

CALIFORNIA NORTHSTATE
UNIVERSITY



COLLEGE *of*
MEDICINE

M4 ELECTIVE/SUB-INTERNSHIP POLICIES

Phases C – Year 4

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M4 CNUCOM CONTACT INFORMATION

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Summary of M4 Elective/Sub-Internship Policies

SUMMARY		
POLICY	MINIMUM	MAXIMUM
Credits required to graduate	31 weeks	N/A
Away Rotations allowed	N/A	20 weeks
“Specialty of interest” rotations	N/A	12 weeks
Non-clinical rotations	N/A	8 weeks
Required Inpatient rotations	12 weeks	N/A
Sub-internships	4 weeks*	12 weeks

* Minimum 4-week Sub-internship in a core general specialty

Phase C and subsequently Curriculum Committee have voted and approved the following changes to the M4 year effective **Academic Year 2020-2021**.

1. As stated in the table above, all M4 requirements will use “weeks” for terminology instead of credits. Hence M4 graduation requirements will be 31 weeks.
2. 1 week = 1 credit. This will apply to both electives and sub-internships clinical rotations.
3. For certain unique non-clinical electives (i.e. OSCE, Manuscript review, TA) the Registrar uses 1 credit for every 25 workshop hours and 25 preparation/homework hours (active learning). This will be specified in the respective syllabi.
4. Emergency Medicine Sub-internship will not be classified as one of the required “core sub-I” due to lack of longitudinal inpatient care on the wards.
5. Psychiatry sub-internship will be considered a “core-sub-internship” and will need to meet our established requirements.

General Policies

- One week of clinical elective rotation = 1 credit unit (except for TA electives).
- One week of clinical sub-internship rotation = 1.5 credit unit (Changing to 1 unit effective AY 2020-2021).
- Minimum of 31 M4 credit units are required for graduation.
There are twelve 4-week Blocks in the 4th year. Students should be able to earn 31 credits with enough time to broaden their education and expertise with a variety of clinical rotations.
- All “Home” electives and sub-internships will be either 2 or 4 weeks long only as indicated in the syllabus.
- Students **cannot** change the duration of the rotation on their own accord, including away rotations.
- Maximum Away Rotations: 20 weeks.
- International Away Rotation: You must discuss with Dr. Yip or Dr. Khatri at least 120 days (4 months) in advance for approval and if credits are requested.
- Two courses **cannot** be taken at the same time.

ONLY Exception: COM 901 Honors Medical Research Elective can be paired with the following electives: Mindfulness, Healer's Art, or Leadership, these are all part-time evening courses.

COM 901 Honors Medical Research elective **cannot** be taken concurrently with any other clinical electives as there will not be enough time to perform a clinical rotation.

COM Manuscript Review is a longitudinal elective that can be taken concurrently with any other elective.

If a student is found to have taken two courses or rotations at the same time, the student will receive **zero** credits for the duration of the overlap.

- Students **must** complete any remediation of core clerkship before beginning M4 rotations.
- Students **must** complete any deferred clerkships no later than April 1st.
- M4 Flight Plan, which lays out your planned rotations and showing you'll receive 31 credits for graduation, has to be submitted and finalized by July 1st.
- Students have the option to submit a “DRAFT M4 Flight Plan” to receive feedback and recommendations. The draft should be submitted by December 13, 2019.
- Maximum number of non-clinical rotations: 8 weeks.
i.e. Wellness, Research, TA/OSCE, Other non-clinical
- Required minimum number of **Inpatient rotations**: 8 weeks + 1 Sub-Internship.
- Deferred clerkships cannot be scheduled in Block 12.

General Sub-Internships (Acting Internship) Policy

A Sub-internship also known as Acting Internship is a M4 clinical experience completed at CNUCOM-affiliated hospital systems or through VSLO in which the medical student is expected to demonstrate the knowledge, skills, and attitudes expected of a first-year resident. Any home, away or VSLO rotation that is labelled as a Sub-Internship/Acting Internship and the syllabus SHOULD reflect the higher level of clinical care responsibility.

- Minimum Sub-internship: 1 core specialty (General Internal Medicine, General Surgery, General Pediatrics, Ob/Gyn, Family Medicine, Emergency Medicine) (See page 3 for changes effective AY 2020-2021 when Emergency Medicine will be replaced by Psychiatry as the accepted general sub-internship)
- Sub-internship can be completed at an “away” site.
- Due to the increased level of effort and responsibility required by the medical student during a sub-internship, the credit units awarded are 1.5 units /week. (See page 3 for changes effective AY 2020-2021 when 1 week of sub-internship =1 credit).
- Minimum number of sub-internship required to graduate = 1
- Maximum number of sub-internship = 3.
- Keep in mind that there is a specialty limit of 12 weeks, including electives and sub-internships.

Rotation requirements to classify an elective as Sub-Internship:

Required Components:

1. Contain an inpatient component
2. The rotation should be 3-6 weeks in length
3. Provide the student with primary responsibility for a panel of his/her own patients and direct supervision by preceptor.
4. Students should have a patient load comparable to the PGY-1 resident on service.
5. Students must take in-house call (daytime or nighttime)—and may be required to take call at the current ACGME frequency of residents. Usually 1 call/week but no more than 1 in 4 days.

Optional Components:

1. Students have first call responsibility for patients, with adequate supervision
2. Students receive “sign-out” from house-staff so they are involved with care transitions and cross-coverage responsibilities
3. Students may be allowed to enter patient orders that are then signed off by the supervising preceptor or resident.

Emergency Medicine Sub-Internships (Acting Internship) Policy

To differentiate EM elective from a sub-internship, the following requirements have been established. These requirements will be applicable to Home EM Sub-I only and not for VSLO Away rotations as it would be difficult to enforce these at a distant site. At present any VSLO rotation that is labeled as Sub-I (or Acting Intern) is accepted as such and credit awarded. The exceptions are as follows:

1. A non-VSLO away EM sub-internship rotation will require verification to ensure it meet our requirements. This is our current practice with other specialty sub-internships.
2. Advanced EM Electives (VSLO and Non-VSLO) have to be verified as they often do not meet sub-I standards and may even be non-clinical.

This allows the Sub-I policy to be consistent across all the clinical specialties.

EM Sub-Internship Requirements are as follows:

1. 15-16 ten- to eleven-hour ED shifts or 13 12-hour ED shifts (depends on the ED site)
2. Each student must make a Comprehensive EM topic presentation (must include a critical review of the literature on the topic) once for 30 minutes with 15 min discussion. It can be on the last Thursday or Friday of the rotation. They have to submit their topic to Dr. Lee. The presentation schedule will be arranged with Dr. Lee. The Presentation should be at the level of a polished Grand Rounds. **THIS PRESENTATION WILL BE GRADED AS** on the following Likert scale: Below Expectations; Meets Expectations; Exceeds Expectations; Outstanding.
3. One written case presentation per week to be submitted by Wednesday evening. Since these are senior medical students, the write-up will provide a brief clinical scenario and then the focus will primarily be on the assessment and management of the patient.
4. The students should be allowed by the Preceptor to be engaged in “Longitudinal Patient Evaluations and Management (LPEM)” so that they are involved from Evaluation to Disposition phase of patient care, including performing a sign off at end of their shift. Safe Transfer of Care is a required EPA by LCME. The students will submit a LPEM case log that are signed off by their supervising physician for the shift. This LPEM patient encounter log will be submitted at end of the rotation. The EM Sub-I Case Log form is available on Phase C website.
5. Two shifts of ambulance rides which will make up for the additional ED shifts. This will be a requirement. Dr. Lee will arrange this with the Elk Grove Fire / EMS. Students will sign off the 2 shifts by the EMS staff.

For the student to receive a sub-internship credit they have to:

1. Submit their Signed LPEM Patient Log.
2. Submit their EMS Shift attendance sheet.
3. The Presentation must be of Grade: Meets Expectations or higher.
4. Timely submission of their weekly Written Case Presentation- Quality of these write-up has to be Meets Expectations or higher.

Definition of Home and Away Elective

For a rotation to be considered a “Home” elective it has to have 4 components:

1. CNUCOM-approved Syllabus.
2. Affiliation agreement established with institution.
3. Preceptor ranked as faculty at CNUCOM.
4. Elective present in the M4 catalogue.

In the absence of the above, the elective is considered an “Away” rotation and involves applying through VSLO or directly through the Institutional/hospital website. If you have any uncertainty whether a rotation is home or away, please feel free to contact the M4 team for clarification. PLEASE BEGIN LOOKING THROUGH VSLO SITE DURING M3 SPRING SEMESTER FOR AWAY ROTATIONS.

Career Track – “Specialty of Interest” Rotation Policy

Specialty of interest refers to the specialty the student is interested in pursuing as a career and securing a residency in that field. It is very important that the residency does not begin in the M4 year. You will gain in depth education for this field of choice during your residency and if necessary during the fellowship.

1. Maximum weeks for a specialty: 12 weeks. The AAMC Medical Specialties categories will assist the student in understanding how specialty limit is defined (See page 13 for details of AAMC medical specialties). Hence if a student selects rotation in Cardiology, Pulmonary and Infectious disease this will be considered 12 weeks in the Internal Medicine and thus reach the maximum allowed.

Registrar will only award credits for these 12 weeks. If other “specialty of interest” rotations are arranged by the student beyond 12 weeks, they will not earn credits that count towards graduation. These rotations will however be present on the transcript.

2. Minimum “Non-specialty of interest” rotations: 8 weeks. These rotations allow the student to broaden their clinical exposure.

Non-Clinical Electives Policy

Honors Medical Research Elective

Maximum credits that can be earned for Research Elective: 4 credit units

To register for COM 901 Honors Medical Research elective:

1. Complete the COM 901 Research Request Form.
2. Students must provide in a few sentences or an abstract (as noted in the form) of the scholarship/research project to in order to be considered by the Assistant Dean of Research and M4 Director.
3. Return the COM 901 Research Request Form to the clerkship coordinators.

Wellness - Leadership, Healers Art, Mindfulness and Compassionate Conversations

HLT 810	Wellness - Leadership, Healer’s Art, Mindfulness and Compassionate Conversations
COM 903	Leadership
COM 904	Healer’s Art

The elective HLT 810 Wellness composes multiple electives in one rotation. The elective includes COM 903: Leadership and COM 904: Healer’s Art. You cannot earn duplicate credits for HLT 810 Wellness, COM 903 Leadership, and COM 904 Healer’s Art.

For example: You've taken COM 903: Leadership prior to your M4 year and would like to take HLT 810: Wellness.	HLT 810 COM 903	4.0 credit unit <u>- 2.0 credit unit</u>
	Total Credit Earned	2.0 credit unit

However, credits earned for the courses Wellness, Leadership, Healers Art will count towards the 31-credit graduation requirement.

Teaching Assistant Electives

The following teaching electives are available currently to the students to enhance their teaching skills.

MED 810	OSCE Program Assistance
COM 907	Endocrinology Teaching Assistant
COM 908	Cardiovascular & Pulmonary Teaching Assistant
COM 909	Behavioral Medicine Teaching Assistant

These Teaching Assistant (TA) rotations have been established to provide some flexibility in the schedule during the interview months.

Maximum credits that can be earned for TA electives: 4 credit units.

Credit calculation for TA electives are as follows:

- Unit of Credit: 1 credit for every 15 lecture hours and 30 preparation/homework hours (LEC). 1 credit for every 25 workshop hours and 25 preparation/homework hours (AL).
- On the spreadsheet if a student attended 3 OSCE sessions per day for 2 days, the formula would be: 8 hours for 3 sessions/day*2(preparation/study) =16*2(the total number of days) =32 hours/25(per credit) =1.30.

MED 810: OSCE Program Assistance

To sign up for the OSCE sessions, you must contact the clerkship coordinators. Do not approach the OSCE course directors to enroll or sign up. If any changes occur to your schedule that you cannot make it to the OSCE session, please contact the clerkship coordinators to cancel or reschedule. If there is no show, no call, the OSCE course directors will notify the coordinators of your absence and will be considered as an unexcused absence.

Submission of Elective, Preceptor, Institution Evaluations

Students must complete Preceptor and Institution evaluation within **1 week** from the last day of the rotation. Once you have completed your evaluations, the school will be able to release your evaluation from the Preceptor by request through the clerkship coordinators. Grades will not be released until the evaluations from both the student and preceptor have been completed. In order for the student to receive credit for the rotation, an evaluation will need to be completed by the attending(s). If an evaluation is not received for the rotation, credit is not awarded to the student.

Creation of New Electives or Changes of Existing Electives

Any changes to an “existing elective” or to “create a new elective” must be performed by the Preceptors. Students cannot make any changes to “existing electives or sub-internships,” such as length of rotation, location, preceptor. All new electives are established through the Office of the Chair of Clinical Medicine, Dr. Peter Yip, and the Director of M4 electives/sub-internships, Dr. Vijay Khatri. This process allows the clerkship coordinators and the Registrar to ensure that the students are registered for a CNUCOM-approved course.

The process of establishing an elective is performed by the faculty and is as follows:

1. A standardized syllabus has been established so that the necessary CLO/PLO are addressed for mapping. Similarly, for sub-internship’s we have to ensure that they meet the specific requirements to deem a rotation as a sub-internship.
2. Once syllabus is provided, it is review by the M4 Director for completion of content and appraisal for mapping language by Office of Assessment.
3. Administration forwards the syllabus to the Phase C committee for voting and thereafter to the Curriculum Committee.
4. At the same time, we request a detailed CV and a completed application form from the preceptor to rank them at CNUCOM. Preceptors are required to complete a Faculty Application Form (teaching, clinical, research, service components) to allow the Rank and Promotion Committee to judge the teaching and clinical experience.
5. Rank and Promotion Committee then reviews and submit their recommendation to Dr. Gordon Wong and Dean Joseph Silva.
6. An institutional or individual physician affiliation agreement process is initiated.
7. Our coordinators then inquire about the on boarding process and requirements.
8. Finally, the Registrar assigns the CNUCOM-approved elective a course number and then it is added to the M4 Catalogue.
9. We ask the Preceptor which BLOCKS they wish to host our students and how many student/month.

This entire process can take up to 120 days (4 months) for completion.

If students or faculty are aware of any community clinicians who may be interested in serving as a preceptor they should send the contact information to the Chair of Clinical Medicine (Dr. Peter Yip) as this office begins the process, stated above.

CNUCOM will not approve special ONE TIME ONLY electives.

Credit Allocation by the Registrar

- Students must be enrolled in an approved elective found in the M4 Elective Catalogue or through VSAS/VSLO to receive credits.
- Any electives or sub-internships that are not approved by the registrar and M4 committee, will not receive credits.
- Students may choose to do electives and sub-internships that exceeds the maximum amount of specialty and away limits.
- Any electives or sub-internships that exceed the limit will not count towards graduation credit requirements but will be shown on your transcript. This will not count against you.
- M4 Flight Plan, which lays out your planned rotations and showing you’ll receive 31 credits for graduation, has to be submitted and finalized by July 1st.
- Students who are not enrolled or registered for electives for certain amount of time and credits will impact the student’s financial aid and student loans (Please contact Business office for details).

M3 Clerkship Deferrals

There shall be a fair and equitable process for students to defer clerkships to allow pursuit of other educational activities in the M3 year.

Policy

Voluntary deferral of M3 core clerkships to M4 is not allowed (OB/GYN, Pediatrics, Surgery, Internal Medicine, Psychiatry, and Family Medicine). Deferral of M3 core clerkships in the M4 year will occur for remediation purposes (students **MUST** complete the remediation clerkship before beginning M4 rotations). VSLO (formerly VSAS) away electives require that the OB/GYN, Pediatrics, Surgery, Internal Medicine, Psychiatry, and Family Medicine clerkships be completed. Deferral of Neurology and/or Emergency Medicine (CNUCOM non-core clerkship) requires submission of the Deferral Request Form and completion of a DEFERRAL PROCEDURE outlined below.

Procedure

As deferrals of clerkships can impact various aspects of scheduling, it is imperative that the students follow the Deferral Policy and Process.

1. Students who wish to postpone M3 clerkship time should make initial inquiry with Clerkship Coordinator.
2. The student should complete and submit a Deferral Request Form.
3. Requests are reviewed by the DEFERRAL EVALUATION COMMITTEE. Requests will be ranked by the following priority list:
 - a. Students deferring clerkships for academic, medical, or administrative reasons
 - b. Students deferring clerkships for sub-internships in early match residencies (urology, ophthalmology)
 - c. Student deferring Neurology clerkship to allow EM sub-internship for SLOEs
 - d. Students deferring clerkships for sub-internships in small, competitive fields (dermatology, ENT, neurosurgery, orthopedic surgery, radiation oncology, plastic surgery)
 - e. Students deferring clerkships for other reasons
4. Within these groups, student requests will then be ranked in the order that the students have submitted the Deferral Request Form.
5. The coordinator will contact the students of the decision by email. The respective Clerkship Director will provide details of the deferred rotation.
6. Deferral Request Form needs to be signed off by the: 1) Clerkship Director 2) Director M4 Electives/Sub-internships 3) Chair, Department of Clinical Medicine for final approval.

Interview Season and Absences

For Residency Interview Time from October through February:

1. Students **must** complete the Absent Form for the days being taken for interview.
2. To attend interviews, you **must** notify and be approved by the school, clerkship coordinators, and preceptor in order for you to attend interviews.
3. Please communicate clearly with your preceptors about your interview schedule and minimize the number of days that you'll be missing from your rotations to go to your interviews.
4. Your preceptors may discuss ways to make up absent days to make sure that you receive proper credits for the rotation. You will need to forward the documentation confirming your interview schedule to our Clerkship Coordinator Team so they are aware of your interviews.

5. You will be allowed to miss up to:
 - a. 4 days / 4-week rotation
 - b. 2 days / 2-week rotation
6. If your preceptors have any questions regarding to your absences due to interviews, please direct them to clerkship coordinators and Dr. Vijay Khatri.

Methods of Communication

1. All communication and inquiries about M4 matters must include the special email: M4@cnsu.edu. This email is always checked by one of the coordinators and therefore ensures that your queries are addressed in a timely fashion.
2. During the M4 year we will arrange **M4Connect Webinar** to communicate back any of your rotation concerns. Dr. Vijay Khatri will be present at these sessions. If you need to have a specific clerkship director present at this webinar please inform the M4 email.

Electives Learning Objectives

All home electives will comprise the following learning objectives:

1. Perform, document, and present complete history and physical exam and interpret laboratory, radiologic, and other relevant data to develop a differential diagnosis, assessment and evidence-based management plan, that includes procedural or operative management if indicated.
2. Perform and document a concise and well-organized daily progress note that includes relevant laboratory, radiologic data and incorporates pertinent 24-hr events.
3. Describe the management of common disorders in the core discipline, including procedures and operative management if indicated.
4. Research the clinical condition of a given patient with appropriate evaluation of literature and other available resources.
5. Recognize patients who are critically ill or require emergent care and develop appropriate initial steps of care for stabilization
6. Demonstrate sensitivity to the concerns of patients and their families regarding the patient's illness and communicate plans of care with compassion and empathy (including benefits, side-effects of therapy, quality of life and end-of-life issues).
7. Demonstrate collaborative and respectful approach to other specialty professionals (consultations, referrals, procedures, diagnostic studies, etc.) required for team-based interdisciplinary management.
8. Demonstrate ability to provide high quality "hand-offs" that is concise, accurate, timely, and complete to facilitate patient-centered safe transition of care.
9. Attend and participate in procedures and operations on assigned patients (with appropriate supervision); assist in obtaining informed consent for procedures or operations performed by the team.
10. Demonstrate knowledge of the key components of a safe discharge process.
11. Use feedback to improve learning and performance.
12. Develop a knowledge of "systems of care" to enhance common quality initiatives relevant to the core discipline (i.e. deep vein thrombosis, healthcare associated infections, and patient safety protocols).

AAMC MEDICAL SPECIALTIES

AAI: ALLERGY AND IMMUNOLOGY
CLINICAL & LABORATORY IMMUNOLOGY

ANE: ANESTHESIOLOGY
ADULT CARDIOTHORACIC
ANESTHESIOLOGY
CRITICAL CARE MEDICINE
OBSTETRIC ANESTHESIOLOGY
PAIN MEDICINE
PEDIATRIC ANESTHESIOLOGY
PALLIATIVE MEDICINE

DER: DERMATOLOGY
DERMATOPATHOLOGY
PROCEDURAL DERMATOLOGY

EME: EMERGENCY MEDICINE
MEDICAL TOXICOLOGY
PEDIATRIC EMERGENCY MEDICINE
SPORTS MEDICINE
PALLIATIVE MEDICINE

FAM: FAMILY MEDICINE
GERIATRIC MEDICINE
SPORTS MEDICINE
FAMILY PRACTICE
GERIATRIC MEDICINE
PALLIATIVE MEDICINE

INT: INTERNAL MEDICINE
ADVANCED HEART FAILURE &
TRANSPLANT CARDIOLOGY
CARDIOVASCULAR DISEASE
CLINICAL CARDIAC
ELECTROPHYSIOLOGY
CRITICAL CARE MEDICINE
ENDOCRINOLOGY, DIABETES &
METABOLISM
GASTROENTEROLOGY
GERIATRIC MEDICINE
HEMATOLOGY
HEMATOLOGY & ONCOLOGY
INFECTIOUS DISEASE
INTERVENTIONAL CARDIOLOGY
NEPHROLOGY
ONCOLOGY
PULMONARY DISEASE
PULMONARY DISEASE & CRITICAL CARE
MEDICINE
RHEUMATOLOGY
SPORTS MEDICINE
TRANSPLANT HEPATOLOGY

INTERNAL MEDICINE-PEDIATRICS
PALLIATIVE MEDICINE

MEG: MEDICAL GENETICS
BIOCHEMICAL GENETICS
MOLECULAR GENETIC PATHOLOGY

NSG: NEUROSURGERY
ENDOVASCULAR SURGICAL
NEURORADIOLOGY

NEU: NEUROLOGY
CHILD NEUROLOGY
CLINICAL NEUROPHYSIOLOGY
ENDOVASCULARSURGICAL
NEURORADIOLOGY
NEUROMUSCULAR MEDICINE
PAIN MEDICINE
SLEEP MEDICINE
PALLIATIVE MEDICINE

OBG: OBSTETRICS & GYNECOLOGY
FEMALE PELVIC MEDICINE &
RECONSTRUCTIVE SURGERY

OPHT: OPHTHALMOLOGY
OPHTHALMIC PLASTIC &
RECONSTRUCTIVE SURGERY

ORTH: ORTHOPEDIC SURGERY
ADULT RECONSTRUCTIVE ORTHOPEDICS
FOOT & ANKLE ORTHOPEDICS
HAND SURGERY
MUSCULOSKELETAL ONCOLOGY
ORTHOPEDIC SPORTS MEDICINE
ORTHOPEDIC SURGERY OF THE SPINE
ORTHOPEDIC TRAUMA
PEDIATRIC ORTHOPEDICS

OTO: OTOLARYNGOLOGY
OTOLOGY - NEUROTOLOGY
PEDIATRIC OTOLARYNGOLOGY
HEAD AND NECK SURGERY

**PATH: PATHOLOGY-ANATOMIC &
CLINICAL**
BLOOD BANKING - TRANSFUSION
MEDICINE
CHEMICAL PATHOLOGY
CYTOPATHOLOGY
FORENSIC PATHOLOGY
HEMATOLOGY

MEDICAL MICROBIOLOGY
NEUROPATHOLOGY
PEDIATRIC PATHOLOGY

PED: PEDIATRICS

ADOLESCENT MEDICINE
CHILD ABUSE PEDIATRICS
DEVELOPMENTAL-BEHAVIORAL
PEDIATRICS
NEONATAL-PERINATAL MEDICINE
PEDIATRIC CARDIOLOGY
PEDIATRIC CRITICAL CARE MEDICINE
PEDIATRIC ENDOCRINOLOGY
PEDIATRIC GASTROENTEROLOGY
PEDIATRIC HEMATOLOGY-ONCOLOGY
PEDIATRIC INFECTIOUS DISEASES
PEDIATRIC NEPHROLOGY
PEDIATRIC PULMONOLOGY
PEDIATRIC RHEUMATOLOGY
PEDIATRIC SPORTS MEDICINE
PEDIATRIC TRANSPLANT HEPATOLOGY
PALLIATIVE MEDICINE

**PMR: PHYSICAL MEDICINE &
REHABILITATION**

NEUROMUSCULAR MEDICINE
PAIN MEDICINE
SPINAL CORD INJURY MEDICINE
SPORTS MEDICINE
PALLIATIVE MEDICINE

PLS: PLASTIC SURGERY

CRANIOFACIAL SURGERY
HAND SURGERY

PSY: PSYCHIATRY

ADDICTION PSYCHIATRY
CHILD & ADOLESCENT PSYCHIATRY

FORENSIC PSYCHIATRY
GERIATRIC PSYCHIATRY
PALLIATIVE MEDICINE

RONC: RADIATION ONCOLOGY

RAD: RADIOLOGY

ABDOMINAL RADIOLOGY
CARDIOTHORACIC RADIOLOGY
ENDOVASCULAR SURGICAL
NEURORADIOLOGY
MUSCOSKELETAL RADIOLOGY
NEURORADIOLOGY
NUCLEAR RADIOLOGY
PEDIATRIC RADIOLOGY
VASCULAR & INTERVENTIONAL
RADIOLOGY
NUCLEAR MEDICINE
PALLIATIVE MEDICINE

SUR: SURGERY

COLON & RECTAL SURGERY
HAND SURGERY
PEDIATRIC SURGERY
SURGICAL CRITICAL CARE
VASCULAR SURGERY
CARDIOTHORACIC SURGERY
THORACIC SURGERY
PEDIATRIC CARDIOTHORACIC SURGERY
SURGICAL ONCOLOGY
TRANSPLANT SURGERY
TRAUMA SURGERY
SURGICAL CRITICAL CARE
ACUTE CARE SURGERY
PALLIATIVE MEDICINE

URO: UROLOGY

PEDIATRIC UROLOGY