AY 2026-27: MS4 Bootcamp – Transition to Residency

1. Boot Camp Description

   This course has been designed to prepare medical students for their first day of residency. Activities will include simulations and other interactive learning modalities to address the Core Entrustable Professional Activities established by the AAMC for graduating medical students. For example, the course will provide opportunities for deliberate practice and skill enhancement in the interpretation of diagnostic testing, the assessment of moderate to high complexity patients across settings, medical documentation, order and prescription writing, giving and receiving patient handovers, and recognition coupled with initial management of patients requiring urgent or emergent care. Specific sessions will also target survival skills for residency such as time management and wellness. The principles of quality improvement, patient safety, risk management, professionalism and medical ethics will be integrated throughout the course.

   This is a 2 credit course required for graduation.

   Disability Support Services:

   Office of Accessibility Services

   TTUHSC EP is committed to providing access to learning opportunities for all students with documented learning disabilities. To ensure access to this course and your program, please contact the Office of Accessibility Services (OAS) by calling 915-215-4398 to engage in a confidential conversation about the process for requesting accommodations in the classroom and clinical setting. Accommodations are not provided retroactively, so students are encouraged to register with OAS as soon as possible. More information can be found on the OAS website: https://elpaso.ttuhsc.edu/studentservices/accessibility/default.aspx

   STATEMENT OF ACCOMMODATION FOR PREGNANT AND PARENTING STUDENTS

   To support the academic success of pregnant and parenting students and students with pregnancy related conditions, Texas Tech University Health Sciences Center El Paso offers reasonable modifications based on the student's particular needs. Any student who is pregnant or parenting a child up to age 18 or has conditions related to pregnancy are encouraged to communicate their needs with their faculty and/or program for academic support. Students may also contact Norma Fuentes, the Manager of Accessibility and Student Advocacy, to discuss support options. She will work with the institution's designated Pregnancy and Parenting Liaison to ensure equal access to the University's education program or activity. Please email norma.fuentes@ttuhsc.edu or call 915.215.4398. Students may also submit a Pregnancy & Parenting Support form to request assistance.

   For more information, please refer to Texas Tech University System Regulation 07.15 – Pregnancy and Parental Status.

Counseling Assistance
TTUHSC EP is committed to the well-being of our students. Students may experience a range of academic, social, and personal stressors, which can be overwhelming. If you or someone you know needs comprehensive or crisis mental health support assistance, on-campus mental health services are available Monday- Friday, 9 a.m. – 4 p.m., without an appointment. Appointments may be scheduled by calling 915-215-TALK (8255) or emailing support.elp@ttuhsc.edu. The offices are located in MSBII, Suite 2C201. Related information can be found at https://elpaso.ttuhsc.edu/studentservices/student-support-center/get-connected/ Additionally, the National Suicide Prevention Lifeline can be reached by calling or texting 988.

Reporting Student Conduct Issues:
Campus community members who observe or become aware of potential student misconduct can use the Student Incident Report Form to file a report with the Office of Student Services and Student Engagement. Student behaviors that may violate the student code of conduct, student handbook, or other TTUHSCEP policies, regulations, or rules are considered to be student misconduct. This includes, but is not limited to, plagiarism, academic dishonesty, harassment, drug use, or theft.

TTUHSC El Paso Campus CARE Team:
The university CARE Team is here to support students who may be feeling overwhelmed, experiencing significant stress, or facing challenges that could impact their well-being or safety. If your professor notices any signs that you or someone else might need help, they may check in with you personally and will often connect you with the CARE Team. This is not about being "in trouble"—it's about ensuring you have access to trained professionals who can offer support and connect you to helpful resources. Additionally, if you have any concerns about your own well-being or that of a fellow student, please don't hesitate to reach out to let your professor know. You can also make a referral to the CARE Team using CARE Report Form. Your health, safety, and success are our top priorities, and we're here to help.

Use of Artificial Intelligence :

TTUHSC EP may utilize institution-approved artificial intelligence (AI)-assisted tools to support teaching, learning, and grading processes. AI tools are used to enhance efficiency and consistency; however, they do not replace faculty expertise, professional judgment, or final decision-making authority. Examples of permitted AI-supported functions may include, but are not limited to: assignment completion support where explicitly allowed, verification of submission completeness, preliminary rubric-aligned feedback, similarity checks, scoring assistance, and workflow efficiency improvements. Faculty are responsible for reviewing and verifying AI-generated outputs prior to assigning grades or providing final feedback.

Student use of AI tools (including generative AI platforms) is governed by course-specific guidelines. In some assignments, AI use may be permitted; in others, it may be limited or prohibited. Students are responsible for understanding and adhering to these expectations. Any AI-generated or AI-

assisted content must be appropriately disclosed and cited in accordance with course instructions to maintain academic integrity. Failure to follow course AI guidelines may constitute academic misconduct.

Students should be aware that AI-generated content may contain inaccuracies, incomplete information, or embedded bias. Students remain responsible for the accuracy, originality, and integrity of all submitted work.

Faculty retain full responsibility for final evaluation of student performance. Students may request clarification regarding grading processes or feedback and may appeal decisions through established institutional procedures.

Use of AI in Bootcamp:

- Use of generative AI should not be used for clinical documentation in the high fidelity simulations, Day in the Clinic, or Night on Call.
- Use of generative AI during high fidelity simulations and standardized patient activities for clinical decision making is prohibited unless specifically stated otherwise in the event description on a case by case basis.

2. Boot Camp Objectives

		EPA	PLFSOM PGO
a.	Gather a history and perform a physical examination appropriate to the setting in patients of all ages.	1	PC-1.1
b.	Develop a prioritized differential diagnosis.	2	PC-1.3
c.	Demonstrate appropriate ordering of therapeutics and diagnostic studies.	4	PC-1.2
d.	Demonstrate appropriate interpretation of diagnostic studies	2,3	PC -1.2, 1.3, , KP-KP02.2
e.	Apply evidence-based principles of clinical sciences to diagnostic and therapeutic decision making and clinical problem solving.	7	KP-2.3, PBL-3.1, PBL-3.4
f.	Initiate appropriate medication orders and prescriptions.	4	PC-1,2, 1.3,
g.	Understand when and how to request consultation.	6,9	ICS-4.2, PPD-8.1
h.	Demonstrate when and how to obtain informed consent for treatment and procedures.	11	PRO-5.2
i.	Give and receive transition of patient care	8	SBP-6.4
j.	Understand and apply basic ultrasound principles to patient care	12	PC-1.1
k.	Identify potentially life-threatening conditions and initiate basic stabilization and management.	10	PC-1.4, 1.5, IPC-7.2
l.	Collaborate as an inter-professional care team.	9	IPC-7.3
m.	Perform appropriate documentation for each clinical setting and encounter.	5	PC-1.1

n.	Practice professional behavior and adherence to ethical principles in all interactions and settings.	9,13	PRO-5.1, 5.4,5.7
o.	Apply quality improvement principles to patient care during simulations, inpatient and ambulatory experiences and debriefs.	13	PBL-3.2
p.	Accept and incorporate feedback into practice.	9	PBL-3.3
q.	Recognize heuristics and cognitive biases and apply strategies to improve diagnostic accuracy and enhance patient safety.	13	PC-1.2, 1.3
r.	Prioritize responsibilities to provide care that is safe, efficient, and effective.	13	PC-1.4
s.	Provide an accurate, concise, and well-organized oral case presentation tailored to the clinical situation.	6	ICS-4.2
t.	Counsel and educate patients on preventive health care services and chronic care management.	3	PC-1.4

3. Integration Threads
   Integration threads covered in the Boot Camp will include:

√	Geriatrics	√	EBM	√	Ethics
√	Professionalism	√	Chronic Illness Care	√	Patient safety
√	Pain Management	√	Communication Skills	√	Diagnostic Imaging
√	Quality Improvement	√	Clinical Pathology		

4. Calendar of Boot Camp Sessions
   a. The dates for the 2026-27 academic year are:
      i. February 1 to February 12, 2027
      ii. February 16 to February 26, 2027
      iii. March 1 to March 12, 2027
      iv. March 29 to April 9, 2027

   b. Students should plan to be in class between the fluctuating hours of 6:00 AM to 6:00 PM daily from Monday to Friday.

5. Boot Camp Location
   Time will be split between the two centers:
   - Monday, Wednesday and Friday will be primarily at TECHS North
   - Tuesday and Thursday will be primarily at TECHS South or identified room.

Sample schedule is below (Note that individual sessions are subject to change)

****Week One****

Time	Monday (TECHS N)				Tuesday (TECHS S)	Wednesday (TECHS N)				Thursday (MEB #1120)	Friday (TECHS N)			
07:30	Orientation/Overview/On-line Pre-Survey MEB # 1120				Day In the Clinic	08:00 – Morning Updates, Podcast, Tele Strip MEB # 1120				08:00 Breaking Bad News	08:00 – Morning Updates, Podcast, P2P MEB # 1130			
8:00 8:30	Calling a Consultant ACLS													
TECHS N	R#211	R#223	R#219	MEB #1120 Group DEF Ultrasound Didactic and Hands-On		R#219	R#223	R#215	MEB #1120 Group ABC TTR Part 1 Antibiotics BGL Mng		R#211	R# 223/217	R#219	MEB #1130 Group DEF EKG Tele TTR Part 2
09:00	RR1 A	Long 1a B	TC 1a C			RR2 D	Long 1b E	TC 2a F		Post Op Mgmt.	RR3 A	Long 1c B	TC 3a C	
10:00	RR1 B	Long 1a C	TC 1a A			RR2 E	Long 1b F	TC 2a D		EKG Review	RR3 B	Long 1c C	TC 3a A	
11:00	RR1 C	Long 1a A	TC 1a B			RR2 F	Long 1b D	TC 2a E		Ventilator Management	RR3 C	Long 1c A	TC 3a B	
12:00	Lunch & Learn				Lunch (variable)	Lunch & Learn				Lunch (variable)	Lunch & Learn			
12:30	Transition of Care					Transition of Care					Transition of Care			
13:00	RR1 D	Long 1a E	TC 1b F	MEB #1120 Group ABC Ultrasound Didactic and Hands-On	Day In the Clinic	RR2 A	Long 1b B	TC 2b C	MEB #1120 Group DEF TTR Part 1 Antibiotics BGL Mng	Beeps In the Night	RR3 D	Long 1c E	TC 3b F	MEB #1130 Group ABC EKG Tele TTR Part 2
14:00	RR1 E	Long 1a F	TC 1b D			RR2 B	Long 1b C	TC 2b A		Inpt. DM Mng	RR3 E	Long 1c F	TC 3b D	
15:00	RR1 F	Long 1a D	TC 1b E			RR2 C	Long 1b A	TC 2b B		Inpt. Agitated Pt Mng	RR3 F	Long 1c D	TC 3b E	
16:00	Debrief MEB # 1120				Lunch (variable)	Debrief MEB # 1120				Adjourn	Debrief MEB # 1130			
17:00	Adjourn				1-Min Paper	Adjourn				1-Min Paper	Adjourn			

****Week Two****

Time	Monday (TECHS N)				Tuesday (TECHS S)	Wednesday (TECHS N)				Thursday (MEB #1120)	Friday (MEB # 1130)
8:00	Morning Updates, EKG Review, & Podcast Student Presentations MEB # 1120				Night-On-Call	Morning Updates, Podcast Student Presentations MEB # 1120				08:00 Pre-operative Evaluation & Anticoagulation	Financial Wellness Course Wrap Up
TECHS N	R#211	R#223	R#219	MEB #1120 Group ABC WOC TTR Part 3		R#219	R#223	R#215	MEB #1120 ½ Group DEF PASE Cases Student Lounge ½ Group DEF AliEM Pharm 12Lead EKGs		
09:00	RR4 D	Long 2a E	TC 4a F			RR5 A	Long 2b B	TC 5a C		09:30 Oxygen therapy	Wellness: Transitioning to Residency
10:00	RR4 E	Long 2a F	TC 4a D			RR5 B	Long 2b C	TC 5a A		Treatment Guidelines/Rashes	
11:00	RR4 F	Long 2a D	TC 4a E			RR5 C	Long 2b A	TC 5a B		XR Interpretation	*Planning Committee Debrief Session Final Grading Preparation for following session*
12:00	Lunch & Learn				Lunch (variable)	Lunch & Learn				Lunch (variable)	
12:30	Transition of Care					Transition of Care					
13:00	RR4 A	Long 2a B	TC 4b C	MEB #1120 Group DEF WOC TTR Part 3	Night-On-Call	RR5 D	Long 2b E	TC 5b F	MEB #1120 ½ Group ABC PASE Cases Student Lounge ½ Group ABC AliEM Pharm 12 Lead EKGs	Mentor's Colloquium Biggest Fear	
14:00	RR4 B	Long 2a C	TC 4b A			RR5 E	Long 2b F	TC 5b D			
15:00	RR4 C	Long 2a A	TC 4b B			RR5 F	Long 2b D	TC 5b E		How to Critique A Journal Club Articles	
16:00	Debrief MEB # 1120				1-Min Paper	Debrief MEB # 1120				1-Min Paper	
17:00	Adjourn					Adjourn					

6. General Requirements

   We expect you to show up on time, appropriately attired (scrubs or business attire, no dangling hair, no open toe shoes), ready to work, with appropriate supplies (such as a pen), personal laptop computer, personal cellphone, and stethoscope. When evaluating standardized patients or simulated patients, always practice appropriate Personal Protective Equipment (PPE) and professionalism. Each student is required to attend all activities. During the high fidelity simulation cases, be prepared for complications. Further research after the scenario concludes is recommended. Please consult with staff members for each session to determine if you may use your phones for reference during simulations.

<u>High Fidelity Simulations</u>

Students will be assigned into teams of four-five students. Each team will rotate through three high fidelity simulations on Monday, Wednesday, and Friday. While half of the teams are in high fidelity simulations, the other half will complete assigned WISE-OnCall modules and other standardized asynchronous educational resources as appropriate. The teams will switch places after lunch. All students will participate in all simulations and complete required asynchronous activities by the posted deadlines. High fidelity simulations will occur on mannequins and standardized patients. Not all patients will require admission, but the final disposition should be decided by the team. The students will encounter the following types of simulation cases:

- Rapid response (RR) simulation: These simulation cases are isolated patient encounters. The scenarios could present as a patient in the Emergency Department or a patient who is decompensating on the floor, after an admission. No documentation will be required for these cases. The primary focus will be on emergent and urgent medical management and teamwork.
- Longitudinal (Long) simulation: Longitudinal cases will continue to provide repeated encounters with an evolving patient. Documentation and other case-linked activities may be incorporated formatively as appropriate to the simulation and debrief; no separate longitudinal H&P, progress-note, off-service-note, or order-set submission is required unless specifically identified in the event description.
- Transition of care (TC) simulation: A transition-of-care component will occur on each Monday, Wednesday, and Friday simulation day. The morning team will provide a structured handoff to the afternoon team using the I-PASS framework. Students on the morning team will complete and submit the assigned I-PASS handoff form. After continuation of the case, students on the afternoon team will complete a brief post-simulation handoff feedback form addressing information that facilitated care and information that was missing, unclear, or could improve the transition. Both components are formative and are due by 11:59 PM on the day of the simulation.

  Lab /Independent Learning Sessions: During designated non-simulation blocks on Monday, Wednesday, and Friday, students will complete assigned WISE-OnCall modules and may use standardized asynchronous educational resources. Brief recorded introductions, summaries, podcasts, videos, or other supplemental resources may be provided as appropriate. These supplemental resources are intended to support the simulation curriculum and do not constitute separate graded assignments unless specifically identified as required in the course schedule.
- WISE-OnCall: Students will complete selected virtual modules that focus on common symptoms, clinical skills, and patient-management scenarios. Modules will be sequenced so that, whenever feasible, they are completed before the first related applied experience in the M/W/F simulations, Day in the Clinic, or Night on Call. Required modules and deadlines are listed in the assignment table and will be listed in Elentra. Completion will be monitored by the Boot Camp coordinator.

WISE-OnCall and Assignment Schedule:

Week 1		
Day	Required assignments	Deadline / alignment
Monday -	Transition of Care: morning team submits I-PASS; afternoon team submits post-simulation handoff feedback.	11:59 PM Monday
	WISE-OnCall: Chest pain; Documentation for Patient Safety	11:59 PM Monday
Tuesday	Complete 1 minute paper assignment	11:59 PM Tuesday
Wednesday -	WISE-OnCall: Certifying a Death; Acute High Blood Pressure. Transition of Care: morning I-PASS + afternoon feedback.	11:59 PM Wednesday. Certifying a Death is completed before the Friday ICU death case.
	Review material to prep for interactive sessions on Thursday as assigned in Elentra	0800 Thursday AM
Thursday	Complete 1 minute paper assignment	11:59 PM Thursday
Friday	WISE-OnCall: Oliguria; Acute Pain Management; Transition of Care: morning I-PASS + afternoon feedback.	11:59 PM Friday. Oliguria is completed before the second-Tuesday Night on Call activity.
Week 2		
Monday	WISE-OnCall: Abdominal Pain; Loss of Consciousness; Hypotension. Transition of Care: morning I-PASS + afternoon feedback.	11:59 PM Monday
Tuesday	Complete 1 minute paper assignment	11:59 PM Tuesday
Wednesday	Transition of Care: morning team submits I-PASS; afternoon team submits post-simulation handoff feedback.	11:59 PM Wednesday; PASE/PACE activities occupy the other half-day.
	Review material to prep for interactive sessions on Thursday as assigned in Elentra	0800 Thursday AM
Thursday	Complete 1 minute paper assignment Review material to prep for interactive sessions on Friday as assigned/recommended in Elentra	11:59 PM Thursday
Friday -	No required assignments. This is the last day of Bootcamp!	

PASE Cases

- Small group activity with 6 to 8 students that occurs on the second Wednesday when students are not in the high fidelity simulations
- Designed to provide students with experience on how to handle difficult situations

Day in the Clinic

- During the first Tuesday, each student will be in a simulated intern ambulatory clinic setting. There will be four patients on the schedule for each student. Students will: perform an appropriate history and physical exam, interpret lab and diagnostic testing, develop an assessment and treatment plan, provide patient education and counselling, perform medication reconciliation, document the encounter in a simulated electronic health record, order prescriptions, enter orders for lab and diagnostic testing, and provide written discharge instructions. They will collaborate with a simulated nurse who may interrupt them with urgent requests from other patients.
- In the debriefing session following the simulated ambulatory clinic, each student will perform an oral case presentation followed by an in-depth discussion of each case. Management of interruptions will also be discussed.

Night on Call

- On the second Tuesday, each student will participate in a simulated night on call. Each student will have an assigned time to report to the TECHS Center. Timeliness is essential as late starts will not be possible. The simulation lasts approximately 4.0 hours. Instructions for each station will be provided as students work through the situations that arise on their call night.

Thursday Didactics

Didactics will address topics and skills pertinent to residency such as: interpretation of EKGs, diagnostic radiology, common cross coverage calls, oxygen therapy, pre-op and post-op care and inpatient glucose management

Documentation

Documentation requirements for Tuesday activities are described below.

Documentation for Tuesday activities will take place in LearnSim and the NOC system.

Documentation for Tuesday activities will need to be completed as follows:

- Documentation for the simulated clinic will take place using a template in LearnSim created to mimic an ambulatory electronic health record. Students will have 25 minutes following the patient encounter to complete the documentation before moving to the next encounter. This is also the time when nurses may approach with questions.
- Documentation for Night on Call will occur in the NOC system at the completion of each station as instructed on the call day.

7. Required, Expected and Optional Events
    a. Attendance and participation in all Boot Camp activities is mandatory.
    b. Completion of all assignments is mandatory by the deadline posted.

8. Student Performance Objectives

a. Students are required to evaluate standardized patients and/or simulated patients with appropriate Personal Protective Equipment (PPE) and utmost professionalism.
b. Students must attend and participate in all sessions as noted in section 6.
c. Students are expected to read and research topics after the scenarios/sessions conclude to better understand the diagnosis, complications, and management.
d. Students must complete all assignments by the posted deadlines.
e. Students are expected to maintain confidentiality of all cases, activities, and content.
f. Students are required to provide their own personal computing devices, including your own laptop computer, necessary adapters, cell phones, etc.

9. Patient Condition Expectations/Op Log Expectations
    a. There are no Op Log entries required.

10. Assessment
    a. Professionalism: See expectations in section 11 below.
    b. Attendance is mandatory. See expectations in section 6.
    c. Participation
        i. Students are expected to participate with their groups, in open discussion in class, and during debriefs. They are expected to pay attention and refrain from unauthorized use of electronic devices and to be respectful of their peers and presenters.
    d. Satisfactory completion of all activities and assignments, to include but not limited to, patient notes, patient assessments, patient interaction, etc.
    e. Simulation performance: Faculty will use a standardized simulation observation/grading rubric to document learner participation and performance during high-fidelity simulation. The rubric will be available to students as an appendix/example grading sheet.
    f. Day in the Clinic performance: Students will be assessed by the standardized patients and the standardized nurses encountered during the simulation. The oral presentation and discussion will be graded by the faculty during the small group debrief.
    g. Night on Call: Students will be assessed on each component of night on call. A comprehensive feedback report will be uploaded to ePortfolio once all grading is complete.
    h. Mid-point feedback: Students will receive a mid-course professionalism check-in using the Mid-point Professionalism Assessment in Appendix 2. The purpose is formative: to identify strengths and any concerns early enough for feedback and improvement during the remainder of the course.

11. Grading Policy

Students will receive a grade of Pass or Fail for the course based on the following:

PASS:

- Complete all activities and assignments to the satisfaction of the course directors.
- Any remedial requirements given during the course must be completed to the satisfaction of the course directors prior to the end of the two week clerkship.

IN-PROGRESS:

- This grade will be issued at the end of the clerkship if the course requirements have not been met due to mitigating circumstances. Once the requirements have been met the grade will be changed appropriately.

FAIL:

- Unprofessional behavior.
- Failure to complete required activities and assignments.
- Failure to complete course requirements to a satisfactory level.
- Unexcused absence from required activities at the discretion of the course directors.

12. Professionalism Expectations (see Appendix 3)
    a. As a student, it is important to be professional at all times. This includes:
        i. Being on time
        ii. Being honest
        iii. Being respectful of everyone
        iv. Admitting mistakes
        v. Being prepared to learn
        vi. Checking your email daily
        vii. Timely completion of all activities and assignments by the posted due date
        viii. Dress code
            1. A clean white coat with either business casual or scrubs are acceptable for activities occurring at TECHS North.
            2. Activities occurring at TECHS South are subject to the established TECHS dress code policies.
                a. Business casual attire with white coat is required for Day in the Clinic.
                b. Scrubs are acceptable for Night On Call.
            3. Students are expected to wear their ID badges and have them clearly visible.
    b. Your professionalism is formally evaluated by the Course Directors. Your professionalism is also monitored and evaluated by the Boot Camp coordinator. (see Appendix 2 for the mid-point professionalism session))
    c. Failure to receive a satisfactory rating on any aspect of professionalism may result in failure of the course regardless of performance in other areas.

13. A pattern of tardiness will result in remediation or failure of the course.
    Missed Events- in addition to Common Clerkship Policies (found at: https://ttuhscep.edu/som/academics/office-of-medical-education/cepc/_files/commonclerkshippolicies-ay-2026-2027.pdf)
    a. All students are required to attend all activities. All activities are mandatory.
        i. If absences during the Bootcamp are considered excessive by the course directors, the student will be rescheduled to a later Bootcamp course.
        ii. If a student will be absent from any activity, they must obtain approval from the Course Directors.
            1. If an absence is planned in advance (for example, SARP presentation), the course directors must be notified prior to the start of the Bootcamp.
        iii. Students will be required to complete alternate activities/assignments for all absences (both excused and unexcused).
        iv. Remediation will be assigned by the course director based on the specific activities missed.
    b. In the event of an emergency that results in an absence from activities, the student must notify the Boot Camp Coordinator AND submit the absence through Elentra as soon as possible.
    c. If coverage by another student is required to maintain care of your simulated patients, you

will be expected to make every effort to arrange this coverage yourself. Please notify the Boot Camp Coordinator to ensure coverage has been confirmed.

d. Unexcused absences will result in a professionalism concern that may lead to a final grade of "Fail" for the Boot Camp course at the discretion of the Course Directors.
e. If a student is required to make-up assignments, this must be completed during unscheduled time and the hours worked must be in compliance with the duty hour policy. Make-up assignments must be submitted by the established due date. Tardy assignments will result in a professionalism concern.
f. Please also note that professionalism concerns after the match may result in notification of your future program director.

14. Contacts

Dr Sage Wexner Boot Camp Co-Director	915-215-4607	swexner@ttep.edu	CSB, 3rd Floor B3200
Dr Rebecca Corey Boot Camp Co-Director	915-215-5191	Rebecca.Corey@ttep.edu	CSB Basement C30
Yolie Pena Boot Camp Program Coordinator	915-422-9290	yolie.pena@ttep.edu	CSB, 3rd Floor B3100
TECHS North			GGHSON, 2nd Floor
TECHS South			MEB, 3rd Floor
PLF Absences	PLFELPClerkshipAbsence@ttuhsc.edu		

Appendix 1: 1 Minute Paper Assignment

Date *(adapted from work by K. Patricia Cross and Elizabeth Armstrong)*	
Please list 2-3 core ideas that have emerged for you as important today or during the program thus far.	
1.	
2.	
3.	
List 2-3 questions that have arisen from you relevant to content presented or ideas that remain unclear.	
1.	
2.	
3.	

Appendix 2: Mid-point Professionalism Assessment

	No concern/slight concern/serious concern
1. Student is reliable and attended all sessions. (PGO 5.3, 5.7)	
2. Student demonstrates respect for all people. (PGO 5.1)	
3. Student's dress and grooming are appropriate for the setting. (PGO 5.7)	
4. Student came to the sessions prepared to learn. (PGO 5.3, 5.7)	
5. Student demonstrates honesty in all professional matters. (PGO 5.6)	
6. Student completed assignments in a timely manner. (PGO 5.7)	
Comments:	

Appendix 3: Confidentiality Statement

PARTICIPATION, RECORDING, AND CONFIDENTIALITY AGREEMENT

As a participant in the training simulated patient care environment at the TTUHSC Education & Training Facility, and TECHS North and South:

I understand that I will be an active participant in simulations. I understand that participating in simulation-based training is part of my clinical learning experience. I will engage in and participate in the simulation fully as a professional and treat it as a realistic patient care experience while maintaining and following the policies and procedures set forth by the center.

I understand that the objective of this education center is to train individuals to better assess and improve their performance for real patient care situations. I understand that while participating in simulation based training the scenario may be photographed and/or videotaped for use during guided debriefing sessions following the simulation as well as for future educational experiences. At no time will there be compensation for materials photographed and/or videotaped. I understand that photographs and/or videotapes may be used but not limited to dissemination to the hospital staff, physicians, health professionals, members of the public for education, treatment, research, scientific, public relations, advertisement, and promotional purposes and may be accomplished in any manner.

Simulations are designed to challenge participants. It is a safe environment where mistakes are expected, and participants are encouraged to learn and grow from those mistakes. Because of this, I will maintain strict confidentiality regarding both my performance as well as of the performance of others participating, whether witnessed in real time or in media. I understand that failure to maintain confidentiality may result in unwarranted and unfair defamation of character of the participants. This could cause irreparable harm to me and colleagues and would seriously impair the effectiveness of this simulation based training program.

I understand and will observe simulated and peer confidentiality about the details of the scenario, team member actions, and the debriefing discussions at all times to which I am both directly and indirectly exposed.

I acknowledge that I have read and understand this statement and agree to participate fully and maintain the center's policies and procedures.

Printed Name:	
Signature:	
Date	Time:

Appendix #4: I-PASS Handoff Form:

I-PASS	Handoff
I — ILLNESS SEVERITY	☐ Stable ☐ Watcher ☐ Unstable
P — PATIENT SUMMARY	One-line summary: _____ Working diagnosis/problem: _____ Important events / treatments / response: _____ Current condition & plan: _____
A — ACTION LIST	What still needs to be done? 1. _____ By when: _____ 2. _____ By when: _____ 3. _____ By when: _____
S — SITUATION AWARENESS & CONTINGENCY PLANS	What are you worried might happen? _____ IF _____ THEN _____ IF _____ THEN _____
S — SYNTHESIS BY RECEIVER	*Receiving team completes this section during the verbal handoff.* My understanding of the patient's current problem is: _____ The most important things we need to do are: _____ Question/clarification: _____

Appendix #5: I-PASS Receiving Team Form:

I-PASS Component	Receiving-Team Feedback
I — Illness Severity	Was the patient's severity communicated appropriately? ☐ Yes ☐ Partially ☐ No
P — Patient Summary	Did the summary give you the information needed to understand the patient's condition and ongoing care? ☐ Yes ☐ Partially ☐ No
A — Action List	Were the outstanding tasks and priorities clear? ☐ Yes ☐ Partially ☐ No
S — Situation Awareness / Contingency Planning	Were you adequately warned about likely changes or potential problems? ☐ Yes ☐ Partially ☐ No
S — Synthesis by Receiver	Did your team have an opportunity to clarify information and confirm the plan? ☐ Yes ☐ Partially ☐ No

(to be completed after sim):

1. What information from the handoff was MOST helpful to your team?

2. What important information was MISSING, UNCLEAR, or could have been communicated better?

3. Did anything happen during your care that the outgoing team anticipated in its contingency plan?

☐ Yes ☐ No ☐ Not applicable

If yes, what happened, and was the contingency plan useful?

4. What is ONE specific suggestion you would give the outgoing team to improve its next handoff?

Overall Handoff Effectiveness
How well did the handoff prepare your team to safely continue this patient's care?
☐ Very well ☐ Adequately ☐ Partially ☐ Poorly

Appendix 6: Sim Grading Rubric

Date: Faculty: Case: Group:

Photo Student	Role	Not Present	Pre-Entrustable	Mostly Entrustable	Fully Entrustable	Professionalism Concern
photo Name	Leader	☐	☐	☐	☐	☐
photo Name	Interview	☐	☐	☐	☐	☐
photo Name	Physical Exam	☐	☐	☐	☐	☐
photo Name	Procedures	☐	☐	☐	☐	☐
photo Name	Scribe	☐	☐	☐	☐	☐

Team strength: _____
Opportunity for improvement: _____

Back — Faculty Rating Guide

Role	Pre-Entrustable	Mostly Entrustable	Fully Entrustable
Leader	Requires frequent prompting to organize team, establish priorities, recognize deterioration, or move care forward.	Generally directs care appropriately; identifies major priorities but occasionally needs prompting, redirection, or help coordinating the team.	Independently organizes the team, prioritizes problems, anticipates next steps, reassesses the patient, and adapts the plan appropriately.
Interview	History is incomplete, poorly organized, or misses information important to the presentation despite prompting.	Obtains a generally focused and useful history but may miss secondary details or require occasional prompting.	Independently obtains an efficient, focused history that identifies information necessary for clinical decision-making.
Physical Exam	Examination is incomplete or poorly targeted; important abnormalities may be missed or require prompting.	Performs an appropriate focused examination and recognizes major abnormalities, with occasional prompting or omissions.	Independently performs an efficient, appropriately targeted examination, recognizes significant findings, and communicates them to the team.
Procedures	Requires substantial instruction to select, prepare for, or perform appropriate interventions/procedures safely.	Selects and performs appropriate procedures/interventions with occasional coaching or technical assistance.	Independently identifies the need for appropriate procedures/interventions, prepares appropriately, performs within expected learner capabilities, and communicates progress/complications to the team.
Scribe	Documentation is incomplete, inaccurate, poorly organized, or does not reflect important	Captures the major clinical events, findings, interventions, and decisions with minor	Produces a clear, accurate, organized contemporaneous record that reflects the patient's course, interventions,

Role	Pre-Entrustable	Mostly Entrustable	Fully Entrustable
	events/decisions.	omissions or prompting.	reassessment, and clinical decision-making.

Consider checking "Professionalism Concern" for concerns regarding:

- Reliability/attendance
- Respect for others
- Appropriate dress/grooming
- Preparation to learn
- Honesty
- Timely completion of responsibilities

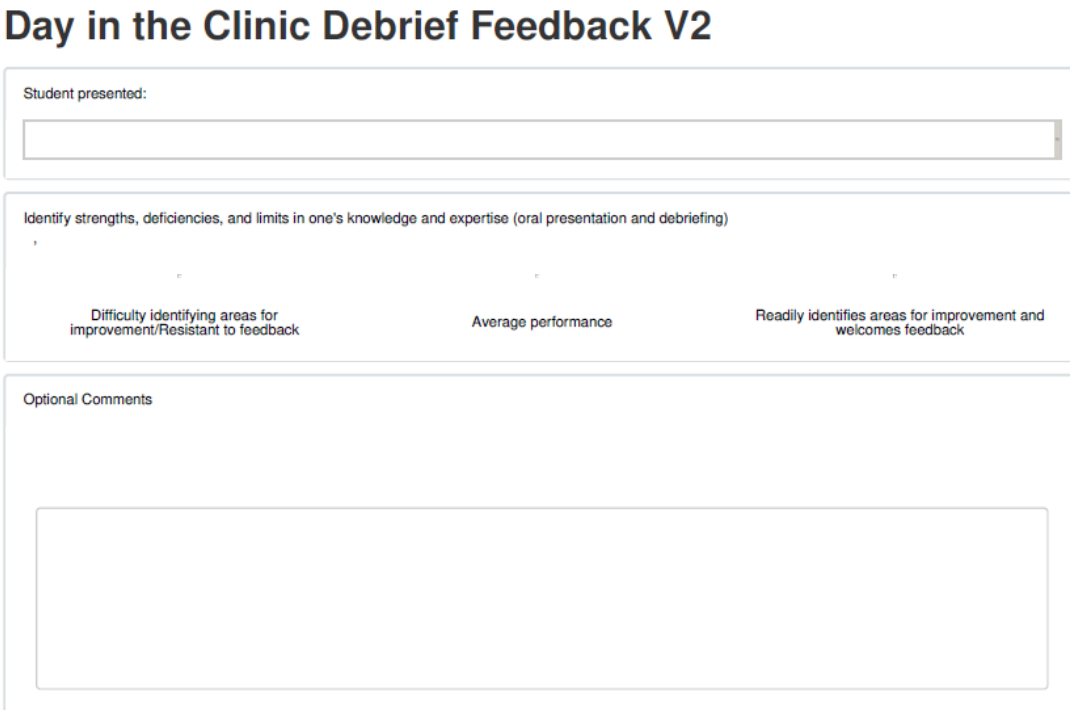
Appendix 7: Day in the Clinic Oral Case Presentation Form

Oral Presentation Skills (Please circle the most accurate statement.)

	Unacceptable	**Needs Improvement**	**Acceptable**	**Above Average**	**Outstanding**
Pace	Does not complete	< 5 min and incomplete >7 min; extraneous data	5 – 7 min < 5 min but complete >7 min, but minimal extraneous data		
HPI	Chronology is poor/chaotic Poor characterization of the symptom No pertinent negatives	Inadequately describes chronology Superficial characterization of symptoms No pertinent negatives	Adequately describes chronology of the illness Adequate characterization of CC Ends with a few pertinent negatives	Chronology is clearly stated Full characterization of the CC Demonstrates recognition of important details	Chronology is clearly stated Full characterization of the CC Demonstrates prioritization of important details
Context: SH/PMH/PSH	Major omissions Completely disorganized	Superficial; lacking important basic details Poorly organized	Generally maintains format Few or minor omissions	Maintains format Complete; no omissions Demonstrates recognition of important details	Maintains format Complete; no omissions Demonstrates prioritization of important details
Physical Exam	Major omissions Completely disorganized	Superficial; lacking important basic details Poorly organized	Generally maintains format Adequate characterization of presenting symptom Describes all Hx and PE elements in adequate detail Occasional omissions/errors	Maintains format Complete; no omissions Demonstrates recognition of important details	Maintains format Complete; no omissions Demonstrates prioritization of important details

	Unacceptable	Needs Improvement	Acceptable	Above Average	Outstanding
Overall organization	Completely disorganized; rambling Minimal or no attempt to follow prescribed format Major omissions	Disorganized, but attempts to follow the basic format Superficial; lacking important details Unduly repetitive	Follows basic format Most elements well organized Few or minor omissions Minor repetition	Smooth presentation Minimal or no repetition Demonstrates ability to recognize important data	Fluent presentation Minimal use of notes Demonstrates ability to prioritize data
Summary Statement (Quality of 1 – 3 sentence summary of patient's reason for presentation.)					
	Unable to summarize	Poor/inadequate summary	Adequate summary	Well-summarized; recognizes key details	Outstanding summary; demonstrates understanding
Differential diagnosis (List diagnoses that would explain the problems represented in the summary statement.)					
	No differential dx given	One diagnosis offered to explain the problems	More than one dx considered but thinking is narrow (e.g., confined to one organ system)	Broad differential considered but potential diagnoses are not discussed in order of likelihood	Broad differential dx considered with identification of most likely dx
	No supporting evidence given	Minimal supporting evidence offered	Some supporting evidence offered for main dx but overall incomplete	Key factors from history and physical provided as evidence for most likely diagnosis	Key factors from history and physical discussed as evidence for most likely diagnosis and in context of what fits and doesn't fit with other potential diagnoses
Semantic competence (i.e., use of terminology to efficiently and concisely convey patient's symptoms and findings)					
	Uses lay terms or patient's words	Incorrect use of medical terminology	Correctly uses some medical terminology	Frequently and correctly uses medical terminology	Advanced fluency in medical terminology; Eloquent and concise
Comments:					

Appendix 8: Day in the Clinic Debrief Feedback Form



Day in the Clinic Debrief Feedback V2

Student presented:

Identify strengths, deficiencies, and limits in one's knowledge and expertise (oral presentation and debriefing)

Difficulty identifying areas for improvement/Resistant to feedback

Average performance

Readily identifies areas for improvement and welcomes feedback

Optional Comments