Third Year Family Medicine Clerkship

I. Introduction

Welcome to the Department of Family Medicine clerkship. This core rotation is designed to give you a very broad and realistic experience in the private practices of community faculty family physicians. These physicians are volunteers and they give of their time, their practices, staff and patients to provide you this opportunity. The physicians and their communities are very proud of their participation in this program. Please respect their efforts to provide you this educational opportunity. Remember you are representative of your institution, USA COM and your performance and professionalism reflect directly upon yourself, the school, and your colleagues.

II. Summary of the Clerkship

The total time you spend in this rotation will be 6 weeks. It will consist of your orientation in this department, the majority of the time in your preceptor location, and a return back to this department to complete specific assignments, presentations, discussions, evaluations and final examination.

III. Goals and Objectives

A. Knowledge
1. Students will assess and manage common acute and chronic medical problems frequently encountered in the ambulatory and community setting.
   a. Students will demonstrate ability to diagnose common acute and chronic medical problems.
   b. Students will demonstrate ability to assess and initiate the management of common illnesses using a focused problem oriented approach.
   c. Students will demonstrate ability to develop a treatment plan including diagnostic, and therapeutic modalities, and arrange appropriate follow-up.
   d. Students will demonstrate knowledge of chronic medical problems and associated management issues such as polypharmacy, drug interactions, compliance, disease management, and quality of life.
   e. Students will demonstrate an understanding of the need to adjust treatment plans in accordance with the recognized social situation of the patient.
   f. Students will demonstrate knowledge of patient life cycles and critical incidents commonly addressed by family physicians including births, puberty, contraception, travel, accidents, marriage, divorce, unemployment, terminal illness, and end of life care.
   g. Develop a basic knowledge of ethical principles of adolescent confidentiality, managed care, end of life care, and euthanasia.
h. Develop a basic knowledge of medical cost and economics of medical care.

Instructional Methods
1. Personal Instruction: Two-day orientation consisting of instructions for the clerkship and clinical skills exams, small group discussion, last day patient presentations and final examination.
2. Instructional Materials: You will be required to obtain a copy of “Essentials of Family Medicine” by Philip Sloan et al. 5th edition. The instructions for obtaining this can be found on the third year family medicine clerkship portal on the USA Family Medicine home page. The 20 most common problem manual can also be found on the clerkship portal. This gives you the information necessary to evaluate patients who have the 20 most common complaints when presenting to the primary care practice. Upon completion, you will be able to identify components necessary within a targeted history and physical and to complete an evaluation of the patient who has one of 20 common complaints and conditions. In addition, you will be able to identify management strategies for common complaints.
3. Direct Patient Care: Upon completion you will have contact with in excess of 1000 patients and have experience in taking a targeted history and physical and development of a management plan while under direct supervision of a supervising physician.

Evaluation Methods: Phase 1 clinical skills lab on orientation day and Clinical skills exam at completion, direct observation by preceptor during patient care, patient presentation, student written evaluations of the course, preceptor written evaluations at halfway and final and a written departmental exam given at the end of the rotation.

B. Skills
1. Students will develop the skills to identify and discuss age appropriate anticipatory health education, risk reduction, and available screening modalities.
   a. Students will identify health risks of their patients, their families, and their communities.
   b. Students will select strategies to reduce health risks of their patients, their families and their communities.
   c. Students will identify and initiate counseling of patients regarding disease screening options.
   d. Students will be able to discuss and apply immunization schedules and recommendations for all age groups.
   e. Students will discuss the three most common high risk behaviors for each age group, assessment of high risk behavior, and how to initiate counseling about risk reduction.

2. Students will develop and enhance their interpersonal and communication skills.
   a. Students will establish a positive rapport and working relationship with patients, their families, their preceptor, and their preceptor's office staff.
b. Students will demonstrate respect for each patient's individuality, sexuality, values, goals, religion, ethnicity, family, and community.
c. Students will obtain focused patient histories.
d. Students will verbally present well-thought out assessments and plans for each patient.
e. Students will obtain drug, alcohol, violence, and sexual histories.

3. Students will perform thorough, pertinent, and accurate physical examinations and record these in the medical record in a legible and accurate manner.
   a. Students will demonstrate their level of skill by obtaining a history and performing a physical exam on at least one undifferentiated patient under direct observation by their preceptor.
   b. Students will interpret and incorporate their physical exam findings into their presentation to their preceptor.
   c. Students will record the obtained history and physical with their assessment and plan into a SOAP format.

4. Students will describe proper referral, consultation, the importance of coordination of patient care, and continuity of patient care.
   a. Students will identify and discuss medical and community consultation/referral resources and effective use of these resources.
   b. Students will list the most important components of a patient referral.
   c. Students will be able to describe the importance of interpreting consultation recommendations in the context of the patient’s individual, family, and community situation in facilitating their care.

5. Students will incorporate the principles of preventive medicine as it applies to ambulatory primary care patients. Students will also incorporate aspects of medical economics into their thought processes.

Instructional Method: One on one with preceptor. Direct patient care observation, patient presentations, reading assignments. The student will participate in the daily practice of the private preceptor. In addition, an extensive presentation of patients on the final day that covers history, physical, diagnosis, treatment plan, epidemiology, preventive medicine for specific patient presented and cost analysis of health care. Student level of responsibility will be determined on an individual basis by the precepting physician depending upon student skills and interest, previous experiences and clinical performance.

Evaluation Methods: Daily direct observation by preceptor with written final evaluation, clinical skills exams administered at orientation and end of clerkship, departmental written exam at end of clerkship and a presentation on assigned aspects of care of patients with chronic illness at end of clerkship.

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Students will also complete skill and core condition checklist cards during the clerkship. Cards will be reviewed weekly with the preceptor. The student will be assigned patients as required to ensure every student will examine the required number of patients with each condition. Students not meeting the minimum requirements will be given a supplemental handout on deficient conditions and must take a brief test.

C. Professionalism/Attitude
   1. Treat patients with compassion and respect their privacy and personal dignity at all times.
   2. Exhibit honesty and act with integrity in all patient, collegial, and professional interactions.
   3. Demonstrate an understanding of the roles of other health care professionals and the means of collaboration with those individuals in providing medical care or promoting health.
   4. Demonstrate an understanding of the need to ameliorate the suffering of patients, including but not limited to the relief of pain, and the knowledge of the means to continue to care for dying patients when disease-specific treatment is no longer useful or available.

Instructional Methods: These are correlated through preceptor observation, small group discussions and reading assignments.
Evaluation Methods: Direct observation in the preceptor clinical setting, written evaluation by preceptor.

IV. Expectations and Specific Directions
1. Participation in all orientation, lectures, discussions, evaluations, exercises and examinations as directed.
2. Following all directions and completion of all assignments by this department and preceptor.
3. Professional behavior, including punctuality.
4. Completion as appropriate of your skill cards.
5. Student work hours are as assigned by preceptor, not to exceed eighty (80) hours in a week.
6. Turning in of any loaned material the day of the examination.
7. Mandatory attendance at all assignments, meetings, lectures, and exercises.
8. Notifying this office and preceptor if a need arises for you to be absent. This is rare and usually includes only illness and family emergencies. In addition, if the preceptor is to be absent for any reason other than their routine afternoon or day out of the office, you must call this department and notify us of the situation.
9. Staying in touch with this office throughout your preceptor, via e-mail or telephone. Call one week before returning to ensure that no schedule changes are necessary or have been made without your knowledge.
10. Do not call your preceptor regarding your evaluation. It is final.
11. Grades are usually available 3 weeks after the final examination.
V. Professionalism
1. Use professionalism at all times. See appendix A (Guidelines for Behavior and Appearance of Medical Students – from COM Student Handbook).
2. Your preceptor will assign you all duty hours, on-call and responsibilities. Some may have weekend call.
3. You may be given additional reading, reports or other special assignments. You are expected to complete them as directed.
4. Observe, early in the preceptorship, your preceptor performing a patient history and physical examination.
5. Be sure that you have your skill/core condition cards initialed appropriately and signed before you leave to return to the department.
6. Schedule time for use of the instructional material, of which there is a lot, and try to do several hours per day and weekend.

VI. Community Service
Student will be expected to participate in community service in their preceptor’s community. This ideally will take place with the preceptor with community service already being performed by the preceptor. In the event the preceptor is not currently involved in community service, it will be the responsibility of the student (in consultation with the preceptor or office staff) to identify and arrange a local site for community service. A minimum of 2 hours of service is required, but not limited to this time frame. One half day during the clerkship may be used for this activity. The student will complete a self-evaluation of their community service experience. Student participation in community service will be a component of the grade given by their preceptor. Participation in service to the local community will allow the student to further develop an understanding of the role of a community physician and their interactions with their patient population.

VII. Office Encounters and SOAP notes
While at your preceptor’s office, it is expected that you will spend time seeing patients with your preceptor. As this is your clinical clerkship experience, it is expected that you will perform some patient history taking and physical exams under the supervision and direction of your preceptor. There will be times that you will shadow your preceptor for educational purposes, however, this is not an exclusively shadowing experience and you are expected to interview and examine patients. An important part of any clinical experience with a patient is documentation of the encounter. As a part of your clerkship, you will be required to appropriately document 2 patient office visits in a SOAP format. You will need to write a SOAP note, have your preceptor evaluate it for content and completeness, and have your preceptor complete the SOAP note evaluation form (available on the clerkship portal). You and your preceptor should discuss your SOAP notes for ideas for improvement. It would be helpful to you to do the 2 SOAP notes spread out over the course of the clerkship to have opportunities for improvement as you continue to practice this important part of clinical documentation.
You will need to return your 2 SOAP notes (if electronic, print copies) with your preceptor’s evaluations to the Family Medicine department at the close of your clerkship experience. This will be included as part of your evaluation by your preceptor.

**VIII. Patient Presentation Guidelines**

In the university academic environment referral patterns, resources, services and economics factors are unique. Often contact is limited to a single office visit or relatively brief hospital contact. The third year clerkship in family medicine places the student in the private practice environment. In the private practice setting the family physician provides comprehensive care for the patient across the breadth of the patient’s medical issues and across a lifetime. In addition to acute care, management of chronic medical problems is the core of the practice. Preventing illness through health maintenance and counseling of health behaviors is necessary to provide care to the patient over the years. One advantage of an ongoing relationship with the patient is not only can the patient be asked to return for future follow-up, but the clinician “gets to know” the patient. Family connections, interpersonal issues and medical history are part of the "story" we learn about each individual. Often exploring family issues is paramount to providing appropriate care and understanding the patient issue that is presented to the practicing physician. In addition, consideration of financial limitations due to insurance as well as the patient’s economic situation often impacts decision-making and the plan for management of medical problems. Finally, the private physician must become acquainted with what resources and support systems exist in the community in which they practice in order to direct comprehensive care.

You and your preceptor will select a patient with a chronic medical problem to present at the end of your clerkship. Your approach to the patient should be based on a bio-psycho-social approach. For the presentation you will perform a complete history and physical exam, reach a diagnosis and develop a treatment plan for the patient. Afterwards, you will prepare 10-minute presentation on this patient focusing on an aspect of the patient in the context of the private practice setting in which you are working. For each presentation specific issues will be examined that relate to the patient’s medical problem. You will be assigned a component of care that affects provision of medical care. Your presentation will relate to your practice location and patient problems. **Most students use a powerpoint presentation, however this is not mandatory.**

The presentation should include a brief directed or problem targeted history and physical, assessment, diagnostic work-up and plan. A limited epidemiology of the disease should be presented. The remainder of your ten minutes should focus on one of the individual component of medical care as listed below that will be assigned.

- Practice Functioning as Medical Home
- Medical Costs and Insurance
- Preventive Services and Health Maintenance
- Social and Family Dynamics
Practice Functioning as Medical Home:
- Why is it important for a practice to function as a medical home?
- What is the community you were in like? (demographics/population/education/employers)
  What community services are available? (hospital services, nursing homes, hospice, health departments, mental health, social services, home health, etc) What community activities and volunteer services are available? (civic clubs, schools, political, educational, spiritual, etc)?
- What how were your patient's chronic medical problems affected by the medical home aspect of care (or lack thereof)?
- What are the components of the Medical Home in place that facilitated this patient’s care?
- What components could improve this patient’s care further if included in the preceptor’s practice?
- What specialists or specialized services exist in the community? Who does your preceptor refer to and why? What constitutes a good consultation? Does your preceptor ever provide consultations (ie pre-op medical clearance, hospital consults for medical management in surgical patients, second opinions)?
- Is care outside of the practice coordinated by the "Medical Home"?? Are there obstacles for your patient in obtaining these services?

Medical Costs and Insurance:
- Collect medical cost information for your patient’s case. This should include the type of insurance coverage, how much and what is covered, office visit cost, hospitalization if appropriate, and prescription drugs.
- What is the cost of Patient Medical Care for Illness (per month and per year for chronic meds and visits).
- What is the insurance plan? What are the monthly premiums? What does insurance cover?
- What co-pays or out of pocket expenses does the patient have at the doctor’s office?
- What does the office charge for various visits? How much does insurance pay the physician?
- What are lab charges? Was this done in the doctor's office? What are the X-ray charges? How much did the patient have to pay?
- What were the hospital charges and what did the patient have to pay? Are there other charges for ancillary services?
- How does your patient’s insurance coverage compare to other insurance coverage and expenses (BCBS, Medicare, Medicaid, self-pay)?

Preventive Services and Health Maintenance:
- What is a primary prevention plan for your patient or any patient in this age group? Has your patient had routine screening? Where does your patient go for screening?
- Are there unique problems about your patient's history that would require additional testing or screening (i.e. family history)?
- What secondary prevention needs to be done for this patient? Diabetes is an excellent example of a disease that requires regular screening for secondary disease prevention such as kidney or eye disease.
- What health maintenance is it paid for by insurance?
- When does health maintenance and preventative services occur in practice? How is it documented?
- Design a health maintenance plan for your patient. Design a health maintenance and preventive care plan for your patient that begins with their current age and future needs (resources: USPTF recommendations, practice guidelines, American Cancer Society, American Heart Association, CDC).

Social and Family Dynamics:
- Describe your patient’s “family.” Is it different from the biologic family?
- Draw a genogram to describe family history of disease for your patient.
- What role does your patient play in their family? How does this impact the patient’s illness?
- Who is the medical authority in the family? Does this affect patient care?
- What are the social issues in this family? What are the stressors? How does this impact provision of patient care?
- What makes up the patient’s support system (ie – extended family, friends, religious family), and what role do they play in this patient’s medical care?

IX. Clinical Skills Interview:  Phase 1
A. This segment demonstrates the importance of continuity of care in primary care.
B. Phase I is not graded and is for the purpose of developing clinical interview and exam skills.
C. This skills lab will take place during orientation (at the end of the 1st day for some and on the 2nd day for others) in the simulation lab at CWEB-1 education building.
D. Students will be videotaped as they complete a history and physical exam on a simulated patient (actor). They will be given the patient’s vital signs and chief complaint prior to entering the exam room. All chief complaints encountered will be consistent with those seen in an outpatient family practice office. Students will perform the appropriate history and physical exam components based on the patient’s presentation. The student will then formulate a differential diagnosis and the basics of a treatment/further evaluation plan and discuss this with the patient.
E. The time allowed for the patient interview and exam is 15 minutes. During the interview there will be a 10 minute bell to notify the student that only 5 minutes are remaining.
F. The video of the encounter will be evaluated by a USA COM family medicine faculty member who will provide feedback to the student concerning his performance. Feedback will be given via interactive email.
X. Clinical Skills Exam

This is a practical exam similar to the clinical skills portion of USMLE Step 2. Each student will evaluate 2 simulated patients (actors). The time allowed for this exam is 15 minutes per patient. After each patient encounter, 10 minutes will be allowed to type a SOAP note on an online template. The note will follow the basic SOAP format. The assessment section should contain the formulated differential diagnosis. At least 3 diagnoses are required, and 5 are encouraged. The 5 spaces allowed for plan should contain the further evaluation and treatment plan that coordinates with the diagnoses listed in the differential.

There are two segments to the clinical skills exam:

A. Phase 2 Exam
   1. Students will see their Phase 1 patient for a “follow-up visit” 6 weeks after their initial interview as part of the clinical skills exam at the end of the rotation.
   2. The “follow-up” visit will be a graded interview and exam as part of the clinical skills test at the end of the rotation. The interview/exam will follow the same format as the initial interview.

B. The ambulatory encounter of a patient with an acute problem
   1. The student will be evaluated on a second patient with an acute problem.
   2. They will be given the patient’s vital signs and chief complaint prior to entering the exam room. All chief complaints encountered will be consistent with those seen in an outpatient family practice office. They will then perform the necessary history and physical exam components needed based on the patient’s presentation. The student will then formulate a differential diagnosis and the basics of a treatment/further evaluation plan and discuss this with the patient.

Each encounter will be evaluated by a family practice physician who will be present in the room during the encounter. Components of the evaluation include history taking and communication skills; obtaining complete, pertinent parts of the history; performing complete, pertinent parts of the physical exam; and informing and educating the patient about the treatment plan in an effective manner. The patient will also evaluate each student following the encounter regarding professionalism and communication skills. Finally the SOAP note will be evaluated for completeness, appropriateness, organization, and written communication skills.

Some recommendations and similarities and differences with USMLE Step 2 Clinical Skills:
- Introduce yourself when you enter the room.
- Wash your hands prior to examining the patient.
You will not perform rectal, vaginal, or breast exams. If you feel this is indicated, include it in your treatment/evaluation plan.

All patients in our exam will be clothed.

XI. Clerkship Schedule

A. Orientation
Monday and Tuesday, first week of rotation
9:00 — Expectations, goals objectives and assignments
- Discussion of the specialty of Family Medicine
- Ambulatory Encounter Exercise
- Discussion of practice management and billing
- Scramble for Wealth and Power
- Biomedical library – Evidenced Based Medicine  *(blocks 1 & 5 only)*
- Phase 1 clinical skills exam

B. Closure
Wednesday, last week of rotation
9:00 – 1:00 pm - Student Presentations
- Discussion of Family Medicine preceptor experience
- Turn in evaluations and blue skill/core condition cards

Afternoon – Study time

Thursday, last week of rotation
Morning – 4:30 pm – Study time
4:30 pm – Clinical Skills practical exam at USA FM office (SHAC)

Friday, last week of rotation
9:00 - 11:00 am – Departmental Exam
Turn in evaluations and blue skill/core condition cards

XII. GRADING SYSTEM

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<thead>
<tr>
<th>Percentage</th>
<th>Component</th>
</tr>
</thead>
<tbody>
<tr>
<td>35%</td>
<td>Preceptor Evaluation</td>
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<tr>
<td>20%</td>
<td>Departmental Written Exam</td>
</tr>
<tr>
<td>25%</td>
<td>Clinical Skills Exam</td>
</tr>
<tr>
<td>20%</td>
<td>Presentation</td>
</tr>
</tbody>
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A=90-100
B=80-89
C=75-79
D=70-74
F=<70

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**XIII. Clinical Skills Cards**

**A. Overview**

In order to document the satisfactory performance of clinical skills by students in the USA College of Medicine, the Curriculum Committee has approved the use of “clinical skills cards” for third year students. The cards contain a list of skills, which must be satisfactorily demonstrated by each student before he/she is promoted to the fourth year. Each skill must be “signed off” by someone who has at least the level of experience noted on the card (attending=A, resident=R, intern=I). “Signing off” on a skill indicates that the designated person has observed the student perform the skill in question in a satisfactory manner. The student is responsible for ensuring that the “clerkship cards” are completed while on the specific clerkship and that the “General Skills” card is completed by the end of the third year.

**B. Clerkship Skills Cards (The Blue Card)**

1. The clinical clerkship director will distribute clerkship specific, color-coded skills cards on the first day of the rotation.
2. Each card contains a list of clerkship-specific skills as well as a list of skills, which must be demonstrated on all clerkships.
3. Some of the clerkship specific skills (marked with an asterisk—*) overlap with those on other clerkships. Each clerkship director has the option to accept the evaluation of a particular skill which was done on another clerkship or to require that the skill be “signed off” again.
4. Each student, when he/she feels ready to be checked off, must arrange for the appropriate individual (as designated on the card) to observe and sign off on each skill. By the end of the clerkship, each skill must be checked off or the clerkship director must note on the card that satisfactory performance was documented on another rotation.
5. At the end of the clerkship, the student should have the card signed by the clerkship director, make a copy of the card for his/her personal records, and turn the card in to the clerkship director or secretary.
6. If a student loses his/her clerkship card, a new card must be obtained from the clerkship director or secretary and filled out (again) by the end of the rotation. It would, therefore, be to the student’s advantage to photocopy the card periodically during the rotation. This would make any necessary reconstruction of the data much easier.
7. The clerkship director or secretary will enter each student’s skills record into a common database which will be periodically reviewed and consolidated by the Director of Student Records. The student’s completed database will be placed in his/her file.
C. General Skills Card (The White Card)
1. Each student will be given a General Skills Card on the first day of the first rotation.
2. The General Skills card contains a list of skills which must be checked off one time during the third year. This evaluation may occur on any rotation.
3. Each student when he/she feels ready to be checked off will arrange for the appropriate individual (as designated on the card) to observe and sign off on each skill.
4. When the card is completed, the student should have the card signed by the clerkship director of the rotation at that time, make a copy for personal files, and take the card to 202 Mastin to be sent to the Director of Student Records.
5. If a student loses his/her clerkship card, a new card must be obtained from the clerkship director or secretary and filled out (again) by the end of the rotation. It would, therefore, be to the student’s advantage to photocopy the card periodically during the rotation. This would make any necessary reconstruction of the data much easier.
6. The Director of Student Records will enter each student’s general skills into a common database. The student’s completed database will be placed in his/her file.

Appendix A

Guidelines for Behavior and Appearance of Medical Students at USA Hospitals and Clinics (from COM Student Handbook)

The USA Hospitals and Clinics are unique places in which to work, serve and learn. Care of the sick and medical education goes hand in hand. Patients and their families and friends come to the hospital at a time when they need reassurance and support. They have a right to expect that support in a concerned, responsive and professional atmosphere.
In addition, since patient participation in the educational program is purely voluntary, the good will and cooperation of all patients is essential. Students need to keep in mind that their personal behavior, attitude and appearance may, and very often does, contribute to a patient's opinion of the quality of the care they are receiving and, in turn, their opinion of the hospitals, the College of Medicine, and the profession as a whole. In order to maintain and strengthen the atmosphere of professionalism within the USA Hospitals and clinics, the following guidelines have been established. Your cooperation in following them is expected:

1. The patient's right to privacy and confidentiality is paramount in the practice of medicine and is protected by federal law; all students receive HIPAA training. Discussion of patients and related professional matters should not be conducted in public areas, e.g., cafeteria, elevators, lobby, etc. On the wards and in the clinics and
offices, caution and restraint in discussing patients should be exercised when other patients, visitors or nonprofessional personnel are within earshot.

2. On the clinical services, medical students are members of treatment teams. Mutual courtesy and respect between patients, visitors, house officers, medical students, attending physicians, nurses and other hospital workers are essential at all times.

**Resident and Medical Student Dress Code**

The following policy concerning appropriate dress for medical students and residents was adopted in May, 2001 and amended in Spring 2004. Our professional appearance is important. Residents and medical students working for The University of South Alabama Hospitals and Health System are expected to maintain high standards of professional appearance in all locations. Residents and medical students must be neat, clean, and dressed in a manner that is appropriate for the practice of medicine. This policy applies to all educational functions. Identification badges are to be worn at all times while on duty.

**GROOMING/JEWELRY/FRAGRANCE**

Residents and medical students must exhibit good personal hygiene at all times. Hair and fingernails must be clean and of appropriate length. Neatly trimmed beards and mustaches are acceptable. Jewelry, including piercing, should be small, in good taste and must not interfere with job performance or safety. Use of cigarettes, cigars, pipes and chewing tobacco in the hospital or on hospital property is absolutely prohibited.

**SCRUB UNIFORMS**

As of July 1, 2004, students are responsible for purchase, laundry and maintenance of scrub uniforms and may wear scrubs only if required for their clinical duties. The color of scrubs for students is determined by the Office of Student Affairs. Scrub uniforms worn at work are expected to be clean, neat and in good condition. Students in direct patient care areas may wear hospital issued scrubs if their own uniform has been heavily soiled in the line of duty. Supervisory approval must be obtained prior to changing. See “accountability” below.

**ACCOUNTABILITY**

Residents and students are responsible for their personal appearance. The Attending staff is accountable for administration of this policy, in keeping with departmental guidelines. Residents or medical students with specific clothing requirements should obtain approval of their program director. Exceptions may be made to accommodate injuries, disabilities and for ethnic or religious reasons. Residents or medical students who violate the Hospital Dress Code and Uniform Policy or who are wearing hospital issued scrubs without cause may be reprimanded, sent home to change, sent home for the day, or be subject to disciplinary action.

**DRESS CODE POLICY**

Male residents or medical students may wear dress slacks, or khakis and a dress shirt and tie and white lab coat. Women may wear dress slacks, skirt of the appropriate length and style, and jumpers with a dress blouse, shell etc. and a white lab coat. Sleeveless vests worn over a blouse and sleeved vests or sweaters are acceptable. Shoes with hose or socks are required. Athletic shoes can be worn but must be clean and in good repair.
NOT ALLOWED
Sweatshirts, tee shirts (except men’s white under scrubs), sweat pants, stretch pants with or without stirrups, leggings, shorts, blue jeans, any item of clothing in denim and sleeveless shirts, blouses, vests, or shells worn alone are not allowed. Open toe sandals of any kind, with or without socks, are not allowed.