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# 2015-2016 Calendar of Clerkship Periods

## Summer Quarter
- **Period 1**: June 29 - July 26, 2015
- **Period 2**: July 27 - August 23, 2015
- **Period 3**: August 24 - September 20, 2015

## Autumn Quarter
- **Period 4**: September 21 - October 18, 2015
- **Period 5**: October 19 - November 15, 2015
- **Period 6**: November 16 - December 13, 2015


## Winter Quarter
- **Period 7**: January 4 – January 31, 2016
- **Period 8**: February 1 – February 28, 2016
- **Period 9**: February 29 – March 27, 2016

## Spring Quarter
- **Period 10**: March 28 - April 24, 2016
- **Period 11**: April 25 - May 22, 2016
- **Period 12**: May 23 - June 19, 2016

**Summer Break**: June 20 – June 26, 2016

## Dates for Scheduling Visiting Students

Visiting students will be scheduled as follows:

- **Summer Quarter (Periods 1, 2, 3)**: May 8, 2015
- **Autumn Quarter (Periods 4, 5, 6)**: August 7, 2015
- **Winter Quarter (Periods 7, 8, 9)**: November 6, 2015
- **Spring Quarter (Periods 10, 11, 12)**: February 5, 2016
<table>
<thead>
<tr>
<th>PERIOD</th>
<th>PERIOD START DATE</th>
<th>PERIOD END DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period 1</td>
<td>6/29/2015</td>
<td>7/26/2015</td>
</tr>
<tr>
<td>Period 1A</td>
<td>6/29/2015</td>
<td>7/12/2015</td>
</tr>
<tr>
<td>Period 1B</td>
<td>7/13/2015</td>
<td>7/26/2015</td>
</tr>
<tr>
<td>Period 2</td>
<td>7/27/2015</td>
<td>8/23/2015</td>
</tr>
<tr>
<td>Period 2A</td>
<td>7/27/2015</td>
<td>8/9/2015</td>
</tr>
<tr>
<td>Period 2B</td>
<td>8/10/2015</td>
<td>8/23/2015</td>
</tr>
<tr>
<td>Period 3</td>
<td>8/24/2015</td>
<td>9/20/2015</td>
</tr>
<tr>
<td>Period 3A</td>
<td>8/24/2015</td>
<td>9/6/2015</td>
</tr>
<tr>
<td>Period 3B</td>
<td>9/7/2015</td>
<td>9/20/2015</td>
</tr>
<tr>
<td>Period 4</td>
<td>9/21/2015</td>
<td>10/18/2015</td>
</tr>
<tr>
<td>Period 4A</td>
<td>9/21/2015</td>
<td>10/4/2015</td>
</tr>
<tr>
<td>Period 4B</td>
<td>10/5/2015</td>
<td>10/18/2015</td>
</tr>
<tr>
<td>Period 5</td>
<td>10/19/2015</td>
<td>11/15/2015</td>
</tr>
<tr>
<td>Period 5A</td>
<td>10/19/2015</td>
<td>11/1/2015</td>
</tr>
<tr>
<td>Period 5B</td>
<td>11/2/2015</td>
<td>11/15/2015</td>
</tr>
<tr>
<td>Period 6</td>
<td>11/16/2015</td>
<td>12/13/2015</td>
</tr>
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<td>11/16/2015</td>
<td>11/29/2015</td>
</tr>
<tr>
<td>Period 6B</td>
<td>11/30/2015</td>
<td>12/13/2015</td>
</tr>
<tr>
<td>Period 7</td>
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<td>1/31/2016</td>
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<tr>
<td>Period 7B</td>
<td>1/18/2016</td>
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</tr>
<tr>
<td>Period 8</td>
<td>2/1/2016</td>
<td>2/28/2016</td>
</tr>
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<td>Period 8A</td>
<td>2/1/2016</td>
<td>2/14/2016</td>
</tr>
<tr>
<td>Period 11B</td>
<td>5/9/2016</td>
<td>5/22/2016</td>
</tr>
<tr>
<td>Period 12B</td>
<td>6/6/2016</td>
<td>6/19/2016</td>
</tr>
<tr>
<td><strong>2016-2017 CALENDAR OF CLERKSHIP PERIODS</strong></td>
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</tr>
<tr>
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</tr>
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## SUMMER QUARTER

<table>
<thead>
<tr>
<th>Period</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period 1</td>
<td>June 27 - July 24, 2016</td>
</tr>
<tr>
<td>Period 2</td>
<td>July 25 - August 21, 2016</td>
</tr>
<tr>
<td>Period 3</td>
<td>August 22 - September 18, 2016</td>
</tr>
</tbody>
</table>

## AUTUMN QUARTER

<table>
<thead>
<tr>
<th>Period</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period 4</td>
<td>September 19 - October 16, 2016</td>
</tr>
<tr>
<td>Period 5</td>
<td>October 17 - November 13, 2016</td>
</tr>
<tr>
<td>Period 6</td>
<td>November 14 - December 11, 2016</td>
</tr>
</tbody>
</table>

| **HOLIDAY BREAK** | December 12, 2016 – January 8, 2017 |

## WINTER QUARTER

<table>
<thead>
<tr>
<th>Period</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period 7</td>
<td>January 9 – February 5, 2017</td>
</tr>
<tr>
<td>Period 8</td>
<td>February 6 – March 5, 2017</td>
</tr>
<tr>
<td>Period 9</td>
<td>March 6 – April 2, 2017</td>
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</tbody>
</table>

## SPRING QUARTER

<table>
<thead>
<tr>
<th>Period</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period 10</td>
<td>April 3 - April 30, 2017</td>
</tr>
<tr>
<td>Period 11</td>
<td>May 1 - May 28, 2017</td>
</tr>
<tr>
<td>Period 12</td>
<td>May 29 - June 25, 2017</td>
</tr>
</tbody>
</table>

| **SUMMER BREAK** | June 26 – July 2, 2017 |

### DATES FOR SCHEDULING VISITING STUDENTS

Visiting students will be scheduled as follows:

<table>
<thead>
<tr>
<th>Quarter (Periods)</th>
<th>Date</th>
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<tbody>
<tr>
<td>SUMMER (1, 2, 3)</td>
<td>May 6, 2016</td>
</tr>
<tr>
<td>AUTUMN (4, 5, 6)</td>
<td>August 5, 2016</td>
</tr>
<tr>
<td>WINTER (7, 8, 9)</td>
<td>November 4, 2016</td>
</tr>
<tr>
<td>SPRING (10, 11, 12)</td>
<td>February 3, 2017</td>
</tr>
<tr>
<td>PERIOD</td>
<td>PERIOD START DATE</td>
</tr>
<tr>
<td>------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Period 1</td>
<td>6/27/2016</td>
</tr>
<tr>
<td>Period 1A</td>
<td>6/27/2016</td>
</tr>
<tr>
<td>Period 1B</td>
<td>7/11/2016</td>
</tr>
<tr>
<td>Period 2</td>
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<td>7/25/2016</td>
</tr>
<tr>
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<td>8/8/2016</td>
</tr>
<tr>
<td>Period 3</td>
<td>8/22/2016</td>
</tr>
<tr>
<td>Period 3B</td>
<td>9/5/2016</td>
</tr>
<tr>
<td>Period 4</td>
<td>9/19/2016</td>
</tr>
<tr>
<td>Period 4A</td>
<td>9/19/2016</td>
</tr>
<tr>
<td>Period 4B</td>
<td>10/3/2016</td>
</tr>
<tr>
<td>Period 5</td>
<td>10/17/2016</td>
</tr>
<tr>
<td>Period 5A</td>
<td>10/17/2016</td>
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<td>Period 5B</td>
<td>10/31/2016</td>
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<td>Period 6</td>
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</tr>
<tr>
<td>Period 7</td>
<td>1/9/2017</td>
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<td>Period 7B</td>
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<td>Period 8</td>
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<td>Period 10</td>
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<td>Period 10B</td>
<td>4/17/2017</td>
</tr>
<tr>
<td>Period 11</td>
<td>5/1/2017</td>
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<tr>
<td>Period 11A</td>
<td>5/1/2017</td>
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<tr>
<td>Period 11B</td>
<td>5/15/2017</td>
</tr>
<tr>
<td>Period 12</td>
<td>5/29/2017</td>
</tr>
<tr>
<td>Period 12A</td>
<td>5/29/2017</td>
</tr>
<tr>
<td>Period 12B</td>
<td>6/12/2017</td>
</tr>
</tbody>
</table>
Monday, February 2, 2015

Orientation on Draw Mechanics for Incoming Clinical Students

6:00 pm – 8:00 pm – LKSC 130

- The Draw for Academic Years 2015-16 and 2016-17 will be opened online at the Clerkship Fishbowl System (Online Fishbowl) at http://med.stanford.edu/medfishbowl.html

Note: Student usernames and passwords are necessary for data entry. Username is the Stanford Student ID number (without the initial “0”), and the initial password for all incoming clinical students is TEST. Students should change their password once they are in the Draw system by clicking the “User Info” tab. Students who have used the system for MedScholars may have set up their own password. Use your MedScholars password to access the system.

- Students enter their clerkship draw requests for Medicine, Surgery, and two other cores of the student’s choice into the Clerkship Fishbowl System (Online Fishbowl) at http://med.stanford.edu/medfishbowl.html

- One-on-one assistance in entering the Draw requests online is available throughout this period. Please contact Caroline Cheang at cheang@stanford.edu to set up an appointment.

Wednesday, February 25, 2015

Clerkship Draw for Medicine, Surgery and two Core Clerkships of the student’s choice

- The Deadline to enter Draw requests for Medicine, Surgery, and two other cores of the student’s choice for academic years 2015-16 and 2016-17 is Wednesday, February 25, 2015 at 7:58 a.m.

- 8:00 a.m. - Clerkship scheduling (The FIRST DRAW FOR MEDICINE, SURGERY, AND TWO OTHER CORES OF THE STUDENT’S CHOICE) will be run for Academic Years 2015-16 and 2016-17 (clerkship periods beginning June 29, 2015 through June 25, 2017).

- At noon - Draw results will be posted online in the Clerkship Fishbowl System at http://med.stanford.edu/medfishbowl.html

- At noon - The Draw for Academic Years 2015-16 and 2016-17 will be reopened online at the Clerkship Fishbowl System (Online Fishbowl) at http://med.stanford.edu/medfishbowl.html

Note: Student usernames and passwords are necessary for data entry. Username is the Stanford Student ID number (without the initial “0”), and the initial password for all incoming clinical students is TEST.

- Students enter their clerkship draw requests for the rest of the core clerkships into the Clerkship Fishbowl System (Online Fishbowl).
• One-on-one assistance in entering the Draw requests online is available throughout this period. Please contact Caroline Cheang at cheang@stanford.edu to set up an appointment.

**Wednesday, March 4, 2015**
**Clerkship Draw for the Rest of the Core Clerkships**

• The Deadline to enter Draw requests for the rest of the core clerkships for academic years 2015-16 and 2016-16 is **Wednesday, March 4, 2015 at 7:58 a.m.**

• **8:00 a.m.** - Clerkship scheduling (The SECOND DRAW FOR THE REST OF THE CORE CLERKSHIPS) will be run for Academic Years 2015-16 and 2016-17 (clerkship periods beginning June 29, 2015 through June 25, 2017).

• **At noon** - Draw results will be posted online in the Clerkship Fishbowl System at [http://med.stanford.edu/medfishbowl.html](http://med.stanford.edu/medfishbowl.html)

**Monday, March 23, 2015 (8:00 am)**
**First Weekly Shuffle for Non-Core Clerkships for Academic Years 2015-16 and 2016-17 for all incoming clinical students.**
You are about to begin a very exciting part of your medical training – your clinical clerkships – in which you will be given increasing responsibility for the care of patients and will have an opportunity to work in various clinical disciplines, one of which will become your career focus. This Clerkship Handout provides information about the logistics of planning your clinical curriculum.

Clerkships are constantly evolving, and changes are sometimes made as the academic year progresses. You will find your fellow clinical students to be a great resource, particularly those who are approaching graduation this year. You will also learn about your responsibilities and the faculty expectations of your performance during INDE 206 (spring quarter “Practice of Medicine”). There are other resources available on the academic advising website, http://med.stanford.edu/md/academic-support/academic-advising.html. You can also meet directly with your advisor, who is available and pleased to work with you to plan your schedule.

An important predictor of your success in residency applications will be your performance in the clinical clerkships, especially the core clerkships and the advanced rotations in your field of training. Therefore, it is in your interest to give clerkships your complete, most passionate and undivided attention, and minimize your involvement in other activities during this time. Your emphasis should be on receiving a comprehensive clinical education, regardless of your eventual choice of specialty. A goal of the Stanford curriculum is for each graduate to have outstanding general clinical competence, and students who have devoted themselves to clerkships fully have achieved this goal.

Several weeks after the completion of each clerkship you will receive an evaluation of your performance, prepared by the director after receiving input from the people with whom you have worked. Your performance in your core clerkships will be evaluated by the CBEI (criterion-based evaluation initiative) system, details of which will be explained to you later this spring. Evaluations from all clinical clerkships in the first clinical year and from periods 1-2 in the graduation year will be included in your Medical School Performance Evaluation (Dean’s) letter. The deadline for creation of the MSPE, as required by the residency application process, is October 1 each year.

If you have any concerns about your experience on a clerkship or your evaluation, please contact your advising dean, who can point you in the right direction to resolve the issue. This should be done as soon as possible, since early intervention is more likely to result in satisfactory resolution.

Enjoy the year! It can be an amazing period of growth of your skills and confidence.
SECTION I. THE CLERKSHIP CURRICULUM

For complete information on policies related to clerkship activities, please see the clerkship curriculum section of the current version of the MD program handbook, available online: [http://med.stanford.edu/md/mdhandbook.html](http://med.stanford.edu/md/mdhandbook.html)

### Required Clerkships:

Students must have successfully completed all pre-clerkship courses prior to beginning clerkships. NOTE: Students beginning clerkships in Period 11 of the 2014-15 academic year or later are required to complete 96 clinical units. *Graduation requirements for clinical training are subject to change.*

<table>
<thead>
<tr>
<th>Clerkship #</th>
<th>Department</th>
<th>Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>MED 300A</td>
<td>Medicine</td>
<td>General Medicine Core</td>
<td>12 (2 months)</td>
</tr>
<tr>
<td>SURG 300A</td>
<td>Surgery</td>
<td>General Surgery</td>
<td>12 (2 months)</td>
</tr>
<tr>
<td>ANES 306A or P</td>
<td>Anesthesia</td>
<td>Critical Care Core</td>
<td>6 (1 month)</td>
</tr>
<tr>
<td>FAMMED 301A</td>
<td>Family &amp; Community Medicine</td>
<td>Family Medicine Core</td>
<td>6 (1 month)</td>
</tr>
<tr>
<td>MED 313A</td>
<td>Medicine</td>
<td>Ambulatory Internal Medicine</td>
<td>6 (1 month)</td>
</tr>
<tr>
<td>NENS 301A</td>
<td>Neurology</td>
<td>Neurology Core</td>
<td>6 (1 month)</td>
</tr>
<tr>
<td>OBGYN 300A</td>
<td>Obstetrics &amp; Gynecology</td>
<td>Basic Obstetrics &amp; Gynecology</td>
<td>9 (1.5 months)</td>
</tr>
<tr>
<td>PEDS 300A</td>
<td>Pediatrics</td>
<td>Child Health</td>
<td>12 (2 months)</td>
</tr>
<tr>
<td>PSYC 300A</td>
<td>Psychiatry</td>
<td>Basic Core Psychiatry</td>
<td>6 (1 month)</td>
</tr>
</tbody>
</table>

These clerkships may be completed any time prior to graduation:

- Selective I: Fundamentals of Clinical Care (chosen from approved list) 6 (1 month)
- Selective II: Subinternship (chosen from approved list) 6 (1 month)
- ELECTIVE 9 (1.5 months)

Total clinical units required for graduation 96 (16 months)

Periods 6 and 7 of the final clerkship year are blocked for interviews and USMLE Step 2 preparation.

Students must begin the following clerkships *no later than* Period 7 of the final clerkship year.
- Internal Medicine
- Obstetrics and Gynecology
- Pediatrics
- Surgery

Students must begin the following clerkships *no later than* Period 10 of the final clerkship year.
- Ambulatory Medicine
- Critical Care
- Family Medicine
- Neurology
- Psychiatry

Periods 11 and 12 of the final clerkship year are not available for Core Clerkship scheduling.
**Selective I: Fundamentals of Clinical Care**

Students must complete one month of clerkship(s) from the Selective I list.

**Goals:** Through experiences that broaden their general professional education *in areas not covered in a core clerkship*, students will:
- Achieve excellence in command of the fundamentals of clinical medicine with emphasis on skills required of all physicians
- Gain a solid foundation in general medicine as a basis for understanding and treating disease

**Requisites:**
- Emphasizes common problems in an area essential for a generalist
- Provides knowledge, skills and attitudes that will enhance development as a well-rounded physician

**OR**

**Goals:** Through an intensive ambulatory experience, students will:
- Become competent at managing problems in an ambulatory setting
- Strengthen ability to perform a directed history and physical examination
- Appreciate longitudinal management of chronic disease
- Develop time management skills during patient encounters
- Develop a sense of obligation to the health of the public

**Requisites:**
- At least 75% of experience should be in an ambulatory/outpatient setting
- Accepts direct responsibility for patients including first to encounter patient, performs procedures, counsels patients, writes notes and orders
- Provides opportunities for patient follow-up

**Selective I List: Fundamentals of Clinical Care**

**Approved Clerkships**

<table>
<thead>
<tr>
<th>Department</th>
<th>Clerkship #</th>
<th>Clerkship Name</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesia</td>
<td>304A</td>
<td>Chronic Pain Management</td>
<td>SUMC, SMOC</td>
</tr>
<tr>
<td>Dermatology</td>
<td>300A</td>
<td>Dermatology</td>
<td>SUMC, PAVAMC, KPMC</td>
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<td>Family &amp; Community Medicine</td>
<td>310A</td>
<td>Continuity of Care</td>
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<td>344E</td>
<td>Family Medicine Elective</td>
<td>SJMC</td>
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<td>345E</td>
<td>Family Practice Office</td>
<td>Various Office Sites</td>
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<td>Cardiology</td>
<td>SUMC, PAVAMC, SCVMC</td>
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<tr>
<td>Medicine</td>
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<td>Endocrinology &amp; Metabolism</td>
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<td>Outpatient Medical Oncology</td>
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<td>Geriatric Medicine</td>
<td>SUMC, PAVAMC</td>
</tr>
<tr>
<td>Medicine</td>
<td>343B*</td>
<td>Palliative Care</td>
<td>SUMC, PAVAMC, SCVMC</td>
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<tr>
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<td>Ophthalmology</td>
<td>VAPAHCS-Livermore</td>
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<tr>
<td>Orthopedic Surgery</td>
<td>303C</td>
<td>Rehabilitation Medicine</td>
<td>SCVMC</td>
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<tr>
<td>Orthopedic Surgery</td>
<td>304A*</td>
<td>Physical Medicine and Rehabilitation</td>
<td>SUMC, PAVAMC, SCVMC</td>
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<td>306A</td>
<td>Orthopedics</td>
<td>SUMC, PAVAMC, SCVMC</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>307A*</td>
<td>Otolaryngology</td>
<td>SUMC, PAVAMC, SCVMC</td>
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<tr>
<td>Pediatrics</td>
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<td>Preceptor at Palo Alto Medical Foundation</td>
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<td>Pediatrics</td>
<td>315A</td>
<td>Adolescent Medicine</td>
<td>LPCH</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>340D*</td>
<td>Child Health</td>
<td>KPMC</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>328E*</td>
<td>Addiction Treatment Services</td>
<td>MPVAMC</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>300A</td>
<td>Radiation Oncology</td>
<td>SUMC</td>
</tr>
<tr>
<td>Radiology</td>
<td>301A</td>
<td>Diagnostic Radiology &amp; Nuclear Medicine</td>
<td>SUMC</td>
</tr>
<tr>
<td>Surgery</td>
<td>313A,C,D</td>
<td>Emergency Medicine</td>
<td>SUMC, SCVMC, KPMC</td>
</tr>
<tr>
<td>Urology</td>
<td>308A,B,C</td>
<td>Urology</td>
<td>SUMC, PAVAMC, SCVMC</td>
</tr>
</tbody>
</table>

* Available as both a two-week and four-week rotation. If students chose a two-week rotation, they must pair it with another two-week rotation to receive selective credit.
Selective II: Subinternship

Students must complete one clerkship from the Selective II List

Goals: Through an intensive inpatient experience, students will:

- Assume a high level of patient care responsibility in preparation for residency.
- Strengthen their clinical and procedural skills.
- Improve their ability to manage complex, acutely ill patients.
- Learn to work as team members.

Requisites:

- Student is responsible for direct management and care of patients with a significantly higher level of responsibility than during core clerkships.
- Builds upon knowledge and skills learned during the core clerkship.
- Internship-like responsibilities, e.g., primary workup of new patients, writes orders, performs procedures, participates in daily care, takes night call, writes notes and dictates discharge summary.

Selective II List: Subinternship

Approved Clerkships

<table>
<thead>
<tr>
<th>Department</th>
<th>Clerkship #</th>
<th>Clerkship Name</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiothoracic Surgery</td>
<td>300A</td>
<td>Cardiothoracic Surgery</td>
<td>SUMC</td>
</tr>
<tr>
<td>Cardiothoracic Surgery</td>
<td>301B</td>
<td>Adult Cardiothoracic Surgery</td>
<td>PAVAMC</td>
</tr>
<tr>
<td>Family &amp; Community Medicine</td>
<td>364E</td>
<td>Subinternship in Family Medicine</td>
<td>O’Connor</td>
</tr>
<tr>
<td>Medicine</td>
<td>304A</td>
<td>Cardiovascular Medicine-Inpatients</td>
<td>SUMC</td>
</tr>
<tr>
<td>Medicine</td>
<td>311D</td>
<td>Advanced Medicine</td>
<td>KPMC</td>
</tr>
<tr>
<td>Medicine</td>
<td>312C</td>
<td>Advanced Medicine</td>
<td>SCVMC</td>
</tr>
<tr>
<td>Medicine</td>
<td>314A</td>
<td>Advanced Medicine</td>
<td>SUMC</td>
</tr>
<tr>
<td>Medicine</td>
<td>321A</td>
<td>Inpatient Medical Oncology</td>
<td>SUMC</td>
</tr>
<tr>
<td>Medicine</td>
<td>339B</td>
<td>Advanced Medicine</td>
<td>PAVAMC</td>
</tr>
<tr>
<td>Neurology</td>
<td>307A</td>
<td>Advanced Clinical Elective in Child Neurology</td>
<td>SUMC</td>
</tr>
<tr>
<td>Neurology</td>
<td>308A</td>
<td>Advanced Clinical Elective in Adult Neurology</td>
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</tr>
<tr>
<td>Neurosurgery</td>
<td>318A</td>
<td>Subinternship in Neurosurgery</td>
<td>SUMC</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology</td>
<td>304A*</td>
<td>Inpatient Gynecology</td>
<td>SUMC</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology</td>
<td>307A*</td>
<td>Maternal-Fetal Medicine</td>
<td>SUMC</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology</td>
<td>308A*</td>
<td>Gynecologic Oncology</td>
<td>SUMC</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>318A</td>
<td>Subinternship in Orthopedic Surgery</td>
<td>SUMC, PAVAMC, SCVMC</td>
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<tr>
<td>Otolaryngology</td>
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<td>Subinternship in Otolaryngology</td>
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<tr>
<td>Pediatrics</td>
<td>313A</td>
<td>Neonatal Intensive Care Subinternship</td>
<td>LPCH</td>
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<tr>
<td>Pediatrics</td>
<td>314A</td>
<td>Pediatric Intensive Care</td>
<td>LPCH</td>
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<tr>
<td>Pediatrics</td>
<td>335A</td>
<td>Pediatric Hematology and Oncology Subinternship</td>
<td>LPCH</td>
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<tr>
<td>Pediatrics</td>
<td>338A</td>
<td>Subinternship in Inpatient Pediatrics</td>
<td>LPCH</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>338C</td>
<td>Subinternship in Pediatrics</td>
<td>SCVMC</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>358A</td>
<td>Subinternship in Inpatient Psychiatry</td>
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<tr>
<td>Surgery</td>
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<td>Clerkship at the Burn Center</td>
<td>SCVMC</td>
</tr>
<tr>
<td>Surgery</td>
<td>316A</td>
<td>Pediatric Surgery</td>
<td>SUMC</td>
</tr>
<tr>
<td>Surgery</td>
<td>333A</td>
<td>Multi-Organ Transplantation</td>
<td>SUMC</td>
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<tr>
<td>Surgery</td>
<td>334A</td>
<td>Advanced Vascular Surgery</td>
<td>SUMC</td>
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<tr>
<td>Surgery</td>
<td>338A</td>
<td>Advanced Surgery</td>
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<td>Urology</td>
<td>310B</td>
<td>Advanced Surgery/Urology</td>
<td>PAVAMC</td>
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<tr>
<td>Urology</td>
<td>338A</td>
<td>Advanced Urology</td>
<td>SUMC</td>
</tr>
</tbody>
</table>

* Available as both a two-week and four-week rotation. If students chose a two-week rotation, they must pair it with another two-week rotation to receive selective credit.
### Index of Clinical Clerkships

#### ANESTHESIA
- **ANES 300A** Anesthesia Operating Room Clerkship (SUMC)
- **ANES 300B** Anesthesia Operating Room Clerkship (PAVAHCS)
- **ANES 300C** Anesthesia Operating Room Clerkship (SCVMC)
- **ANES 300D** Anesthesia Operating Room Clerkship (KPMC)
- **ANES 300E** Anesthesia Operating Room Clerkship (SUMC, Surgicenter of Palo Alto, Recovery Inn of Menlo Park)
- **ANES 300P** Pediatric Anesthesia Clerkship (LPCH)
- **ANES 301A** Intensive Care Unit Clerkship (SUMC)
- **ANES 302A** Obstetrical Anesthesia Clerkship (LPCH)
- **ANES 304A** Chronic Pain Management Clerkship (SUMC, SMOC)
- **ANES 306A** Critical Care Core Clerkship – Adult (SUMC, PAVAMC)
- **ANES 306P** Neonatal and Pediatric ICU Core Clerkship (LPCH)
- **ANES 307A** Cardiovascular Anesthesia Clerkship (SUMC)
- **ANES 308A** Anesthesia Operating Room Clerkship; Associated Anesthesiologists (SUMC)
- **ANES 340B** Critical Care Clerkship (PAVAMC)
- **ANES 398A** Special Clinical Elective in Anesthesia (SUMC, PAVAMC, SCVMC, KPMC)

#### CARDIOVASCULAR SURGERY
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- **CTS 303A** Advanced Thoracic Surgery Clerkship (SUMC)
- **CTS 301B** Adult Cardiothoracic Surgery Clerkship (PAVAMC)
- **CTS 398A** Clinical Elective in Cardiovascular Surgery (SUMC, PAVAMC)

#### DERMATOLOGY
- **DERM 300A** Dermatology Clerkship (SUMC, PAVAMC, KPMC)
- **DERM 309A** Pediatric Dermatology Clerkship (SUMC)
- **DERM 310B** Advanced Clinical Elective in Dermatology (SUMC/PAVAHCS)
- **DERM 311A** Advanced Pediatric Dermatology Clerkship (SUMC)
- **DERM 398A** Clinical Elective in Dermatology (SUMC, PAVAMC, SCVMC, KPMC)

#### FAMILY MEDICINE
- **FAMMED 301A** Family Medicine Core Clerkship (SUMC Hoover Pavilion, O'Connor, Indian Health Services, community sites, and rural sites)
- **FAMMED 310A** Continuity of Care Clerkship (Various)
- **FAMMED 311E MSTP Continuity Clerkship** (Various)
- **FAMMED 338E** Elective Clerkship in Family Medicine (Kaiser Permanente Napa-Solano)
- **FAMMED 344E** Family Medicine Elective Clerkship (SJMC)
- **FAMMED 345E** Family Practice Office Clerkship (Various)
- **FAMMED 364E** Subinternship in Family Medicine (O'Connor)
- **FAMMED 398A** Clinical Elective in Family Medicine (SUMC, PAVAMC, SCVMC)

#### MEDICINE
- **MED 300A** General Medicine Core Clerkship (SUMC, PAVAMC, SCVMC, KPMC)
- **MED 302A** Infectious Diseases Clerkship (SUMC)
- **MED 302B** Infectious Diseases Clerkship (PAVAMC)
- **MED 302C** Infectious Diseases Clerkship (SCVMC)
- **MED 303A** Cardiology Clerkship-Inpatient/Outpatient Consult (SUMC)
- **MED 303B** Cardiology Clerkship (PAVAMC)
- **MED 303C** Cardiology Clerkship (SCVMC)
- **MED 304A** Cardiovascular Medicine Clerkship-Inpatients (SUMC)
- **MED 305A** Hematology Clerkship (SUMC)
- **MED 306A** Endocrinology and Metabolism Clerkship (SUMC, PAVAMC, SCVMC)
- **MED 307E** Palo Alto Medical Clinic Preceptorship (PAMC)
- **MED 308A** Immunology/Rheumatology Clerkship (SUMC)
- **MED 308C** Immunology/Rheumatology Clerkship (SCVMC)
- **MED 311D** Advanced Medicine Clerkship (KPMC)
- **MED 312C** Advanced Medicine Clerkship (SCVMC)
- **MED 313A** Ambulatory Internal Medicine (SUMC, PAVAMC, SCVMC)
- **MED 314A** Advanced Medicine Clerkship (SUMC)
- **MED 317C** Medical ICU Clerkship (SCVMC)
- **MED 321A** Inpatient Medical Oncology Clerkship (SUMC)
- **MED 322A** Outpatient Medical Oncology Clerkship (SUMC)
- **MED 325A** Gastroenterology Clerkship (SUMC)
- **MED 325B** Gastroenterology Clerkship (PAVAMC)
- **MED 325C** Gastroenterology Clerkship (SCVMC)
- **MED 326A** Hepatology Clerkship (SUMC, PAVAMC, etc.)
- **MED 330A** Pulmonary Medicine Clerkship-Rotating (SUMC)
- **MED 330C** Pulmonary Medicine Clerkship (SCVMC)
- **MED 331A** Advanced Work in Pulmonary & Critical Care Medicine (SUMC)
- **MED 334A** Nephrology Clerkship (SUMC, PAVAMC)
- **MED 334C** Nephrology Clerkship (SCVMC)
- **MED 338A** HIV Outpatient Elective (HOPE)
- **MED 339B** Advanced Medicine Clerkship (PAVAMC)
- **MED 340B** Critical Care Clerkship (PAVAMC)
- **MED 342A** Geriatric Medicine Clerkship (SUMC, PAVAMC)
- **MED 343B** Palliative Care Clerkship (SUMC, PAVAMC, SCVMC)
- **MED 344A** Elective in Quality Improvement, Patient Safety, and Organizational Change Clerkship (SUMC)
- **MED 398A** Clinical Elective in Medicine (SUMC, PAVAMC, SCVMC, KPMC)

#### NEUROLOGY & NEUROLOGICAL SCIENCES
- **NENS 301A** Neurology Core Clerkship (SUMC, PAVAMC, SCVMC, LPCH)
- **NENS 307A** Advanced Clinical Elective in Child Neurology (SUMC)
- **NENS 308A** Advanced Clinical Elective in Adult Neurology (SUMC)
- **NENS 398A** Advanced Clinical Elective in Neurology (SUMC, PAVAMC, SCVMC)

#### NEUROSURGERY
- **NSUR 304A** Neurosurgery Clerkship (SUMC)
- **NSUR 304B** Neurosurgery Clerkship (PAVAMC)
- **NSUR 304C** Neurosurgery Clerkship (SCVMC)
- **NSUR 318A** Subinternship in Neurosurgery (SUMC)
- **NSUR 398A** Clinical Elective in Neurosurgery (SUMC, LPCH, PAVAMC, SCVMC)

#### OBSTETRICS & GYNECOLOGY
- **OBGYN 300A** Basic Obstetrics/Gynecology Clerkship (SUMC, SCVMC, KPMC)
- **OBGYN 304A** Inpatient Gynecology Clerkship (SUMC)
- **OBGYN 305A** Family Planning Clerkship (SUMC)
- **OBGYN 306A** Reproductive Endocrinology-Infertility Clerkship (SUMC)
- **OBGYN 307A** Maternal-Fetal Medicine Clerkship (SUMC)
OBGYN 308A Gynecologic Oncology Clerkship (SUMC)
OBGYN 398A Clinical Elective in Gynecology & Obstetrics (SUMC, SCVMC, KPMC)

OPHTHALMOLOGY
OPHT 300A Ophthalmology Clerkship (SUMC, PAVAMC, SCVMC)
OPHT 300E Ophthalmology Clerkship (VAPAHCS Livermore Division)
OPHT 302A Bay Area Ophthalmology Course: Fundamentals in Clinical and Visual Science (SUMC)
OPHT 398A Elective in Ophthalmology (SUMC, PAVAMC, SCVMC)

ORTHOPEDIC SURGERY
ORTHO 303C Clinical Clerkship in Rehabilitation Medicine (SCVMC)
ORTHO 304A Physical Medicine & Rehabilitation Clerkship (SUMC, PAVAMC, SCVMC)
ORTHO 306A Orthopedics Clerkship (SUMC, PAVAMC, SCVMC)
ORTHO 310A Hand Surgery Clerkship (SUMC, PAVAMC)
ORTHO 318A Subinternship in Orthopedic Surgery (SUMC, PAVAMC, SCVMC)
ORTHO 398A Clinical Elective in Functional Restoration (SUMC, PAVAMC, SCVMC)

OTOLARYNGOLOGY/HEAD & NECK SURGERY
OTOHNS 307A Otolaryngology/Head & Neck Surgery Clerkship (SUMC, PAVAMC, SCVMC)
OTOHNS 336A Subinternship in Otolaryngology/Head & Neck Surgery (SUMC)
OTOHNS 398A Clinical Elective in Otolaryngology/Head & Neck Surgery (SUMC, PAVAMC, SCVMC)

PATHOLOGY
PATH 300A Autopsy Pathology Clerkship (SUMC)
PATH 300B Pathology Clerkship (PAVAMC)
PATH 302A Surgical Pathology Clerkship (SUMC)
PATH 304A Clinical Pathology Laboratories (SUMC)
PATH 398A Clinical Elective in Pathology (SUMC, PAVAMC)

PEDIATRICS
PEDS 300A Child Health Clerkship – Rotating (LPCH, SCVMC)
PEDS 301A Medical Genetics Clerkship (LPCH)
PEDS 302A Pediatric Rheumatology Clerkship (LPCH)
PEDS 303A Pediatric Cardiology Clerkship (LPCH)
PEDS 304A Pediatric Endocrinology and Diabetes Clerkship (LPCH)
PEDS 305A Pediatric Hematology-Oncology Clerkship (LPCH)
PEDS 306A Pediatric Nephrology Clerkship (LPCH)
PEDS 308A Pediatric Gastroenterology and Nutrition Clerkship (LPCH)
PEDS 311E Clinical Preceptorship at the Palo Alto Medical Foundation (PAMF)
PEDS 312A Pediatric Infectious Diseases Clerkship (LPCH)
PEDS 313A Neonatal Intensive Care Subinternship (LPCH)
PEDS 314A Pediatric Intensive Care Clerkship (LPCH)
PEDS 315A Adolescent Medicine (LPCH)
PEDS 316I International Community Health (San Lucas Toliman, Guatemala)
PEDS 335A Pediatric Hematology and Oncology Subinternship (LPCH)
PEDS 338A Subinternship in Inpatient Pediatrics (LPCH)
PEDS 338C Subinternship in Pediatrics (SCVMC)
PEDS 340D Child Health Clerkship (KPMC)
PEDS 398A Clinical Elective in Pediatrics (LPCH, SCVMC, KPMC)

PSYCHIATRY & BEHAVIORAL SCIENCES
PSYC 300A Basic Core Psychiatry Clerkship (SUMC, PAVAMC)
PSYC 326A Child Psychiatry Clerkship (LPCH)
PSYC 328E Addiction Treatment Services (VA Menlo Park)
PSYC 333A Sleep Medicine for Medical Students (SUMC)
PSYC 353A Psychosomatic Medicine (Psychiatry Consultation Service) Clerkship (SHC)
PSYC 355A Geriatric Psychiatry (SUMC)
PSYC 358A Subinternship in Inpatient Psychiatry (SUMC)
PSYC 398A Advanced Clinical, Research Elective in Psychiatry (SUMC, PAVAMC, SCVMC)

RADIATION ONCOLOGY
RADO 300A Radiation Oncology Clerkship (SUMC)
RADO 398A Clinical Elective in Radiation Oncology (SUMC)

RADIOLOGY
RAD 301A Diagnostic Radiology and Nuclear Medicine Clerkship (SUMC)
RAD 302A Nuclear Medicine Clerkship (SUMC)
RAD 303A Specialty Clerkship in Diagnostic Radiology (SUMC)
RAD 304A Pediatric Radiology Clerkship (LPCH)
RAD 305A Interventional Radiology Clerkship (SUMC)
RAD 398A Clinical Elective in Diagnostic Radiology & Nuclear Medicine (SUMC, LPCH)

SURGERY
SURG 300A General Surgery Clerkship (SUMC, PAVAMC, SCVMC, KPMC)
SURG 308A Bedside Ultrasound (SUMC)
SURG 309A Plastic Surgery Clerkship (SUMC, PAVAMC, SCVMC, KPMC)
SURG 310A Hand Surgery Clerkship (SUMC, PAVAMC)
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SURG 311C Clerkship at the Burn Center (SCVMC)
SURG 313A Emergency Medicine Clerkship (SUMC)
SURG 313C Emergency Medicine Clerkship (SCVMC)
SURG 313D Emergency Medicine Clerkship (KPMC)
SURG 316A Pediatric Surgery Clerkship (LPCH)
SURG 317A Pediatric Surgical Specialties Clerkship (LPCH)
SURG 333A Multi-Organ Transplantation Clerkship (SUMC)
SURG 334A Advanced Vascular Surgery Clerkship (SUMC)
SURG 338A Advanced Surgery Clerkship (SUMC, PAVAMC)
SURG 340A Critical Care Clerkship (SUMC)
SURG 340B Critical Care Clerkship (PAVAMC)
SURG 398A Clinical Elective in Surgery (SUMC, LPCH, PAVAMC, SCVMC, KPMC)

UROLOGY
UROL 308A Urology Clerkship (SUMC)
UROL 308B Urology Clerkship (PAVAMC)
UROL 308C Urology Clerkship (SCVMC)
UROL 310B Advanced Surgery/Urology Clerkship (PAVAMC)
UROL 338A Advanced Urology Clerkship (SUMC)
UROL 398A Clinical Elective in Urology (SUMC, PAVAMC, SCVMC)
Clerkships With No Core Clerkship Prerequisites

The following clerkships, in addition to all core clerkships, are available to students who have not taken a core clerkship:

- ANES 300A*
- ANES 300B*
- ANES 300C*
- ANES 304A*
- ANES 308A*
- DERM 300A
- DERM 309A

- ANES 300B
- MED 307E
- MED 326A
- MED 334A*
- MED 342A
- MED 344A
- MED 307A
- PEDS 301A*
- MED 325A

- MED 302A
- MED 303A
- NSUR 304B
- PATH 302A
- RAD 304A
- NSUR 304C
- PATH 304A
- RAD 305A*
- OPHT 300A
- PATH 300A
- RAD 301A*

- PATH 302A
- RAD 304A
- UROL 308A
- PATH 304A
- RAD 305A*
- UROL 308B
- PEDS 301A*
- RADO 300A
- UROL 308C
- PATH 304A
- SURG 308A
- PEDS 301E*
- SURG 308A
- ORTHO 304A
- SURG 308A
- PSYC 328E
- SURG 308A
- SURG 308A
- SURG 311C

*Core clerkships highly recommended as prerequisite

Clerkships Offered for Two Weeks

- ANES 300A
- ANES 302A
- FAMMED 345E
- OBGYN 307A
- PEDS 301A
- RAD 304A
- ANES 300B
- ANES 304A
- MED 308C
- OBGYN 308A
- PEDS 316I
- RAD 305A
- ANES 300C
- ANES 307A
- MED 343B
- OBGYN 309C
- PEDS 340D
- SURG 308A
- ANES 300D
- ANES 308A
- OBGYN 304A
- OPHT 300E
- PSYC 328E
- ANES 300E
- DERM 309A
- OBGYN 305A
- ORTHO 304A
- PSYC 333A
- ANES 300P
- DERM 311A
- OBGYN 306A
- OTOHNS 307A
- RAD 303A

Clerkships Requiring Prior Approval Before Registering

- ANES 300E
- ANES 308A
- MED 302C
- MED 340B
- ORTHO 303C
- SURG 340B
- ANES 300P
- ANES 340B
- MED 308A
- NENS 307A
- Peds 314A
- ANES 301A
- DERM 310B
- MED 325C
- NENS 308A
- SURG 340A

Special Clinical Electives (398A Clerkships)

Each department has a 398A clerkship. This designation can be used for a student-designed clerkship, provided it has the consent of a faculty preceptor who will supervise the student. 398A clerkships must be clinical, not research.

Students cannot add 398A clerkships directly to their Fishbowl schedules through the regular shuffles. To add a 398A clerkship, contact the Assistant Director of Clerkship Administration in the School of Medicine Registrar’s Office at cheang@stanford.edu or 650-498-7619 with the faculty preceptor’s name and email address, the period and duration of the clerkship.
SECTION II. ENTERING CLERKSHIP DRAW REQUESTS VIA THE ONLINE “CLERKSHIP FISHBOWL SYSTEM”

The Clerkship Scheduling Process 2015

1. All students will participate in the Clerkship Draw (i.e., there will be no petitioning for exemption from the Draw.)

2. Each student will propose a schedule (according to rules specified for the Clerkship Draw) covering both clinical years that includes all of the following clerkships: Ambulatory Medicine (MED 313A), Critical Care (ANES 306A or ANES 306P), Family Medicine (FAMMED 301A), Medicine (MED 300A), Neurology (NENS 301A), Obstetrics and Gynecology (OBGYN 300A), Pediatrics (PEDS 300A), Psychiatry (PSYC 300A), Surgery (SURG 300A).

3. In the second clerkship year, Periods 11 and 12 will not be included as an option for scheduling as students cannot complete this prior to graduation.

4. To allow time away for residency interviews, Periods 6 and 7 of the second clerkship year will automatically be blocked from scheduling of any core clerkships. Students planning to do a specialty with early or late interviews must contact their advisor to change the blocked periods.

5. In submitting their proposed schedule, students can block up to four clerkship periods in Draw 2 to be held as “open” or “unscheduled” when the program runs. Students will be encouraged to block at least two months between Period 11 of the first clerkship year and Period 3 of the second clerkship year for their subinternships.

6. Clerkships will be filled each period only to a maximum number as determined by the clerkship director. No exceptions will be made.

7. Medicine 300A and Surgery 300A must be scheduled within the first twelve months of starting clinical clerkships.

8. Two additional clerkships must be scheduled within the first twelve months of starting clinical clerkships. (Note: Critical Care will only be scheduled after the prerequisites are scheduled. Prerequisites: ANES 306A – SURG 300A and MED 300A; ANES 306P – SURG 300A and PEDS 300A.)

9. Obstetrics and Gynecology 300A and Pediatrics 300A must be started by Period 7 of the graduation year.

10. Ambulatory Medicine 313A, Critical Care 306A or 306P, Family Medicine 301A, Neurology 301A and Psychiatry 300A must be started by P10 of the graduating year.

11. An NBME subject examination is currently administered for Medicine, Neurology, Obstetrics and Gynecology, Pediatrics, Psychiatry, and Surgery.

12. The Draw will generate a schedule for every student containing all of the clerkships specified above. Cases where a student wishes to adjust the “blocked” period or to request consideration for exception to the scheduling rules will be handled on an individual basis through the petition process.

13. Using the weekly shuffle, students will schedule the Basics in Clinical Care Selective, the Subinternship, and any elective clerkships they wish to take.

14. Students cannot drop any core clerkships scheduled through the Draws from their schedules through the weekly shuffle (i.e., all of the specified core clerkships must appear on a student’s schedule at all times). Students may “swap” clerkships if there is an empty slot or if they can identify another student with whom to swap by contacting the Assistant Director of Clerkship Administration.
Clerkship Petitions Committee

If a student has compelling reasons for a core clerkship schedule change, it is necessary that the student first consult with his/her advisor. The advisor will work with the Assistant Director of Clerkship Administration to determine if the requested adjustment can be made without violating the scheduling criteria. If the requested change violates scheduling criteria, the student may choose to file the request with the Petitions Committee. The Petitions Committee will hear requests for exception to the scheduling rules.

Clerkship Draw Program

The Clerkship Draw program is a computerized scheduling program. The program is designed to guarantee each student an equal chance of getting desired clerkships. Clerkships are assigned in rounds. Each student is assigned one clerkship in each round. In the first round, the program selects a student randomly, assigns one clerkship to that student, and then moves on to the next randomly selected student. This process continues until all students have one clerkship assigned. In the second round, the program reverses the order of the randomly selected students in the previous round to assign their second clerkship. In the third round, the students are again selected randomly. The fourth round is the reverse order of the third round. This alternating method of scheduling continues until all students’ draw requests have been processed.

Visual Representation of the Schedule

Note: Clerkship evaluations from period 1 of the first clerkship year through period 2 of the second year will be included in the MSPE. Evaluations from period 3 of the second clerkship year will be included when possible; for core clerkships requiring results from a shelf or Departmental examination, period 3 evaluations are not available by the MSPE deadline.
Entering Draw Requests For Academic Years 2015-2017

There will be two Draws. The First Draw allows you to request your preferences for Medicine, Surgery and two other core clerkships of your choice. The Second Draw allows you to request your preferences for the rest of the core clerkships.

Log in to the website by going to the following link: http://med.stanford.edu/medfishbowl.html

Choose the Draw Login menu and enter your student ID number (without the initial “0”) and password. The default password for all students is TEST, which should be changed by clicking on the “User Info” tab after logging in.

The following screen will be displayed for your First Draw:

The first step is to choose the periods that will be “blocked.” You can block a maximum of two periods. To specify your blocked periods, choose the Academic Year and Period from the pull
down menus and press the “Add to Blocks” button. Blocked periods will not be scheduled by the Draw system.

Once you have chosen your blocked periods, you can select your two extra cores to be drawn with Medicine and Surgery in the first Draw.

Click on the **Select Extra Core** tab to display the remaining core clerkships. Your screen will look similar to the picture below:

To designate your extra core clerkships, choose the department and course from the pulldown menus and press the “Add Extra Core to Draw” button.

Once you have chosen your extra core, you can choose your period preferences.

Click on the **Core Selections** tab to display the selection grids for the clerkships. Your screen will look similar to the picture below.
Directions for Choosing Your Clerkships

To choose your core clerkship preferences, click on an “open period,” which will designate that period as your first preference, using the “10” from the “Next Num” box on the left-hand side of the screen. The “Next Num” box will then automatically change to “20” in preparation for your next selection.

If you make a mistake, you can click on the cell a second time to clear its contents.

If you wish to manually assign a numeric value to a cell, you can override the system counter by typing a number into the “Next Num” box. This number will be used in your next selection. Manual entries do not have to be in increments of 10. If you wish to change the order of your preferences, you may use any number in between. The system will then continue incrementing based on the highest unassigned number.

When you have completed your selections for all core clerkships, press the “Save Selections” button. If you want to completely restart the selection process, press the “Clear All” button.

IMPORTANT: Your selections are NOT complete until you press the “Save Selections” button. Once you have saved your selections, you can choose the Draw Seq tab to display a list of your selections. You should print this page for your records. This will verify that you have saved your draw selections for the academic years listed. This is the order the Draw system will use to schedule your clerkships. You can change your preferences as often as you like before the draw deadline.
Below is an example of the Draw Seq screen:

<table>
<thead>
<tr>
<th>Seq</th>
<th>AcaYr</th>
<th>Course</th>
<th>Period</th>
<th>Wks</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>2015-16</td>
<td>SURG 300A</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>20</td>
<td>2015-16</td>
<td>Peds 300A</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>30</td>
<td>2015-16</td>
<td>Peds 300A</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>40</td>
<td>2015-16</td>
<td>Peds 300A</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>50</td>
<td>2015-16</td>
<td>OBGYN 300A</td>
<td>10A</td>
<td>6</td>
</tr>
<tr>
<td>60</td>
<td>2015-16</td>
<td>MED 300A</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>70</td>
<td>2016-17</td>
<td>MED 300A</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>80</td>
<td>2015-16</td>
<td>OBGYN 300A</td>
<td>2B</td>
<td>6</td>
</tr>
<tr>
<td>90</td>
<td>2015-16</td>
<td>Peds 300A</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>100</td>
<td>2016-17</td>
<td>OBGYN 300A</td>
<td>2B</td>
<td>6</td>
</tr>
<tr>
<td>110</td>
<td>2016-17</td>
<td>OBGYN 300A</td>
<td>4A</td>
<td>6</td>
</tr>
<tr>
<td>120</td>
<td>2016-17</td>
<td>Peds 300A</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>130</td>
<td>2015-16</td>
<td>SURG 300A</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>140</td>
<td>2016-17</td>
<td>SURG 300A</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>150</td>
<td>2015-16</td>
<td>OBGYN 300A</td>
<td>7A</td>
<td>6</td>
</tr>
<tr>
<td>160</td>
<td>2015-16</td>
<td>OBGYN 300A</td>
<td>8B</td>
<td>6</td>
</tr>
</tbody>
</table>

**Updating Your Password**

If you would like to change your password, click on the User Info button. It is **highly** recommended that you change your password during the First Draw.
The Second Draw

The following menu will be displayed when you login for your Second Draw:

<table>
<thead>
<tr>
<th>Aca Year</th>
<th>Period</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-16</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The first step is to choose the periods that will be “blocked.” You can block a maximum of four periods in the Second Draw. The periods you blocked in the First Draw do not carry over to the Second Draw. Blocked periods will not be scheduled by the Draw system. To specify your blocked periods, choose the Academic Year and Period from the pulldown menus and press the “Add to Blocks” button.
Once you have chosen your blocked periods, you can choose your period preferences.

Click on the **Core Selections** tab to display the selection grids for the clerkships. Your screen will look similar to the picture below:

![Selection Grids](image)

**Directions for Choosing Your Clerkships**

To choose your core clerkship preferences, click on an “open period,” which will designate that period as your first preference, using the “10” from the “Next Num” box. The “Next Num” box will then automatically change to “20” in preparation for your next selection.

If you make a mistake, you can click on the cell a second time to clear its contents.

If you wish to manually assign a numeric value to a cell, you can override the system counter by typing a number into the “Next Num” box. This number will be used in your next selection. Manual entries do not have to be in increments of 10. If you wish to change the order of your preferences, you may use any number in between. The system will then continue incrementing based on the highest unassigned number.

When you have completed your selections for all core clerkships, press the “Save Selections” button. If you want to completely restart the selection process, press the “Clear All” button.

IMPORTANT: Your selections are not complete until you press the “Save Selections” button.

Once you have saved your selections, you can choose the Draw button to display a list of your selections. You should print this page for your records. This will verify that you have saved your draw selections for the academic year selected. This is the order the Draw system will use to schedule your clerkships. You can change your preferences as often as you like before the draw deadline.
If you wish to manually assign a numeric value to a cell, you can override the system counter by typing a number into the “Next Num” box. This number will be used in your next selection. Manual entries do not have to be in increments of 10. If you wish to change the order of your preferences, you may use any number in between. The system will then continue incrementing based on the highest unassigned number.

When you have completed your selections for all core clerkships, press the “Save Selections” button. If you want to completely restart the selection process, press the “Clear All” button.

IMPORTANT: Your selections are NOT complete until you press the “Save Selections” button. Once you have saved your selections, you can choose the Draw Seq button to display a list of your selections. You should print this page for your records. This will verify that you have saved your draw selections for the academic years listed. This is the order the Draw system will use to schedule your clerkships. You can change your preferences as often as you like before the draw deadline.

Test Student logged in Draw 2

Directions for Choosing Your Clerkships

To choose your core clerkship preferences, click on an “open period,” which will designate that period as your first preference, using the “10” from the “Next Num” box. The “Next Num” box will then automatically change to “20” in preparation for your next selection.

If you make a mistake, you can click on the cell a second time to clear its contents.

If you wish to manually assign a numeric value to a cell, you can override the system counter by typing a number into the “Next Num” box. This number will be used in your next selection. Manual entries do not have to be in increments of 10. If you wish to change the order of your preferences, you may use any number in between. The system will then continue incrementing based on the highest unassigned number.

When you have completed your selections for all core clerkships, press the “Save Selections” button. If you want to completely restart the selection process, press the “Clear All” button.

IMPORTANT: Your selections are NOT complete until you press the “Save Selections” button.

Once you have saved your selections, you can choose the Draw Seq button to display a list of your selections. You should print this page for your records. This will verify that you have saved your draw selections for the academic years listed. This is the order the Draw system will use to schedule your clerkships. You can change your preferences as often as you like before the draw deadline.
Below is an example of the **Draw Seq** screen:

```
<table>
<thead>
<tr>
<th>Seq</th>
<th>AcaYr</th>
<th>Course</th>
<th>Period</th>
<th>Wks</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>2015-16</td>
<td>ANES 306P</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20</td>
<td>2015-16</td>
<td>FAMMED 301A</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>30</td>
<td>2016-17</td>
<td>FAMMED 301A</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>40</td>
<td>2016-17</td>
<td>MED 313A</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>50</td>
<td>2015-16</td>
<td>NENS 301A</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>110</td>
<td>2015-16</td>
<td>PSYC 300A</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>120</td>
<td>2016-17</td>
<td>PSYC 300A</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>130</td>
<td>2016-17</td>
<td>PSYC 300A</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>140</td>
<td>2015-16</td>
<td>ANES 305P</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>150</td>
<td>2016-17</td>
<td>ANES 305P</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>160</td>
<td>2015-16</td>
<td>MED 313A</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>170</td>
<td>2016-17</td>
<td>PEDS 300A</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>180</td>
<td>2015-16</td>
<td>PEDS 300A</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>
```
SECTION III: OTHER CLINICAL REQUIREMENTS

Student Duty Hours and Work Environment

Providing students with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and student well-being.

Supervision of students
1. All patient care must be supervised by qualified residents or faculty.
2. Faculty, residents and students must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract the potential negative effects.

Duty hours
1. Duty hours are defined as all clinical and academic activities related to the students, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Students must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

In-house call activities
The objective of all call activities is to provide students with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal workday when students are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a four-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours.
3. Students must have a minimum of 8-hours free of duty between scheduled duty periods. Students must have a minimum of 14-hours free of duty after 24-hours of in-house duty.
Respectful Educator and Mistreatment Policy

I. Standards
   A. Stanford School of Medicine (SoM) is committed to providing a work and educational environment that is conducive to teaching and learning, research, the practice of medicine and patient care. This includes a shared commitment among all members of the SoM community to respect each person’s worth and dignity, and to contribute to a positive learning environment where medical students are enabled and encouraged to excel. *Given their roles in the educational process and their inherently unequal positions vis a vis students, all instructional personnel (including faculty, residents, and other members of the healthcare team) are to treat students with courtesy, civility and respect and with an awareness of the potential impact of their behavior on such students’ professional futures.*
   B. Conduct inconsistent with this policy can occur in a variety of forms and may seriously impair learning. In particular, instructional personnel are expected to create an environment in which feedback regarding their performance can be given openly by students without concern for reprisal, and which is free of exploitation, harassment, impermissible discriminatory treatment, humiliation, or other mistreatment or abuse of medical students. Examples of conduct inconsistent with these standards might include:
      - Sexual harassment
      - Physical or verbal abuse
      - Assigning duties as punishment rather than education
      - Requiring a student to perform personal services (such as shopping or babysitting)
      - Unwarranted exclusion from reasonable learning or professional opportunities
      - Evaluation or grading on inappropriate criteria (or threatening to do so)
      - Harassment or discrimination on the basis of sex, race, age, color, disability, religion, sexual orientation, gender identity, national or ethnic origin, or any other characteristic protected by applicable law
   C. Note: The expectations stated in this policy primarily relate to the standards of conduct for instructional personnel. For their part, medical students are expected to adhere to similar standards of respectful and professional behavior, including (but not limited to) the standards of conduct for students set forth in the MD Program Handbook and Policy Manual ([http://med.stanford.edu/md/mdhandbook.html](http://med.stanford.edu/md/mdhandbook.html))

II. Guidelines For Application
   A. These standards of conduct are applicable to all SoM instructional personnel (including faculty, residents and other members of the healthcare team) in their interactions with Stanford medical students—whether on or off campus and whether in formal educational (such as clinical or classroom) or in social settings.
   B. In general, a determination of whether specific conduct is inconsistent with this policy will depend on a case-by-case analysis of the particular facts and circumstances, and the use of a “reasonable medical student” standard.
C. Students subjected to abuse, discrimination, mistreatment or harassment have a right to seek timely and effective remediation with the full support of the SoM and Stanford University. In addition, retaliation and/or reprisals against an individual who in good faith reports or provides information in an investigation about conduct that may violate this policy is prohibited.

D. Conduct inconsistent with this policy may consist in repeated actions or may even arise from a single incident if sufficiently egregious.

E. In the review of conduct under this policy, other Stanford University and SoM policies and procedures (such as Stanford’s Sexual Harassment and Consensual Sexual or Romantic Relationships Policy) may become relevant.

III. The Respectful Educator and Mistreatment Committee

The Respectful Educator and Mistreatment Committee is a standing committee to carry out the purposes and procedures set forth in this policy.

A. The committee meets quarterly, and on an ad hoc basis if it is deemed necessary by the Chair.

B. The committee is chaired by the Associate Dean for Medical Student Life Advising, who is hereafter referred to as the Chair.

C. The composition of the committee includes the following as members:
   - The Chair
   - One or more clinical students
   - An Academic Advising Dean
   - The Director of Graduate Medical Education (or designee)
   - The Director of Clerkships
   - The Director of Educators for CARE
   - A Residency Training Program Director
   - A Resident
   - The Chair of the Physician Wellbeing Committee

D. The committee will keep such confidential records of its proceedings as are appropriate to support its purposes of education and concern resolution.

IV. Procedures

The following procedures for handling incidents of potential violations of the Standards of Conduct for the Teacher-Learner Relationship place a strong emphasis on resolving complaints informally. The procedures include advising and mediation. It is important to note that the procedures do not preempt other formal or informal channels available within the University. **It is recommended that students should -- as a first step-- contact the Chair of the Respectful Educator and Mistreatment Committee to review the various options that are available (on a confidential basis as that status is granted to the Associate Dean for Medical Student Life Advising – http://med.stanford.edu/md/student-development/confidentiality.html). The Chair of the committee is empowered to explore with the student a plan of action that may include some or all of the steps described below.**

A. **Informal:** Concern about potential violations may be handled by communication with various individuals, including but not limited to the following:
   1. Direct discussions (by the student or others) with the alleged offender.
2. Conversation (by the student or others) with individuals such as the chief resident, attending physician, clerkship director, and/or Educator For Care (E4C) faculty.

3. The Chair of the Respectful Educator and Mistreatment Committee may present the concern to all or a portion of the Respectful Educator and Mistreatment Committee, and to such third parties that the Chair of the Respectful Educator and Mistreatment Committee deems appropriate for seeking an informal resolution.

4. The Chair of the Respectful Educator and Mistreatment Committee also may in his/her discretion refer the matter to an alternate available University process or office, such as an existing grievance process or the Sexual Harassment Policy Office or the Director of the Diversity and Access Office.

5. Direct conversation by the student with confidential resources including but not limited to the Ombuds, Counseling and Psychological Services, and the Deans of Religious Life.

Informal solutions to address the problem may be recommended and/or pursued such as (but not limited to) systems changes or educational interventions. The Chair of the committee will be available throughout the process to discuss with the student the status of the matter, including any potential resolution.

B. Formal: If no resolution is reached and the student wishes to proceed with a more formal grievance or complaint process, the Chair of the Respectful Educator and Mistreatment Committee may refer the student to other existing processes or may (in an appropriate case) accept from the student a written grievance or complaint to use the procedure described below.

1. The student should set forth in writing the substance of the grievance or complaint, the grounds for it and the evidence on which it is based, and the efforts taken to date to resolve the matter. It is at this stage that the matter becomes a formal grievance or complaint.

2. The grievance or complaint document should be submitted to the Chair of the Respectful Educator and Mistreatment Committee. A grievance should be filed in a timely fashion, i.e., normally within thirty days of the end of the academic quarter in which the action that is the subject of the grievance or complaint occurred. A delay in filing may be grounds for rejection of that grievance or complaint.

3. The Chair of the Respectful Educator and Mistreatment Committee will review the grievance or complaint and (if it reflects an appropriate use of the process) will then promptly (within 7 days) transmit the grievance or complaint to the Senior Associate Dean for Medical Education (SADME) for handling.

4. The SADME shall promptly initiate a review, which should normally be completed within sixty days. The SADME may attempt to resolve the matter informally, and may refer the matter (or any part of it) to a grievance officer or other designee, who will evaluate and/or address the matter as the SADME directs. The SADME may also, in appropriate cases, remand the matter to the appropriate administrator (including to the administrative level at which the grievance or complaint arose) for further consideration.

5. In undertaking this review, the SADME (or his or her designee) may request a response to the issues raised in the grievance or complaint from any
individuals believed to have information the reviewer considers relevant, including faculty, staff and students.

6. The SADME (or his or her designee) shall issue his or her decision in writing, and take steps to initiate such corrective action as is called for (if any). Conduct meriting discipline shall be brought to the attention of the appropriate disciplinary process.

7. Appeal
   a. If the student is dissatisfied with the disposition by the SADME (or his or her designee), he or she may appeal to the Dean of the School of Medicine. The appeal should be filed in writing with the Dean within ten days of the issuance of the decision by the SADME (or his or her designee); a delay in filing the appeal may be ground for rejection of that appeal.
   b. The Dean may attempt to resolve the matter informally, and may refer the matter (or any part of it) to a grievance appeal officer or other designee, who will review the matter at the Dean’s direction. The Dean also may remand the matter to the appropriate administrator (including to the administrative level at which the grievance arose) for further consideration.
   c. The Dean should normally complete his or her review of the appeal and issue his or her decision in writing within forty-five days. That decision is final. It is not subject to further review by any other University process.

V. General Provisions
   A. Time Guidelines: The time frames set forth herein are guidelines. They may be extended by the Chair of the Respectful Educator and Mistreatment Committee, the SADME or the Dean, as applicable, in his or her discretion for good cause (including for reasons relating to breaks in the academic calendar).
   B. Advisers: A student initiating or participating in a grievance or complaint under this procedure may be accompanied by an adviser in any discussion with the Chair of the Respectful Educator and Mistreatment Committee, the SADME, the Dean, or their designees (such as a grievance or grievance appeal officer); such adviser must be a current Stanford faculty, staff member or student.
   C. Ombuds: Students should be aware that the University Ombuds (http://web.stanford.edu/dept/ombuds/) is available to discuss and advise on any matters of University concern and frequently helps expedite resolution of such matters. Although it has no decision making authority, the Ombuds’ Office has wide powers of inquiry.
   D. Sexual Harassment and Disability related issues: For further information and resources concerning sexual harassment, students should refer to the web page of the Sexual harassment Policy Office at https://harass.stanford.edu/. For further information and resources concerning disabilities and accessible education, students should refer to the web page of the Office of Accessible Education at https://oae.stanford.edu/
   E. No retaliation: Stanford University prohibits retaliation or reprisals against individuals based on their pursuit in good faith of a grievance or complaint under this procedure, or their participation in good faith in the grievance or complaint process.
F. Standards for Review: If the grievance or complaint involves a decision that is being challenged, the review by the SADME, as well as the review by the Dean on appeal, usually will be limited to the following considerations:

1. Were the proper facts and criteria brought to bear on the decision? Were improper or extraneous facts or criteria brought to bear that substantially affected the decision to the detriment of the grievant?
2. Were there any procedural irregularities that substantially affected the outcome of the matter to the detriment of the grievant?
3. Given the proper facts, criteria, and procedures, was the decision one which a person in the position of the decision maker might reasonably have made?

VI. Education
The Stanford School of Medicine will provide ongoing education to promote a positive learning environment and discourage violations of the standards of conduct for the teacher-learner relationship. Such education serves several purposes. First, it promotes an environment of respect for each person’s worth and dignity. Second, it informs students that there are procedures available for them to register concerns of educator conduct violations, which can be investigated and addressed without fear of retaliation. Third, it informs instructional personnel of the SoM’s standards of conduct and procedures for responding to allegations of violations of these standards. This policy will be included in the MD Program, Resident and Faculty handbooks and posted on the medical school website. Educational sessions on this topic will be introduced during the pre-clerkship curriculum and readdressed early in the clinical curriculum. Educational sessions on this topic will also be presented to educational personnel including but not limited to at forums such as resident orientation, department meetings, and staff meetings. The materials and methods for providing this education will be the responsibility of the Respectful Educator and Mistreatment Committee.
Guidelines for Coordinating Clerkship and MedScholars Projects

Students who plan to either apply for MedScholars during Clerkships, or who want to continue MedScholars work during Clerkships, must be aware of and abide by the following policies and guidelines.

- During 100% research quarters, you may not take any Clerkships.
- In quarters where you have a full clerkship schedule, you may not hold any MedScholars grants.
- MedScholars grants during quarters in which you take a reduced Clerkship schedule are possible.

<table>
<thead>
<tr>
<th>25% MedScholars</th>
<th>50% MedScholars</th>
<th>75% MedScholars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must commit to working on the project for 40 hours per week for at least 3 weeks.</td>
<td>Must commit to working on the project for 40 hours per week for at least 6 weeks.</td>
<td>Must commit to working on the project for 40 hours per week for at least 9 weeks.</td>
</tr>
<tr>
<td>Must have 3 or more “free” weeks with no clerkships.</td>
<td>Must have 6 or more “free” weeks with no clerkships.</td>
<td>Must have 9 or more “free” weeks with no clerkships.</td>
</tr>
</tbody>
</table>

For purposes of this definition, a free week is a week during the regular academic quarter in which there are no other responsibilities during normal work hours Monday-Friday.

- Clerkship schedules, as recorded by the clerkship program, will be reviewed at various points in the MedScholars application and approval process.
  - During the MedScholars application process, students starting or already in Clerkships, must present their Clerkship schedule and specify which weeks they will be available to complete a MedScholars project.
  - Within two weeks of project approval students must demonstrate an approved Clerkship schedule sufficient to allow their approved MedScholars grants in accordance with the above guidelines. If your Clerkship schedule will not allow this your MedScholars approval will be revoked.
  - At the start of any quarter in which MedScholars funds are to be disbursed, Clerkship schedules will be reviewed and funding will not be issued if the clerkship schedule does not conform to the above guidelines.
  - Students are responsible for advising the MedScholars Coordinator of any Away Clerkships that may affect their project effort.

Some Advice:

- Plan your Clerkships as if you have been awarded the MedScholars project you are applying for; it is NOT recommended, and often not possible to adjust your Clerkships after you receive a MedScholars award. The Clerkship program will not view receiving a MedScholars award as sufficient justification for changing your core Clerkship schedule.

- If you are planning to complete a full year of full-time research* before starting Clerkships, please contact the MedScholars program to discuss incorporating POM Q6 with your research schedule.

*If you are applying for Doris Duke, HHMI, Fogarty, Fullbright, etc. please contact the MedScholars Program Administrator (http://medscholars.stanford.edu/contact.html)

**Remember, you cannot take more than 4 units during 100% MedScholars quarters.
INDE 297: Reflections, Research and Advances in Patient Care

In addition to successful completion of 15.5 months of clerkships (93 clinical units), students must fulfill the following graduation requirements during the clinical years. More information about each of these requirements may be found in the relevant sections of the MD Program Handbook (noted below).

Reflections, Research, and Advances in Patient Care
http://med.stanford.edu/md/curriculum/ reflections.html

Attendance and participation in INDE 297 is required for all medical students enrolled in clerkships at Stanford affiliated sites (SHC, LPCH, VAMC, Kaiser Santa Clara and Valley Medical Center). Please note that this applies to students enrolled in required, selective, and elective clerkships.

To receive the 4 units of credit for INDE 297, students must:

1. Attend all Doctoring with CARE sessions. Attendance will be taken at all sessions.

2. Attend all Advances and Perspectives in Medicine lecture/seminar series sessions over the two clinical years. Students should sign into E*Value and submit an evaluation for each lecture session attended.

3. Attend all SC breakout meetings (MSTP students are waived). Attendance will be taken at all sessions.

Once a student has attended all Doctoring with CARE sessions, SC breakout meetings, and has attended and evaluated the Advances and Perspectives in Medicine lecture sessions; the School of Medicine Registrar's Office will enroll the student in INDE 297 for four units.

Students must contact the course coordinator (bahij@stanford.edu) to obtain explicit advance approval for any planned absence from the RRAP day – at least one week prior to the session to obtain an excused absence. The attendance and absence policy is similar to the clerkship attendance and absence policy as outlined in the MD Program Handbook and Policy Manual.

Dates for INDE 297 (RRAP Day) Sessions for 2015-2016 Clerkship Year:

August 14, 2015 (Period 2)       February 19, 2016 (Period 8)
October 9, 2015 (Period 4)       April 15, 2016 (Period 10)
December 4, 2015 (Period 6)      June 10, 2016 (Period 12)
## RRAP Day Requirement Map

<table>
<thead>
<tr>
<th></th>
<th>First-Year (including MSTP)</th>
<th>Second-Year (including MSTP)</th>
<th>Clinical (including: electives &amp; Sub-I, off-period)</th>
<th>Clinical (including: Away Rotation)</th>
<th>Other (including: MSTP-PhD part)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Doctoring with Care</strong> (10-11:30am)</td>
<td>Not Required</td>
<td>Not Required</td>
<td><strong>Required</strong></td>
<td>Not Required</td>
<td>Not Required</td>
</tr>
<tr>
<td><strong>E4C Learning Community Lunch</strong> (noon-1pm)</td>
<td>Recommended</td>
<td>Recommended</td>
<td>Recommended</td>
<td>Not Required</td>
<td>Not Required</td>
</tr>
<tr>
<td><strong>Advances &amp; Perspectives in Medicine Lecture</strong> (1:30-2:45pm)</td>
<td>Not Required</td>
<td>Recommended</td>
<td><strong>Required</strong></td>
<td>Not Required</td>
<td>Not Required</td>
</tr>
<tr>
<td><strong>SC Breakouts</strong> (3-4:30pm, 4x/year)</td>
<td><strong>Required</strong></td>
<td><strong>Required</strong></td>
<td><strong>Required</strong></td>
<td>Not Required</td>
<td>Not Required</td>
</tr>
</tbody>
</table>

Students must contact the course coordinator (bahij@stanford.edu) to obtain explicit advance approval for any planned absence from the RRAP day – at least one week prior to the session to obtain an excused absence. Only one excused absence per year is allowed. Remediation pathways will be provided for those students who require more than one excused absence per year. Unanticipated absences for illness or emergency must be communicated to the course coordinator as promptly as possible. Any unexcused absence or failure to communicate with the course coordinator about unavoidable absences is considered reason for failing the course. Attendance and absence policy is hence similar to clerkship attendance and absence policy as outlined in the MD Program Handbook and Policy Manual.
Links for Other Clinical Requirements


http://med.stanford.edu/md/mdhandbook.html

Advanced Cardiac Life Support (ACLS) - MED 295

http://med.stanford.edu/md/mdhandbook/section-4-13-advanced-cardiac-life-support-requirement.html

Clinical Performance Examination (CPX)

http://med.stanford.edu/md/mdhandbook/section-4-14-cpx.html

United States Medical Licensing Examination (USMLE) Requirements

http://med.stanford.edu/md/mdhandbook/section-3-22-united-states-medical-licensing-examinations-requirements.html

Scholarly Concentration Requirement

http://med.stanford.edu/md/student-research/scholarly-concentrations.html

Stepping Out of the MD Curriculum Sequence

http://med.stanford.edu/md/mdhandbook/section-3-17-stepping-out-of-md-curriculum-sequence.html
UNIVERSAL PRECAUTIONS

UNIVERSAL PRECAUTIONS AND NEEDLESTICK PROTOCOL
Universal Precautions apply to the handling of all blood, body fluids, and human tissue. Body fluids, also known as other potentially infectious materials (OPIM), include: semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids, feces, urine, sputum, nasal secretions, saliva, tears, vomitus or any other body fluid or tissue that is visibly contaminated with blood. Appropriate protection including gloves, mask and gown should be worn to protect oneself from exposure.

If you believe you have had a significant exposure to blood or OPIM, IMMEDIATELY wash wound or exposed tissue thoroughly with soap and water. Rinse copiously. Then call the Needlestick Hotline 650-723-8222 then pager 1-STIX which is 1-7849 to talk to a staff person 24/7 who is trained and on call specifically for this purpose. Since 1-7849 is a pager, you will need to enter your callback number, hang up and within 5 minutes, they will call you. This hotline is to be called by medical students who are rotating at all affiliated hospitals including the PAVA, SCVMC, LPCH, Stanford and Kaiser. There is no need to go to the Emergency Department or Occupational Health unless this is the recommendation from the Needlestick hotline personnel when you call. Records are strictly confidential. There is no charge for blood tests, medications, or follow-up care following a blood or OPIM exposure if you use the 1-STIX hotline. You may incur a charge if you go to the Emergency Department without calling the 1-STIX hotline. If you have any problem using this hotline, please notify Dr. Smith-Coggins either by email or pager. Dr. Smith-Coggins can be reached through hospital page system 650-723-6661 on pager 1-3481.

Hand Washing: Hands and other skin surfaces contaminated with blood or body fluids must be immediately and thoroughly washed. Gloves must be changed and hands washed between patient contacts.

Protective Barriers: Protective barriers will be worn to prevent exposure to blood or body fluids during procedures where splashing or aerosolization may occur. Individual departments/units will specify the type of protective barrier(s) to be used during any specific procedure, according to the type of exposure anticipated. Barriers such as gloves, gowns, plastic aprons, masks, protective eyewear, or face shields may be required.

Gloves: Gloves will be worn during phlebotomy, finger or heel sticks, when starting or manipulating intravascular lines, or during any procedure involving a potential exposure to blood or OPIM:

1. Use sterile gloves for procedures involving contact with normally sterile areas of the body.
2. Use examination gloves for procedures involving contact with mucous membranes or for other patient care.
3. Change gloves and wash hands between patient contacts.
4. Do not wash or disinfect surgical or examination gloves for reuse (deterioration may result).
5. Use general-purpose utility gloves (e.g. rubber household gloves) for housecleaning chores and for instrument cleaning and decontamination procedures. Utility gloves may be decontaminated and reused, but should be discarded if peeling, cracked, torn, or damaged.
Preventing Penetrating Injuries: Gloves will reduce the incidence of contamination of the hands, but they cannot prevent penetrating injuries from needles or other sharp instruments.

1. **NEVER RECAP NEEDLES BY HAND:** do not remove used needles from disposable syringes by hand and do not bend, break, or otherwise manipulate used needles by hand.
2. Place used disposable syringes, needles, scalpel blades, and other sharp items in red puncture-resistant containers for disposal. Containers should be located at the bedside or as close to the area as practical.
3. Take care, both during and after procedures, to prevent injuries from needles, scalpels, or other sharp instruments or tools. Always maintain eye contact with these devices.

Use of Needleless Systems, Safe Needles and Non-Needle Sharps: Needleless systems are to be used during:

1. Withdrawal of body fluids after initial venous or arterial access is established;
2. Administration of medications or fluids; and
3. Any other procedure involving the potential for an exposure incident for which a needleless system is available as an alternative to the use of needle devices.

Safe Needle Devices: When needleless systems are not used or cannot be used, needles with engineered sharps injury protection are to be used during:

1. Withdrawal of body fluids;
2. Accessing a vein or artery;
3. Administration of medications or fluids; and
4. Any other procedure involving the potential for an exposure incident for which a needle device with engineered sharps injury protection is available.

Non-Needle Sharps: If sharps other than needle devices are used, these items shall include engineered sharps injury protection.

Preventing Contamination: Unnecessary contamination to yourself and others can be prevented by observing these additional procedures:

- Always clean up spills of blood or OPIM promptly and disinfect spill site.
- Decontaminate workbench and laboratory equipment after liquid spills.
- Place contaminated disposable items in appropriate containers (red bags or sharps container).
- Shield machines and equipment which could emit aerosols or splashes.
- Use biological safety cabinets for all research procedures involving blood or OPIM.
- Decontaminate reusable instruments and devices before reprocessing.
- Choose a suitable specimen container. Avoid contaminating the outside of the container and be sure the lid is on tight. Decontaminate the outside of the container before transporting.
- Never pipette by mouth. Use a pipetting aid.
SECTION IV: CONTACT INFORMATION

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