

**Medical Scientist Training Program**  
**Longitudinal Clinical Clerkship (LCC) Program Information**

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## Background of the LCC Program:

The Longitudinal Clinical Clerkship (LCC) Program is directed by Dr. Corrine Kliment. Marcus Miller is the coordinator of the program, assisted by Kathy Prigg. All Students are required to complete two LCCs during their time in the PhD Program. We typically encourage students to plan to complete their first LCC during their second (G2) year, and the second LCC during their third (G3) year of the program. This ensures that students have enough time to complete both LCCs before beginning to prepare for their thesis defense.

Prior to returning to medical school, students are required to complete a Junior Hospitalist service, which is called the LCC3. More information on this specific course, as well as pre- requisite requirements, can be found on page 8.

Because LCCs 1, 2, and 3 involve direct patient contact, all students are enrolled in medical malpractice insurance only when the MSTP office completes the student course registration.

You can see a flow chart, which shows the full progression of the LCC experience, from the first LCC, to pre-requisites for the LCC3, to completing the LCC3, on the final page of this document.

## LCC Program Description:

Under the supervision of a licensed physician/School of Medicine faculty member, students will evaluate new and returning patients in a specialty outpatient clinic and plan and conduct appropriate evaluation and therapeutic approaches. Attending physician will oversee student's learning of advanced clinical skills in patient interviewing and physical diagnosis, with an emphasis on focused symptom-based examination. The student will be involved in decision- making regarding the need for hospitalization and longitudinal care. The student will have extensive opportunity for follow up care of patients with chronic disorders both for evaluation of new symptoms and for health maintenance. While common outpatient procedures and efficient time management skills will be covered, particular emphasis will be placed on the role of the clinician investigator in the care of patients.

## Objectives of the Program:

- Integrate medical and graduate training over the course of a combined degree program.
- Become proficient in evaluation and management of patients according to a specific specialty.
- Become efficient in managing complex outpatient medical problems.
- Learn specific outpatient practice methods related to clinical research.

## Required forms for LCC 1 and 2:

On the following pages, you will find the examples of the required forms for each part of the LCC1 and LCC2. These forms can also be found on the MSTP website under the Resources page. These include:

- **The Proposal form** This form should be filled out by the student and signed by your proposed LCC mentor prior to beginning the LCC. If you need help finding a mentor that fits your specific interests, please email Dr. Corrine Kliment at [ckliment@pitt.edu](mailto:ckliment@pitt.edu) and copy Marcus Miller, [MILLERME@pitt.edu](mailto:MILLERME@pitt.edu), Kathy at [kathyprigg@pitt.edu](mailto:kathyprigg@pitt.edu).
- The LCC form can be found [here](#) or can be downloaded from the MSTP Student resources page. After it has been completed it will be sent to Justin Markuss from the MSTP Program to register you for the LCC course. Once you have been successfully registered for the LCC, your malpractice insurance will be activated.

The following are the dates by which you need to notify us of plans so you can be registered. We encourage you to plan!

Fall LCC - Aug. 1

Spring LCC – Dec. 1

Summer LCC – April 15

- **The Final Report form:** This form should be completed within 2 weeks of the final session of your LCC block, and you should have it signed by your mentor at the end of your LCC. The form can be found in this manual or on the MSTP website under resources. You can email this completed form to Marcus and Kathy, who will send to Justin. Again, the deadline is 2 weeks from the final LCC session.
- **The Mentor Evaluation form:** Please notify Marcus, Kathy and Dr. Kliment when your LCC is completed and include the name and email of your LCC mentor. They will then send your mentor the “Mentor Evaluation Form” to fill out and assign a grade. They will be instructed to email this completed form to Kathy, who will send to Justin. Once the MSTP office receives this final form, your LCC is officially complete.

Though not required, you will also see an **Evaluation of Mentor form** (page 7) that we ask all students to fill out and send to Kathy at the conclusion of your LCC. This form can be downloaded by students from this manual or from the MSTP website under resources. This form is kept strictly confidential, but really helps us to direct future students who are interested in completing LCCs with physicians who have previously served as mentors.

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 MSTP 5990: MSTP Longitudinal Clinical Clerkship—Proposal

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*Four weeks before your graduate school registration, you need to submit a written proposal, signed by your clinical mentor to the MSTP LCC team member, Marcus Miller, [MILLERME@pitt.edu](mailto:MILLERME@pitt.edu), Kathy Hansell-Prigg ([kathyprigg@pitt.edu](mailto:kathyprigg@pitt.edu)). The proposal should be ~500 words and answer the following questions posed below. Please visit the Student Resources section of the MSTP website for the complete guidelines and description of the LCC.*

<b>Student's Name</b>		<b>Current Grad. School Year</b>	<b>LCC 1</b>	
			<b>LCC 2</b>	
<b>Mentor's Clinic</b>				
<b>Start Date</b>		<b>End Date</b>		
<b>Mentor's Name</b>		<b>Mentor's Signature</b>		<b>Date</b>

1. *Who is the clinical mentor and why did you choose them?*
2. *What are the dates of your rotation (half day per week for 20 weeks or one day per week for 10 weeks)?*
3. *What will you do and learn during the rotation?*

<b>LCC Course Director</b>	Corrine Kliment, MD, PhD	<b>Signature</b>		<b>Date</b>	
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*Upon conclusion of your LCC, you need to complete a final report. Please email your report to Marcus Miller, [MILLERME@pitt.edu](mailto:MILLERME@pitt.edu), Kathy Hansell-Prigg ([kathyprigg@pitt.edu](mailto:kathyprigg@pitt.edu)).*

<b>Student's Name</b>		<b>Current Grad School Year</b>	<b>LCC 1</b>	
			<b>LCC 2</b>	
<b>Mentor's Clinic</b>				
<b>Start Date</b>		<b>End Date</b>		
<b>Mentor's Name</b>		<b>Mentor's Signature</b>	<b>Date</b>	

- *In one or two paragraphs summarize your clinical activity. Please include a brief description of the clinical setting (types and numbers of patients seen, the logistics of the medical team interactions and the nature of your clinical encounters).*
- *In one paragraph state what you learned from the experience.*

<b>LCC Course Director</b>	Corrine Kliment, MD, PhD	<b>Signature</b>		<b>Date</b>	
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 MSTP 5990: MSTP Longitudinal Clinical Clerkship—Evaluation Form

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Please complete this form and email it to Marcus Miller, [MILLERME@pitt.edu](mailto:MILLERME@pitt.edu), Kathy Hansell-Prigg ([kathyprigg@pitt.edu](mailto:kathyprigg@pitt.edu)).

<b>Student's Name</b>		<b>Current Grad. School Year</b>	<b>LCC 1</b>	
			<b>LCC 2</b>	
<b>Clinic</b>				
<b>Rotation Dates</b>	<b>Start Date</b>		<b>End Date</b>	
<b>Suggested Grade</b>	<i>(choose from: Honors, High Satisfactory, Satisfactory, Low Satisfactory, Unsatisfactory)</i>			
<b>Mentor's Name</b>		<b>Mentor's Signature</b>		<b>Date</b>

**Comments** (should include an evaluation of clinical knowledge and professionalism):

<b>LCC Course Director</b>	Corrine Kliment, MD, PhD	<b>Signature</b>		<b>Date</b>
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 MSTP 5990: MSTP Longitudinal Clinical Clerkship—Evaluation of Mentor

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*Upon conclusion of your LCC, we ask that you provide feedback on your mentor. This will help us as we match students with mentors in future LCCs. Please email this form to Marcus Miller, [MILLERME@pitt.edu](mailto:MILLERME@pitt.edu), Kathy Hansell-Prigg ([kathyprigg@pitt.edu](mailto:kathyprigg@pitt.edu)).*

<b>Student's Name</b>			
<b>Mentor's Name</b>			
<b>Mentor's Clinic</b>			
<b>Start Date</b>		<b>End Date</b>	

- *This form will not be shared with the mentor. We appreciate your taking the time to provide us with information on your clinical experience.*

	All the time 5	Most of the time 4	Some of the time 3	Not very often 2	Never 1
Did this rotation broaden your clinical skills and provide you with ample clinical learning opportunities and training from your mentor or his/her associates?					
Did your mentor serve as a role model in clinical practice and interactions with patients, and were you given ample opportunity to develop your own bedside manner?					
During your time in the clinic, were you able to interact with your mentor on an individual basis?					
Did this LCC meet your expectations?					
Comments on the strengths or weaknesses of this LCC:					

### LCC3/Junior Hospitalist Course Description:

Two weeks of a junior hospitalist service are required for the preparation of the return to medical school. This course is a general medicine service with three residents and one attending. Each MSTP student will be paired with a resident on this internal medicine clerkship following one-two patients, interviewing and examining patients, writing notes, and presenting patients to residents and the attending during rounds. Students receive structured feedback from the resident and attending during these two weeks.

On page 9-10, you will see the LCC3 student evaluation form that your chief resident will fill out and will send to Kathy Hansell-Prigg ([kathyprigg@pitt.edu](mailto:kathyprigg@pitt.edu)) at the conclusion of the rotation. On page 11-12, you will see the LCC3 Student Feedback form. We strongly encourage students to fill out this form. We appreciate and value feedback from students as we can to see where we might need to make improvements for the future. All responses will be kept highly confidential.

### Pre-Requisites for LCC3/Junior Hospitalist Service

1. Students must show successful completion of LCC1 and LCC2.
2. Students can attend eight hours of either the Clinical Reasoning or M&M Conferences, which are located at noon on select Thursdays at Montefiore Hospital. Students can also choose to attend these conference virtually and can contact Kathy Hansell-Prigg ([kathyprigg@pitt.edu](mailto:kathyprigg@pitt.edu)) for the current Zoom/Teams information. You can email Kathy when you attend each conference to track your attendance. In addition, students can choose to attend these similar conferences nearby:
  - a. Zitelli Rounds Conference at Children's Hospital of Pittsburgh. These conferences are held on Friday mornings and are broadcasted virtually via Microsoft Teams.
  - b. OB-Gyn Grand Rounds at Magee Hospital. These seminars are held on Tuesday mornings in an Auditorium at Magee Women's Hospital and are also broadcasted virtually via Microsoft Teams.
3. In lieu of completing these eight hours of conference attendance, students can choose to take the Master Diagnosticians course, which is held on select Tuesdays during the winter and is directed by Dr. Thuy Bui. More information on course registration is typically released in October, and students must notify us if they wish to enroll, as this course has limited space and fills up very quickly. As an additional alternative, students are able to attend eight hours of the morning report at Montefiore. Please contact Kathy Hansell-Prigg ([kathyprigg@pitt.edu](mailto:kathyprigg@pitt.edu)) for more info on these meetings.
4. Once these requirements have been completed, the student is able to register for their LCC3/Junior Hospitalist service. This service must be complete before the student is eligible to return to medical school.

**Longitudinal Clinical Clerkship 3**  
**Student Evaluation Form**

**Student Name** \_\_\_\_\_

**Faculty Name** \_\_\_\_\_

**Clinical Skills**

**Patient Interview**

Needs Improvement	Acceptable	Above Average	Outstanding	N/A
1	2	3	4	N/A
Incomplete, unfocused	Obtains basic history; accurate	Precise, detailed, broad-based	Resourceful, efficient, appreciates subtleties	N/A

**Physical Exam**

Needs Improvement	Acceptable	Above Average	Outstanding	N/A
1	2	3	4	N/A
Incomplete	Major findings identified	Organized, focused, Relevant	Elicits subtle findings	N/A

**Written Notes**

Needs Improvement	Acceptable	Above Average	Outstanding	N/A
1	2	3	4	N/A
Needs organization, omits relevant data	Complete, logical, reflects ongoing problems and plan	Precise, concise, organized	Analytical	N/A

**Oral Presentation**

Needs Improvement	Acceptable	Above Average	Outstanding	N/A
1	2	3	4	N/A
Major omissions, includes irrelevant facts	Maintains basic format, basic information	Fluent, focused	Tailored to type of rounds or setting, poised	N/A

**Professionalism**

Needs Improvement	Acceptable	Above Average	Outstanding	N/A
1	2	3	4	N/A

Often unprepared, lackadaisical	Fulfills responsibility, productive team member	Seeks responsibility, good rapport with staff	Remarkable dedication to patient care, perceived as integral member of the team	N/A
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**Grade**    \_\_\_ Pass            \_\_\_ Fail

**Mandatory Comments:**

General Statement

What the Student Did Well

Areas for Improvement

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(Faculty Signature/Date)

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(Course Director Signature/Date)

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 MSTP 5993: MSTP Longitudinal Clinical Clerkship 3—Evaluation of Clerkship

*Upon conclusion of your LCC, we ask that you provide feedback on your mentor. This will help us as we match students with mentors in future LCCs. Please email this form to Kathy Hansell-Prigg (kathyprigg@pitt.edu).*

<b>Student's Name</b>			
<b>Faculty's Name</b>			
<b>Residents' Names</b>			
<b>Start Date</b>		<b>End Date</b>	

- *This form will not be shared with the mentor. We appreciate your taking the time to provide us with information on your clinical experience.*

	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
The clerkship was well-organized					
I received clear learning objectives for the clerkship					
My performance was assessed against the learning objectives					
I had an opportunity to follow a variety of different patients on the clerkship					
During the clerkship an instructor (faculty, resident) observed me interview a patient					
<b>Feedback and Learning Environment</b>					
I received sufficient feedback on my performance					
Feedback was helpful to me in improving my performance					
Instructors (faculty, residents) in this clerkship treated me with respect					
During this clerkship, the learning environment promoted my development as a professional					
<b>Overall Clerkship Quality</b>					
	Poor	Fair	Satisfactory	Good	Outstanding
Overall quality of the educational experience in this clerkship					

<b>Comments</b>
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Please describe any aspects of this clerkship which had a POSITIVE impact on your learning experience	
Please describe any aspects of this clerkship which had a NEGATIVE impact on your learning experience	
What feedback do you have to improve this clerkship	

### LCC3 Flow Chart:

