The 2015-2016 academic year promises to be another exciting year for the Stritch School of Medicine. Let me begin by wishing our 2015 graduates much success as they embark on their residencies. Thanks to an excellent education received at Stritch, I am confident they will do well. Meanwhile, the new Third Year students completed their “clinical boot-camp” and began their clerkships, and the Fourth Year students are entering an exciting year as they begin interviews and prepare for their residency decisions. Orientation for our new students begins the week of July 27th, with the second year students beginning the following week. We wish all our students a successful and enjoyable year.

Looking ahead to 2016, we will host a site visit from the Liaison Committee on Medical Education (LCME), the national accrediting body for educational programs leading to the M.D. degree in the United States and Canada. Preparation is well underway for the visit scheduled for November 6th – 9th, 2016. While the LCME accreditation process is not new to our school, we will be one of the first schools to use both the new LCME standards as well as their electronic data collection system. To help our SSOM community stay up to date on this process, we will be introducing a new “LCME” website. Everyone’s involvement and support is necessary for this process, and a successful accreditation is critical to our school and will be one of our highest priorities over the next year.

In advance of the visit, an institutional self-study of all programs is completed along with an independent student analysis. With our most recent AAMC Medical School Graduation Survey, these tools will identify the strengths and challenges of our educational program. While we have been innovating and continuously improving our educational program, this re-accreditation process allows our diverse community to actively contribute and help guide the implementation of our school’s strategic plan to improve the quality of our M.D. educational program. The self-study committees and their membership will be developed and announced over the next month.

The finishing touches are currently being placed on our Center for Translational Research and Education. The facility will be another milestone in the growth and expansion of Loyola’s Health Sciences Campus and provide the highest quality research space required to advance our research mission. It will be a busy year as our researchers move into the facility in advance of the grand opening in April 2016.

Finally, through the efforts of a search committee, Loyola University Chicago President Michael Garanzini, SJ announced the selection of Margaret Faut Callahan, CRNA, PhD, FNAP, FAAN as the new provost for the Health Sciences Division. Dr. Callahan will return to her alma mater and begin serving in this capacity effective September 1. I look forward to welcoming Dr. Callahan to Loyola and working with her to advance Loyola’s mission. http://www.luc.edu/
LOYOLA UNIVERSITY CHICAGO — STRITCH SCHOOL OF MEDICINE
(abbreviated and does not include relationships to additional HSD groups or functions)
SSOM Curriculum Schedule 2015-2016

First Year Curricular Director, Neil Clipstone, PhD

- **Molecular Cell Biology & Genetics (MCGB)**
  - William Gimm, PhD
  - Kimberly Rosenman, PhD
  - Maureen Lockwood (A. Lehman)

- **SHB**
  - Structure of the Human Body (SHB)
  - Michael Desponts, PhD
  - Robert Fratzek, PhD
  - Agata Lamer (L. Lehman)

- **Behavioral Development**
  - Keri Horn, MD
  - Kate Goldstein, MD

- **Fall Break**

- **Winter Break**

- **Function of the Human Body**
  - Host Bovina (MD)
  - Michael Matthews, PhD
  - P. O. Le, MD
  - Agata Lamer (L. Lehman)

- **Spring Break**

Second Year Curricular Director, Theresa Kristopaitis, MD

- **Mechanisms of Human Disease**
  - Theresa Kristopaitis, MD
  - Jill Speake, MD
  - J. S. Goldasich (J. Green)

- **Pharmacology & Therapeutics**
  - Neil Clipstone, PhD
  - Diane Hopperdall, PhD
  - Greens C. (R. Goldasich)

- **Fall Break**

- **Winter Break**

Third Year Curricular Director, Scott Graziano, MD

- **Family Medicine**
  - 6 weeks
  - Doris Leary, MD
  - Amy Kinsel (A. Jatvann)

- **Obstetrics**
  - 5 weeks
  - Cynthia Brown, MD
  - Anna Jatvann (A. Jatvann)

- **Pediatrics**
  - 6 weeks
  - Benjamin Boyce, MD
  - Anna Jatvann (A. Jatvann)

- **Psychiatry**
  - 6 weeks
  - David Tolentino, MD
  - Brandon Graber, MD
  - Amy Kinsel (A. Jatvann)

- **Fall Break**

- **Winter Break**

Fourth Year Curricular Director, Aaron Michelfelder, MD

- **Emergency Medicine**
  - Trent Redd, MD
  - Mary McHugh, MD
  - Pamela Peralta (J. Rebek)

- **Electives**
  - Aaron Michelfelder, MD

- **Sub-I: ICU**
  - Matt Lechmacher, MD
  - E. Gilbert, MD
  - R. Patel, MD
  - D. Kinczali (R. Barysiwycz)

- **Sub-I: Wards**
  - Matt Lechmacher, MD
  - Melissa Russey, MD
  - D. Kinczali (R. Barysiwycz)

- **Electives**
  - Aaron Michelfelder, MD

- **Sub-I: ICU**
  - Matt Lechmacher, MD
  - E. Gilbert, MD
  - R. Patel, MD
  - D. Kinczali (R. Barysiwycz)

- **Electives**
  - Aaron Michelfelder, MD

- **USMLE Step 2 CK and CS**

USMLE Review Time

LOYOLA UNIVERSITY CHICAGO

STROUCH SCHOOL OF MEDICINE
Office of Education

Gregory Gruener, MD, MBA
Vice Dean for Education
Vice Chair, Dept. of Medical Education

Neil Clipstone, PhD
Associate Dean for Biomedical and Translational Science
Curricular Year Director – Year Two
Director, Pharmacology and Therapeutics

Keith Muccino, SJ, MD
Associate Dean for Clinical Performance
Director, Continuing Medical Education
Executive Director, Center for Simulation Education
Associate Provost for Education Resources

Scott Graziano, MD, MS
Assistant Dean for Clinical Development
Curricular Year Director - Year Three

Aaron J. Michelfelder, MD
Assistant Dean for Clinical Transformation
Curricular Year Director – Year Four
Co-Director, Institute for Transformative Interprofessional Education (I-TIE)

Theresa Kristopaitis, MD
Assistant Dean for Curriculum Integration
Curricular Year Director – Year One
Chair, Central Curricular Authority (CCA)
Director, Mechanisms of Human Disease

Trent Reed, DO
Assistant Dean for Simulation Education
Director, Clinical Simulation
Director, Emergency Medicine Clerkship

Mary Boyle, MD
Assistant Dean for Clinical Formation
Director, Patent Centered Medicine 2

Amy Blair, MD
Director, Center for Service and Global Health

Josh Hopps, PhD
Director, Academic Center for Excellence

Office of Student Affairs

James Mendez, PhD
Associate Dean, Student Affairs

Beth Sonntag, MAdEd
Assistant Dean, Student Affairs

Mary Van Houten, MBA
Director, Office of Registration and Records

Sunny Nakae, MSW, PhD
Assistant Dean, Admissions, Recruitment and Student Life
**Year 1 - Molecular Cell Biology & Genetics (MCGB)**

Lecture, small group problem solving sessions, conferences and laboratory exercises. MCBG is a foundational course upon which later courses and clinical clerkships build. MCBG covers the molecular, cellular, and genetic processes common to all mammalian cells, introduces clinically relevant examples of how disease can result from a disruption of these processes, and provides a rationale for the selection of molecular targets for diagnosis and therapeutic intervention. Thus, knowledge of MCBG aids in understanding the etiology and pathogenesis of inherited and acquired human disorders and their treatments.

**Year 1 - Structure of the Human Body (SHB)**

The study of gross human anatomy is the foundation for much, if not all, of the medical studies to follow. The science and practice of medicine rely on understanding the individual as an integrated whole. In this course, the teaching of anatomy in the lab will rely heavily on the use of preserved specimens. Anatomy is a visual and practical discipline, and therefore relies heavily on the laboratory as a learning forum. A rewarding experience for the student of gross anatomy is largely dependent upon the wisdom, foresight and social conscience of those who donate their bodies for research and education after death.

**Year 1 - Behavioral Medicine & Development (BD)**

Behavioral Medicine and Development is a course that covers some behavioral and developmental aspects of medicine. Students learn the basic elements of normal patterns of development through the life span and their effect on health of individuals. It also covers a few of the common biopsychosocial health problems that affect patients. It gives an introduction to basic health psychology.

**Year 1 - Function of the Human Body (FHB)**

Function of the Human Body builds upon core molecular and anatomical disciplines from physiology to metabolic biochemistry, nutrition, and major organ systems will be explored in an integrative fashion. Emphasis is placed upon the understanding of key concepts of normal physiological and biochemical systems in healthy humans. Selected aspects of pathophysiological processes will be discussed to illustrate how an understanding of normal function can be applied to clinical medicine. Students will need to master the ability to read and interpret graphs and think logically. The need to wrestle with challenging concepts, verbalize mechanisms, and reconstruct graphs with peers cannot be overstated. Comprehension and mastery of integrated FHB materials will prepare students for second-year courses in the curriculum, the USMLE Part I, as well as their clinical years of education.

**Year 1 - Host Defense (HD)**

Lecture, small group problem-solving sessions, conferences and laboratory exercises make up the HD course. HD introduces students to the immunologic strategies employed by humans responding to the threat of infection, to the cellular and molecular components of the immune system and how they function, and how a clinician can exploit this knowledge for the benefit of the patient. Immunology requires a departure from the "read and memorize" approach to knowledge acquisition. Immunity, like the practice of medicine, is not a collection of absolutes; but rather requires an understanding of the complex interactions of different cells, tissues, and molecules. The most astounding paradox of the immune system is not only its redundancy but also its heterogeneity. Again, like medicine, immunology appears to ask more questions than it answers.
YEAR 1 - PATIENT CENTERED MEDICINE (PCM 1)

Lecture, reflection, standardized patient exercises, and small group sessions are all integrated in this year long introduction to medicine course. PCM1 is the first segment of a 3-year course designed for Loyola medical students to develop the skills needed to become balanced, competent, patient-centered physicians with life-long career satisfaction. Patient Centered Medicine is based on the idea that the patient is at the center of the health care team, and each member of the team has an important role to play in promoting the patient’s health and happiness.

YEAR 2 - MECHANISMS OF HUMAN DISEASE (MHD)

Lecture, small group problem-solving sessions and laboratory exercises comprise the MHD course. This is a comprehensive course whose core is the science of pathology and microbiology. The goal for students is to understand the pathogenesis of disease of organ systems and the structural and functional changes which occur in cells and organs as a result of disease. It is offered in conjunction with relevant clinical correlations. Course content is integrated with that of Pharmacology and Therapeutics, as well as PCM-2, whereby diseases are discussed in terms of their manifestations and pharmacological treatments. MHD serves as a bridge between the basic science years and the clinical clerkships.

YEAR 2 - PHARMACOLOGY AND THERAPEUTICS (P&T)

The P&T course runs concurrently with MHD. Lecture topics have been integrated so that related topics are coordinated and will be taught in a contemporaneous fashion. This will ensure that students will first hear about the underlying scientific basis of a disease process, and its associated pathologies, and symptoms, prior to being introduced to the Pharmacology of the drugs used to treat that specific disease process. The topic areas are further integrated in small group sessions within both the MHD and P&T courses that aim to dovetail knowledge gained from both courses into addressing clinical scenarios. It is hoped that by integrating the course material in this way, it will aid the overall educational experience and will greatly facilitate the learning process.

YEAR 2 - PATIENT CENTERED MEDICINE 2 (PCM 2)

Lecture, reflection, standardized patient exercises that assess skills in performing a focused or complete Head-to-Toe physical exam, clinical skills workshops and examination of patients are all integrated within this year long course that builds upon skills learned in PCM-1. PCM2 is the second segment of a 3-year course designed for Loyola medical students to develop the skills needed to become balanced, competent, patient-centered physicians with life-long career satisfaction. Patient Centered Medicine is based on the idea that the patient is at the center of the health care team, and each member of the team has an important role to play in promoting the patient’s health and happiness.
Clerkship Directors

YEAR 3 - FAMILY MEDICINE

Scott Levin, MD
Clerkship Director

Kit Lee, MD
Asst. Director

This clerkship is six weeks in length and two types of sites are available to students. One site is a private practitioner's office, while the other involves working at ambulatory care centers associated with Family Medicine residency training programs. These experiences offer similar but not identical experiences. As with all positive learning experiences, a key factor influencing success is the ability to communicate effectively. To achieve the most from the clerkship experience, students establish their presence with their preceptors and become involved in the clinical environment as quickly as possible.

YEAR 3 - OBSTETRICS & GYNECOLOGY

Suzanne Kavic, MD
Clerkship Director

Cynthia Brincat, MD
Asst., Director

The Obstetrics & Gynecology Clerkship is six weeks in length and rotates through different clinical settings that include labor & delivery as well as the various gynecology services such as general, uro-gynecology and oncology. OB/GYN is an often unpredictable field of medicine and students will be actively involved. Students are expected to do independent reading regarding the topics that are encountered. Doctors are there to help students learn, but much of the learning will come from interactions with the patients and from observations of the team as they manage their patients.

YEAR 3 - PEDIATRICS

Bridget Boyd, MD
Clerkship Director

Nadia Qureshi, MD
Asst. Director

The Pediatrics Clerkship is six weeks in length and rotates through both inpatient and outpatient settings. A full-spectrum of conditions and delivery systems in different settings will be experienced. This is a unique rotation. Students are expected to perform, for the first time, age appropriate history and physical exams as well as perform assessments that are unique and related to patient safety (e.g., use of bicycle helmets or home safety for infants and toddlers). It is an opportunity to develop communication skills as they need to reach from adult to infant and become a child advocate for a unique population who often lack access to fundamental health care.

YEAR 3 - PSYCHIATRY

David Shilling, MD
Clerkship Director

Brandon Sanders, MD
Asst. Director

The Psychiatry Clerkship is six weeks in length and rotates through both consultation and inpatient services. In addition to learning about psychiatric illness, students will also develop an understanding that some individuals are at risk for inadequate healthcare and they can help to implement strategies and advocate for their access to healthcare services. While still a student, they are also a member of the treatment team and in that capacity, they are a professional. As a professional, they have an obligation to contribute toward the optimal functioning of the treatment team in the care of their patients. This requires continual communication with their service (typically their resident) so that availability for clinical assignments is maximized. It also may require flexibility in their personal schedule according to what is happening on their service at the time.
YEAR 3 - MEDICINE

The Medicine Clerkship is eight weeks in length and students are assigned to two 4-week inpatient rotations on different clinical services. A structured set of educational activities are integrated to help them meet educational and clinical skill competencies. Students on their IP rotations will be assigned call according to a schedule prepared at that hospital. Since the practice of medicine is not confined to a certain number of hours in a day, and since patient volume varies with a given service, guidelines are provided with respect to Medicine Clerkship specific hours of duty. This clerkship is designed to develop and sharpen clinical skills and is supported by a large and dedicated group of physician educators.

YEAR 3 - NEUROLOGY

The Neurology Clerkship is four weeks in length and rotates through both consultation and inpatient services. Neurological disease is very common, but often encountered as secondary to another illness. Learning to elicit physical findings and recognizing patterns of dysfunction are fundamental. To address these needs, the students will develop their skills in performing a neurological screening examination (under the observation and guidance of an attending neurologist) students can localize the site of dysfunction and develop skills in the interpretation of radiological images and diagnostic tests that are unique to this specialty. Finally, through the clinical experiences and didactic sessions, students will be able to formulate a diagnosis and treatment plan.

YEAR 3 - SURGERY

The Surgery Clerkship is eight weeks in length. Students will focus on the science and art of surgery. It will be a challenging and time consuming period in their clinical training, but one that can successfully prepare them for the practice of medicine in the years to come, regardless of their ultimate career goals. This clerkship demands interaction between the student, faculty and resident as well as an understanding of the responsibilities each must fulfill if the objective of excellence is to be met. Each student will be assigned to two general surgical services and the senior resident will play a fundamental role in assigning duties and is responsible for teaching of fundamental skills and fostering an open dialogue among the service team.

YEAR 3 - PATIENT CENTERED MEDICINE 3 (PCM 3)

PCM-3 is the last segment of the 3-year course designed to develop the skills needed to become balanced, competent, patient-centered physicians with life-long career satisfaction. This last segment is unique in its format, delivery and focus on the population and society. It is structured to help students understand medical professionalism, appreciate the obligation of the medical profession. It will also serve to promote the health and well-being of the public, define how social justice has a role in medical professionalism and for the individual learner, develop their capacity to engage in oral and written reflection for their own professional and personal development.

YEAR 4 - EMERGENCY MEDICINE

This clerkship is based on our current national consensus for a 4-week Emergency Medicine Clerkship Curriculum. Our mission is to introduce students to EM and how an Emergency Department (ED) operates. There will be no resident intermediary between students and supervising faculty. This will allow for continual, real-time, direct and interactive faculty instruction and formative feedback. Students will be continually “pushed” beyond their individual abilities and helping them to recognize their future roles and responsibilities with the ED regardless of career direction. They will acquire skills of critical judgment for the care of undifferentiated and seriously ill patients within the context of all organ systems and multidisciplinary content areas.
YEAR 4 - SUB-I: ICU

As the clerkship name implies, senior students will assume duties and responsibilities similar to those of a new intern. ICU rotations will occur at Foster G. McGaw Hospital (LUMC), Edward Hines Jr. Dept. of Veterans Affairs Hospital (HVA), Central DuPage Hospital (CDH), Resurrection Hospital (RES) and West Suburban Hospital (WSH). Students have the ability to rank different service choices that are in alignment with their future career and residency plans (e.g., medicine, obstetrics/gynecology, surgery). Clerkship goals are developed to enable relevant clinical skills to be developed, under faculty supervision, that include care for assigned patients that include:

- Constructing admit notes and problem lists; prioritized differential diagnosis; diagnostic, therapeutic and patient education plans, writing hospital orders, daily progress notes and discharge summaries
- Perform routine clinical procedures (e.g., venipuncture, insertion of intravenous catheters) and, when appropriate, more advanced procedures (e.g., lumbar puncture, thoracentesis)
- Directly interacting with patients’ families.
- Work collaboratively with other members of the health care team
- Actively participate in rounds, demonstrate the ability to act independently, interpret diagnostic tests, and utilize the literature to benefit the care of patients, to engage in self-learning, and to teach other members of the team.

YEAR 4 - SUB-I: WARDS

As the clerkship name implies, senior students will assume duties and responsibilities similar to those of a new intern. Ward rotations will occur at Foster G. McGaw Hospital (LUMC), Edward Hines Jr. Dept. of Veterans Affairs Hospital (HVA), Gottlieb Hospital (GOTT) or Resurrection Hospital (RES). Students will have the ability to rank different service choices that are in alignment with their future career and residency plans (e.g., medicine, obstetrics/gynecology, surgery). Clerkship goals are developed to enable relevant clinical skills to be developed, under faculty supervision, and the same curricular goals as those for the ICU Subinternship.

TOPICS IN CLINICAL MEDICINE

End of Life - a Vertical Curriculum (integrated throughout the four year curriculum)

“End of Life” refers to that part of the life cycle when the possibility of death becomes a major concern for the patient and their family. It is a time when addressing the physical, emotional, social and spiritual aspects of a patient’s care is paramount. Palliative care aims to relieve suffering and improve quality of life for patients with advanced illness and their families. There is no clear demarcation between active treatment of an illness and the end of life, which is one of the core principle’s addressed through this curriculum.

Nutrition - a Vertical Curriculum (integrated throughout the four year curriculum)

Integrating the basic science and clinical aspects of nutrition, this curriculum was developed and delivered as a set of online learning modules that explore different aspects of nutrition. The knowledge, skills and attitudes related to nutritional assessment and support that are developed within individual courses/clerkships will be assessed within those courses and clerkships via written exam questions, clinical skills exercises, written assignments, faculty observation and/or other applicable methods. Dr. Poonja is a new course director for this curriculum and already plans are underway to more effectively deliver and assess this important part of medical practice and healthcare.
**TOPICS IN CLINICAL MEDICINE**

**Disease Prevention, Health Promotion, and Lifestyle Management - a new vertical curriculum (integrated throughout the four year curriculum)**

As a new course director, Dr. Edwards will begin to revise and develop a “new” vertical course that more adequately reflects the breadth of the curriculum and emphasizes the importance of not just screening for disease, but seeking to promote health and healthy lifestyles with the goal of preventing the development of disease.

**Radiology - a Vertical Curriculum (integrated throughout the four year curriculum)**

Throughout this curriculum students will be exposed to the general principles of the practice of radiology. Upon completion our graduates will have the appropriate basic diagnostic and therapeutic skills for radiological interpretation, practice, and application for their own future careers.

Outcomes include: Role of radiologists as specialists and consultants, applications of radiology as a screening modality of disease, importance of evidence-based medicine in choice of radiological imaging, procedures, and appropriate interpretation, formulation of appropriate differential diagnoses for common radiologic findings.

**Patient Safety and Quality Improvement - new Vertical Curriculum (integrated throughout the four year curriculum)**

The acquisition and application of the principles of QI/PS are requisite for all future physicians in order for them to participate as effective members of today’s healthcare teams. These topics, in addition, are included on the United States Licensure Medical Examinations (USMLE) Steps 1 and 2.

During the M1 and M2 years, students are introduced to the “basis science” of quality and safety and a subsequent small group session provides opportunity for self-reflection and discussion. The third year orientation includes a session on safety issues that will be encountered during clinical experiences and includes the topics of handoff, communication, and error disclosure. The M4 year integrates experimental learning. During the Emergency Medicine Clerkship, Dr. Reingold facilitates a group discussion on the utilization of head CT’s in the evaluation of headaches. The quality issues addressed are subsequently applied in the form of a chart review. TEAM STEPPS, an Interprofessional simulation exercise, which teaches nursing and medical student teamwork and communication through simulation, is also a component of the Emergency Medicine Clerkship.

The vision of Drs. Smith and Reingold for the QI/PS curriculum is to team all Stritch students on a departmental or institutional sponsored quality project that will provide practical and clinically relevant tools for their ongoing professional development.

**Point of Care Ultrasound - a new curriculum under development**

The POC ultrasound curriculum will become an integrated course that will further introduce ultrasound into our curriculum. Learning the physics and optimization of ultrasound image acquisition will serve as an introduction to live ultrasound anatomy and physiology. This will help students connect what they learn in basic science courses, anatomy laboratory, and basic clinical foundations. It will be further incorporated into clinical skill training, but has already been implemented within the Emergency Medicine clerkship.
New Educational Administrative Titles

Dr. Theresa Kristopaitis will become the **Assistant Dean for Curriculum Integration** with responsibility for the oversight of the planning, development and implementation of the medical school curriculum and ensure integration of content through an assessment process that supports the pedagogy that facilitates student learning and professional development. She will co-report to the Associate dean for biomedical and translational science and the Vice Dean for Education. Her primary faculty appointment is within Internal Medicine, but she will have an adjunct appointment in the Department of Medical Education.

Dr. Trent Reed will become the **Assistant Dean for Simulation Education** with responsibility for and oversight of the planning, development and implementation of clinical simulation within the medical student curriculum that ensures vertical integration. He will report directly to the Vice Dean for Education, but, because of his role, will have a reporting relationship to the Associate Dean of Clinical Performance. His primary faculty appointment is within Emergency Medicine, but he will have an adjunct appointment in the Department of Medical Education.

Dr. Mary Boyle will become the **Assistant Dean for Clinical Formation** with responsibility for and oversight of the planning, development and implementation of medical student clinical formation (history, physical examination and procedural skill development) within the curriculum and ensures their vertical integration. She will report to the Vice Dean for Education, but maintain a strong working relationship with the Assistant Deans of the 3rd and 4th year curriculum. Her primary faculty appointment is within Emergency Medicine, but she will have an adjunct appointment in the Department of Medical Education.

**Directorship for the Host Defense Course**

**Dr. John (Jack) Robinson** recently announced his retirement from clinical practice as of July 1, 2015 and will also be stepping down as director of our Host Defense Course at SSOM and as the Councilor for our chapter’s Alpha Omega Alpha Medical Honor Society.

Dr. Robinson is widely known for his expertise as a clinical rheumatologist and that expertise was used to develop what is one of our most highly regarded courses. His dedication as a teacher and educator has consistently won praise from students as well as residents. Despite entering retirement, he hopes to continue in his role as a small group facilitator.

Dr. Herb Matthews has graciously agreed to assume the directorship of this course. He has received similar accolades from our students. Dr. Phong Le will become the new Assistant Course Director.
EyeSim Virtual Patient Simulator installed in APEC in the SSOM

EyeSim, a 3D virtual patient simulator developed by Loyola’s own Anuradha Khanna, MD is now up and running at the Advanced Procedure Education Center (APEC) in the Stritch School of Medicine. This virtual patient can be used for deliberate practice of physical exam skills and features reactive pupils; a full range of ocular motility; and cranial nerve, visual pathway, and muscle dysfunction simulation.

EyeSim also provides an immersive, interactive, anatomically correct model of the eye. Using motion-tracked 3D glasses and styluses, medical students, residents, and attending physicians can learn ocular anatomy and practice exam skills at individual stations. This educational resource can also be used in a classroom setting using the new 3D stereo projector in APEC. Contact Dr. Khanna (akhanna@lumc.edu) for more information.

New SSOM Electives

We are very pleased to announce the establishment and approval of two new competency-based electives:

**Medical Polish student elective**: The objective of this elective is for students to learn the fundamentals of the Polish language in order to facilitate their communication with Polish speaking patients. It will begin with the basics of the Polish language and essential phrases, but subsequently move to vocabulary and conversational sentences needed to conduct a patient interview and physical exam. The subject matter will be aligned with the topics currently being taught in Patient Center Medicine-1.

**Medical Polish Student-Instructor elective**: The objective of the Medical Polish student elective is for student participants to learn the fundamentals of the Polish language in order to facilitate their communication with Polish speaking patients. Instructors will be responsible for the preparation and execution of teaching material provided. Student-Instructors will be responsible for teaching the Polish alphabet, phonetics, grammar, and vocabulary necessary for a medical student to effectively communicate in Polish in a medical setting. Feedback for instructors will be offered throughout the semester, as well as during a designated feedback session during the second semester. Student-Instructor performance, preparedness, completion of elective requirements, and areas of improvement will be discussed. Student-Instructors will also give their own feedback about their experiences teaching, and suggested improvements for the course.

We want to acknowledge the hard work of our students Magda Harasimowicz, Monica Medrano and Chris Kasia under the supervision of Dr. Josephine Dlugopolski-Gach, who will serve as the elective supervisor. These electives will be housed in the CCGH, under the supervision of Dr. Amy Blair. As far as we know, these are the first of their kind electives in the US and are wonderful achievements! Congratulations everyone!

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**Upcoming SSOM 2015 Events**

- Aug. 21 - 23, Family Weekend
- Aug. 27, Mass of the Holy Spirit
- Sept. 12, Bistro Micetich ISI Fundraiser
- Oct. 14 - 16, St. Luke Celebration Events
- Oct. 29, St. Albert’s Day

**Upcoming CME 2015 /16 Events**

- Sept. 19, Innovations in Glaucoma Management and Cataract Surgery
- Oct. 24, Endoscopic Skull Base Surgery Laboratory Course
- Nov. 7, Temporal Bone Laboratory Course
- Nov. 15-17, CHA Physician Leader Forum
- Aug. 2016, Microvascular Free Flap Laboratory Course