incorporate feedback
- Demonstrate evidence-based clinical practice
  - Access appropriate resources to answer clinical questions
  - Critically appraise relevant literature and incorporate it into patient care

Systems-Based Practice
- Demonstrate the appropriate utilization of consultants, including social workers, nutritionist, physical therapists, etc.
**Evaluation:**

The preceptor model will be utilized. Students will be evaluated during or after each patient contact by practicing pediatricians who will observe or review communication skills, historical information, physical examination results, and diagnostic and treatment plans. Immediate feedback will be given with instruction to enhance the clinical experience. The student will receive a PASS/FAIL grade at the completion of the rotation.

**Resources for Learning:**

- Nelson, Essentials of Pediatrics
- Nelson, Textbook of Pediatrics
- Rudolph, Pediatrics
- Gellis and Kagen’s Current Pediatric Therapy
Primary Goals of Selective:

1. Deepen skill in obtaining and presenting a systematic and comprehensive psychiatric and general medical history
2. Perfect the skill to perform and present a systematic and comprehensive mental status examination
3. Learn how to distinguish psychiatric disorders from the many neurological and other general medical conditions that often mimic psychiatric disorders
4. Further develop skills in psychopharmacology, psychotherapy, and behavioral modification techniques to help patients with psychiatric disorders
5. Learn how to produce clear, comprehensive records document diagnostic and therapeutic efforts
6. Develop skills in teaching others
7. Develop skills to aid in lifelong learning
8. Develop skills in working in a team and team leadership skills
9. Develop skills to recognize cultural aspects of psychiatric illness
10. Improve communication skills, written, electronically and oral.

Specific Objectives:

1. Students will have primary responsibility for the care and treatment of assigned psychiatric patients under the supervision of residents and/or faculty.
2. Students will gain experience in the common and major mental disorders in patients hospitalized for acute or severe disease processes.
3. Skill in performing medical history, physical examination (including neurological exam), and mental status will be enhanced.
4. Students will extend their knowledge of fundamental principles of medicine and specific psychiatric disease entities through participation in conferences and through reading and other self-directed learning modalities.
5. Learn documentation requirements.
6. Exposure to effects of social, cultural and societal problems and issues on health and mental health.
7. Develop skills in oral and written communication.

No more than 3 days during the 4 week rotation can be taken for interviews unless approved in advanced by director. ANY absences in excess of 3 days will be required to be made up before the evaluation will be completed and turned in.

Resources for Learning:

The student will be assigned to an attending. As an acting intern, the senior student will supervise junior medical students on the rotation. The attending will meet with the student on a weekly basis for individual supervision. Faculty will also observe interview skills while on the rotation.

Participating Faculty: Mary Fitz-Gerald, M.D.; Amira Odisho, M.D.; Geetika Dembla, M.D.; Ameeta Manhas, M.D.; Gary Booker, M.D.

Texts: Synopsis of Psychiatry, Kaplan and Sadock

Hands-on Experience: ward, PCU, and CL.

Computer Assisted Instruction: online

Directed Readings: y

Self-Directed Learning: y

Evaluation:

Clinical performance and interview observation.
Surgery

Inpatient Acting Internship in Surgery

DIRECTOR FOURTH YEAR DEPARTMENT COURSES: F. Dean Griffen, M.D.


SELECTIVE DIRECTORS: F. Dean Griffen, M.D. (elective surgery)
Tze-Woei Tan, M.D. (vascular)
Roger Kim, M.D. (surgical oncology)
Navdeep Samra, M.D. (critical care/acute care surgery)

ADMINISTRATIVE CONTACT: Debbie Thornhill, 675.6126, Room 3-303

All foreign medical students who wish to do a clerkship in Surgery here at LSUHSC-S must be interested in applying to and qualified for our residency training program as well, because we have very limited clerkship positions available. Please see criteria for foreign medical graduates to qualify for residency training here on our website: http://www.lsuhscshreveport.edu; then click on “LSU Residency and Fellowship Programs.” If you meet these specifications, please let us know that you have read the requirements and that you qualify, so we can continue the process of approving a clerkship for you.

COURSE A (Elective Surgery)

DIRECTOR: F. Dean Griffen, M.D.

SELECTIVE DIRECTOR: F. Dean Griffen, M.D., 675.5569, Room 3-205

ADMINISTRATIVE CONTACT: Debbie Thornhill, 675.6126, Room 3-303

LOCATION: University Health - Shreveport

NUMBER OF STUDENTS PER 4 WEEK BLOCK: 3

SELECTIVE AVAILABLE DURING BLOCKS: All

COURSE CODE: SISRAA

Primary Goals
The student will:
1. Obtain a more advanced understanding of surgical disease processes and treatment.
2. Obtain more advanced experience in assessment and diagnosis of surgical disease processes.
3. Obtain experience in graduated responsibility as an acting intern on an inpatient service.

Specific Objectives
The student will:
1. Obtain experience in taking a history and performing a problem-focused physical examination on the wards and in clinics.
2. Formulate a differential diagnosis in clinic and on the wards, adding emphasis to assessment and plan.
3. Obtain experience in the performance of basic surgical skills in the operating room and clinics.
4. Obtain experience in surgical decision making with attending supervision in and out of the operating room.
5. Practice interpersonal and communication skills during interactions with patients, families, and health care teams.
6. Formulate a case log and enter it into the ACS website at www.acs.org on the journal page. The log must include at least 15 cases. No patient can be used for more than one case, but specific surgical diseases may be used for multiple cases as long as the learning points and references differ. Each cases logged must include a brief but informative review of the case, a list of what has been learned, and a review of at least one article. Case logs must include 250 words or more.

Resources for Learning
Participating faculty: Surgical faculty
Texts: Lawrence, Essentials of General Surgery
Hands-on Experience: Wards, OR, and clinics
Directed Readings: According to cases seen
Self-Directed Learning: Case studies

Formative Evaluation
At the beginning of the second week of the elective, the student will be prompted by the secretary, Mrs. Debbie Thornhill, to pick up a Formative Evaluation Form and expedite completion. Once completed, it must be returned to Mrs. Thornhill for review. If additional feedback is desired or required, Dr. Griffen will accommodate.
Outcome and Evaluation Measures (Grades)
Students will receive a grade of pass (P) or fail (F). No student will receive a pass (P) without completing the log requirements. At the end of the course, the course director will review the student’s log and performance. No student will receive a pass (P) without completing the log requirements. Performance will be judged on the basis of knowledge, skill, and professionalism. Professionalism will be measured in terms of punctual attendance, maturity, interpersonal and communication skills, approach to the patient, and interaction with faculty and other staff.

COURSE B (Surgical Oncology)

ELECTIVE DIRECTOR: Roger Kim, M.D.                                                                                      PHONE: 318.675.6123
ADMINISTRATIVE CONTACT: Debbie Thornhill: 675.6126, Room 3-303
DURATION OF ELECTIVE: 4 Weeks
LOCATION OF ELECTIVE: LSU Health Sciences Center ADM. CONTACT: (318) 675-6126
MAXIMUM NUMBER OF STUDENTS: 2
ELECTIVE OFFERED DURING BLOCKS: All Blocks
Course Code: SISRAB

All foreign medical students who wish to do a clerkship in Surgery here at LSUHSC-S must be interested in applying to and qualified for our residency training program as well, because we have very limited clerkship positions available. Please see criteria for foreign medical graduates to qualify for residency training here on our website: http://www.lsuhscshreveport.edu; then click on “LSU Residency and Fellowship Programs.” If you meet these specifications, please let us know that you have read the requirements and that you qualify, so we can continue the process of approving a clerkship for you.

GOALS
Learn to perform a thorough Oncology exam
Develop an understanding of the preoperative evaluation of Oncology patients, including preoperative staging of tumors, evaluation of co-morbidity, determination of the role of surgery and preoperative optimization for surgery.
Develop an understanding of the likely outcome of surgical oncology treatments

OBJECTIVES
The student will scrub in on operative cases and examine, work-up and preoperatively prepare patients for surgery and other treatments.
The student will postoperatively manage the care of patients that includes the care of the sequelae and complications of surgical interventions

SPECIFIC DUTIES OF SENIOR STUDENTS
• Written work-ups of patients assigned to senior student
• Present work-up patients to senior resident/staff
• Participating in surgery cases (scrubbing in) on patients he/she worked up
• Participating in/performing certain procedures on patients on service (e.g. placing and removing chest tubes, central lines, arterial lines, some suturing (under supervision)
• Participating as a “junior intern” in daily service rounds including SICU and including the writing or progress notes and orders (under supervision) (co-signed by resident or staff) and perform daily post-op exams, dressing change.
• Participate in weekend ward rounds on at least one day of each weekend while on service
• Participate in Oncology Clinic and outpatient evaluation of patients

READING ASSIGNMENTS
• Schwartz or Sabiston Text of Surgery: Principle and Practice of Oncology - Selected chapters on Oncology, Breast Cancer and related topics
• Participation in Multidisciplinary Tumor Board and discussion on multimodality approach to the treatment of cancer, including expected treatment outcome.

FORMATIVE EVALUATION
At the beginning of the second week of the elective, the student will be prompted by the secretary, Mrs. Debbie Thornhill, to pick up a Formative Evaluation Form and expedite completion. Once completed, it must be returned to Mrs. Thornhill for review. If additional feedback is desired or required, Dr. Griffen will accommodate.

OUTCOME AND EVALUATION MEASURES

At the end of the course, the course director will submit an evaluation of the student’s diary and performance. It will include references to knowledge, skill, and professionalism. Professionalism will be measured in terms of punctual attendance, maturity, approach to the patient, and interaction with faculty and other staff. The student’s diary will contain daily entries. Entries should include references to problem solving, decision making, clinical reasoning, and communicating. Although each entry will contain different elements, entries overall must contain the patients seen, the operations seen or scrubbed for, the articles read (relate each article to a clinical encounter that led to the review and list at least two new things learned or observed,) One of the final entries must include a comprehensive review of what has been learned with specific notes relating the learning process to preparation for internship. For example, the student should have spent time learning processes like: entering orders, scheduling cases, providing informed consent, medication doses and IV fluids for acute care issues, and answering consults.

Course C (Critical Care/Acute Care)

ELECTIVE DIRECTOR: Navdeep Samra, M.D.
ADMINISTRATIVE CONTACT: Debbie Thornhill 675.6126, Room 3-303
DURATION OF ELECTIVE: 4 Weeks
LOCATION OF ELECTIVE: LSU Health Sciences Center
MAXIMUM NUMBER OF STUDENTS: 2
ELECTIVE OFFERED DURING BLOCKS: All
Course Code: SISRAC

All foreign medical students who wish to do a clerkship in Surgery here at LSUHSC-S must be interested in applying to and qualified for our residency training program as well, because we have very limited clerkship positions available. Please see criteria for foreign medical graduates to qualify for residency training here on our website: http://www.lsuhscshreveport.edu; then click on “LSU Residency and Fellowship Programs.” If you meet these specifications, please let us know that you have read the requirements and that you qualify, so we can continue the process of approving a clerkship for you.

GOALS

1. To learn how to manage mechanical ventilators, the use of hemodynamic monitoring and optimization in various forms of shock including septic and hemorrhagic shock.
2. To gain facility with overall evaluation and management of all systems and function of critically ill patients including nutrition, fluid maintenance, and electrolyte balance.
3. To understand the principles of the physiological response to stress and its application to the support of the critically ill.

OBJECTIVES

Student will make rounds on surgical critical care service daily
Student will participate with intern in consultations, orders, and other chart reviews.
Student will act independently in critical assessment and plan initiatives.
Student will participate in line placement and other invasive procedures.
Student will document daily activities, learning events, and self-directed learn activities in a diary for review by Dr. Samra.
Student will meet with Dr. Samra before beginning the course, again at the halfway point, and again at the end for clarification and feedback.

SPECIFIC DUTIES OF SENIOR STUDENTS

This one month rotation will be located in the LSU Hospital Surgical Intensive Care Unit or Burn Unit. The student will be an
integral part of the Surgical ICU team. She/he will be assigned responsibility for knowing all aspects of the patients assigned to them. Student will be supervised by the house staff and the staff of the division of trauma and critical care. Students will be expected to identify the patients problems, present these problems clearly and comprehensively and to devise a plan for addressing the problems. Also the student will participate in the procedures done in the critical care unit including the placement of central lines, Swan Ganz catheters, bronchoscopy, burn wound change, etc. The student’s hours will be exactly those of the SICU or Burn Unit residents.

READING ASSIGNMENTS (strongly recommended)
1. Orientation material given to incoming students describing commonly used SICU protocols and calculations.
2. “The SICU Book” - Paul Marino, M.D. (Williams and Wilkins)

FORMATIVE EVALUATION

At the beginning of the second week of the elective, the student will be prompted by the secretary, Mrs. Debbie Thornhill, to pick up a Formative Evaluation Form and expedite completion. Once completed, it must be returned to Mrs. Thornhill for review. If additional feedback is desired or required, Dr. Samra will accommodate.

OUTCOME AND EVALUATION MEASURES

At the end of the course, the course director will submit an evaluation of the student’s diary and performance. It will include references to knowledge, skill, and professionalism. Professionalism will be measured in terms of punctual attendance, maturity, approach to the patient, and interaction with faculty and other staff. The student’s diary will contain daily entries. Entries should include references to problem solving, decision making, clinical reasoning, and communicating. Although each entry will contain different elements, entries overall must contain the patients seen, the operations seen or scrubbed for, the articles read (relate each article to a clinical encounter that led to the review and list at least two new things learned or observed.) One of the final entries must include a comprehensive review of what has been learned with specific notes relating the learning process to preparation for internship. For example, the student should have spent time learning processes like: entering orders, scheduling cases, providing informed consent, medication doses and IV fluids for acute care issues, and answering consults.

Course D (Vascular Surgery)

ELECTIVE DIRECTOR: Tze-Woei Tan, M.D.  
PHONE: 318.675.6154

ADMINISTRATIVE CONTACT: Debbie Thornhill, 675.6126, Room 3-303

DURATION OF ELECTIVE: 4 weeks

LOCATION OF ELECTIVE: University Health Hospital

MAXIMUM NUMBER OF STUDENTS: 2

ELECTIVE OFFERED DURING BLOCKS: All

Course Code: SISRAD

All foreign medical students who wish to do a clerkship in Surgery here at LSUHSC-S must be interested in applying to and qualified for our residency training program as well, because we have very limited clerkship positions available. Please see criteria for foreign medical graduates to qualify for residency training here on our website: http://www.lsuhscshreveport.edu; then click on “LSU Residency and Fellowship Programs.” If you meet these specifications, please let us know that you have read the requirements and that you qualify, so we can continue the process of approving a clerkship for you.

This rotation is recommended for students interested in cardiovascular and general surgery. Students not going into surgery will be allowed on the rotation at the discretion of the course director and student rotation coordinator.

GOALS

- To understand the etiology, epidemiology, and treatment of atherosclerotic vascular disease. Develop a working knowledge of cardiovascular risk assessment.
- To learn the elements of and to perform a complete vascular history and physical examination.
- To learn basic hemodynamics, ultrasound physics and noninvasive vascular laboratory investigations.
• To understand the appropriate indications for surgical in patients with Vascular disease and the appropriate treatment options
• To understand basic vascular surgical techniques: exposure of blood vessels, suturing of blood vessels, wound approximation.
• To understand endovascular surgery: diagnostic arteriography of the entire aorta, cerebrovascular, mesenteric, renal, and lower extremity circulation.

OBJECTIVES

Student will participate in open and endovascular procedures
Student will be assigned patients in the clinic and hospital.
Student will spend a week in the vascular lab.
Student will document daily activities, learning events, and self-directed learn activities in a diary for review by attending.

ROTATION SYLLABUS

• Responsibilities of the students will be that of an acting intern, functioning as integral part of the resident team.
• Participate in all surgical and endovascular cases.
• Spend 1 week in the vascular lab gaining exposure to non-invasive test and diagnostic imaging
• Participate in vascular clinic weekly (each Tuesday)
• Participate in vascular conference weekly (mandatory attendance)
• Take call in accordance with other acting internship rotations (1 week per month)
• Active participation in small round table didactic discussions on basic vascular disease problems with our vascular team.

REFERENCE

The Journal of Vascular Surgery (in the library + e-journal, monthly publication)
• Participate in vascular conference weekly (mandatory attendance)
• Take call in accordance with other acting internship rotations (1 week per month)
• Active participation in small round table didactic discussions on basic vascular disease problems with our vascular team.

FORMATIVE EVALUATION

At the beginning of the second week of the elective, the student will be prompted by the secretary, Mrs. Debbie Thornhill, to pick up a Formative Evaluation Form and expedite completion. Once completed, it must be returned to Mrs. Thornhill for review. If additional feedback is desired or required, Dr. Griffen will accommodate.

OUTCOME AND EVALUATION MEASURES

At the end of the course, the course director will submit an evaluation of the student’s diary and performance. It will include references to knowledge, skill, and professionalism. Professionalism will be measured in terms of punctual attendance, maturity, approach to the patient, and interaction with faculty and other staff. The student’s diary will contain daily entries. Entries should include references to problem solving, decision making, clinical reasoning, and communicating. Although each entry will contain different elements, entries overall must contain the patients seen, the operations seen or scrubbed for, the articles read (relate each article to a clinical encounter that led to the review and list at least two new things learned or observed,) One of the final entries must include a comprehensive review of what has been learned with specific notes relating the learning process to preparation for internship. For example, the student should have spent time learning processes like: entering orders, scheduling cases, providing informed consent, medication doses and IV fluids for acute care issues, and answering consults.
All foreign medical students who wish to do a clerkship in Surgery here at LSUHSC-S must be interested in applying to and qualified for our residency training program as well, because we have very limited clerkship positions available. Please see criteria for foreign medical graduates to qualify for residency training here on our website: http://www.lsuhscshreveport.edu; then click on “LSU Residency and Fellowship Programs.” If you meet these specifications, please let us know that you have read the requirements and that you qualify, so we can continue the process of approving a clerkship for you.

Primary Goals of Selective:
The student will:
1. To learn a more advanced understanding of surgical disease processes and treatment.
2. To obtain advanced experience with developing assessments and plans for outpatients.
3. To learn better to maximize use of electronic records.

Specific Objectives:
The student will:
1. The student will be assigned outpatients to evaluate with emphasis on independent assessment and plan.
2. The student will discuss relative value of option for care of their outpatient contacts.
3. The student will perform basic surgical procedures in the outpatient setting with help from interns and residents.
4. The student will use electronic records for review and documentation.

Resources for Learning:
Participating faculty: Surgical faculty
Texts: Lawrence, Essentials of General Surgery
Hands-on Experience: Outpatient clinics
Computer Assisted Instruction: CD Rom
Directed Readings: According to cases evaluated
Self-Directed Learning: Case studies

* Attendance required 2 days a week.

Formative Evaluation
At the beginning of the second week of the elective, the student will be prompted by the secretary, Mrs. Debbie Thornhill, to pick up a Formative Evaluation Form and expedite completion. Once completed, it must be returned to Mrs. Thornhill for review. If additional feedback is desired or required, Dr. Griffen will accommodate.

Outcome and Evaluation Measures
At the end of the course, the course director will submit an evaluation of the student’s diary and performance. It will include references to knowledge, skill, and professionalism. Professionalism will be measured in terms of punctual attendance, maturity, approach to the patient, and interaction with faculty and other staff. The student’s diary will contain daily entries. Entries should include references to problem solving, decision making, clinical reasoning, and communicating. Although each entry will contain different elements, entries overall must contain the patients seen, the operations seen or scrubbed for, the articles read (relate each article to a clinical encounter that led to the review and list at least two new things learned or observed,) One of the final entries must include a comprehensive review of what has been learned with specific notes relating the learning process to preparation for internship. For example, the student should have spent time learning processes like: entering orders, scheduling cases, providing informed consent, medication doses and IV fluids for acute care issues, and answering consults.
All foreign medical students who wish to do a clerkship in Surgery here at LSUHSC-S must be interested in applying to and qualified for our residency training program as well, because we have very limited clerkship positions available. Please see criteria for foreign medical graduates to qualify for residency training here on our website: http://www.lsuhscshreveport.edu; then click on “LSU Residency and Fellowship Programs.” If you meet these specifications, please let us know that you have read the requirements and that you qualify, so we can continue the process of approving a clerkship for you.

**Primary Goals of Selective:**

The student will:
1. Learn operating room protocol in a private hospital.
2. Learn surgical anatomy.
3. Hone surgical skills with assisting, knot tying, and suturing.
4. Learn the lifestyle of a busy, community surgical practice.

**Specific Objectives:**

The student will:
1. The student will scrub on available cases.
2. The student will study scheduled operation the day before and be prepared to answer probing anatomic questions.
3. The student will keep a diary with daily entries of learning opportunities, surgical activities, and independent study.
4. The student will practice interpersonal and communication skills in the operating room.

**Resources for Learning:**

- Participating faculty: Dr. Charles Knight; Dr Bill Norwood
- Texts: Essentials of General Surgery
- Hands-on Experience: Outpatient clinics
- Computer Assisted Instruction: CD Rom
- Directed Readings: According to cases evaluated
- Self-Directed Learning: Case studies

* Attendance required 5 days a week.

**Formative Evaluation**

At the beginning of the second week of the elective, the student will be prompted by the secretary, Mrs. Debbie Thornhill, to pick up a Formative Evaluation Form and expedite completion. Once completed, it must be returned to Mrs. Thornhill for review. If additional feedback is desired or required, Dr. Griffen will accommodate.

**Outcome and Evaluation Measures**

At the end of the course, the course director will submit an evaluation of the student’s diary and performance. It will include references to knowledge, skill, and professionalism. Professionalism will be measured in terms of punctual attendance, maturity, approach to the patient, and interaction with faculty and other staff. The student’s diary will contain daily entries. Entries should include references to problem solving, decision making, clinical reasoning, and communicating. Although each entry will contain different elements, entries overall must contain the patients seen, the operations seen or scrubbed for, the articles read (relate each article to a clinical encounter that led to the review and list at least two new things learned or observed.) One of the final entries must include a comprehensive review of what has been learned with specific notes relating the learning process to preparation for internship. For example, the student should have spent time learning processes like: entering orders, scheduling cases, providing informed consent, medication doses and IV fluids for acute care issues, and answering consults.
Primary Goals of Selective:
1. Students will have primary clinical responsibility for the care and management of assigned patients on the Urology wards and operative assistant experience for assigned patients in the Urology Operative Suites, under the supervision of urology residents and/or faculty.
2. Students will gain clinical experience in the common and major urologic disorders in patients hospitalized and/or going to surgery for acute or severe chronic urologic disease processes.
3. Skill in performing medical history and physical examination will be enhanced.
4. Students will expand their knowledge of fundamental principles of medicine and specific diseases through participation in conferences and through reading and other self-directed learning modalities.
5. Learn documentation requirements.
6. Be exposed to effects of social, cultural and societal problems and issues on health.

Specific Objectives:
1. Gain inpatient management and operative assistant experience.
2. Serve as the primary caregiver for 3-5 inpatients at a time, functioning as an integral member of the Urology team.
3. Perform initial histories and physical exams, and participate in the development of a differential diagnosis and management plan.
4. Provide direct operative assistance for those Urology patients going to the OR for a variety of open & endoscopic procedures.
5. Actively participate in ward rounds and other educational activities of the department.

Resources for Learning:
Participating Faculty: Drs. Venable, Mata, Elmajian, Gomelsky, Isac, and Siskron
Texts: Blueprints Urology; Author: Stanley Zaslau, M.D., Blackwell Publishing
Hands on Experience: 1st Operative Assistance experience and GU-focused physical exams
Directed Readings: Misc. topics pertinent to assigned inpatients and operatives procedures
Self-Directed Learning: On any related topics to assigned patients’ urologic abnormalities plus reviews on line “National Medical Student Curriculum in Urology” at www.auanet.org

Evaluation:
The student will be evaluated jointly by the attending and resident physicians based upon direct observation of his/her clinical performance, initiative, and interpersonal/professional skills (e.g., attendance, participation, interaction with patients, family, ancillary staff and other medical personnel). A formative evaluation will be conducted with the student at the 2-week midpoint of their rotation by the faculty and resident physicians followed by a final evaluation at the completion of the selective.

NOTE: Additional course notes are also posted on Moodle.
**Urology**

*Community - Urology*

**DIRECTOR FOURTH YEAR DEPARTMENT COURSES:** Dr. Alexander Gomelsky and Dr. Wahib Isac  
**SELECTIVE DIRECTOR:** Dr. Alexander Gomelsky, Dr. Wahib Isac, Dr. John Mata, Dr. Donald Elmajian  
**ADMINISTRATIVE CONTACT:** Betty Bass  
**Phone:** 318.675.5601  
**SELECTIVE CATEGORY:** Community  
**DURATION OF ELECTIVE:** 4 Weeks  
**LOCATION:** Willis Knighton South and Pierremont Campuses  
**MAXIMUM NUMBER OF STUDENTS:** 1 - 2 (to rotate between WKS & WKP)  
**SELECTIVE AVAILABLE DURING BLOCKS:** All  
**COURSE CODE:** SCURA

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**Description**  
The student will spend 2 weeks each at the Willis Knighton South and Pierremont campuses under the direction of urology faculty.

**Primary Goals of Selective**

1. For students to observe and participate in community based Urology practice, including exposure to subspecialties of urologic oncology, female urology, and pediatric urology.  
2. Students will assist with management of patients in the satellite Urology outpatient clinics and Urology Operative Suites, under the supervision of urology faculty.  
3. Enhance skills in performing medical history and physical examination.  
4. Enhance knowledge of community health issues and prevention and health maintenance, as they relate to urologic conditions.

**Specific Objectives:**

1. Independently evaluate office patients and discuss with Urologists and how to improve their history-taking and physical examination skills through practice.  
2. Improve medical record documentation and transcription skills.  
3. Round with and accompany urologists in hospital, office and OR.  
4. Develop self-directed learning by presentation of cases at Grand Rounds.

**Self-Directed Learning:**

One case presentation at Urology Grand Rounds conference

**Evaluation:**

(Pass/Fail) Grade will be based on: (1) maintenance of attendance per LSU guidelines; (2) one on one interaction and discussion; and, (3) quality of Grand Rounds presentation. A formative evaluation will be conducted with the student at the 2-week midpoint of their rotation by the faculty and resident physicians followed by a final evaluation at the completion of the selective.

**Reading Assignments:** As individually assigned

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**NOTE:** Additional course notes are also posted on Moodle.
Primary Goals of Selective:
The primary goals of the selective are:

- to refamiliarize students with the biochemical basis of nutrition and nutrition epidemiology,
- to prepare senior students to address issues of nutritional health in the clinical setting (including nutrition assessment and nutrition-related preventive health care).

Specific Objectives:
Students will:

- complete 12 assigned Nutrition in Medicine (NIM) courses
- pass the multiple choice exams associated with each course ending with a cumulative score of 75% or greater
- develop patient education material (e.g. pamphlet, leaflet, handout, wallet card, etc.) on an aspect of nutritional health and based on the material from the NIM courses taken. This nutritional education should be directed toward patients or their family members in the intended specialty area of the student.

Specific Features of this Selective:
This four week required web-based selective will utilize the University of North Carolina Nutrition in Medicine (NIM) online nutrition education curriculum and provide students with evidence-based clinical nutrition education. The course directors will provide instruction to students regarding the way in which the NIM website is accessed and navigated. Because this course is “portable”, it is intended to provide students with a valuable educational experience during one of the three months of the senior year in which residency interviews are most numerous. Students may therefore, complete their assigned courses from any Internet accessible location. Students will be assigned 12 courses from the NIM curriculum, customized to provide nutritional education important in the field of postgraduate training for which they are applying. NIM courses provide multiple opportunities for self-assessment and include summative multiple-choice examinations which students are required to pass. After completion of all assigned NIM courses, students will develop patient education material on an aspect of nutritional health based on the material learned from their assigned NIM courses and directed toward patients or their family members in the intended specialty area of the student.

Resources for Learning:
Nutrition in Medicine online Curriculum

Evaluation:
This is a Pass/Fail - Must Pass course. All course requirements must be completed by the end of the Block in which the course is taken. This includes completing each of the assigned 12 NIM courses, passing the multiple-choice exam associated with each assigned course, with a cumulative score of 75% and in addition, turning in the final patient nutritional education project to the course director. Should a student’s cumulative score fall below 75%, he/she will repeat courses at a location chosen by the course director and also retake the associated final multiple-choice exam. Non-receipt of the assigned final patient nutritional education project to the course director will result in automatic failure of this selective.