MSTP Student Clinical Skills Acquisition, Maintenance and Reentry Plan
(Revised August 2012)

Goal of this plan: Expose MSTP students to clinical practice to refresh and achieve skills permitting a smooth transition to their first clinical clerkships.

1. **INDE 206 Practice of Medicine VI.** All MSTP students will be encouraged to take INDE 206 in the Spring Quarter prior to the year they plan to defend their thesis. Therefore most students will complete INDE 206 not more than 12 months before they begin their M3 clerkships. In some circumstances and with prior approval of the MSTP Directors, students may elect to take INDE 206 in the Spring Quarter of their second year, but only if they plan to complete core clinical rotations during their research period. This option may be particularly useful for students whose research includes blocks of “down time,” such as time that would otherwise be lost due to lengthy animal experiments or in obtaining reagents or equipment for studies.

2. **Clinical Reentry Plan.** At the end of the M2 year and following consultations with their E4C Mentor, Advising Dean, MSTP Directors, and PhD thesis advisor, students will develop an individualized plan for clinical reentry. Each student’s individual plan will be informally discussed with Dr. Schoolnik, Associate Director of MSTP Clinical Education, during the M2 year and will become part of the promotion data that is reviewed by the Committee of Performance, Professionalism, and Promotion (CP3) during its evaluation of MSTP student progress. At least 1 year prior to clinical reentry, a formalized, individualized plan must be developed and approved by Dr. Schoolnik. The individualized reentry plan may include the Clinical Skills Maintenance Experience course (FAMMED 292) described below. Alternatively, students are encouraged to develop their own, individualized reentry plan with Dr. Schoolnik’s approval. Dr. Schoolnik reviews student progress at the midpoint of each quarter and at the end of each quarter (4 times over 6 months), through the written performance evaluations of each participating student.

Please note, certain clinical experiences may be very helpful for students, but would not fulfill this requirement, including “shadowing” in clinics, or participation in clinics outside of the core areas listed below.

(A) **Option 1: Clinical Skills Maintenance Experience** (Formerly FAMMED 311E MSTP Continuity Clinic). Students will begin a mentored weekly clinic that follows their completion of Q6. This clinic will span two contiguous quarters of the year the students defend their Ph.D. thesis. The Clinical Skills Maintenance Experience Clinic will be in a discipline that provides training in basic clinical skills: history, physical exam, the creation of a differential diagnosis, verbal presentation, write-up, and use of the electronic medical record.

This clinic, designated in the course catalog as FAMMED 292 Clinical Skills Maintenance Experience (formerly FAMMED 311E MSTP Continuity Clerkship), has been specifically developed to meet the need of MSTP students. The summary of this course, extracted from the School of Medicine Course Catalog, is provided below.

**FAMMED 292: Clinical Skills Maintenance Experience**
(Formerly FAMMED 311) For MSTP students and other Stanford Medical students obtaining combined M.D./Ph.D. degrees through non-MSTP programs only. Students are assigned to a primary care clinic within medicine, family medicine or pediatrics, or a specialty clinic that can offer similar experiences. Continuity of mentorship is the first priority and is desired for reinforcement of basic medical skills; continuity of patients is also desirable, but second priority.
Students attend clinic one morning or afternoon per week for two contiguous quarters of the year in which they defend their PhD theses (minimum 10 clinics per quarter). Each four hour clinic session the student: (1) obtains the history of a clinic patient; (2) conducts a physical exam; (3) formulates a differential diagnosis or problem list; (4) presents the patient to her/his clinic preceptor; and (5) prepares a write-up of the case. The clinic preceptor observes and provides guidance for the student's history taking and physical examination skills and critiques the differential diagnosis, verbal presentation, and write-up. The student is guided in the use of the computerized medical record and is asked to progressively integrate this information into the review of the patient history. The clinical preceptor reviews the results of the student's Micro-CPX, Mini-CPX, POM course evaluations, and E4C Mentor evaluations and uses this information to address any perceived weaknesses. The preceptor provides verbal and written performance evaluations to the student and a standardized evaluation becomes part of the student's record. The Associate Director of MSTP Clinical Education reviews, on a regular basis, the written performance evaluations of each student taking this course. Deficits are to be identified and addressed before the student enters clinical training. Prerequisite: INDE 206

Terms: Aut, Win, Spr, Sum, Units: 3, Grading: Medical School MD Grades

(B) Option 2: Arbor or Pacific Free Clinics. This offering would be similar to option (A) but would require regular attendance at the Arbor or Pacific Free Clinic, including identification of a faculty mentor who would formally evaluate the student’s performance on an ongoing basis. This option can only be elected by permission of Dr. Schoolnik.

MED 282: Early Clinical Experience at the Cardinal Free Clinics

Students provide health care in a student-run clinic for the homeless and uninsured. Student volunteers are guided in the practice of medical interviews, history-taking and physical examinations as appropriate. Clinical students and attending physicians provide support and guidance as the team arrives at a diagnosis and management plan. One unit for students who volunteer a minimum of twice a month. Two units of credit for Steering Committee members or students whose volunteer commitment is greater than twice a month.

Terms: Aut, Win, Spr, Sum | Units: 1-2 | Repeatable for credit | Grading: Medical Satisfactory/No Credit, Instructors: Martin, M. (PI); Osterberg, L. (PI)

(C) Option 3: An Alternative Individualized Clinical Reentry Plan. Students may desire more customized plans. For example, based on our historical evaluation of the program and our review of students currently completing their Clinical Skills Acquisition and Maintenance Plan, some MSTP students choose to perform substantial clinical activities during their research training that would fulfill these new requirements, such as participating in similar continuity clinics throughout their G1-G4 years or completing core clerkships while working on their thesis studies in G1-G4. To insure flexibility and fairness to all students, MSTP students may petition to substitute continuity clinic experiences with equivalent clinical activities that fulfill this requirement. Clinical experiences must be substantial and the plan must have approval from Dr. Schoolnik prior to initiating the substitute clinical experience. Approval is at the discretion of the MSTP Directors and will take into account other factors including successful PhD thesis study progress, input from the MSTP and E4C Directors, Mini-CPX scores, E4C evaluations, and especially the clinical experience that is proposed by the student.

3. A Cognitive Skills Maintenance Plan Under Development for Years G1, G2, and G3 (Planned launch in September 2012). The Clinical Reentry Plan as described above is designed to consolidate the clinical skills required to “work-up” a patient and distill the results of the work-up in a coherent and condensed manner appropriate for a case presentation and write-up. To consolidate the cognitive aspects of case analysis, an optional program is under
development for MSTP students in years G1-G3 of their research training to elect one or more offerings from a menu of activities that focus on case analysis, pathophysiology, and differential diagnosis. The full suite of potential offerings, as well as the recommended time commitment, has not been identified. Examples include one or more of the following: medicine or pediatrics morning report; physician scientist/molecular medicine morning (or dinner) report; medicine professor rounds; participation in weekly medical student case presentations; and attendance at the VA Multi-disciplinary rounds.

4. Students with deficiencies in clinical skills. It is possible that a subset of MSTP students will have deficits in clinical processing or cognitive skills maintenance and will require additional clinical training to insure success on the wards. Metrics that will be used to identify such students include performance on standardized patient evaluations (INDE 201, INDE 202, and INDE 203), the Mini-CPX test and E4C Advisor Evaluations, metrics routinely used for all SMS students. Individualized plans will be developed and discussed with these students, in close collaboration with their E4C Advisors.

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