TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

Family Medicine and Surgery Block Syllabus:

Quick Guide

The following are brief snapshots of the requirements for each clerkship. Please be aware that although these are the requirements, students are still responsible for all of the information contained in this syllabus.

Contents

FAMILY MEDICINE CLERKSHIP:

Kenworthy Clinic

Assignment	Due	Resident/Attending	Date Completed
2 EMR notes per clinic session + SOAP Note #1			
2 EMR notes per clinic session + SOAP Note #2			
2 EMR notes per clinic session + SOAP Note #3			
2 EMR notes per clinic session + SOAP Note #4			
2 EMR notes per clinic session + SOAP Note #5			
Observed H&P			
AM: Report at 8am on days schedule / PM: Report at 1pm on days scheduled			

Kenworthy Clinic Assessments

Assessments	**Required**	**Attending/Resident/Student***	**Date Turned In**
Assessment(s) Week 1	1		
Assessment(s) Week 2	1		
Assessment(s) Week 3	1		
Assessment(s) Week 4	1		
Assessment(s) Week 5	1		
Assessment(s) Week 6	1		

KEN Clinic Patient Chart Review Audit Forms	All		
Students are encouraged to turn in more assessments than required			

Community Clinic (to include Ft. Bliss if applicable)

	Due	Preceptor	Date Completed
Assessment #1			
Assessment #2			
Report at 8am – 5pm on day scheduled			

Lectures

	Lecturer	Date Completed
Breaking Bad News		
Musculoskeletal Part 1		
Musculoskeletal Part 2		
Suture		
Nutrition		
Ophthalmology		

Hospice

	Due	Preceptor	Date Completed
Hospice Pre-Test	9/10/2017	Canvas	
Rotation Hospice Week	When scheduled	Hospice Staff	
Reflection + Hospice Post-Test	At end of Hospice Week	Canvas	

SuCCCes (Southwest Coalition for Colorectal Cancer Screening)

	Due	Preceptor	Date Completed
Lecture	When scheduled	Rebekah Salaiz , Matharasi, Pracheta & Joe Padilla	
Reflection	Monday after Promotora Experience	Promotora	

Design-A-Case

	Due	Preceptor	Date Completed
5 Cases	Mid-Clerkship Feedback	On-line	
5 Additional Cases	End of Block	On-line	

AAFP Questions

AAFP Questions (400 total)	Due	Preceptor	Date Completed
100 Questions	Mid-Clerkship Feedback	On-line	
300 Questions	End of Block	On-line	

FM Cases

	Due	N/A	Date Completed
Case FM #3:65 y/o F with insomnia – Mrs. Gomez Case FM #4: 19 y/o F with sports injury – Christina Martinez Case FM #5: 30 y/o F with palpitations – Ms. Waters	Completed by mid-clerkship feedback	On-line	
Case FM #10: 45 y/o M with low back pain – Mr. Payne Case FM #12: 16 y/o F with vaginal bleeding and UCG – Savannah Bauer Case FM #14:. 35 y/o F with missed period – Ms. Rios	Completed by mid-clerkship feedback	On-line	
Case FM #22: 70 y/o M with new-onset unilateral weakness – Mr. Wright Case FM #24: 4-week old female with fussiness – Amelia Arlington Case FM #30: 27 y/o F – Labor and delivery – Mrs. Gold	Completed by end of the block	On-line	
Case PED #1. Evaluation and care of the Newborn Infant – Thomas Case PED #2. Infant well child (2, 6, and 9 months) – Asia Case PED #33 y/o well-child visit - Benjamin	Completed by end of the block	On-line	

CANVAS Quizzes

	Due	N/A	Date Completed
EKG Interpretation Pre & Post	See Assignment Sheet	Canvas	
Evidence-Based Medicine	See Assignment Sheet	Canvas	
Ophthalmology	See Assignment Sheet	Canvas	
NBME prep quizzes (Week 2-13)	End of Block	Canvas	

Op-Log Requirements

	Due	Required Level of Involvement	Date Completed
Allergy	Allergic Rhinitis: *2 patients*	Manage	
Cardiovascular	Chest Pain: *2 patients* Hypertension: *2 patients*	Manage	
Endocrine	Diabetes: *2 patients*	Manage	
ENT	Pharyngitis: *2 patients* Upper Respiratory Infection: *2 patients*	Manage	
General	Physical Exam, Routine: *2 male patients* and *2 female patients*	Manage	
	Palliative/End of life care: *2 patients*	Assist	
GI/Alimentary	Abdominal Pain: *2 patients*	Manage	
Metabolic	Dyslipidemia or Hyperlipidemia: *2 patients*	Manage	

Musculoskeletal	Knee Injury: *2 patients* Low Back Pain: *2 patients*	Manage	
Neurological/ Neurosurgical	Headache: *2 patients*	Manage	
Preventative Care	Tobacco use/Smoker: *2 patients*	Manage	
Psych/Behavioral	Depression: *2 patients* Anxiety: *2 patients*	Manage	
Pulmonary/Thoracic	Asthma: *2 patients* COPD: *2 patients*	Manage	
Urinary/Kidney	Urinary Tract Infection: *2 Patients* Dysuria: *2 Patients* (May also use Urethritis or Vaginitis in Men's or Women's Health Category)	Manage	

Presentations

Presentations	**Due**	**Notes**	**Date Completed**
Integrated Case Presentations (ICP) FM & Surgery	See Assignment Sheet	Group Presentation: Interactive presentation	
Longitudinal Selective Presentations	See Assignment Sheet	Single or Group Presentations	

Mid-Clerkship Feedback

Kenworthy Clinic	**Attending**	**Location**	**Date Completed**
	Dr. Molokwu and/or Dr. Franck, Dr. Sepulveda, Dr. Martin	Kenworthy Classroom or Faculty Conference Room	

Q-Stream

Round 1: location	**Date Completed**	**Round 2: Location**	**Date Completed**
On line		On-Line	

SURGERY CLERKSHIP:

Evaluations

	Required	Attending/Resident	Date Completed
Preceptor	1		
Selective	1		
TACS	1		
UMC	3		
WBAMC	3		
Total	6		
* You may obtain more than required * Turn in evaluations no later than the following Monday of each rotation			

Mid Clerkship

	Attending	Location	Date Completed
UMC	Dr. Chambers	Doctor's Office	
WBAMC	Dr. Hetz	Doctor's Office	

Clinical Conditions for Student Encounters: Op-Logs

(30 Minimum with required categories as outlined in chart)

	Patient Encounter Required**	Resident/Attending	Date Completed
Abdominal wall (AW)	2		
Alimentary tract (AT)	2		
Breast (B)	2		
Endocrine (E)	2		
Oncology (O)	2		
Skin/Soft Tissue (SS)	2		
Subspecialty (SUB)	2		
Trauma/Critical Care (TC)	10		
Vascular/Thoracic/Cardiac (VTC)	2		
Hepatobiliary (HB)	2		
Additional cases from any of the above categories	2		
Minimum required -Total	30		

*Update your op-logs daily ** See page 98-99 for required level of involvement
*Make sure each category is input correctly
*Remember you can NOT use same encounter for two different categories
*Example: 2-Breast Cancer, cannot be used on both B & O; you use either on 2-Breast or 2-Oncology; other option use 1-Breast & 1-Oncology

Procedure Log/Required Patient Encounters

	Patient Encounter Required	Resident/Attending	Date Completed
Assessment of Surgical Patient a. direct observation of physical exam (1) b. written H & P critique (1)	1 each		
Care of surgical wound/dressing change	2		
Management & removal of drains & tubes	2		
Nasogastric tube or feeding tube insertion	2		
Foley catheter insertion	2		
Venipuncture/IV start	2		
Suturing	2		
Suture or Staple Removal	2		
Rectal Exam (all patients for whom H & P is completed)	2		
Hepatobiliary (HB)	2		

*Update your procedure logs daily
*Make sure to retrieve signature immediately
*Remember keep a copy if you lose it
*It must be fully completed at the end of block

WiseMD Assignments

	Due Date	Date Completed
Abdominal Aortic Aneurysm		
Appendicitis		
Bowel Obstruction		
Carotid Stenosis		
Diverticulitis		
Lung Cancer		
Post-Op Care/Fundamentals of Surgery Podcast		
Skin Cancer		
* Please make sure to upload a screen shot of the following items: Question Progress Report & Module Progress Report *Submit on due date		

Q-Stream

Round 1: Location	**Date completed**	**Round 2: Location**	**Date Completed**
On-line		On-Line	

Assignments

	Assignments Required	Due Date	Date Completed
Evaluations	6		
Mid-Clerkship	1 (UMC or WBAMC)		
Op-Logs	30 minimum		
Procedure Log	20 encounters		
WiseMD	assignments		

If you follow these guideline, you will not miss an encounter required by the surgery clerkship. Always keep in mind professionalism is a constant impact on your overall performance. Never hesitate to ask questions or assistance. We are here to always help you succeed!

Disability Support Services:

TTUHSC El Paso is committed to providing equal access to learning opportunities to students with documented disabilities. To ensure access to the educational opportunities in the clinical setting, please contact the Director of Disability Support Services (DSS) 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 DSS as soon as possible. More information can be found on the DSS website: http://elpaso.ttuhsc.edu/studentservices/disability-support-services

Block Information:

Welcome to the Family Medicine/Surgery Block

During this Block, students will be exposed to both the Surgery and Family Medicine services. Enclosed in this syllabus are lists of learning objectives, objectives and readings for didactics, and individual Clerkship sample

schedules. What follows is a summary of the contents and explanation of components of the Syllabus and Clerkships.

The rationale behind combining two disciplines within a single 16-week block is that the pairing of these two specialties will provide opportunities for integration that will lead to an enhanced learning environment and better retention of knowledge by our students. In addition, it will lead to the dissolution of common stereotypes among specialties and the misconstrued belief that physicians work in teams within their own specialties instead of interdisciplinary teams. Family Medicine is more than treating colds and ingrown toenails. Surgery takes a more comprehensive approach to patients beyond the operating room.

Paired Clerkships provide added educational value by including opportunities to not only learn more about each specialty, but also obtain medical knowledge and skills on a broader and deeper level. The information learned in each specialty builds and enhances future learning as students move through the Block. This is the foundation for the Family Medicine/Surgery Clerkships. Students participating in this longitudinal and interdisciplinary experience can distinguish areas in which Family Medicine and Surgery rely on each other and how this symbiotic relationship benefits patient care. Students will also appreciate the inter-professionalism and interdisciplinary approach as they work with and observe other disciplines, such as social work and pharmacy, to enhance patient care and safety.

Block Goals and Objectives:

Block Goals:

- Students will examine the continuum of care between Surgery and Family Medicine.
- Students will be able to describe the referral process from a primary care and specialty standpoint and will list potential barriers that can hamper patient care.
- Students will implement an interdisciplinary approach when treating patients and during acquisition of medical knowledge and clinical skills.
- Students will demonstrate their ability to effectively communicate knowledge, interpretations and recommendations orally and/or in writing to a wide range of professionals and patients.
- Students will revisit the clinical schemes (introduced in years one and two) in clinical practice and during teaching sessions.

Block Objectives:

- Understand the importance of collaborative care across specialties in medicine and with other health care professionals in maximizing patient outcomes (7.2)
- Understand the health care system and explore barriers at the system level that impact consultation and referral practices (6.4)
- Implement an interdisciplinary approach to patient care and function effectively as a team leader and team member (7.2, 7.3)
- Communicate effectively with health care professionals both orally and in written documentation (4.2)

- For a given clinical presentation, use data derived from the history, physical examination, imaging/ and or laboratory investigation to categorize the disease process and generate and prioritize a focused list of diagnostic considerations (1.3)

Block Scheduling:

The Block is 16 weeks long – 15 weeks are devoted to clinical experience. The 16th week is spent studying and taking the NBMEs. Throughout the Block, students will attend a weekly half-day Family Medicine Longitudinal Selective. For information on each Longitudinal Selective, please see page 52. Students will also attend weekly didactic teaching sessions held every Thursday afternoon. There will be three OSCEs at the end of the Block: a Family Medicine Case, a Surgery Case, and a Combined Case. Block Table 1. Illustrates the organization of the Block. Students must view their individual daily schedules by visiting the Clerkship Scheduler (https://ilios.ttuhsc.edu/PLFSOMScheduler/). ***Students are responsible for checking their schedules on a daily basis.***

The Family Medicine/Surgery Clerkship Block is divided into the following rotations:

Discipline	Rotation	Description	Duration
Family Medicine	Family Medicine Clinic	Ambulatory	5 weeks
	Community Clinic	Ambulatory	1 day per week for 5 weeks
	Hospice	Varied	1 week
	FM Selective	Ambulatory/Varied	½ day per week for 15 weeks
Surgery	General Surgery	Inpatient & Ambulatory at UMC or WBAMC	3 weeks
	Surgery Sub-Specialty	Inpatient & Ambulatory	3 weeks
	TACS	Inpatient & Ambulatory	1 week
	SBL	Inpatient & Ambulatory	1 week
	Community Surgery Rotation	Inpatient & Ambulatory	1 week

Block Overview

1. **Texas Tech Physicians of El Paso Family Medicine Clinic/Community Clinic:** Five week outpatient experience. Students see patients at the TTP El Paso Family Medicine Clinic at 9849 Kenworthy in Northeast El Paso and spend one day each week with a Family Medicine Community Faculty member in their private clinic. Included with this ambulatory experience is a weekly family medicine selective (see pages 68 and 78 for more information).

2. **Surgery:** Three week general surgery experience at either UMC or WBAMC (William Beaumont Army Medical Center).

3. **Surgery Sub-Specialty:** Three weeks of a chosen surgical selective (see page 100 for more information on the various surgical selectives offered).

4. **Family Medicine Hospice Experience**: One week spent with Hospice El Paso, seeing patients through the span services offered, ideally from admissions to death call, with nurses, social workers, chaplains, and CNAs. Students will also attend an interdisciplinary team meeting on either a Wednesday or Thursday morning. Hospice El Paso is located at 1440 Miracle Way on El Paso's Eastside.

5. **Surgery TACS/System Based Learning (SBL)/Community Surgery Rotation:** three weeks, as described below:
    a. One week of Trauma and Acute Care Surgery night shift
    b. One week of System Based Learning: a daily experience in various aspects of health care including Physical Therapy, Speech Path, Home Health, Orthopedics, Discharge Planning, and Wound Care.
    c. One week of a community surgery rotation.

Block Table 1: Family Medicine/Surgery Sample Block Schedule

	Weeks 1-3	Weeks 4-6	Weeks 7-9	Weeks 10-12	Weeks 13-15	Week 16
Students 1-7	Surgical Sub-Specialty	FM Clinic/ Community	TACS/SBL/ Community Surgery Rotation	Surgery	FM Clinic/ Community/ Hospice	NBME
Students 8-14	FM Clinic/ Community	TACS/SBL Community Surgery Rotation	Surgery	FM Clinic/ Community/ Hospice	Surgical Sub-Specialty	
Students 15-21	TACS/SBL Community Surgery Rotation	Surgery	FM Clinic/ Community/ Hospice	Surgical Sub-Specialty	FM Clinic/ Community	
Students 22-28	Surgery	FM Clinic/ Community/ Hospice	Surgical Sub-Specialty	FM Clinic/ Community	TACS/SBL Community Surgery Rotation	
Students 29-36	FM Clinic/ Community/ Hospice	Surgical Sub-Specialty	FM Clinic/ Community	TACS/SBL Community Surgery Rotation	Surgery	

Shared Topics and Activities:

Family Medicine/Surgery Block Integration Threads:

The following is a list of topics which will be integrated into the Block and will also be visited by other Clerkships in the third year:

Geriatrics: There are geriatrics didactic sessions planned during the Block. In addition to the didactics, students will have the opportunity to see a large number of geriatric patients while in the ambulatory setting.

Basic Science: Anatomy, physiology, and pharmacology will be included in most didactics. In addition, there are specific didactic sessions devoted to basic sciences with the basic scientists.

Clinical and Translational Research: Students will be exposed to clinical and translational research during the Family Medicine Clinic rotation. Students will become familiar with data entry, the Patient Navigator, and will work with *Promotoras* as they recruit patients for the department's colon cancer research.

Patient Safety and Quality Improvement: Students will be exposed to patient safety and quality improvement sessions by attending the Surgery department's monthly Trauma Morbidity and Mortality Conference, which is held the first Thursday of every month at 7am.

Diagnostic Imaging: Students will have one session devoted exclusively to diagnostic imaging. This will also be taught during several other sessions. During the Surgery month, students will also attend morning report every day at 7:30am, during which all imaging from the admissions the evening before is reviewed and discussed.

Shared Learning Activities:
Shared learning opportunities exist between Family Medicine and Surgery during Thursday afternoon didactic sessions. The shared learning opportunities are designed to demonstrate the approach taken by each discipline on a patient or disease. Additionally, these particular activities demonstrate integration of the two disciplines.

	Shared Learning Activities				
Orientation		Breaking Bad News Workshop		Musculoskeletal Workshop	Integrated Case Presentations

Integrated Case Presentation Instructions:

All students are also required to participate in the **Integrated Case Presentations.** The students will be expected to discuss the case's Primary Care and/or Surgical implications to their classmates and FM and Surgery faculty. Students will receive an email with team assignments and instructions for the Integrated Case Presentations.

Students (in groups of 4-6) will be instructed to seek out a particularly interesting case (from either a Family Medicine or Surgery rotation) within a specific timeframe. Each group will be required to present the case to their classmates and to faculty members from both Family Medicine and Surgery. Integrated Case Presentations will take place two - three times during the Block, so all students will present at one

point. All students are expected to participate in the group discussion, with the faculty members acting as moderators. Group assignments and presentation dates will be given at Orientation. Students must send each case to the directors at least one week before their presentation.

Integrated Case Presentation Objectives:

1. Student will learn the primary care and surgical aspects of a patient based upon commonly used guidelines (ADA, USPSTF, JNC8 and others) and evidence-based surgical diagnosis and management. (2.2, 2.3, 2.4, 3.4, 4.2)
2. Students will present and discuss the important preventive/primary care and surgical factors related to the patient's case to an audience of peers and faculty. (7.3, 7.4, 4.2)
3. Students will anonymously complete an evaluation form of team members related to the level of the team member's participation, completion of responsibilities and performance using the form below. (3.1, 4.1, 5.2,5.3, 5.7)

	Strongly disagree 1	Disagree 2	Agree 3	Strongly agree 4	N/A Cannot assess	Comments
1. The team member demonstrated professionalism.						
2. The team member demonstrated a sound work ethic.						
3. The team member has excellent patient interaction skills.						
4. The team member completed all assigned responsibilities.						
5. Did you learn something from your team member? If so please comment below: **Other Comments:**						

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Block Didactic Schedule and Readings:

(Shared and individual Clerkship)

Orientation Day		
Topic	**Objectives**	**Faculty**
Introduction to Family Medicine and Surgery (Shared Learning Activity)	• Introduction of the Family Medicine/Surgery Clerkships: clerkship team, teaching preceptors and MS III expectations • Review Syllabus, Canvas, and Schedule • Questions and Answers	Jennifer Molokwu, MD MPH (FM) Karinn Chambers, MD (S) Dianne Saucedo(S), and Amanda Cuseo (FM), Clerkship Program Coordinators,
Introduction to Surgery	• Develop an understanding of the rich history of the practice of the specialty of surgery (7.1) • Recognize the various sub-specialties and the central role and relationship of the specialty of general surgery (7.1) • Understand the training requirements for surgical specialties (7.1) • Recognize the important role of an accurate history and physical in the diagnosis of surgical disease (1.1) • Review the adjuncts to surgical diagnosis which consist of radiologic and laboratory examinations and endoscopy (1.2) • Tour of Hospital (Surgery Chief Residents) (6.1)	Karinn Chambers, MD (S)
Introduction to Family Medicine	• Develop an understanding of the rich history of family medicine (7.1) • Understand the requirements for the clerkship (7.1, 5.7) • Recognize the important role of an accurate history and physical exam (1.1)	Jennifer Molokwu, MD MPH
Scrub/Foley Training	• Understand importance of sterile procedure in operating room (2.3) • Learn proper technique for scrubbing into surgery, gowning and gloving prior to surgery (1.10) • Recognize the proper equipment required for foley catheter insertion in male and female patients (1.10) • Place Foley catheters in partial task trainers for male and female patients using appropriate technique (1.10)	Stephanie Payne, RN-UMC
Surgical Management of Ulcerative Colitis and Crohn's Disease	•Brief history of Crohn's disease (CD) and Ulcerative Colitis (UC) (2.2, 2.4) •Brief pathophysiology review of CD and UC (2.1, 2.2) •Medical management of CD and UC (1.2, 1.6) •Anatomy (2.1) •Abdominal and Pelvic Surgeries in UC (1.6) •IBD related challenges to the Colorectal Surgeon (1.6, 3.4) •Anorectal Crohn's Disease (1.3, 2.3)	Nathaniel Ng, MD (S)
Ophthalmology	TBA objectives in May	Patricia Nelson, MD (S)

Associated Readings:	CURRENT Diagnosis & Treatment: Surgery: Chapter 22: Acute Abdomen Chapter 26: Bilary Tract	
	Post-Op Care: Maingot's Abdominal Operations:	

	Chapter 2: Preoperative and Postoperative Management	
	Essentials of Family Medicine: Chapter 3: Overview of Prevention and Screening	
	Primary Care Pocketbook, Chapter 4 Health Maintenance Guidelines, Chapter 1	
	Integration Threads: Geriatrics, Patient Safety and Quality Improvement, Diagnostic Imaging, Ethics, Professionalism, Chronic Illness Care, Communication Skills	
	Assessment Method: NBME, Case Discussion	

General Surgery		
Topic	**Objectives**	**Faculty**
Acute Abdomen	• Describe for abdominal pain: appropriate H&P exam signs for each quadrant, appropriate diagnostic workup (1.3, 1.1, 1.2) • Describe initial workup of patient with RUQ pain (1.2) • Describe appropriate components of admission, pre and post-operative orders for patients with abdominal pain (1.6) • Describe initial workup of patient with peritonitis (1.2, 1.5) • Describe initial workup patient with jaundice and epigastric pain (1.2)	Alonso Andrade, MD (S)
Suture Workshop	• To review common used instruments in OR (1.10) • To review the most commonly used suture techniques (1.10) • To practice the learned techniques on an animal model (1.10)	Jose Castro Garcia, MD (S)
Post-Op Care/Fundamentals of Surgery (Podcast)	• List pre-op risk factors for surgical patients for post-op respiratory and cardiac problems (2.2, 2.3) • Recognize the goals of the treatment of pain, maintenance of homeostasis and the early detection and prevention of complications in the management of the post-op patient (1.6, 2.3) • Detail the categories of post-op complications and preventative measures to minimize their occurrence (2.3) • List appropriate items to be included in a post-op note (1.7, 4.4) • Write appropriate IV fluid orders on a pre-op, post-op patient and daily maintenance IV orders (1.6) • Write orders for DVT prophylaxis (1.9, 1.6) • List causes of post-op fever and appropriate workup (1.3, 1.6, 2.3) • Describe care of a Jackson Pratt closed suction drain (1.6)	Susan McLean, MD (S)/WISE MD
Surgery Anatomy	• To recognize surgical anatomy (2.1) • To review common laparoscopic general surgery operations (1.6, 2.3) • To review pertinent anatomy (2.1)	Benjamin Clapp, MD
GI/GU		
Topic	**Objectives**	**Faculty**

Lower Intestinal Symptoms (Appendicitis & Diverticulitis)	• Understand the process of clinical reasoning and the importance of the history and exam in narrowing the differential diagnosis (1.3) • Discuss the framework for evaluating and treating a patient with lower abdominal pain (1.6, 1.2) • Describe the pathophysiology of acute appendicitis and diverticulitis (2.1, 2.2) • Describe appropriate laboratory and imaging tests to order for lower abdominal pain (1.6, 1.2) • Understand the indications for surgery in patients with appendicitis and diverticulitis (1.5, 2.3)	Wise MD (S)
Hepatobiliary Disorders, Jaundice and Upper Abdominal Pain	• Describe the initial workup of a patient with right upper quadrant pain (1.6, 1.2) • Describe the initial workup of a patient with jaundice (1.6, 1.2) • Describe the initial workup of a patient with epigastric pain (1.6, 1.2) • List the risk factors for cholelithiasis (1.3, 6.3) • List the risk factors and causes for acute pancreatitis (1.3, 6.3) • Describe the Ranson's scoring system for acute pancreatitis (1.5, 1.3) • List the ultrasound findings for acute cholecystitis and contrast with just presence of gallstones without cholecystitis (2.3, 1.5) • Describe appropriate imaging tests for patients with suspected biliary tract disease and pancreatitis (1.3, 1.2) • Describe early treatment of acute pancreatitis (1.6) • Describe complications of severe acute pancreatitis (2.1, 2.2) • List indications for surgical referral for a patient with gallstones or right upper quadrant pain (1.5, 2.3) • List indications for operation on acute pancreatitis (1.5, 2.3) • List hepatic causes of jaundice and associated risk factors (1.3) • Compare and contrast the clinical presentation, initial workup, and causes of acute vs. chronic jaundice (1.3, 2.2, 2.3)	Brian Davis, MD (S)
Initial X-Ray Interpretation	• Interpret plain abdominal x-rays in large and small intestinal obstruction (2.2, 1.3) • Interpret normal and abnormal x-rays (2.2, 1.3) • Basic approach to radiology (2.3)	Brian Davis, MD (S)
Bowel Obstruction	• Intestinal obstruction • List causes of small and large intestinal obstruction (1.3, 2.3) • List history and physical exam findings important in large and small intestinal obstruction (1.2, 1.3) • List appropriate diagnostic tests for large and small intestinal obstruction (1.2, 1.6) • Interpret plain abdominal x-rays in large and small intestinal obstruction (2.3) • List initial treatment for large and small intestinal obstruction and when surgical consultation is urgent (1.5, 1.6, 1.2)	Alonso Andrade, MD Wise MD (S)
GERD/Dyspepsia	Define dyspepsia and GERD (2.1, 2.2) Differentiate the clinical presentations of non-ulcerative dyspepsia and peptic ulcer disease.(1.1, 1.2) Describe the evaluation and diagnosis of a patient presenting with "gastritis-like" symptoms.(1.3, 2.3) Discuss the appropriate treatment of patients presenting with ulcerative and/or non-ulcerative dyspepsia. (2.4) Identify and prevent common complications.(2.4)	Humberto Saenz MD Online lecture

UTI	- Define urinary tract infections (UTIs) (1.1, 2.1) - Discuss the diagnosis of UTI's. (1.2, 2.2) - Differentiate between complicated and uncomplicated UTIs (1.3) - Discuss the indication for treatment and hospitalization of a patient presenting with a UTI (1.5, 1.6)	Joseph Lee MD Online lecture
Vaginitis/Cervicitis	- Identify risk factors of vaginitis(2.4) - Understand pathophysiology of different causes of vaginitis (2.1) - Differentiate the causes of vaginitis in pre- and postmenopausal patients (2.2) - Select appropriate diagnostic methods for patient presenting with symptoms of vaginitis (1.3) - Manage acute and recurrent vaginitis(1.6)	Nguyen K Nguyen, MD Online lecture

Associated Readings:	Essentials of Family Medicine • **Chapter 19: Abdominal Pain** • **Chapter 22: Lower Intestinal Symptoms** • **Chapter 27: Dysuria** Links: • **Evaluation of Acute Diarrhea: http://www.aafp.org/afp/2014/0201/p180.html** • **Diagnosis and Management of Foodborne Illness.** • **http://www.aafp.org/afp/2015/0901/p358.html** • **Urinalysis: Case Presentations for the Primary Care Physician** http://www.aafp.org/afp/2014/1015/p542.html • http://www.aafp.org/afp/2015/1101/p778.html **Dysuria: Evaluation and Differential Diagnosis in Adults.** • http://www.idsociety.org/PracticeGuidelines/ • Infectious Disease Society of America guidelines. Look up management of C diff. www.idsociety.org • **Vaginitis diagnosis and management** https://www.aafp.org/afp/2018/0301/p321.html CURRENT Diagnosis & Treatment: Surgery • **Chapter 30: Obstruction of the Small Intestine** • **Chapter 31: Large Intestine** • **Microbiology** • **X-Ray Examination** • **Figure 30–8. Lymphatic drainage of the colon. The lymph nodes (black) are distributed** • **Chapter 30 & 31: Acute Lower Gastrointestinal Hemorrhage** • **Chapter 24: Gastrointestinal Bleeding** Schwartz's Principles of Surgery **(http://www.accessmedicine.com/resourceTOC.aspx?resourceID=50)** • **Chapter 12: Patient Safety** • **Chapter 28: Small Intestine** • **Chapter 29: Lower Gastrointestinal Bleeding** Case Files: Family Medicine • **Case #10 Acute Diarrhea** • **Case #23 Lower Gastrointestinal Bleeding** • **Case #47 Dyspepsia and Peptic Ulcer Disease** Primary Care Pocketbook • **Gastroenterology Topics, Chapter 6** • **Hematology Topics, Chapter 8** Associated Clinical Schemes: **Dysphagia, Vomiting, Nausea, Diarrhea, Constipation, Abdominal Pain, GI Bleed, and Disorders of Serum Sodium, Blood from Gastrointestinal Tract** Integration Threads: **Basic Science, Patient Safety, Diagnostic Imaging, Chronic Illness Care, Communication Skills**	**Links:** **http://www.idsociety.org/Organ_System/** **Infectious Disease Society of America guidelines.**

	Assessment Methods: **NBME Direct Observation (using the Clerkship Assessment Form), Participation in Case Discussion**	

Geriatrics		
Topic	**Objectives**	**Faculty**
Carotid Stenosis	• Describe the common presenting neurologic syndrome's in patients with carotid stenosis (1.3) • Compare and contrast the diagnoses of transient is chemic attack and cerebral vascular accident (1.3, 2.3) • Understand how to perform a focused neurologic and vascular exam (1.1) • Describe the evaluation for atherosderotic disease and assess pernsperonre risk (1.2) • Discuss the various carotid imaging modalities (2.3) • Discuss the complications of carotid end arterectomy (2.1, 6.3)	Wise MD (S)
Bariatric Surgery and Obesity	• Discuss the trends of obesity in the United States (2.4) • Define obesity (2.1) • Delineate indications for weight reduction surgery (1.6, 2.3) • Recognize the important postoperative notational considerations in patients undergoing bariatric surgery (1.2, 6.3)	Benjamin Clapp, MD/ Wise MD (S)

Associated Readings:	**Schwartz's Principles of Surgery (http://www.accessmedicine.com/resourceTOC.aspx?resourceID=50** • **Chapter 7: Trauma** • **Chapter 42: Closed Head Injury** • **Chapter 42: Head Injury and Intracranial Hypertension** • **Chapter 7: Pelvic Ring Injuries and Extremity Trauma** **Case Files: Family Medicine** • **Case #18 Geriatric Health Maintenance** • **Case #32 Dementia** **Essentials of Family Medicine** • **Chapter 23: Cognitive Impairment** **Primary Care Pocketbook** • **Neurology Topics, Chapter 10** **Links: http://www.fammed.wisc.edu/category/media/geriatrics/** **This includes multiple videos related to geriatric care such as screening and prevention and specific issues such as the geriatric assessment, elder abuse, delirium and dementia. This is a collection of podcasts that are short and informative. Listen while you exercise!** **The Geriatric Assessment** • **Trauma 7e (http://www.accesssurgery.com/resourceToc.aspx?resourceID=787)** • **Chapter 2: Epidemiology/ Falls** • **Chapter 7: Kinematics of Trauma/Falls** • **Chapter 43: Lower Extremity/Measures to prevent falls, to reduce their consequences, and to prevent and treat osteoporosis are...** • **Chapter 47: Geriatric Trauma/Falls and Household Injuries** **Associated Clinical Scheme: Dementia** **Integration Threads: Geriatrics, Patient Safety, Professionalism, Chronic Illness Care, Palliative Care, Communication Skills** **Assessment Methods: NBME**

Trauma Courses		
Topic	**Objectives**	**Faculty**
Trauma Resuscitation and Burn Management (Team Approach to Trauma)	• Describe primary survey of the trauma patient (1.3, 1.1) • Describe evaluation of mental status in trauma patient (AVPU) (1.3, 1.1) • Describe secondary survey of trauma patient (1.1, 1.3) • Describe associated injuries after falls mechanism of injury (1.3) • Describe associated injuries after motor vehicle crash (1.3) • Describe adjunctive evaluation of the abdomen with FAST vs. CT scan vs. DPL and indications and positive findings of each (1.2) • List steps in initial resuscitation of a trauma patient in shock (1.5) • Describe the difference in hemorrhagic shock vs. obstructive shock vs. distributive—septic and distributive—neurogenic shock (2.2, 1.3) • Perform a history and physical exam using primary and secondary survey on a trauma patient (1.1) • Discuss causes, history and physical findings and differential diagnosis of obstructive shock in a trauma patient (1.3) • Compare and contrast the findings of tension pneumothorax vs. cardiac tamponade in a trauma patient (1.3, 2.2, 2.3) • List treatment of cardiac tamponade (1.5, 1.6) • List treatment of tension pneumothorax (1.5, 1.6) • Discuss triage decisions in trauma patients with multiple trauma victims (1.4, 1.5) • Discuss need for transfer to definitive care for a trauma patient (1.5)	Wise MD (S) Trauma Faculty

Associated Readings:	**CURRENT Diagnosis & Treatment: Surgery** • **Chapter 1: Approach to the Surgical Patient: Trauma** • **Chapter 14: Management of the Injured Patient** **Schwartz's Principles of Surgery (http://www.accessmedicine.com/resourceTOC.aspx?resourceID=50)** • **Chapter 2: Systemic Response to Injury and Metabolic Support** • **Chapter 7:Trauma** • **Chapter 39: Pediatric Surgery: Trauma in Children** • **Chapter 46: Surgical Considerations in the Elderly: Trauma** **Associated Clinical Scheme: Shock** **Integration Threads: Basic Science** **Assessment Method: Direct Observation, NBME Review, Case Review Questions**

Cardiovascular		
Topic	**Objectives**	**Faculty**
Chest Pain*	• Define Angina Pectoris (1.1, 1.2) • List the general symptoms of angina Pectoris 1.1, 2.1) • Categorize the types of angina based on symptomatology (2.2, 2.3) • Construct appropriate management plan for patient that presents with angina (1.3, 1.5) •	Jasmine Javadi MD Online Lecture
Abnormal Blood Pressure: Hypertension*	• Discuss the diagnosis of hypertension in adults.(2.1 2.4) • Define treatment goals for patients being managed for hypertension (2.3, 2.4) • Discuss guideline based approach to treatment of hypertension(2.3,2.4) • Identify indications for evaluation and treatment of resistant hypertension (1.5) • Identify patients presenting with Hypertensive emergency and urgency (1.5) •	Mohamad Hamdi MD Online Lecture
EKG Interpretation*	• Understand basics for interpreting EKG (2.1, 2.3) • List risk factors for both peripheral vascular, cerebrovascular, and coronary vascular disease (2.4, 3.5) • Describe indications for performing an ECG (1.5, 2.2) • Demonstrate the proper interpretation of an ECG (2.2,2.4, 1.3)	Navkiran Shokar, MD (FM)
Abdominal Aortic Aneurysm	• Discuss the incidence and prevalence of aortic aneurysm disease (2.4) • Discuss the risk factors for development of AAA (2.4, 6.3) • Perform a vascular exam, including peripheral pulses (1.1) • Discuss risk factors for AAA rupture (2.4, 6.3) • Discuss indications for surgery (1.6, 1.5) • Discuss general techniques for elective repair of AAA (1.2, 1.6) • Describe common post op complications following AAA repair (2.3)	Wise MD (S)
Smoking cessation	• Discuss the Key clinical recommendations for practices (2.4) • Report the 5 A's of counseling strategies (2.5) • Describe the 5 R's of motivational strategies (2.5) • Identify the First-Line therapies for smoking cessation (1.4) • Discuss alternative therapies to assist smoking cessation (1.4) •	Will Ibanga MD Online lecture

Associated Readings:	**Essentials of Family Medicine** • **Chapter 9: Chest Pain** • **Chapter 10: Common Chronic Cardiac Conditions** • **Chapter 11: Hypertension** **Case Files: Family Medicine** • **Case #20 Chest Pain** • **Case #27 Congestive Heart Failure** • **Case #30 Hypertension** • **Case #42 Palpitations** • **Case #44 Cerebrovascular Accident/Transient Ischemic Attack** **Primary Care Pocketbook** • **Cardiology Topics, Chapter 2** **CURRENT Diagnosis & Treatment: Surgery** • **Chapter 13: Shock & Acute Pulmonary Failure in Surgical Patients** • **Chapter 14: Management of the Injured Patient:** – **Shock** – **Laboratory Studies** – **Imaging Studies** • **Chapter 35: Arteries** • **Table 34–1. Summary of Risk Factor Modification in Peripheral Vascular Disease.** • **Chapter 34. Arteries** **Schwartz's Principles of Surgery (http://www.accessmedicine.com/resourceTOC.aspx?resourceID=50)** • **Chapter 5: Shock** • **Chapter 7: Trauma:** – **Shock Classification and Initial Fluid Resuscitation** – **Patients With Ongoing Hemodynamic Instability, Whether "Nonresponders" or "Transient…** • **Chapter 23: Arterial Disease** • **Chapter 44: Surgery of the Hand and Wrist: Vascular Disease** **Trauma** • **Chapter 44: Peripheral Vascular Injury Week 11** **Dubin** • **EKG Interpretation** **Links to ECG tutorial videos:** • **http://www.fpnotebook.com/ Family Practice Notebook. This is a collection of resources of books. Search: ECG resources and procedures.** **Link to behavioral and pharmacotherapy interventions for smoking cessation:** **https://www.aafp.org/afp/2016/0515/p861.html** **Cardiovascular Physiology** • **Chapter 4: The Electrocardiogram** **Principles of Critical Care** • **Chapter 20: The Pathophysiology of the Circulation in Critical Illness:** – **Other Common Causes of Shock: A Short Differential Diagnosis** – **Multiple Etiologies of Shock** • **Chapter 21: Shock**

	• **Chapter 42: Restrictive Disease of the Respiratory System and the Abdominal Compartment Syndrome:** – **Hemodynamic Management** **Robotic Surgery** • **Chapter 30: Robotic Surgery for Aortoiliac Occlusive Disease week 11**
Associated Readings: (continued)	**Links**: • Acute coronary syndrome: Diagnostic Evaluation – http://www.aafp.org/afp/2017/0201/p170.html • Everything you ever wanted to know about hypertension from diagnosis to management in pregnancy. Here is a collection of articles. Pick several and become well-versed in diagnosing and treating hypertension in primary care. http://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=12 • Chest pain: http://www.aafp.org/afp/2013/0201/p177.html Article from AAFP on chest pain • Diagnosis of hypertension (including secondary hypertension): Am Family Physician 2010 Dec 15;82(12):1471 • Resistant hypertension: American Family Physician 2009 May 15;79(10):863 • Smoking cessation: https://www.aafp.org/afp/2016/0515/p861.html • Hypertension guidelines: – http://jama.jamanetwork.com/article.aspx?articleid=1791497 o **NEW JNC 8 guidelines for high blood pressure**. o **Associated Clinical Schemes**: Chest Discomfort, Abnormal Blood Pressure: HTN and Shock, Abnormal Arterial Pulse, Palpitations, Cyanosis **Integration Threads**: Basic Science, Patient Safety, Diagnostic Imaging, Chronic Illness Care **Assessment Methods**: Direct Observation, FM/SURG NBME Review Tests, Case Scenarios in SIM Lab, NBME Review

Ophthalmology		
Topic	**Objectives**	**Faculty**
Ophthalmoscope	• Under reasonable circumstances (cooperative patient with a cooperative pupil, good equipment, dark room), be able to confidently view the optic nerve head, retinal vessels, fovea and macula and peripheral fundus past the arcade vessels (1.1) • After viewing these structures, be able to tell normal from abnormal (1.5, 2.1) • Be able to put a name to the more common abnormalities (2.2) • Within the realm of common abnormalities, be able to distinguish eye disease from an eye manifestation of a systemic disease (2.2, 2.3)	William Davitt, MD (Ophthalmologist) (FM) Date: Live Didactics
Red Eye	• Know some historical or diagnostics tips to help sort out the common causes of a red eye (2.3) • Know the basics of treatment of the more worrisome causes (1.5, 1.6)	

Vision Loss	• Compare and contrast between the more common causes of sudden vision loss versus gradual vision loss (1.5, 2.2) • Know that 'sudden' vision loss is often gradual vision loss suddenly noticed (1.1) • Know some historical or diagnostic tips to help sort out the causes of vision loss (1.1, 2.3) • Categorize causes of vision loss due to eye diseases versus eye manifestations of a systemic disease (2.1, 2.2)	
Eyelid Problems	• Show where to look for lumps and bumps, what they are, and how to fix them (1.7, 1.3)	
Glaucoma and Cataracts	• Be able to answer patients' and your family's questions about both, now that you are the GO TO person (4.1, 4.3)	

Associated Readings:	**CURRENT Diagnosis & Treatment: Surgery** • **Chapter 40: The Eye & Ocular Adnexa: Symptoms & Signs of Ocular Disorders** **Essentials of Family Medicine** • **Chapter 17: Common Eye Problems** **Primary Care Pocketbook** • **Ophthalmology Topics, Chapter 13** **Handouts from Dr. Davitt (will be emailed to students one week prior to lecture)** **Links: AFP (American Family Physician) content (multiple articles) on diagnosis and management of ophthalmological conditions.** **http://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=66** **Associated Clinical Schemes: Visual Disturbance, Diplopia/Strabismus, Eye Redness** **Integration Threads: Basic Science, Professionalism, Communication Skills** **Assessment Method: Direct Observation and Quiz on Canvas**

Musculoskeletal

Topic	Objectives	Faculty
Ankle Pain *(Shared Learning Opportunity)*	• Demonstrate an understanding of the anatomy of the ankle that is relevant to common ankle injuries (2.1) • Recognize symptoms and signs of common ankle injuries (1.1) • Demonstrate a proper ankle exam that efficiently locates damaged structures (1.1) • Describe general treatment guidelines, including proper rehab, for common ankle injuries (2.3, 3.4) • Appropriately apply the Ottawa ankle rules for assessment of ankle injuries (1.6, 2.3)	Gerardo Vazquez, MD (FM) Justin Wright, MD (FM) Gilberto Gonzalez, MD (S) Amr Abdelgawad, MD (S) Dr. Gest and Dr. Baatar Date: Live Didactics
Knee Pain *(Shared Learning Opportunity)*	• Demonstrate an understanding of the anatomy of the knee that is relevant to common knee injuries (2.1) • Recognize symptoms and signs, or patterns of common knee injuries (1.1) • Demonstrate a proper knee exam that efficiently locates damaged structures (1.1) • Know general treatment guidelines, including proper rehab, for common knee injuries (2.3, 3.4)	Gerardo Vazquez, MD (FM) Justin Wright, MD (FM) Gilberto Gonzalez, MD (S) Amr Abdelgawad, MD (S) Dr. Gest and Dr. Baatar Date: Live Didactics
Low Back Pain *(Shared Learning Opportunity)*	• Demonstrate an understanding of the anatomy of the low back that is relevant to low back injuries (2.1) • Demonstrate the appropriate physical examination to evaluate low back pain (1.1) • Recognize risk factors for and prevalence of acute low back pain (2.4) • Describe the initial work-up of adults with acute low back pain, per AHCPR guidelines (2.5, 3.4) • Differentiate between uncomplicated and complicated causes of acute low back pain (1.5) • Appropriately recommend therapy and reconditioning for acute low back pain (1.6, 6.4) • Recommend appropriate referrals for routine or emergent care (6.4)	Gerardo Vazquez, MD (FM) Justin Wright, MD (FM) Gilberto Gonzalez, MD (S) Amr Abdelgawad, MD (S) Dr. Gest and Dr. Baatar Date: Live Didactics
Shoulder Pain *(Shared Learning Opportunity)*	• Demonstrate an understanding of the anatomy of the shoulder that is relevant to shoulder injuries (2.1) • Recognize symptoms and signs, or patterns of common shoulder injuries (1.1) • Demonstrate a proper shoulder examination that efficiently locates damaged structures (1.1) • Describe general principles of management of shoulder injuries (1.6, 2.4)	Gerardo Vazquez, MD (FM) Justin Wright, MD (FM) Miguel Cruz, MD (S) Amr Abdelgawad, MD (S) Dr. Gest and Dr. Baatar Date: Live Didactics
Back Pain	• Describe the pain pathway (2.1) • Describe the biomechanics and neurological mechanisms of low back pain (2.1, 2.2) • Discuss the behavioral model and societal impacts as it relates to low back pain (3.5) • Review the differential diagnosis and most common causes of back pain(1.1, 2.4) • Summarize the management of low back pain (1.6) •	FM Resident Online lecture

Osteoarthritis	- Recognize the clinical manifestations of osteoarthritis (OA). (2.1 , 1.1) - Identify the characteristics of specific joint involvement in patients presenting with OA (1.1, 2.1, 2.2) - list the indications for imaging modalities to assess the presence and severity of OA (1.3, 2.3) - Discuss the Non-surgical management of knee OA 1.3, 1.4)	Jose Pareja Zabala, MD Online lecture

Associated Readings:	**Trauma, 7e (http://www.accesssurgery.com/resourceToc.aspx?resourceID=787)** • **Chapter 1: Kinematics of Trauma: Musculoskeletal Injury** • **Chapter 7: Pre-hospital Care: Musculoskeletal Trauma (see Chaps. 42–44)** • **Chapter 17: Principles of Anesthesia and Pain Management: Orthopedic Injury** • **Chapter 39: Upper Extremity Injury** • **Chapter 43& 46: The Pediatric Patient & Social Violence: Injury to the Skeletal System** • **Chapter 53: Genomics and Acute Care Surgery, Reconstructive Surgery After Trauma: Trauma to the Hand and Upper Extremity** • **Chapter 54: Trauma, Medicine, and the Law, Rehabilitation: Orthopedic Injuries and Hand Injuries** • **Chapter 40: Lower Extremity: Table 43-1 Hannover Classification System for Soft Tissue Injuries According to Tscherne and Oestern** **CURRENT Diagnosis & Treatment: Surgery** • **Chapter 45: Hand Surgery: Hand Surgery: Introduction, Clinical Evaluation of Hand Disorders, Skeletal Injuries of the Hand** **Schwartz's Principles of Surgery (http://www.accessmedicine.com/resourceTOC.aspx?resourceID=50)** • **Chapter 44: Surgery of the Hand and Wrist** **Case Files: Family Medicine** • **Case #3 Joint Pain** • **Case #12 Musculoskeletal Injuries** • **Case #37 Limping in Children** • **Case #53 Acute Low Back Pain** • **Case #55 Movement Disorders** • **Case #60 Lower Extremity Swelling** **Essentials of Family Medicine** • **Chapter 34: Ankle and Knee Pain** • **Chapter 36: Low Back Pain** • **Chapter 38: Shoulder Problems** **Videos** **Orthopedics videos on knee, shoulder and diagnosing back pain.** **http://www.fammed.wisc.edu/category/media/musculoskeletal/** **Primary Care Pocketbook: Orthopedics, Chapter 14** **Links: AAFP content articles on everything from joint injections to fracture management.** **http://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=17** **Associated Clinical Schemes: Bone Fractures, Joint Pain, Lumps and Masses, Weakness, Numbness and Pain, Limp and Deformity** **Integration Threads: Geriatrics, Basic Science, Diagnostic Imaging, Pain Management, Professionalism, Communication Skills** **Assessment Methods: Direct Observation, FM/SURG NBME Review Tests**

Pediatric Surgery		
Topic	**Objectives**	**Faculty**
Neonatal Surgery	• List history and physical findings important in neonatal feeding intolerance and vomiting (1.3, 1.1) • Describe initial workup for neonatal feeding intolerance and vomiting (1.2, 1.6) • List associated findings in the VATER syndrome (2.2, 2.3) • List differential diagnosis for neonatal obstipation (1.3, 2.3) • Describe workup for suspected Hirschsprung's disease (1.2, 1.6, 2.3) • List appropriate workup for vomiting and feed intolerance after one month (1.2, 1.6, 2.3) • List appropriate workup for pediatric rectal bleeding (1.2, 1.6, 2.3)	Jarrett Howe, MD (S)

Associated Readings:	• **TBA** **Integration Threads:** **Basic Science, Diagnostic Imaging**

Endo		
Topic	**Objectives**	**Faculty**
Diabetes Mellitus	-Discuss the epidemiology of diabetes mellitus in the USA.(2.4) -Summarize the guidelines for screening and diagnosis of Type II Diabetes (1.2, 2.3) -Discuss non-pharmacological management of diabetes mellitus (1.6) -Discuss pharmacological management of Diabetes: medication classes (1.6, 2.3) -Identify and manage the complications of diabetes mellitus and management (cardiovascular, retinopathy, neuropathy, and nephropathy)(2.4)	Melissa Montoya, DO Online Lectures
Dyslipidemia*	Identify the epidemiology and risk factors for the development of dyslipidemia (DLD) (2.4) Describe the societal burden of DLD associated chronic disease in the USA (2.4) Discuss the diagnosis and indication for treatment in a patient presenting with DLD (1.3, 1.6) Describe non pharmacological management of dyslipidemia (1.6) Describe pharmacological management of Dyslipidemia to include appropriate agent selection.(1.6)	Yuichiro Sato, DO Online Lectures
Obesity Management*	Recognize the clinical manifestations of osteoarthritis (OA). (2.1 , 1.1) - Identify the characteristics of specific joint involvement in patients presenting with OA (1.1, 2.1, 2.2) - list the indications for imaging modalities to assess the presence and severity of OA (1.3, 2.3) - Discuss the Non-surgical management of knee OA 1.3, 1.4) •	Ibiye Owei, MD Online Lectures

Nutrition/Insulin	• Describe insulin dose optimization for DM-1 and DM-2 patients (1.6) • Review the clinical practice guidelines for hospitalized patients for intensive glucose monitoring and treatment in ICU and transition to floor. Also CPG for diabetic ketoacidosis (1.5, 1.6, 1.2)	Dale Quest, PhD (ME) Live Didactics
Essentials of Family Medicine: Chapter 13: Diabetes Associated Clinical Schemes: Diabetes and Obesity,	**LINKS:** • http://care.diabetesjournals.org/content/41/Supplement_1/S4 Standards of Medical Care in Diabetes from the American Diabetes Association 2018 • http://annals.org/aim/article/2595888/oral-pharmacologic-treatment-type-2-diabetes-mellitus-clinical-practice-guideline The American College of Physicians guideline February 2017 • 2017 Hyperlipidemia • Everything you want to know from diagnosis to management https://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=13 • **Diabetes guidelines:** • http://www.aafp.org/afp/2015/0401/p460.html Screening, Diagnosis, and Management of Gestational Diabetes Mellitus • http://www.aafp.org/afp/2016/1215/p980.html Diabetes Mellitus: Management of Gastrointestinal Complications. • **http://www.aafp.org/afp/2013/0415/p574.html** • **Treating hypertension in diabetes. We all know about ACE-I but what about other medications, what is the evidence?** • **http://www.aafp.org/afp/2013/0801/p177.html#afp20130801p177-t1** Diabetic foot infection very common in the El Paso population. What is the most accurate imaging study? What labs should be ordered? Should you check for PAD and how? Obesity management https://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=19	

Endocrine Diseases in Surgery	Thyroid • List anatomical and embryologic considerations for thyroid disease (2.1) • List history and physical findings for hyperthyroidism, hypothyroidism (1.1, 1.3) • Describe workup of thyroid mass (1.2) • List risk factors for thyroid cancer (2.4) • List surgical procedures for thyroid mass (1.6) • List important structures in surgical anatomy of thyroid (2.1) Parathyroid • List anatomical and embryologic considerations for thyroid disease (2.1) • List history and physical findings important for hyperparathyroidism (1.1, 1.3) • Discuss causes and workup of hypercalcemia (1.2, 1.3, 2.3) • List surgical procedures for parathyroid adenoma (1.2, 1.6) • List important anatomical landmarks for parathyroid surgery (2.1) Adrenals • List anatomical considerations for adrenal disease (2.1) • List history and physical findings important for Cushing's disease (1.3, 2.3) • List history and physical findings important for hyperaldosteronism (1.3, 2.3 • List history and physical findings important for pheochromocytoma (1.3, 2.3 • List workup for pheochromocytoma (1.2) • List diagnostic workup appropriate for incidentally found adrenal mass (1.2) • List surgical procedures important for benign and malignant adrenal disease (1.6)	Brian Davis, MD (S)

Associated Readings:	**Schwartz's Principles of Surgery (http://www.accessmedicine.com/resourceTOC.aspx?resourceID=50)** • **Chapter 38: Thyroid, Parathyroid, and Adrenal** **Case Files: Family Medicine** • **Case #15 Thyroid Disorders** • **Case #33 Obesity** • **Case #35 Hyperlipidemia** • **Case #51 Diabetes Mellitus** **Primary Care Pocketbook** • **Endocrinology Topics, Chapter 4** **Links:** • **Diabetes: look at links on page 14** • **Thyroid: http://www.thyroid.org Click on guidelines** **Associated Clinical Schemes: Disorders of Thyroid Function, Diabetes, Obesity** **Integration Threads: Basic Science, Patient Safety, Professionalism, Chronic Illness Care, Communication Skills** **Assessment Method: NBME**

Evidence-Based Medicine		
Topic	**Objectives**	**Faculty**
Evidence-Based Medicine*	• Synthesize a clinical question on prognosis or management (3.2, 3.4, 6.3) • Locate guidelines and other evidence-based resources to use in clinical problem-solving (3.2, 3.4, 6.3) • Demonstrate a proper search strategy based on clinical question (3.2, 3.4, 6.3)	Navkiran Shokar, MD (FM) **Date:** Online Lecture

Associated Readings:	**Essentials of Family Medicine** • **Chapter 2: Information Mastery: Basing Care on the Best Available Evidence** **DynaMed online** **Associated Clinical Schemes: None** **Integration Threads: EBM, Clinical and Translational Research** **Assessment Method: NBME**

Dermatology		
Topic	**Objectives**	**Faculty**
Skin Cancer	• Discuss risk factors for development of skin cancer (2.4) • Define recommendations for skin cancer prevention (1.9) • Recognize the typical appearance of non-melanoma sick cancer (1.1, 2.1) • Appreciate the importance of examining the lymph nodes in melanoma (1.1, 2.3) • Be familiar with appropriate follow up care for patient with melanoma (1.2)	Wise MD (S)
Breast Cancer Surgery	• Review screening recommendations for breast cancer (1.9) • Describe workup for a breast mass and risk factors for breast cancer (2.4, 1.2) • List benign and malignant breast diseases (1.3, 2.3) • List common benign findings versus malignant (1.30 • Discuss indications for mammography (1.2, 1.9) • Describe the role of the community in raising awareness and fundraising for breast cancer (1.9)	Karinn Chambers, MD (S)

Associated Readings:	**Schwartz's Principles of Surgery (http://www.accessmedicine.com/resourceTOC.aspx?resourceID=50)** • **Chapter 9: Wound Healing** • **Chapter 17: The Breast** • **Chapter 45: Plastic and Reconstructive Surgery** **CURRENT Diagnosis & Treatment: Surgery** • **Chapter 18: Breast** • **Chapter 7: Wound Healing** • **Chapter 44: Plastic & Reconstructive Surgery** **Essentials of Family Medicine** • **Chapter 25: Breast Problems** • **Chapter 39: Skin Problems** • **Chapter 40: Skin Wounds: Contusions, Abrasions, Lacerations, and Ulcers** **Primary Care Pocketbook** • **Dermatology Topics, Chapter 3** **Case Files: Family Medicine** • **Case #13 Skin Lesions** • **Case #43 Sting and Bite Injuries** • **Case #49 Fever and Rash** • **Case #49 Breast Diseases** **Zollinger's Atlas of Surgical Operations** • **Breast Anatomy and Incisions** • **Modified Radical Mastectomy** • **Sentinel Lymph Node Dissection, Breast** **Current Procedures: Surgery** • **Chapter 27: Operative Management of Breast Cancer** **Links:** • **for all skin conditions www.dermatlas.net** • **http://www.fpnotebook.com/ Search: Suture** **Associated Clinical Schemes: Skin Lesions, Rash (Macules, Papules, Soils, and Blisters), Wound** **Integration Threads: Basic Science, Diagnostic Imaging** **Assessment Methods:** • **Hands-on using pigs' feet for suturing and lesion removal. NOTE: if a student would prefer to use material other than pork, please let the Surgery Clerkship Unit Coordinator know ASAP in order to accommodate the request.**

Neurology		
Topic	**Objectives**	**Faculty**
Pain Management in Primary Care and Surgery	• Describe WHO classification for different types of pain (2.3) • Describe use of a pain contract (1.2, 1.6) • Describe appropriate dosing for acute pain (1.2, 1.6)	Anthony Han, MD (A)
Anxiety/Depression*	• Discuss the use of screening tools to evaluate for presence of Depression and GAD (1.2, 2.3) • Indications for treatment and urgent referral for GAD and depression (1.5, 1.6, 6.4) • Discuss nonpharmacological management (2.5,) • Describe pharmacologic management of depression and anxiety (1.6, 2.3)	Jennifer Molokwu MD, MPH Online Lectures
Headache*	• Identify common causes of primary headache (2.4) • Identify symptoms of headache that require urgent evaluation (1.5) • Discuss indications for CT and MRI in patients resenting with Headaches (1.3, 2.3, 1.2, 1.6) • Describe management strategies for chronic headaches (1.6, 1.2)	Nazia Farah, DO Online Lectures

Associated Readings:	**Case Files: Family Medicine** • **Case #34 Migraine Headache** • **Case #44 Cerebrovascular Accident/Transient Ischemic Attack** • **Case #59 Chronic Pain Management** **Schwartz's Principles of Surgery (http://www.accessmedicine.com/resourceTOC.aspx?resourceID=50)** • **Chapter 42: Neurosurgery: Closed Head Injury** • **Primary Care Pocketbook** • **Headache, Chapter 10** • **Pain Management, Chapter 15** **Essentials of Family Medicine** • **Chapter 23: Cognitive Impairment** • **Chapter 45: Headache** • **Chapter Pending** **Principles of Critical Care** • **Chapter 93: Head Injury and Intracranial Hypertension** **Diagnosis in closed head injury is based on history, physical examination, and radiologic investigation...** • **AFP content on Headache diagnosis and management: http://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=10** – **Pain management. Sometimes hard to deal with patients requesting narcotics. A Pain Management Contract can help to alleviate some of those worries. Here is a sample of one: http://www.aafp.org/fpm/2010/1100/fpm20101100p22-rt1.pdf** o **http://www.aafp.org/cme/cme-topic/all/pain-management.mem.html this is a CME Webcast on chronic pain. This will make the uncertainty of dealing with patients with chronic pain, easier. You will have to have a log in to access it. You should have a log in any way to complete the board review questions.** o **CDC Guidelines for Opioids for Chronic Pain, United States 2015: http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1er.htm?s_cid=rr6501e1er** o **Choosing wisely for info on pain management. https://www.aafp.org/dam/AAFP/documents/journals/afp/choosing-wisely-table.pdf** **Link for depression and anxiety: https://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=6** **Diagnostic radiologic tests. APPROPRIATENESS CRITERIA If you need help determining what test to order for back or abdominal pain with or without contrast or any other type of imaging, this is a great website: https://acsearch.acr.org/list** **Associated Clinical Schemes: Dizziness, Vertigo** **Integration Threads: Pain Management, Basic Science, Diagnostic Imaging** **Assessment Methods: Direct Observation, NBME, Design A Case**

Pulmonary		
Topic	**Objectives**	**Faculty**
Asthma/Allergy*	Define Asthma (2.1) Describe the epidemiology and risk factors for developing Asthma(2.1, 2.4) Discuss the diagnosis and classification of Asthma severity (1.1, 1.2, 1.3) Summarize the stepwise approach to Asthma treatment/management(1.3,1.6) •	Karuna Khatri, MD Online Lecture
COPD*	• State the Epidemiology and risk factors of Chronic obstructive pulmonary disease (COPD) (2.1, 2.4) • Discuss the Evaluation and Diagnosis of a patient presenting with COPD (1.1, 1.2,2.3) • Discuss the management of a patient with COPD using the GOLD guide lines(1.6,2.4) • Recognize the presentation of an acute exacerbation of COPD (1.6) •	Mark Hacholski, MD Online Lecture
Lung Cancer	• Describe workup of solitary pulmonary nodule/lung mass (2.2, 1.2, 1.3) • Describe workup of emphysema (1.3, 2.2) • Describe workup of chronic cough (1.3, 2.2) • Describe surgical options for lung mass (1.2, 1.6) • Understand epidemiology of lung cancer (2.4)	Wise MD (S)
Cough	• Differentiate between acute, sub-acute and chronic cough in a direct relation to time frame presentation. (1.1, 1.2) • Identify the most common etiologies for each classification (1.2) • Evaluate and decide on appropriate management for chronic cough in adults (2.3) • Evaluate and decide on appropriate management for chronic cough in children (2.3) •	Luis Rochin, MD Online lecture

Associated Readings:	**Essentials of Family Medicine** • **Chapter 51: Allergies** • **Chapter 52: Asthma** • **Chapter 55: Chronic Obstructive Pulmonary Disease** • **Chapter Pending** **Primary Care Pocketbook** • **Pulmonary Topics, Chapter 19** **Case Files: Family Medicine** • **Case #2 Dyspnea (Chronic Obstructive Pulmonary Disease)** • **Case #6 Allergic Disorders** • **Case #19 Acute Bronchitis** • **Case #24 Pneumonia** • **Case #39 Acute Causes of Wheezing Other than Asthma in Children** • **Case #56 Wheezing and Asthma** **CURRENT Diagnosis & Treatment: Surgery** • **Chapter 19: Thoracic Wall, Pleura, Mediastinum, & Lung: Special Problem: The Solitary Pulmonary Nodule** **Links** • **2017 GOLD Guidelines http://goldcopd.org/gold-2017-global-strategy-diagnosis-management-prevention-copd/** • **Asthma: http://www.nhlbi.nih.gov/guidelines/asthma/index.htm** **Evaluation of cough from AAFP: https://www.aafp.org/afp/2017/1101/p575.html** **Associated Clinical Schemes: Dyspnea** **Integration Threads: Basic Science, Chronic Illness Care, Diagnostic Imaging, Quality Improvement** **Assessment Methods: Direct Observation, NBME**

Hematology		
Topic	**Objectives**	**Faculty**
Fatigue*	• Understand the prevalence and significance of the complaint of fatigue (2.1, 4.1, 4.3, 1.5) • Perform an appropriate H&P in regards to complaints of fatigue (1.1) • Understand the diagnostic plan and diagnostic criteria (1.2, 1.6, 2.1, 2.2, 2.3) • Communicate in an empathetic and sympathetic manner with fatigue patients by explaining the mental and physical aspects of the disease (4.2, 4.3) • Know the physiology, pathology, and psychological mechanisms contributing to the disease (2.1, 2.2) Know the principles of disease management and improve the patient's quality of life(1.5, 1.6, 1.8, 2.3, 2.4)	Dale Quest, PhD (ME) Online Lectures

Associated Readings:	**Primary Care Pocketbook** • **Hematology Topics, Chapter 8** **Essentials of Family Medicine** • **Chapter 43: Fatigue** • **Chapter Pending** **Case Files: Family Medicine** **Chronic cough evaluation: https://www.aafp.org/afp/2017/1101/p575.html** **Associated Clinical Schemes: None** **Integration Threads:_Geriatrics, Basic Science** **Assessment Methods:_Direct Observation, NBME**

End of Life		
Topic	**Objectives**	**Faculty**
Breaking Bad News (Shared Learning Activity)	• Compare and contrast bad news from a provider and patients' standpoint. (4.1, 4.2, 4.3) • Describe eligibility requirements for hospice (2.2, 6.4) • Explain an appropriate referral to hospice (6.4) • Demonstrate how to convey bad news humanely (4.1, 4.2, 4.3, 5.1, 5.2, 5.6, 7.1, 7.2)	Charmaine Martin, MD (FM) Karin, Chambers MD (S) Dr. Molokwu Dale Quest, PH.D. **Date:** **Live Didactics**

Associated Readings:	**Essentials of Family Medicine** • **Chapter 24: Palliative and End of Life Care** **Primary Care Pocketbook** • **Palliative and End of Life Care, Chapter 16** **Links:** **AFP content articles on end- of –life issues including pain management.** **http://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=57** **This is an online collection of real life stories about patients, "Before I die"** **http://www.thirteen.org/bid/index.html Tough to read but important.** **For patients and providers: Before I Die http://www.thirteen.org/bid/p-description.html** **Associated Clinical Schemes: None** **Integration Threads:** **Geriatrics, Patient Safety and Quality Improvement, Pain Management, Ethics, Professionalism, Chronic Illness Care, Palliative Care, Communication Skills** **Assessment Methods:** **Role-play exercise in class with Standardized Patients**

ENT		
Topic	**Objectives**	**Faculty**
ENT, Neck Mass	• List risk factors for oral and pharyngeal and tracheal cancer (2.4) • Describe workup of neck mass (1.3, 2.3) • Describe radiographic findings in head and neck cancer (1.3, 2.1)	Miller Rhodes, MD (S)
Ear Pain*	• Compare infections vs. non-infectious causes of ear pain (2.1) • Explain the various tests for otitis media (1.2) • Describe optimal management strategies (1.3, 1.6)	Jennifer Molokwu, MD (FM) Online Lectures
Pharyngitis*	• Discuss the classification and differential diagnosis for a patient presenting with pharyngitis (2.1 2.2) • Identify the criteria for the diagnosis pharyngitis (1.1, 1.2,2.2) • Describe the guidelines for the treatment of a patient presenting with pharyngitis (1.2,2.4) • Discuss the chronic sequel of streptococcal pharyngitis. (2.4) •	Sofia Kim, MD Online Lectures
Oral and Pharyngeal Lesions	• Describe differing types of oral lesions (1.1, 1.3) • Describe appearance of leukoplakia (1.1, 1.3)	Trent Filler, DDS, OMFS (S)
Maxillofacial Fractures	• Identify common types of facial fractures (2.3) • Describe initial assessment of facial fractures (1.3) • Interpret CT scans in facial fractures (2.3)	Trent Filler, DDS, OMFS (S)

Associated Readings:	**CURRENT Diagnosis & Treatment: Surgery** • **Chapter 16: Lasers in Head & Neck Surgery: Malignant Lesions** • **Chapter 16: Otolaryngology – Head & Neck Surgery: Cancers of the Oral Cavity** • **Chapter 26: Neck Masses** **Schwartz's Principles of Surgery** • **Chapter 18: Disorders of the Head and Neck: Etiology and Epidemiology, Lip, Oral Cavity, Oral Tongue, Floor of Mouth, Alveolus/Gingiva, Retromolar Trigone, Buccal Mucosa, Palate, Table 18-3 TNM Staging for Oral Cavity Carcinoma** **Primary Care Pocketbook** • **Ears, nose and throat, Chapter 5** **Essentials of Family Medicine** • **Chapter 16: Ear Pain** **LINKS** **https://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=29** **Modules on sore throat and URTIs** **Associated Clinical Schemes: Hearing Loss, Tinnitus, Mediastinal Mass** **Integration Threads: Geriatrics, Basic Science, Diagnostic Imaging** **Assessment Methods: FM/SURG Review Tests, NBME, Direct Observation**

Reference List

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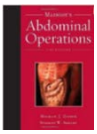
	Case Files Family Medicine, 4th Edition (Available to check out from FM Clerkship Unit Coordinator - first come, first serve)	Briscoe, Donald; Britton, Bruce; Heidelbaugh, Joel John; and Toy, Eugene C. 2016. Case Files Family Medicine. The McGraw-Hill Companies, Inc.
	Tarascon Primary Care Pocketbook, 4th Edition (Available to check out from FM Clerkship Unit Coordinator - first come, first serve)	Esherick, Joseph S, 2014. Tarascon Primary Care Pocketbook Fourth Edition. Jones and Bartlett Publishers, LLC.
	Family Medicine: PreTest Self-Assessment and Review, 3rd Edition (Limited quantities available to check out from FM Clerkship Unit Coordinator - first come, first serve)	Knutson, Doug, 2012. Family Medicine: PreTest Self-Assessment and Review, 3rd Edition. The McGraw-Hill Companies, Inc.

	Blueprints Family Medicine 3rd Edition (Limited quantities available to check out from FM Clerkship Unit Coordinator - first come, first serve)	Lipsky, Martin S.; King, Mitchell S, 2011. Blueprints Family Medicine 3rd Edition. Lippincott Williams & Wilkins.
	Maingot's Abdominal Operations	Zinner and Ashley, 2007. Maingot's Abdominal Operations, Eleventh Edition. The McGraw-Hill Companies, Inc.
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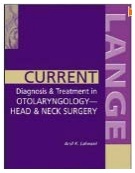
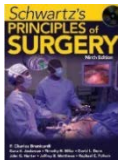
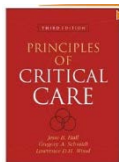
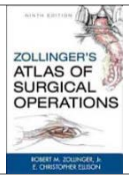
	CURRENT Diagnosis & Treatment in Otolaryngology	Lalwani, 2008. Current Diagnosis & Treatment in Otolaryngology—Head & Neck Surgery, 2nd Edition. The McGraw-Hill Companies, Inc.
	Schwartz's Principles of Surgery	Brunicardi, Billiar, Dunn, Hunter, Matthews, and Pollock, 2010. Schwartz's Principles of Surgery, 9e. The McGraw-Hill Companies, Inc.
	Principles of Critical Care	Hall, Schmidt, and Wood, 2005. Principles of Critical Care. McGraw-Hill Professional; 3 edition
	Zollinger's Atlas of Surgical Operations	Zollinger, Zollinger, and Ellison, 2010. Zollinger's Atlas of Surgical Operations. McGraw-Hill Professional
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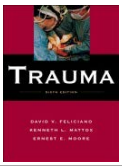	Trauma	Feliciano, Mattox, and Moore, 2008. Trauma. McGraw-Hill Medical
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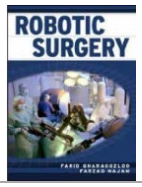
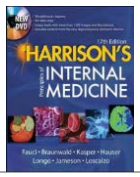
	Robotic Surgery	Gharagozloo and Najam, 2008. Robotic Surgery. McGraw-Hill Medical
	Harrison's Online	Fauci, Braunwald, Kasper, Hauser, Longo, Jameson, and Loscalzo (Eds.), **2008.** Harrison's Principles Of Internal Medicine Seventeenth Edition. The McGraw-Hill Companies, Inc, United States.
	Diagnosaurus	McGraw-Hill's Diagnosaurus 2.0 on AccessMedicine http://accessmedicine.com/diag.aspx

Clerkship 1 – Family Medicine:

Clerkship Description:

Welcome to the Family Medicine Clerkship! We look forward to working with each of you. Students will have an excellent ambulatory (outpatient) experience by seeing a variety of clinic patients ranging from newborns to geriatric patients. Additionally, through many community partnerships students will become familiar with community resources available in El Paso.

There are multiple cross references within the Family Medicine Clerkship Syllabus. These are indicated with blue hyperlink font and, when clicked, will take you to the appropriate reference.

Clerkship Objectives:

The Family Medicine Clerkship provides students with ample exposure to the undifferentiated patient via an ambulatory experience at the Texas Tech Physicians of El Paso Family Medicine Clinic, private physician's offices, and Hospice El Paso. The Goals and Objectives outlined below are met through all of these experiences. Additionally, each Longitudinal Selective provides students with opportunities to further enhance their knowledge and skills in a variety of settings. Finally all of the clerkship learning objectives are linked to the Medical Education Program Goals and Objectives (PGOs) (in parenthesis).

Medical Knowledge:

Goal: The student will gain and develop an effective understanding of the assessments and management of common clinical conditions seen by the family physician in outpatient settings. The learner will demonstrate the ability to acquire, critically interpret, and apply this knowledge.

Objectives: By the end of the Family Medicine Clerkship students will be able to:

- Describe the prevalence and natural history of common acute illnesses and chronic diseases over the course of the individual and family life cycle (2.1, 2.3).
- Demonstrate an investigatory and analytic approach to clinical situations integrating basic and clinical science concepts in the diagnosis and management of illness and disease (2.2, 2.3, 2.4).

Patient Care:

Goal: The students must be able to provide patient-centered care that is age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

Objectives: By the end of the Family Medicine Clerkship students will be able to:

- Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common presentations seen in Family Medicine (1.1, 1.2, 1.3, 1.6, 2.1)
- Make informed decisions about diagnostic and therapeutic interventions using patient information and preferences, scientific evidence, and clinical judgment (1.2, 1.6, 2.4, 2.5).
- Apply screening protocols based on evidence-based guidelines to identify risks of disease or injury and opportunities to promote wellness over the course of the lifespan (1.2, 2.3, 2.4, 6.3)
- Apply culturally appropriate behavioral change strategies to support patient wellness (1.9, 4.1, 4.3, 5.1).

Interpersonal and Communication Skills:

Goal: The Student will develop knowledge of specific techniques and methods that facilitate effective and empathic communication with patients and their families, faculty, residents, staff, and fellow students.

Objectives: By the end of the Family Medicine Clerkship students will be able to:

- Create and sustain a therapeutically sound relationship with patients and their families based on a patient-centered approach (4.1, 4.3, 5.1, 5.2, 5.3, 5.4, 5.5, 5.6).
- Effectively educate patients and their families about health, illness, and prevention as appropriate to the clinical situation (1.8, 1.9, 2.5, 4.1, 4.3, 5.1, 5.2, 6.3).

- Demonstrate effective, respectful communication with clinical faculty, other health care professionals, and staff (4.2, 4.3, 4.4, 5.1, 5.2, 5.3, 5.5, 5.6).
- Clearly and accurately document information in the medical record (4.4, 1.7, 5.7).
- Demonstrate the ability to communicate effectively with patients and their families through interpreters for those with limited English language proficiency (4.1, 4.3, 7.2).

Professionalism/Ethics:

Goal: Students must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principle and sensitivity to a diverse patient population.

Objectives: Throughout the Family Medicine Clerkship, the student will demonstrate:

- Respect for patients, their families, and all members of the health care team (5.1, 4.3, 5.6)
- Adherence to ethical principles governing the doctor-patient relationship including respect for patient confidentiality and privacy (5.1, 5.2, 5.4, 5.6)
- Respect for patients whose lifestyles and values may be different from those of the student (5, 1, 2.5, 4.1)

Awareness of the limits of one's own knowledge, experience, and capabilities (5.3, 3.1, 8.1).

Practice-Based Learning and Improvement:

Goal: The student will understand the application of scientific evidence and accept feedback for continuous self-assessment in the improvement of patient care practices.

Objectives: Throughout the Family Medicine Clerkship the student will demonstrate the ability to:

- Locate, evaluate, and apply evidence from scientific studies related to the patient's health problems (3.4, 2.3, 2.4, 2.5, 2.6).
- Apply knowledge of study design and statistical methods to the appraisal of information on diagnostic and therapeutic effectiveness (3.4, 3.5, 2.4)
- Use information technology and electronic resources to access, manage, and evaluate information in support of personal education (3.3, 3.4, 8.1, 8.4, 8.5)
- Solicit and respond to feedback to improve one's clinical practices (3.3, 3.1, 3.2, 5.7, 8.1, 8.4)

Systems-Based Practice:

Goal: Students must demonstrate an awareness of medical systems and responsiveness to the larger context and system of health care and the ability to effectively utilize system resources to provide optimal care. The student will develop an appreciation of supportive health care resources, and understand their utilization as part of patient advocacy.

Objectives: By the end of the Family Medicine Clerkship, the student will be able to

- Describe the role of the family physician as a coordinator of care and team member (6.1, 7.1, 7.2, 8.1)
- Discuss the knowledge, attitudes, and skills necessary for providing longitudinal, comprehensive, and integrated care for patients with common chronic medical problems (6.1, 6.2, 6.3, 6.4, 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.8, 2.2, 2.3, 2.4, 2.5, 3.2, 3.4, 7.2, 8.1)
- Collaborate with other health professionals to provide patient-centered and preventive services across the lifespan (6.1, 6.2, 6.4, 1.9, 7.1, 7.2, 7.3, 7.4)
- Assist patients in dealing with system complexities to reduce access barriers (1.8, 6.1, 6.2, 6.3, 6.4)
- Identify appropriate medical and non-medical consultative resources (6.2, 6.4, 7.2)
- Describe strategies for controlling health care costs and allocating resources without compromising quality of care (6.3)

Interprofessional Collaboration:

Goal: "Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care"

Objectives: By the end of the Family Medicine Clerkship, the student will be able to:

- Describe the roles of health care professionals. (7.1)
- Use knowledge of one's own role and the roles of other health care professionals to
- work together in providing safe and effective care. (7.2)
- Function effectively both as a team leader and team member. (7.3)
- Recognize and respond appropriately to circumstances involving conflict with other
- health care professionals and team members. (7.4)

Personal and Professional Development
Goal: "Demonstrate the qualities required to sustain lifelong personal and professional growth."
Objectives: By the end of the Family Medicine Clerkship, the student will be able to:

- Recognize when to take responsibility and when to seek assistance (8.1).
- Demonstrate healthy coping mechanisms in response to stress and professional responsibilities. (8.2)
- Demonstrate flexibility in adjusting to change and difficult situations. (8.3)

Integration Threads

FM Table 7: Integration Threads

An X indicates that this topic is included within the Family Medicine Clerkship:

X Geriatrics	X Basic Science	X Ethics
X Professionalism	X EBM	X Chronic Illness Care
X Patient Safety	X Pain Management	X Clinical Pathology
X Palliative Care	X Quality Improvement	X Clinical and Translational Research
X Communication Skills	X Diagnostic Imaging	X Interprofessionalism

The Family Medicine Clerkship will include these integration threads in the following ways:

Geriatrics: Ambulatory clinic experiences (Texas Tech Physicians of El Paso, Community Clinic, and Hospice), Didactic Sessions, and NBME study preparation questions.

Professionalism: Ambulatory clinic experiences (professionalism evaluations in every component of the Clerkship)

Patient Safety: Free CME opportunity available on Canvas and access to Campus CME events, ambulatory clinic experiences, and in all FM Longitudinal Selectives

Palliative Care: Hospice Rotation and Breaking Bad News Didactics and Workshop

Communication Skills: Ambulatory clinic experiences (TTP El Paso, Community Clinic, and Hospice), Geriatric Selective, Didactic Sessions (Breaking Bad News), OSCE (end of Block and end of Year), Student Presentations

Basic Sciences: Musculoskeletal Workshop, Fatigue Online Module, Sports Medicine Selective

EBM: Online module and ambulatory clinic experiences (TTP El Paso, Community Clinic, and Hospice)

Pain Management: Ambulatory clinic experiences (TTP El Paso, Community Clinic, and Hospice)

Diagnostic Imaging: Ambulatory clinic experiences (TTP El Paso, Community Clinic, and Hospice), Musculoskeletal Workshop, and Online Modules

Ethics: Free CME opportunity available on Canvas, Orientation, and ambulatory clinic experiences (TTP El Paso, Community Clinic, and Hospice)

Chronic Illness Care: Ambulatory clinic experiences (TTP El Paso, Community Clinic, and Hospice), Didactic Sessions, and Chronic Disease Management Selective

Clinical Pathology: Musculoskeletal Workshop, Didactic Sessions, and Online Modules

Clinical and Translational Research: During the Family Medicine Clinic Rotation, all students attend a lecture from the FM Research Department and later go into the community with *Promotoras* to recruit patients for the Department's colorectal cancer research.

***Interprofessionalism*:** students are exposed to interdisciplinary teams during the musculoskeletal workshop, Hospice experience, and the following selectives: civic engagement, HIV, geriatrics, and occupational medicine.

Calendar of Clerkship Events:

Clerkship Components:

The Family Medicine Clerkship consists of the following four major components:

1. *Family Medicine Clinic* (more information below).

- TTP El Paso Family Medicine Clinic - 5 Weeks
- Community Faculty Clinic - 1 day per week for 5 Weeks

Note: *The Clerkship Coordinator is responsible for face-to-face visits with community faculty and/or teaching site, scheduling students and keeping community faculty updated with PGOs, and clerkship objectives:*

  - *Family Medicine Clinical Assessment*
  - *Family Medicine Clerkship Syllabus*
  - *Invitations to institutional CME related to teaching medical students*

- *The Clerkship Coordinator acts as a liaison between the community faculty and Faculty Affairs.*

2. *Family Medicine Hospice Experience* (please see for more information).

- 1 Week

3. *Longitudinal Selective in Family Medicine*. Days/times vary depending on the particular Selective. More information may be found on page 50.

- 1 half-day each week over 14 to15 Weeks

4. *Other components of the Family Medicine Clerkship include*:

- Required Activities - FM Table 4
- Feedback - FM Table 5
- ***Professionalism*** page 72

Family Medicine Clinic and Community Clinic

- Texas Tech University Health Sciences Center El Paso Family Medicine Clinic 9849 Kenworthy El Paso Texas 79924 (Click Here for map)
  - Clinic starts promptly at 8:00 am, unless specifically stated otherwise
  - The student will interview, examine, and present patients to their preceptor
- When at a Community Clinic, the clinical experience will be as stated above, but with a private family physician. Call ahead to confirm start times listed on your schedule.
- All procedures, vaccinations, and examinations of genital/breast/low abdomen/buttocks may only be done under the direct supervision of a preceptor.
- Students will be assigned to one of the clinic teams at the Family Medicine Clinic throughout the duration of the clerkship.
- Students are expected to document at least two patients per clinical session in the EMR system under the Medical Student Note. (Route notes to the continuity TTUHSC El Paso attending/faculty).
- Students are required to turn in one detailed SOAP Note with associated clinical scheme each week to their TTUHSC El Paso continuity faculty member.
- The note must have all patient information (patient name, DOB, etc.) redacted.
- Students will review charts of patients to be seen the following day, the night before. (See guidelines for Family Medicine Clinic Chart Review)
- Student may be assigned to a rural community site. Assignment at a rural site requires student to spend 3 weeks at that community site. Expectations for the clerkship are similar for students at the rural site as well as those rotating at the Kenworthy site.
  - Shannon Clinic. 220 E Harris Avenue, San Angelo, TX 76903
-

Objectives:

Family Medicine Center and Community Faculty Clinical Learning Objectives
While in the clinic with the family medicine preceptor (at the FMC or in the community) the student will do the following:

Acute Presentations:
1. Differentiate among common etiologies based on the presenting symptom(s). (1.3. 1.2)
2. Recognize "don't miss" conditions that may present with a particular symptom(s). (1.5, 1.1, 1.2, 1.3)
3. Elicit a focused history and perform a focused physical examination. (1.1)
4. Discuss the importance of a cost-effective and evidence-based approach to the diagnostic work -up. (2.3, 6.3)
5. Describe the initial management of a common and potentially life threatening diagnosis that present with particular symptoms. (1.2, 1.5, 1.6)
6. Communicate the above information in an organized and concise fashion to preceptor (faculty or residents). (4.2)

Chronic Presentations:
1. Find and apply diagnostic criteria. (2.2, 2.3)
2. Find and apply surveillance strategies. (2.4, 2.3)
3. Elicit a focused history that includes information about adherence, self-management, and barriers to care. (2.5, 1.1, 1.8, 4.1)
4. Performa a focused physical examination that includes identification of complications. (1.1, 2.1)
5. Assess improvement or progression of the chronic disease. (2.2, 1.3)
6. Describe major treatment modalities. (1.2, 1.6, 2.3)
7. Propose evidence based management that includes pharmacologic and non-pharmacologic treatments and appropriate surveillance and tertiary prevention. (2.3, 1.9, 1.2, 1.6)
8. Communicate appropriately with other health professionals (e.g. physical therapist, nutritionists, and counselors). (4.2, 7.1, 7.2, 7.3)
9. Educate a patient about an aspect of his/her disease respectfully, using language that the patient understands. (1.8, 4.1, 5.1)

Family Medicine Clinic Patient Chart Review

FM Clerkship MS III
Chart Review Guidelines:

1. Find out the name of the faculty or resident you are in working with in the Family Medicine Center.
2. Review charts of all the faculty or residents scheduled patients prior to the start of clinic
    a. This will allow you to interact more meaningfully with the patient and the preceptor
    b. Jot down notes on the MS3 Chart Audit (MS3-CA) and bring to clinic with you.
    c. At the end of clinic session, turn into the FM Clerkship Coordinator
3. Review and document on the (MS3-CA) the following information:
    a. **PRE VISIT PLANNING** (located under the documents tab, look up PRE VISIT PLANNING (colonoscopy, pap, immunizations, diabetic foot exam, etc.…)
        i. This will tell you some of the preventive services our patients are due for write it down
        ii. This needs to be completed for Quality Improvement
    b. **PROBLEM LIST** (this is the PMHX)
        i. look for any old problems such as acute bronchitis or UTI any self-limited problem

ii. think about what problems should be removed from the list (see above)

c. MEDICATION LIST

i. look up 2 to 3 of the patients medications on Epocrates app

1. to review doses and adverse effects or contraindications
2. the more you do this the better you will perform on NBME but it will improve your plan

d. **LAST CLINIC NOTE** w/ the Family Medicine faculty or resident

i. What was the plan? Were any tests what were ordered, was the patient sent to a consultant and what was the results or outcome?

ii. Is there a condition that needs to be followed up such as knee pain? Was a new medication was given for DM, is patient tolerating it, is the medication having the desired effect, lower BP or improved blood glucoses or less numbers?

iii. Was a condition left that was to be addressed this next visit that there was not time for before?

e. PREVENTIVE CARE

i. You can use the AHRQ ePSS app and put in their age and sex to see what they should have done based on the USPSTF guidelines.

ii. Ask patient is they have already had recommended screening or if they are interested in having it done

iii. Is there a pap or colonoscopy documented? Is the patient a smoker and due for AAA screening? If you cannot find it ask the Medical Assistant (MA)

FM Table 2: Sample Family Medicine Clinic Schedule (5 weeks long, in 2 and 3 week increments)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM*	FMC/CF	FMC/CF	CF	SDL	FMC/CF
PM*	FMC/CF	L/S	CF	ITS	FMC/CF

Please note: this schedule is an example of how the Family Medicine Clinic weeks are organized. Students may not always have Clinic/SDL/L/S during the times indicated above. Please see individual student schedule on the Clerkship Scheduler (https://ilios.ttuhsc.edu/PLFSOMScheduler/).

**Times are 8:00 a.m. - 12:00 p.m. and 1:00 p.m. - 5:00 p.m. unless otherwise specified.*

Key:

- **CF**: Community Faculty – Students will see patients with a community faculty member
- **FMC**: Family Medicine Clinic – Students will see patients with a faculty member or resident
- **ITS**: Integrated Teaching Session – Every Thursday afternoon, all students on the Block students will attend lectures with FM and SURG faculty. Please see Block Table 3 starting on page 13 for the objectives and assigned readings for each of the lecture topics.
- **L/S**: Longitudinal Selective – One half-day each week (day and location depend on the particular Selective)
- **SDL**: Self-Directed Learning – Study time assigned to work on different activities and projects pending for the Clerkship. This time is assigned by the Clerkship Unit Coordinator, as physician schedules dictate.

The Hospice Experience:

The Family Medicine Hospice Experience consists of one week seeing patients and acting as part of an interdisciplinary team with Hospice El Paso. Ideally, students will experience each aspect of hospice care, from admissions to death, through the viewpoint of various caretakers during their week-long rotation. Students will still attend their didactics, longitudinal selective and SDL days.

Goals:

1. Students will develop an increased understanding of Hospice care
2. Students will recognize barriers for timely Hospice referrals
3. Students will gain confidence in communicating with terminal patients and their families

Objectives:

1. Students will display the ability to determine prognosis for terminal disease (2.1)
2. Students will be able to list the eligibility criteria for Hospice(5.5)
3. Students will be able to list potential barriers for Hospice referral and how to overcome them (4.1, 4.2,4.3, 5.4, 6.4, 7.1, 7.2)

Hospice care is a dynamic process and unpredictable at times. Students will learn what type of patients to refer and how to refer in a timely manner. Students will see how a multidisciplinary team works with the patient and their family to provide a comforting experience. It is very important to keenly observe these experts in end life issues treat a real patient. Students will rotate through the major aspects of hospice care. They will be paired with a hospice nurse and gain the following experiences:

1. Students will attend an orientation and go through the Hospice admissions process (7.1)
    a. Here students should understand what type of terminal illnesses are accepted and the referral and admissions process (7.1)
2. Attend an interdisciplinary team meeting
    a. The RN, social worker, and pharmacist get together to discuss the patient(s) and their care plans (7.1, 7.2, 7.3)
3. Review medical records (1.3)
4. Home visit with a hospice patient (2.5, 4.2, 5.1, 5.2,5.4)
    a. This is most valuable to see patients in their home or hospice facility and how they are cared for
5. Death call is optional (2.5, 8.2)
    a. When death is imminent, hospice comforts the patient and the family

Evaluation

1. Students will take a pre and posttest on Hospice care on Canvas
2. Students are required to write a reflective piece at the end of the rotation to discuss something new that was learned, new skills gained, or a patient and their family that left an impression
3. Professionalism evaluations will be completed by Hospice staff

Recommended Readings:

Ebell, MH Determining Prognosis for Patients with Terminal Cancer. American Family Physician.2005 Aug 15; 72(4): 668-669.

Weckmann, MT. The Role of the Family Physician in the Referral and Management of Hospice Patients. American Family Physician. 2008 March 15; 77(6): 807-812.

Link: **AFP content articles on end- of –life issues including pain management.**
http://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=57

For patients:
Before I die http://www.wnet.org/bid/index.html

For physicians/residents/medical students:
Journal of Pain and Symptom Management
NHPCO: **http://www.nhpco.org/sites/default/files/public/JPSM/Aug07article.pdf**

FM Table 3: Sample Family Medicine Hospice Experience Schedule (1 week long)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM*	HOS	SDL	HOS	SDL	HOS
PM*	HOS	L/S	HOS	ITS	HOS

Please note: this schedule is an example of how the Hospice Rotation is organized. Students may not always have HOS/SDL/L/S during the times indicated. Please see individual student schedule on the Clerkship Scheduler (https://ilios.ttuhsc.edu/PLFSOMScheduler/).
**Times are typically 8:00 a.m. - 12:00 p.m. and 1:00 p.m. - 5:00 p.m. unless otherwise specified.*

***Key*:**

- **HOS:** Hospice El Paso – Students will see patients through the various services offered by Hospice.
- **ITS**: Integrated Teaching Session – Every Thursday afternoon, all students on the Block students will attend lectures with FM and SURG faculty. Please see Block Table 3 starting on page 13 for the objectives and assigned readings for each of the lecture topics.
- **L/S**: Longitudinal Selective – One half-day each week (day and location depend on the particular Selective)
- **SDL**: Self-Directed Learning – Study time assigned to work on different activities, such as board review question, SOAP note write ups, and any projects pending for the Clerkship. This time is assigned by the Clerkship Unit Coordinator, as physician schedules dictate.

Longitudinal Selective in Family Medicine:

Throughout the entire Family Medicine/Surgery Block, students are required to attend their longitudinal selective. The Longitudinal Selective is a one-half day, weekly activity in which students spend time in various areas within Family Medicine: Additional Longitudinal selectives may be added during the year to accommodate for increased student numbers on the clerkship.

Civic Engagement	Geriatric Care	HIV Medicine

Occupational Health	**Care of the Home Bound Patient**	Patient Education	**Introduction to Managed Care**	Public Health & Community Medicine
Sports Medicine	Ultrasound			**Clinical and Community-Based Approaches to Obesity Prevention**

- Students are matched into their area of interest as best as possible.
- Students will attend their designated Longitudinal Selective one afternoon every week.
- Please note that some weeks of a longitudinal selective may include readings, home visits, data collection, or online modules.
- Students are requested to complete the Post Longitudinal Selective Self-Assessment at the end of the Block.
- At the end of the Block, all students will give a presentation for Family Medicine Faculty to demonstrate what they learned in their Longitudinal Selective. Students will be evaluated on their presentations. Each Selective will present as a group.
- Students will assessed on professionalism, attendance, level of engagement, and completion of all assignments.
- While some of the selectives are less clinical, we expect students to apply what they have learned in the clinical arena.
- Below are the Longitudinal Selectives, their respective preceptors, goals and objectives:

Longitudinal Selectives descriptions:

Civic Engagement	***TBD***
Students will meet each Tuesday afternoon, usually at the Center Against Family Violence, on 280 Giles Road on El Paso's East Side.	
Objectives:	
At the end of the clerkship, students should be able to:	• Practice skills learned in SCI year 1 & 2 during family, population, and other threads (2.4) • Participate in interdisciplinary teams (attorneys, SW, counselors, educators, immigration office, law enforcement). (4.1, 4.2, 4.3) • Develop cultural knowledge. (3.2, 3.3, 3.5,5.1) • Experience and recognize civic engagement responsibilities and opportunities. (6.1, 6.2, 6.4) • Reflect on connection between service and learning. (3.1, 3.5, 6.4, 8.5) • Be involved with active learning where the responsibility of learning is on the learner. (8.5) • Improve psychosocial interviewing skills. (2.5)
Assessment Type:	Professionalism Assessment

Geriatric Care	***Lorenzo Aragon, MD***

Students will visit various facilities, including UTEP Pharmacotherapy (1101 N. Campbell, Room 708), Hospice El Paso (1440 Miracle Way), UMC Physical Therapy (9839 Kenworthy), Ambrosio Guillen VA Nursing Home (9650 Kenworthy), and Bien Vivir Senior Health Services (2300 McKinley) every Monday afternoon.	
Goal(s):	
Students will recognize the difference between the principles and application of geriatric clinical medicine. Students' awareness of the need for more geriatricians will increase.	
Objective(s):	
At the end of the clerkship, students should be able to:	• To evaluate the elderly, applying the principles of geriatric assessment • To diagnose abnormal behavior in dementia (2.1,2.3, 2.4, 3.2, 3.3, 3.5) • To evaluate urinary incontinence (2.1,2.3, 2.4, 3.2, 3.3, 3.5) • To develop clinical skills in the evaluation of falls (2.1,2.3, 2.4, 3.2, 3.3, 3.5) • To classify and treat pressure ulcers (2.1,2.3, 2.4, 3.2, 3.3, 3.5) • To diagnose and treat dementia (2.1,2.3, 2.4, 3.2, 3.3, 3.5) • To define the most common dermatologic lesions (2.1,2.3, 2.4, 3.2, 3.3, 3.5) • Discuss end of life issues in the geriatric population (4.1, 4.3, 5.4) • Evaluate chronic heart failure in the geriatric population (2.1,2.3, 2.4, 3.2, 3.3, 3.5)
Assessment Type:	Professionalism Assessment

HIV Medicine	***Jennifer Molokwu, MD***
Students will work with Outreach workers with Aliviane, Inc (1900 Wyoming, Suite A) and see HIV patients with Dr. Alozie and Grecia Heredia PharmD, from Sunset ID Care/Southwest Viral Med. 1201 East Schuster Ave, Suite 1A El Paso, TX 79902 . Typical activities take place on Tuesday afternoons (though Dr. Alozie's clinic is usually scheduled on Tuesday mornings).	
Goal:	
At the end of this rotation students will have gained experience in the prevention, screening and management of HIV. They will learn about the physical and psychosocial impact of HIV on individuals in a predominantly Hispanic border community.	
Objectives:	
At the end of the clerkship, students should be able to:	• Identify individuals at high risk for contracting HIV (1.9, 2.1,2.3, 2.4, 2.5, 3.2, 3.3, 3.5, 4.1, 5.5, 6.3) • List screening guidelines for HIV (2.1,2.3, 2.4, 3.2, 3.3, 3.5) • Describe support networks and resources available in the community for patients with HIV. (3.5, 4.2) • Discuss management of chronic medical conditions in individuals living with HIV. (2.5, 3.4, 3.5, 4.1)
Assessment Type:	Professionalism Assessment

Occupational Health	***TBD***
Students will do four hour rotations, one afternoon (day TBA) each week, throughout the Block. The rotations will take place at Concentra Urgent Care on 6320 Gateway Blvd East (at Basset Center) with	

Dr. Saheba, at UMC Northeast Physical Therapy Center, and at Texas Tech Physicians of El Paso Family Medicine Clinic at 9849 Kenworthy	
Goal:	
The student will recognize work-related health conditions and will be aware of workers' comprehensive care.	
Objectives:	
At the end of the clerkship, students should be able to:	• Students will be able to obtain a comprehensive occupational history and perform pertinent areas of physical examination. (1.1, 1.2, 3.5, 6.3) • The students will recognize elements of work that cause or aggravate health problems o Work place risk factors (2.4) o Commonly seen occupational diseases (2.4, 6.3) ▪ Injuries ▪ Illnesses ▪ Exposure • Students will recognize the relationship between exposure and health impairment (2.4, 2.5)
Assessment Type:	Clinical Assessment

Patient Education	***Navkiran Shokar, MD***
This Selective will enhance the students' knowledge and skills of patient education and motivational interviewing using common theories of behavior change. Students will meet each Wednesday afternoon and will visit various locations throughout El Paso to observe and practice patient education, including the Texas Tech Physicians of El Paso Family Medicine Clinic, Project Vida, El Paso County Health Department, and UTEP.	
Objectives:	
At the end of the clerkship, students should be able to:	• Students will identify the five key elements of motivational interviewing. (1.1, 2.2 and 2.4) • Students will be able to develop MI skills used with chronic diseases (i.e. high blood pressure, diabetes, or other health behaviors such as drinking, smoking, exercising, etc.) (1.9) • Develop skills to communicate effectively with patients in a respectful and culturally appropriate manner. (4.1, 4.3) • To evaluate motivational interviewing or patient education among various populations. (2.5) • Students will be able to identify the trans-theoretical model and develop asses behavior change using MI (2.5, 3.1)
Assessment Type:	Professionalism Assessment

Public Health and Community Medicine	***Jennifer Salinas, PhD***
To achieve the proposed objectives the activities will be delivered as follows: a) Visits to various programs at the Health Department, b) In person discussions with faculty at the Family Medicine Department and, c) online materials such as assigned readings and recordings. Each student will choose to attend from one to a maximum of three different programs at the Department of Public Health in which she/he will take an active role in learning about the program and helping with program delivery as allowed by program's supervisor. Each student will chose one online webinar to watch at	

https://hrsa.connectsolutions.com/hrsa-cdc/?launcher=false . Each student will turn in a one page open editorial proposing a solution to an existing public health problem, using the new knowledge acquired from the webinar plus their experience at different El Paso community Health Fairs, El Paso Health Department, and Paso del Norte Health Foundation	
Objectives:	
At the end of the clerkship, students should be able to:	• Identify common public health problems that affect the population of El Paso.(1.9,2.2, 2.3, 3.2,3.5) • Demonstrate knowledge of the local public health resources to refer patients. (7.1, 7.2) • Name the clinical preventive services offered in primary care for primary and secondary prevention of diseases (1.6, 1.9,2.3, 2.4) • Describe basic concepts on cervical, colorectal and breast cancer epidemiology (e.g. incidence and prevalence by race mortality). (1.6, 1.9, 2.4)
Assessment Type:	Professionalism Assessment

Sports Medicine	***Justin Wright, MD***
Students will meet Tuesday afternoons in one of two teaching environments, or be given a self-study assignment to complete by the following day: • The Texas Tech Physicians of El Paso Family Medicine Sports Clinic (9849 Kenworthy), where they will evaluate patients with the Attending and Sports Medicine Fellows. In this setting, the student will be exposed to the evaluation and treatment of a variety of musculoskeletal problems. Physical and Occupational Therapy (UMC – 9839 Kenworthy), where the student will work with the therapists in evaluating and treating musculoskeletal problems. The student will be further exposed to musculoskeletal evaluation as well as rehabilitation principles.	
Goal:	
To increase the students' knowledge of musculoskeletal problems and the care of the athletic patient.	
Objectives:	
At the end of the clerkship, students should be able to:	• Perform complete knee, shoulder, ankle, and lumbar spine examinations (1.1, 2.3, 2.4) • Describe treatment options for common knee, shoulder, ankle, and lumbar spine complaints (1.6, 2.3) • Describe the evaluation and treatment of a concussion (1.2, 1.6)
Assessment Type:	**Clinical Assessment**

Ultrasound Selective	***Justin Wright, MD***
This selective will introduce the use of point of care ultrasound in the clinical setting. Focused mainly on musculoskeletal ultrasound in conjunction with the Sports Medicine Fellows, the student will be exposed to the basics of ultrasound, indications for ultrasound, relevant anatomy, and will have hands-on scanning experience.	
Objectives:	
At the end of the clerkship, students should be able to:	• Describe how an ultrasound image is created. (2.1, 2.2, 8.5) • Describe the benefits and limitations of ultrasound. (2.1, 2.2, 8.5) • Describe the indications for an ultrasound examination. (1.2, 2.3)

	• Identify common knee, shoulder, elbow, and ankle structures on ultrasound. (1.2, 2.3) • Perform a basic ultrasound examination, including positioning of the patient, handling the ultrasound probe, and image optimization (1.2,2.3)
Assessment Type:	Professionalism Assessment

Care of the Home Bound Patient	**Martha I Manquero-Butler, MD**
To identify patients that will qualify with a homebound status and learn how to manage this frail and challenging population. Students will learn to create a plan of care around patient's medical or social needs, transition of care of a homebound patient to or from a skilled nursing facility. Student may also participate in the outpatient clinic if a homebound patient transitions into the clinic	
Objectives:	
At the end of the clerkship, students should be able to:	• Identify alerts that would qualify a patient with a homebound status. (1.1,1.6, 6.4) • Learn management of medical problems by affected system but more importantly the coordination with community services and resources, as well as monitoring of overall care (1.4,1.6,6.1,6.2, 6.4). • Will learn the importance of well-coordinated care with the physician as the head of the care team and the concomitant monetary savings thus helping the financial burden of our Nation's Healthcare system, while delivering a better quality of life to the frail patient and their families.(7.1,7.2, 7.3, 7.4)
Assessment Type:	Professionalism Assessment

Introduction to Managed Care	**David M. Palalfox, MD**
At the end of this rotation, students will have gained experience on the workings of the financial aspects of medical care including managed care, health care quality measures and appropriate use of medical resources.	
Objectives:	
At the end of the clerkship, students should be able to:	• Understand the basic functions of an insurance company (6.1, 6.2,6.3) • Describe the role of a medical director in health care (6.1,6.2) • Evaluate medical necessities of tests and procedures (5.5, 6.1, 6.3) • Describe the process of contracting with medical groups.(6.1)
Assessment Type:	Professionalism Assessment

Clinical and Community-Based Approaches to Obesity Prevention	**Jennifer J. Salinas, PhD**
At the end of this rotation, students will have gained knowledge on the etiology of obesity, clinical approaches to patient obesity counseling, and community barriers and solutions to healthy eating and active living.	

Objectives:	
At the end of the clerkship, students should be able to:	• Understand the biological, behavioral, social and environmental mechanisms of obesity. (2.4,2.5) • Describe the role of physicians in patient lifestyle decision making. (4.1, 4.3) • Engage peers in simulated patient counseling exercises on obesity and lifestyle change.(4.2, 4.3) • Assess neighborhood social and environmental determinants of obesity.(2.4, 2.5, 3.5)
Assessment Type:	Professionalism Assessment

Clerkship Location:

Texas Tech Physicians of El Paso Family Medicine Clinic 9849 Kenworthy El Paso Texas 79924

Required, expected and optional events:

FM Table 4: Family Medicine Clerkship Required Assignments and Activities

Activity	Description / How to Pass	Fail	Required or Optional	Make Up (if applicable)	Grading
Attendance Clinic Selective Didactics	Students are expected to be on time and attend all (see attendance policy under Common Clerkship Policies).	Absenteeism or tardiness	Required Unexcused Absence Form will be signed by student	Readings and/or Make-up clinic and/or Design-A-Case	Failure to attend can result in a failure of professionalism, make up work or failure of course.
Longitudinal Selective Assignments	Selective Course Director will give to students at Selective orientation	Failure to complete all assignments	Required	As per Selective Course Director	Failure to complete may result in failure of professionalism grade.
SOAP Notes	Weekly SOAP note turned into continuity faculty with clinical presentation. Do not include protected Health Information on note.	If note consistently late or contains protected	Required	Make-up SOAP notes	Failure to submit may result in failure of professionalism grade.

		health information			
Attendance in the Data & Patient Navigator Class	Introduction to Clinical and Translational research	Not attending class	Required	TBD by Clerkship Director Readings	Failure to attend class may result in failure of professionalism grade.
Promotora Experience	Work with *Promotoras* to recruit and educate the community about the colon cancer research	Not showing up or participating in the activity	Required	Not attending is an unexcused absence	Failure to attend may result in failure of professionalism grade.
Promotora Reflective Paragraph	Write a reflective paragraph explaining what they learned about clinical and translational research, in particular how it is different to clinical care delivery. The paragraph is due one week after the *Promotora* experience at 5:00 pm via email to rebekah.salaiz@ttuhsc.edu (please cc the Clerkship Coordinator).	Not turning in paragraph	Required	A 2 page paper TDB by Clerkship Director	Failure to turn in paragraph may result in failure of professionalism grade.
Op-Log	Students must update their Op-Logs weekly throughout the Block with **all meaningful patient encounters**.	Not updating weekly and/or not meeting the minimum requirement	Required	Actively seeing out patient with required condition Completing a case with a similar condition in Design A Case™ Assigned Reading	If student does not meet the required amount of patients/conditions, it will be counted as an unprofessional event and may result in failure of the professionalism grade.
Design A Case™ (DAC)	Design A Case™ is an extensive online case library of various conditions designed to supplement clinical education. (http://designacase.org/default.aspx)	Not having 5 completed by MCF and/or not completed by the end of 15th week of the block	Required	N/A	Not completing cases may result in failure of professionalism grade.

	Students are assigned 10 cases total				
AAFP Questions	Complete 400 questions throughout the block. 10 questions due by MCF, remaining 3000 questions by end of block.	Not completing 100 questions by MCF and/or not completing all 400 questions by the end of the block.	Required	N/A	Not completing the questions may result in failure of professionalism grade.
fmCASES	Complete four sets of 3-cases per set by assigned due dates.	Not completing the assigned set(s) of cases.	Required	N/A	Not completing cases may result in failure of professionalism grade.
Integrated Case Presentation	Participation of case with team. Must be an active member and contribute to the overall presentation. Must complete Peer Review.	Failure to participate on the final presentation	Required	N/A	Failure to participate and present case may result in failure of professionalism grade.
Family Medicine NBME Quizzes	Quizzes associated with Family Medicine Shelf exam on Canvas. The quizzes are available on the first day of the Block and are due at the end of the Block. Students must pass each quiz with at least 70% Student may repeat quiz to get a passing grade.	Less than 70%	Required	N/A	
EMR Notes	Each clinical session at the Texas Tech Physicians of El Paso Family Medicine Clinic, students must complete at least two Medical Student EMR notes. The note must be signed by the student and routed to the faculty member with whom they worked OR the faculty member that	Not completing notes. Please see the Student Affairs Handbook for more information	Required		Failure to complete notes or assignments will be documented on the student's weekly evaluation and will be counted as an unprofessional event and may

	precepted the resident with whom they worked.	regarding plagiarism			result in failure of the professionalism grade.
Duty Hours Submissions	Students are required to submit duty hours worked through the Clerkship Scheduler 15 (https://ilios.ttuhsc.edu/PLFSOMScheduler/) Duty hours must be submitted within 48 hours of the scheduled session. There will be a manual given to students and available on Canvas. Even if a student is absent, they are expected to report that through the duty hours log within 48 hours of the missed session.	Not submitting duty hours within 48 hours of the schedule	Required		Failure to submit duty hours within 24 hours will be counted as an unprofessional event and may result in failure of the professionalism grade.
Hospice Reflection	Students are required to turn in a reflective piece discussing what was learned during the Hospice Rotation. This needs to be emailed to the Unit Coordinator	Not turning in hospice reflection the Monday after rotation	Required		Failure to turn in the reflection on time will be counted as an unprofessional event and may result in failure of the professionalism grade.
Family Medicine NBME	All students will take the Family Medicine Shelf Exam at the end of the Clerkship Block. In accordance with the PLFSOM Common Clerkship Policies. Honoring the NBME requires obtaining ≥60 percentile. To pass the NBME, a student will need to score in the 6th percentile or higher.	Failing score on NBME <6 percentile	Required	If a student fails the NBME, they will receive an Incomplete grade and will need to remediate the exam.	The Family Medicine NBME usually takes place on the last Friday of the Block on main campus.
Longitudinal Selective Presentation	At the end of the Block, all students will give a presentation to the Family Medicine Faculty to	Non-participation	Required	N/A	Failure to present with classmates will be counted as an unprofessional

	demonstrate what they learned in their Longitudinal Selective. Students will be evaluated on their presentations. Each Selective will present as a group.				event and may result in failure of the professionalism grade.
Faculty Observation	All students will have at least one faculty observation. Faculty will also observe certain elements of a patient visit, such as the history, PE, procedures or patient education.	Not completing task	Required	Attempt to make up	Failure to complete may result in failure of professionalism grade.
Post-Longitudinal Selective Self-Assessment	A survey delivered at the end of the Block to help the Department modify and improve the various Longitudinal Selectives.	N/A	Optional	N/A	
Chart Audit in the Kenworthy Clinic	Students must turn in proof of their notes taken prior to a clinic session to coordinator	Not reviewing charts the night before	Required	N/A	Repeated failure to submit proof or if not prepared for scheduled clinic session may result in failure of professionalism grade.

Student Performance Objectives:

Note: For required activities, Honors-level work includes: engaged participation, evidence of reading, and active learning. Students should also take the initiative to see patients (if applicable), and improve their clinical skills by consistently applying new knowledge in the clinical arena.

Clerkship Director's Notes:

We are a busy clinic with excellent teachers and enjoy having students interested in learning and taking care of patients. You should complete this rotation being able to comfortably assess the undifferentiated patient in the clinic setting, greatly improving your history and physical exam and subsequent documentation. You will also become familiar with guidelines used for preventive care and for many of the common diseases seen in primary care. You should also learn a great deal about community resources and the process of how to help patients access them. Lastly, I hope you appreciate not only the hard work and many skills required of family physicians, but the satisfaction that comes from being a primary care physician.

The following are just some tips for your success:

- Review the patient's EMR chart the night before each Kenworthy clinic. You can look up medical problems, the medications and various labs. You can use the Chart Review Tool provided to you or use your own. At the end of the clinic session please turn in to Clerkship Coordinator.
- Check with the faculty or resident you are working with and get a plan prior to the start of the clinic for the number of patients you will be seeing and the number of medical problems you will be addressing. Each faculty or resident may have a different approach so ask ahead of time.
- Turn your notes in to get feedback to your continuity faculty.
- Your syllabus is full of up-to-date resources on guidelines and articles for common diseases seen in Family Medicine, please take advantage of these.
- I hope you take the time to read several articles each week. This will increase your NBME score and your overall medical knowledge. Take full advantage of this. These are available on canvas.
- Practice your Spanish. If the patient is Spanish-speaking and you are not, you can ask for a translator or your preceptor will translate when possible. You can always remind residents to translate or to speak to the patient in English (if the patient understands).
- Students are responsible for checking their schedules on a daily basis (https://ilios.ttuhsc.edu/PLFSOMScheduler/). Schedule changes happen more often than we would like. You MUST have your cell phones on and check your email daily. These is how we will contact you and perhaps save you a wasted trip in the case of last-minute changes and how you will be notified of important announcements.
- Everyone in the clinic is evaluating your behavior. Inappropriate cell phone and computer use, tardiness, and inappropriate remarks are noted and reported. You will be counseled initially. Repeated offenses will result in notations being made on your professionalism forms. It all boils down to professionalism. Faculty, staff, and residents will inform me of any unprofessionalism even if they do not say anything directly to you. Students who are consistently late, always texting, or generally just not engaged will NOT get honors even if they receive honors on the NBME.
- Equally as important, if you witness unprofessionalism or you feel you are treated unfairly or mistreated by department faculty, residents, staff, or patients, please notify the Clerkship Coordinator or myself IMMEDIATELY. We will address this in a timely, discreet, and fair manner. We want to ensure that you have a learning environment conducive to enhancing your clinical skills and knowledge.
- Please give the Clerkship Coordinator a copy of every Family Medicine presentation, article, or project that you have presented, or worked on during the course of the Block, even if it is from an outside clinic.

Be sure to read something on both disciplines every day, and as you go through the Block notice how we depend on each other to provide the best patient care possible. Do not wait until late in the Block to start studying for the NBME- you have TWO!

I hope you enjoy working and learning from our patients, residents, and faculty.

Patient condition and Op Log expectations:

FM Table 8: Family Medicine Specific Op-Log Requirements and Clinical Expectations

	Students must document <u>every patient/disease</u> with which they come into contact, even if the condition is not listed below. Students are <u>required</u> to see at least two of every patient listed below, as they are the most commonly encountered conditions in the Family Medicine ambulatory clinic. The Clerkship Director will review Op-Log at Mid-Clerkship Feedback and prior to the End of the Block. Deficiencies and how to rectify are discussed immediately.

Diagnosis Category	**Condition/Number of Patients Managed**	**Level of Responsibility (O=Observe*, A=Assist**, M=Manage***)**	**Associated Clinical Presentation(s)**	**How to Make Up Missed Encounter**
Allergy	Allergic Rhinitis: *2 patients*	M		If a student fears they will not encounter the appropriate number of patient conditions, the Clerkship Director must be notified immediately. The first plan of action would be to locate a patient with the particular condition. If that fails, the student will be expected to complete a simulation on Design A Case™ or Aquifer. In the absence of appropriate cases student will submit a
Cardiovascular	Chest Pain: *2 patients* Hypertension: *2 patients*	M	Chest Discomfort Abnormal Blood Pressure – Hypertension and Shock	
Endocrine	Diabetes: *2 patients*	M	Diabetes and Obesity	
ENT	Pharyngitis: *2 patients* Upper Respiratory Infection: *2 patients*	M	Sore Throat Dyspnea Cough Wheezing	
General	Physical Exam, Routine: *2 male patients* and *2 female patients* Palliative/End of life care: *2 patients*	M A	Periodic Health Exam Adult Dying Patient, Bereavement	

	Students must document <u>every patient/disease</u> with which they come into contact, even if the condition is not listed below. Students are <u>required</u> to see at least two of every patient listed below, as they are the most commonly encountered conditions in the Family Medicine ambulatory clinic. The Clerkship Director will review Op-Log at Mid-Clerkship Feedback and prior to the End of the Block. Deficiencies and how to rectify are discussed immediately.

Diagnosis Category	Condition/Number of Patients Managed	Level of Responsibility (O=Observe*, A=Assist**, M=Manage***)	Associated Clinical Presentation(s)	How to Make Up Missed Encounter
GI/Alimentary	Abdominal Pain: *2 patients*	M	Vomiting/Nausea Abdominal Pain Diarrhea Constipation Abdominal Distension	summary of appropriate AAFP review article .
Metabolic	Dyslipidemia or Hyperlipidemia: *2 patients*	M	Diabetes/ Hyperlipidemia	
Musculoskeletal	Knee Injury: *2 patients* Low Back Pain: *2 patients*	M	Bone Fractures, Joint Pain, Limp and Deformity	
Neurological/ Neurosurgical	Headache: *2 patients*	M		If a student fears they will not encounter the appropriate number of patient conditions, the Clerkship Director must be notified immediately. The first plan of action would be to locate a patient with the particular condition. If that fails, the student
Preventative Care	Tobacco use/Smoker: *2 patients*	M		
Psych/Behavioral	Depression: *2 patients* Anxiety: *2 patients*	M	Mood Disorders	
Pulmonary/Thoracic	Asthma: *2 patients* COPD: *2 patients*	M	Dyspnea Cough Wheezing	

	Students must document <u>every patient/disease</u> with which they come into contact, even if the condition is not listed below. Students are <u>required</u> to see at least two of every patient listed below, as they are the most commonly encountered conditions in the Family Medicine ambulatory clinic. The Clerkship Director will review Op-Log at Mid-Clerkship Feedback and prior to the End of the Block. Deficiencies and how to rectify are discussed immediately.

Diagnosis Category	Condition/Number of Patients Managed	Level of Responsibility (O=Observe*, A=Assist**, M=Manage***)	Associated Clinical Presentation(s)	How to Make Up Missed Encounter
Urinary/Kidney	Urinary Tract Infection: *2 Patients* Dysuria: *2 Patients* (May also use Urethritis or Vaginitis in Men's or Women's Health Category)	M	Pelvic Pain Vaginal Discharge Men's Health	will be expected to complete a simulation on Design A Case™ or ™ or Aquifer. In the absence of appropriate cases student will submit a summary of appropriate AAFP review article .

*Observe – The student observes others interacting with, and/or examining the patient, or performing a procedure, but the student does not participate directly in the process. This is a passive experience from the standpoint of the interaction of the learner and patient. We encourage you to tell us if you are mostly observing patients when with faculty or residents.

**Assist – The student participates with a supervising physician (resident or attending) in interviewing, and/or examining a patient, or performing a procedure. The student may perform a portion of the history or physical or participate in a secondary role. The student does not play an active role in diagnosis or treatment decision making.

***Manage – The student performs the history or physical exam AND formulates the differential diagnosis AND suggests the appropriate course of treatment under supervision of the preceptor, resident or attending.

FM Table 9: Procedural Opportunities for Medical Students (only if available; not required). All procedures to be supervised by MD).

Procedure (as availability dictates)	Associated Clinical Scheme(s)	How to Makeup Missed Procedure
Vaccine Administration	Periodic Health Exam Adult and Child	These procedures are not required. Students are expected to make every effort to seek out these procedures, but due to patient demand and scheduling, it may not be possible for every student to do each procedure.
Pap/Pelvic Exam	Screening and Prevention (Reproductive Unit)	
Rectal/Prostate Exam	CP1 Periodic Health Exam Adult	

Breast Exam	Periodic Health Exam Adult	
ECG and Interpretation	Chest Discomfort, Abnormal Blood Pressure, Palpitations	
Ear Lavage	Hearing Loss and Tinnitus	
Punch Biopsy	Skin Lesions: Rash (Macules, Papules, Boils, Blisters)	
Joint Injection	Bone Fractures, Joint Pain, Limp and Deformity	
Casting	Bone Fractures, Joint Pain, Limp and Deformity	
Splinting	Bone Fractures, Joint Pain, Limp and Deformity	
Cryotherapy	Skin lesions: Rash (Macules, Papules, Boils, Blisters)	

Assessment:

- Students will receive **verbal and written feedback:**
  - During clinic sessions at the Texas Tech Physicians of El Paso Family Medicine Clinic
  - Hospice El Paso
  - Private family physician offices
  - Longitudinal Selectives
  - Clerkship Unit Coordinator Professionalism Assessment
  - Mid-clerkship feedback sessions with Clerkship Director
- Written feedback in the form of the institutions clinical and professionalism evaluations occurs on a weekly basis .Students are required to make sure they receive their completed clinical evaluations from preceptors. We cannot give adequate feedback if you do not have completed evaluations. Please let the Clerkship Unit Coordinator and Clerkship Director know if you need assistance.
- Please see FM Table 5 below for weekly evaluation criteria.

FM Table 6: Family Medicine Clerkship Clinical Assessment

	Scale

Knowledge for Practice:	Needs Improvement / Pass / Honors / N/A
Can independently apply knowledge to identify problem. (1.1,2.2)	
Can compare and contrast normal variation and pathological states commonly encountered in Family Medicine. (2.1)	
Patient Care and Procedural Skills:	
Addresses patient's agenda. (4.1)	
Completes an appropriate history. (1.1, 1.3, 2.5, 4.1, 5.1)	
Exam is appropriate in scope and linked to history. (1.1, 1.4, 2.1)	
Identifies pertinent physical findings. (1.3)	
Generates a comprehensive list of diagnostic considerations based on the integration of historical, physical, and laboratory findings. (1.3)	
Identifies serious conditions that require timely and specific interventions. (1.5)	
Develops a treatment plan appropriate to the patient. (1.4, 2.3, 2.5, 3.5, 6.3)	
Appropriately documents findings.	
Interpersonal and Communication Skills:	
Communicates effectively with patients and families across a broad range of socio-economic and cultural backgrounds.(4.1)	
Presentations to faculty or resident are organized. (1.7, 4.2)	
Practice-Based Learning and Improvement:	
Demonstrates ability to use digital resources to address gaps in knowledge related to patient care(3.1, 8.5)	
Takes the initiative in increasing clinical knowledge and skills. (3.1, 8.1, 8.5)	
Accepts and incorporates feedback into practice. (3.3)	
System-Based Practices:	
Effectively utilizes medical care systems and resources to benefit patient health.(6.1, 6.2, 6.3, 6.4)	
Demonstrates the ability to identify patient access to community-based resources relevant to patient health and care. (6.1, 6.2)	
Can describe appropriate processes for referral of patients and for maintaining continuity of care throughout transitions between providers and settings. (6.4, 7.1, 7.2)	
Professionalism:	
Is reliable and dependable (5.3, 5.7, 7.2, 7.3)	
Acknowledges mistakes (4.3, 5.3, 5.6, 5.7, 8.1)	
Demonstrates compassion and respect for all people (5.1, 5.3)	
Demonstrates honesty in all professional matters (4.3, 5.1, 5.5, 5.6)	
Protects patient confidentiality (5.2)	
Dress and grooming appropriate for the setting	
Interprofessional Collaboration:	

Works professionally with other health care personnel including nurses, technicians, and ancillary service personnel (7.1, 7.2, 7.3, 7.4)
Is an important, contributing member of the assigned team? (7.3)
Personal and Professional Development:
Recognizes when to take responsibility and when to seek assistance (8.1)
Demonstrate flexibility in adjusting to change. (8.3)
Demonstrates the ability to employ self-initiated learning strategies when approaching new challenges, problems, or unfamiliar situations. (8.5)
What are the student's 2-3 strongest performance areas (comments required):
Please discuss what the student can do to most improve his/her performance (comments required).

Mid-Clerkship Feedback:

Mid-Clerkship Feedback is a required meeting with the Clerkship Director or Designee to review clinical and professional evaluations, absences, Op-Log and other assignment progress. This is also the time to discuss any other issues important to your individual learning and successful completion of clerkship. Students will also describe their NBME study plan, career goals, and their strengths and weaknesses. **Failure to not comply can results in a failing professionalism grade.**

- Students will be scheduled to review their progress with the Clerkship Director or his/her designee
- Mid-Clerkship Feedback takes place halfway through the student's Family Medicine Clerkship
- Student Requirements:

  - Mid-Clerkship Form completed before the scheduled MCF- will be emailed to you prior to meeting.
  - Clinical Evaluations available for review. Students must ask preceptors to complete if not done.
  - Op-Logs up to date.
  - Design A Case™ completed (5 of 10) by the scheduled Mid-Clerkship feedback date.
  - 100 AAFP questions
  - Any fmCASES as assigned to date
  - Observed H&P and completed Clerkship Encounter Card(s)- if not done, let CD know immediately

All other assignments should be completed. Please see Table 4 for a detailed chart of the Family Medicine required assignments.

FM Table 7: Family Medicine Clerkship Professionalism Assessment

	Scale
Is reliable and dependable	Serious Concern / Slight Concern / No Concern
Acknowledges mistakes	
Behaves respectfully to all	
Demonstrates concern for the needs of others	

Displays compassion for others regardless of age, race, ethnicity, gender, sexual orientation, etc.
Demonstrates honesty in all professional matters
Protects patient confidentiality
Nonjudgmental
Receptive to constructive criticism
Recognizes when to take responsibility and when to seek assistance
Preserves patient dignity
Dress and grooming appropriate for setting
Areas that would yield the greatest improvement in the student's skills:
Strongest skills are:
Descriptive Criteria: ☐ Abrasive ☐ Collaborative ☐ Honest ☐ Mature ☐ Sincere ☐ Adaptable ☐ Conscientious ☐ Immature ☐ Obnoxious ☐ Tactful ☐ Apathetic ☐ Considerate ☐ Impatient ☐ Organized ☐ Tactless ☐ Arrogant ☐ Cooperative ☐ Inconsiderate ☐ Poised ☐ Undependable ☐ Attentive ☐ Curious ☐ Indifferent ☐ Resourceful ☐ Understanding ☐ Capable ☐ Dependable ☐ Interprofessional ☐ Respectful ☐ Unfriendly ☐ Careless ☐ Discerning ☐ Irresponsible ☐ Rude ☐ Unorganized ☐ Clear-thinking ☐ Efficient ☐ Logical ☐ Sarcastic ☐ Unscrupulous
Comments (Please write about Strengths, Weaknesses and Areas for Improvement)
Optional Comments Section: **Confidential Comments (The following comments will only be seen by the Program Director)*

FM Table 8 Final Clerkship Grading Form

This form includes the sources of the evaluation identified from each competency. Look **closely** at the SOURCES. This shows you what we will be using to evaluate your FINAL score.

End of Clerkship Evaluation grading criteria for:	Grade
1. <u>Knowledge for Practice</u> **Sources:** The source for this competency will come from: weekly clinical evaluations (including evaluations from Hospice, clinical and translational research and from your FM selectives), SOAP notes, FM selective and integrated case presentations, online cases, and direct observation. **Comments –** meant to justify the score in this competency.	Needs improvement Pass Honors

2. <u>Patient Care and Procedural Skills</u> **Sources:** The source for this competency will come from weekly clinical evaluations (including evaluations from Hospice, clinical and translational research and from your FM selectives), your SOAP notes, integrated case presentation, and direct observation. **Comments –** meant to justify grade in this competency	Needs improvement Pass Honors
3. <u>Interpersonal and Communication Skills</u> **Source:** The source for this competency will come from weekly clinical evaluations (including evaluations from the clerkship unit coordinator, Hospice rotation, clinical and translational research rotation, and from your FM selectives and direct observation). **Comments –** meant to justify grade in this competency	Needs improvement Pass Honors
<u>4. Practice-based Learning and Improvement</u> **Sources:** The source for this competency will come from weekly clinical evaluations, hospice and clinical and translational research evaluations and respective reflective papers. Additionally, the integrated case and FM selective presentations will be used. **Comments –** meant to justify grade in this competency	Needs improvement Pass Honors
<u>5. Systems-Based Practice</u> **Sources:** The source for this competency will come from weekly clinical evaluations, hospice and clinical and translational research evaluations and respective reflective papers. Additionally, the integrated case and FM selective presentations will be used. **Comments –** meant to justify grade in this competency	Needs improvement Pass Honors
<u>6. Professionalism</u> **Sources:** The source for this competency will come from weekly clinical evaluations (including evaluations from the clerkship unit coordinator, Hospice rotation, clinical and translational research rotation, direct observation, and from your FM selectives). Additionally, improvement in areas deemed "needing improvement" discussed during mid-clerkship feedback with the Clerkship Director. **Comments –** meant to justify grade in this competency	Needs improvement Pass Honors
<u>7. Interprofessional Collaboration</u> **Sources:** The source for this competency will come from weekly clinical evaluations during your Hospice rotation, clinical and translational research rotation, and from your FM selectives. Your participation in the FM selective and integrated case presentations also counts towards this competency. Comments – meant to justify grade in this competency	Needs improvement Pass Honors
<u>8. Personal and Professional Development</u> **Sources:** The source for this competency will come from: weekly clinical evaluations, FM selective and integrated case presentations, SOAP notes, Hospice and Clinical and Translational reflective papers. **Comments –** meant to justify grade in this competency	Needs improvement Pass Honors

Boxes at the bottom for:

a. NBME score
b. OSCE
c. MSPE comments
d. General Comments (Optional and not for MSPE)
   Final grade for Clerkship – Honors, Pass, Fail

Grading Policy:

Grades

The student's final Clerkship grade will be based on their overall clinical and professionalism evaluations, end of block OSCE, and NBME score. Please see the school's grading policy in the Common Clerkship Policies.

Plagiarism

Plagiarism will not be tolerated. Students are expected to cite sources appropriately in any Clerkship-related assignments, including presentations, SOAP Notes and EMR Notes. Please note: Students cannot copy resident/faculty EMR notes and claim them as their own and vice versa. Please see the Student Affairs Handbook.

Professionalism Expectations:

Professionalism

Students are important members of the health care team and are expected to maintain professionalism at all times. As part of the health care team, professionalism evaluations will not only come from your preceptors and the Clerkship Coordinator, but may also come from nursing staff, colleagues, patients and community partners. Professionalism spans the following: attendance, timeliness, respectfulness of everyone (patients, colleagues, families, staff, attendings, residents, etc.), communication, dress, language, completion of all required assignments, maintaining patient confidentiality and level of engagement with the team. Unprofessional behavior is noted and will be addressed. See Standards of Behavior in the Learning Environment and the Medical Student Code of Professional and Academic Conduct in the Common Clerkship Policies.

Dress Code

Scrubs are never acceptable to wear during the Family Medicine Clerkship. ***Unless specifically told otherwise***, students are expected to be in professional attire and white coats with their ID badges clearly visible when on the Family Medicine Rotation and during Family Medicine Longitudinal Selectives. This includes no jeans, sweats, and clothing with holes, tank tops/spaghetti straps, and open-toed shoes. Please see the Common Clerkship Policies for more information.

Interprofessional Collaboration

Part of your education and professional development is to learn to work with community partners to provide resources to patients. Family physicians rely on these community partners to help care for our patients. These working relationships are paramount to good patient care and also to help residents and physicians avoid burnout. (7.1-7.4)

Collaborators	
Department of Surgery	• Interdisciplinary Case Presentation • Breaking bad news workshop
Musculoskeletal Workshop	• Basic Sciences • Surgery
Hospice	• Nursing • Pharmacy • Chaplain • Social Workers
Clinical and Translation Research Experience	• Promotoras
Longitudinal Selectives	• Civic Engagement- outreach workers • Geriatrics- RN, Wound care PT, radiology • HIV- outreach workers, ID specialist PharmD, Social workers • Sports medicine- Nutrition, PT • Ultrasound Workshop - PT, basic • **Public Health-** Social workers , public health staff **,** outreach workers • **Patient Education:** outreach workers

Missed Events:

Please see the Common Clerkship Policies.

NBME Review:

- AAFP website review questions
-
- Family Medicine Pre-test (books available for checkout)
- Family Medicine Case Files (books available for checkout)
- Board Vitals – optional resource
    - 100 questions due before Mid-Clerkship Feedback
    - 300 questions due before end of Block
- First Aid USMLE Step 2
- Family Practice Board Review books by
    - Bratton
    - Swanson
    - Wilbur (new edition to be released September 30, 2016)

Required Readings:

- Weekly readings assigned by Dr. Molokwu. See Canvas
- Readings will be available via Canvas

Family Medicine Lecture Presentations and Quizzes – these quizzes are required

Contacts:

Clerkship Team

Family Medicine Medical Student Directors

Role		Office/Fax #	Email	Location
Jennifer Molokwu, M.D., M.P.H Director of Medical Students and Clerkship		O:(915)215-5572	jennifer.molokwu@ttuhsc.edu	9849 Kenworthy
Agathe Franck, M.D. Assistant Director of Medical Students and Clerkship	No Picture Available	O: (915) 215 - 5510	Agathe.Franck@ttuhsc.edu	9849 Kenworthy

Medical Student Program Coordinators

Amanda Cuseo Clerkship Program Coordinator		O: (915)215-4009 F: (915)751-4378	Amanda.Cuseo@ttuhsc.edu	9849 Kenworthy

Emergency Contact: Cells numbers for Clerkship Director and Coordinators will be provided at Orientation.

Faculty Roster:

Name	Role	Email
Gurjeet S. Shokar, M.D. Professor	Department Chairman	gurjeet.shokar@ttuhsc.edu

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Resident Roster:

Name	Role	Email
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Mariela White, MD	PGY1	Mariela.White@ttuhsc.edu

Sports Medicine Fellows	
Jon Payne, MD	PGY4
Grand Pierre, MD	PGY4

Clerkship 2 – Surgery:

Clerkship Description:

We hope that your time on the Surgery Clerkship is informative as well as enjoyable. Remember to have a great time on the rotation! Please make sure to review the Common Clerkship Policies and the Student Handbook.

Communication:
It is important that you check your email and maintain contact with our department. Please check your email daily, and respond to communications from the clerkship faculty and staff. Email is the primary mode of communication between the clerkship program coordinators and students. You will receive important reminders from the clerkship program coordinator or Director. We also encourage you to email us with questions or concerns. If you encounter any problems or conflicts that interfere with learning, you can discuss them with the senior resident or attending surgeon on the service to which you are assigned. The Clerkship Directors, Dr. Chambers will also be happy to discuss problems with you. Other problems or concerns can be discussed with the Clerkship Program Coordinator Dianne Saucedo.

Orientation Review:
You may receive considerable amounts of information during orientation; therefore, the information is summarized below.

Rotations:	3 weeks General Surgery (UMC or WBAMC) 3 weeks Surgery Selective aka Sub-Specialty 1 week of Trauma and Acute Care Surgery (TACS) 1 week of Systems Based Learning (SBL) 1 week of Surgery Preceptor Rotation
Parking Lot :	Make sure you have the proper decal displayed on your vehicles when parking in the lot next to GGSON. Any unauthorized vehicles parked in the lot will be towed at the owner's expense.

Surgery Admin Department:	Located on the 2nd floor of the TTUHSC El Paso Academic Education Center (AEC).
Surgery Clinic:	Located on the 1st floor of Texas Tech Physicians of El Paso.
Operating Rooms:	Located on the first floor of the UMC. The OR is in two parts: Rooms A1 to A4 are in the North Tower near the blue elevators. Rooms 1-7 are in the new ED extension west of the North Tower.
Syllabus:	Please review the entire clerkship syllabus prior to the start of your rotation. It contains important learning objectives, clerkship policies, requirements, and links.
Daily Schedules:	Please check the Paul L. Foster School of Medicine (PLFSOM) Scheduler (https://ilios.ttuhsc.edu/PLFSOMScheduler) on a daily basis. If something looks unusual please contact Surgery Clerkship Program Coordinator; it is your responsibility to be up to date with your daily and lecture schedules.
Mid-Clerkship Feedback:	You will meet with Dr. Chambers for Mid-Clerkship feedback. During this meeting, you will receive feedback regarding your performance and will have the opportunity to provide feedback regarding your experience in the clerkship up to that point. Your Op-Log and Procedure Log will be reviewed, so please have them up to date and have your procedure log with you. Surgery Clerkship Program Coordinator will provide a copy of your Op-Log to the Drs. Other topics to be reviewed will include your study strategy for the NBME, absence requests, make up time (if needed) and any other issues that may be pertinent. Surgery Clerkship Program Coordinator will contact you to schedule your meeting. If you are rotating at WBAMC, you will receive your mid-clerkship feedback from the faculty there.
Didactics/Lectures:	You are required to attend all lectures every Thursday afternoon. It is your responsibility to check lecture schedules posted on Canvas (https://elpasoelearn.ttuhsc.edu/). Either the FM or Surgery Clerkship Program Coordinator will be present to take attendance. If you are not present at the lecture we will contact you and document this as an unexcused absence. If this becomes a pattern, a meeting with the Clerkship Director will be set up and this will be documented as a professionalism issue for your clerkship evaluation. Several of the lectures will now be on-line using a program called WISE MD. Go to www.med-u.org and click "Sign In" and then register. Students should register using the institutional email address and you should have access right away. If you encounter problems, please contact Surgery Program Coordinator right away as the lectures take about 1 hour each to complete and are interactive.
OR Cases:	Residents in the OR may assign you to a case; make sure to write your names on the OR card/board. This is to keep everybody in the OR informed of cases that are open or closed.
Scrubs:	Obtainable at Environmental Services (basement of UMC). Please have TTUHSC El Paso badge ready.
Scrub Training:	There will be an on campus training conducted by the UMC RN-Educator Perioperative Services that will show the student how to scrub before going into the OR. The Surgery Coordinator will contact you by email to for the UMC training (usually held during block orientation).
Absences:	Please report absence to preceptor, resident and coordinators via email, text or phone as soon as possible.

Required Assignments:	Op-log, Procedure log, and duty hours must be completed. If not complete, this may impact your professionalism evaluation (you may be ineligible for honors) and you will receive an Incomplete grade until completion.
General Advice:	Faculty or residents will release you of your duties, at the end of the shift. Please remind them, if you are close to 16hours. Also, know the patients that you see on the floor and the OR. Read Surgical Recall. Great advice on how to be a good Student/Intern (p. 4-7, 110-11).
Please remember to keep in contact and openly communicate with Faculty, Residents, and Clerkship Program Coordinators.	

Clerkship Objectives:

Medical Knowledge

***Goal*:** The student will gain and develop an effective understanding of the assessment and management of patients with common surgical conditions in the inpatient and outpatient (clinic) setting. The learner will demonstrate the ability to acquire, critically interpret, and apply this knowledge.

Objectives: The student will know the following anatomical considerations at the MS 3 level:

- The basic anatomy of the abdomen including its viscera and anatomic spaces (2.1)
- The anatomy of the chest, including the heart and lungs (2.1)
- The student will know, at the MS 3 level, the diagnostic criteria for commonly occurring disorders within the following categories (2.1, 2.2, 2.3, 2.4):
    - Alimentary track/Abdominal
    - Hepatobiliary/Pancreas
    - Breast
    - Vascular/Cardiac/Thoracic
    - Endocrine
    - Trauma/Critical Care

Patient Care:

Goal: The students must be able to provide patient-centered care that is age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

Objectives: The student will perform the history and physical examination pertinent to the patient with surgical illness and will participate when possible in the operative procedure(s) on patients he/she has personally examined and managed. By the end of the surgery Clerkship, the student will demonstrate the ability to:

- Consistently obtain a reliable history and perform an appropriate physical examination (1.1, 4.1)
- Develop a problem list, differential diagnosis, and plan for treatment (1.2, 1.3, 3.4)
- Actively participate in the pre-operative and post-operative management of patients examined and evaluated (1.1,1.6, 7.2, 7.3)
- Utilize diagnostic testing and imaging resources effectively and efficiently (1.3, 1.6)

- Demonstrate knowledge of surgical scrub, sterile technique, proper attire, and proper conduct in the operating room (2.2, 5.1, 5.7)
- Demonstrate the correct handling of tissues, techniques of wound closure, and the selection of suture materials appropriate to the clinical situation (1.4, 1.6, 2.3)
- Correctly use common surgical instruments (1.6)
- Demonstrate the ability to evaluate and provide appropriate care of trauma patients (1.1, 1.2, 1.3, 1.4) including basic life-saving procedures such as the placement of a tube thoracostomy (1.5)

Interpersonal and Communication Skills:

Goal: The student will develop knowledge of specific techniques and methods that facilitate effective and empathic communication with patients and their families, faculty, residents, staff, and fellow students.
Objectives: During this Clerkship experience, the student will demonstrate the ability to:

- Communicate effectively with patients and their families (4.1, 4.3, 5.1)
- Appropriately utilize interpreters, if necessary to communicate with patients with limited English language proficiency (4.1, 4.3, 5.1)
- Communicate effectively and respectfully with physicians and other health professionals in order to share knowledge and discuss management of patients (4.2)
- Record history and physical examination findings in an organized manner and in an accepted format (1.7)

Professionalism and Ethics:

Goal: Students must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
Objectives: During this Clerkship experience, the student will demonstrate the ability to:

- Maintain grooming and dress appropriate to setting (5.1, 5.2)
- Maintain confidentiality and respect patient privacy (5.2, 5.1, 5.3, 5.6)
- Manage personal biases in caring for patients of diverse populations and different backgrounds (5.1, 4.3, 4.1)
- Recognize how biases may affect care and decision-making (5.2, 5.4, 5.5)
- Demonstrate honesty in all professional matters (5.1, 5.2, 5.6)
- Meet professional obligations and the timely completion of assignments and responsibilities (5.7)
- Acknowledge mistakes (5.1, 5.2)

Practiced-Based Learning and Improvements:

Goal: The student will understand the application of scientific evidence and accept feedback for continuous self-assessment in the improvement of patient care practices.
Objectives: During this Clerkship experience, the student will demonstrate the ability to:

- Demonstrate the use of electronic technology (e.g., PDA, PC, Internet) for accessing and evaluating evidence-based medical information (3.4)
- Accept feedback from the faculty and incorporate this to improve clinical practice (3.3)
- Take initiative in increasing clinical knowledge and skills (3.1, 3.4, 8.5)

Systems-Based Practice:

Goal: Students must demonstrate an awareness of medical systems, responsiveness to the larger context and system of health care, and the ability to effectively utilize system resources to provide optimal care. The student will develop an appreciation of supportive health care resources and understand their utilization as part of patient advocacy.

Objectives: During this Clerkship experience, the student will demonstrate the ability to:

- Utilize ancillary health services and specialty consultants properly (6.1, 6.2, 7.1, 7.2)
- Consider risks and benefits of treatment in decision making (6.3)

Personal and Professional Development:

***Goal*:** The student should demonstrate an awareness of the principles of altruism, accountability, duty, integrity, respect for others and lifelong learning which are central to medical professionalism.

***Objectives*:** During the Clerkship experience, the student will demonstrate the ability to:

- Understand when to take responsibility and when to ask for assistance (8.1, 5.3, 5.5, 5.6)
- Be proactive in self-directed learning and reflection (5.2, 5.4, 5.7, 8.5)
- Demonstrate flexibility in adjusting to changes and difficult situations (8.3)

Interprofessional Collaboration:

***Goal*:** The student should demonstrate an understanding of the multiple members of the patient care team and the importance of working well with other members of the team. The student should be aware of the importance of an integrated and cohesive approach to patient care with members of team as well as nursing, social work and other medical services.

***Objectives*:** During this clerkship experience the student will demonstrate the ability to:

- Work with other members of the patient care team and contribute to an assigned team (7.1, 7.2, 7.3, 7.4)

Integration Threads:

An X indicates that the topic is covered during this Clerkship

X	Geriatrics	X	Basic Science	X	Ethics
X	Professionalism	X	EBM	X	Patient safety
X	Pain Management	X	Chronic Illness Care	X	Palliative care
X	Quality Improvement	X	Communication Skills	X	Diagnostic Imaging
X	Clinical Pathology,	X	Clinical and/or Translational Research		

Per the clerkship goals and objectives, these integration threads will be encountered throughout the block.

Calendar of Clerkship Events:

Clerkship Components

Rotations

The surgical component of the block consists of the following rotations:

- General Surgery (In-patient, OR, and outpatient surgery and clinic) at UMC or WBAMC – 3 weeks
  - **SDL**: Self-Directed Learning – Study time assigned to work on different activities and projects pending for the Clerkship. This time is assigned by the Clerkship Program Coordinator, as physician schedules dictate.
- Trauma and Acute Care Surgery (TACS) – 1 week
- System Based Learning (SBL) – 1 week
- Community Surgery Preceptor Rotation – 1 week
- Surgery Sub-Specialty (In-patient, OR, and outpatient)—3 weeks
  - Pediatric surgery
  - Ophthalmologic surgery
  - Orthopedic surgery
  - Trauma and critical care surgery
  - Plastic surgery
  - ENT
  - Neurosurgery
  - Anesthesiology
  - Urology

The Surgery Clerkship component of this 15 week block (16th week is for studying and taking the NBME) will consist of approximately 60% in-patient and 40% out-patient experiences, depending on the selective chosen.

Duty Hours: Your duty hours must be entered online on the Paul L. Foster School of Medicine Scheduler15 (https://ilios.ttuhsc.edu/PLFSOMScheduler) within 48 hours after your shift is over. Should you forget to log in hours, please contact the Surgery Clerkship Program Coordinator via email. You do not have to enter any duty hours if you have the "day off" or it's a "holiday." This is to make sure you are not working more than 80 hours per week.

UMC El Paso General Surgery Rotation:

During this 3-week rotation, students will be rotating at UMC and the TTP El Paso. Please view the schedule marked "Typical Weekly schedule for Surgery Rotation." This schedule is from the Surgery point of view. Students are assigned to either Team A or Team B. The students will cover in-patients at UMC and outpatients in the TTP El Paso clinics for whichever service they are assigned. Rounds and cases are in the morning. Clinics are Monday-Wednesday mornings from 8am-12pm and afternoons from 1pm-5pm. You will be scheduled to attend clinic for half day. There is no night call assigned while on the General Surgery rotation. Students are required to attend a longitudinal selective and they are excused from their surgery assignment during their individual longitudinal selective time as described in the Family Medicine portion of the syllabus (page 45). Self-directed learning study time may be assigned to work on different activities and projects pending for the Clerkship. This time is assigned by the Clerkship Program Coordinator, as physician schedules dictate. Didactics are every Thursday afternoon and will be included on your schedule via PLFSOM Scheduler15. Students are required to assist with weekend (Saturday and/or Sunday) rounds lasting 2-3 hours during one of the weekends while on the General Surgery Rotation. The start time on weekend rounds is flexible and depends on the number of patients the team needs to round on. Please contact the Sr. Resident for start times for Saturday rounds. Students should scrub with attendings on their service primarily-if all cases are covered, student should scrub on cases with plastic surgery, oral-maxillofacial surgery (OMFS) or any other available cases.

AT THE BEGINNING OF THE ROTATION:

- Attend scrub instruction and Foley instruction
- Give phone numbers to interns, R2s, R3s, and Chief residents
- Notify everyone in advance of: days off, weekends on and off, and Family Medicine longitudinal.

WEEKDAY DAILY SCHEDULE:

- Before going to the floor to pre-round, sign up for OR cases on the board, it's okay to put: 1st name and "MS3" on card (ex: John, MS3)
- At 0500, arrive at the hospital and obtain a list of patients on the team from the intern on the third floor west tower.
- Select 2-4 patients to see (make sure patient is not already being seen by another student; make sure not too complex or simple)
    - Example too complex: long paragraphs on the list who are just awaiting rehab placement
    - Example too simple: isolated maxillofacial injuries, isolated ortho injuries, concussions on pediatric patients
- For each patient: review vitals, labs, imaging, cultures, in's/out's, medications and active orders in the past 24 hours
- Review previous progress notes, consultant notes, social workers notes, recent therapy notes, dictated/chart, and written H&P
- See patient; perform a pertinent physical exam (chaperone if breast or rectal exam), get translator if needed
- Write a SOAP note in progress note section (time, date, write name, sign name)
- Repeat for each patient
- Keep blue note in the chart for the resident to review and append
- Rounds start at 0600 on the 6th floor. They may start earlier depending on the senior resident and patient volume
- Round with the team; ask questions when appropriate.
- Present your patient to the R2 or R3 before the team sees the patient, outside the room
- Make sure to notify the resident of which patients you have seen prior to starting rounds, so that you do not miss the opportunity to present during fast-paced rounding
- Be respectful while the resident and patient are talking and do not talk or distract the group
- You are expected to enter each patient room, even if the patient is on contact precautions. Foam in/out. Wash hands for C. diff., etc.
- (Rounding hint: it would be helpful to have a stack of outpatient PT, imaging forms, consult sheets, blank trauma tertiary forms on hand as well as lube, red guaiac cards, scissors, alcohol wipes, stethoscope and dressing supplies)

Rounds should be complete by 0715:

- At 0715, meet in ICU conference room (next to ICU bed 30). Sit at the periphery near your respective team (A/B)
- Listen attentively for the plans for each patient as the list is run (write down the plans. These will be the things you can check on during the day in between surgeries)

0730

- Morning report begins to discuss new admissions
- Listen to presentations. View images. Ask questions as appropriate.

0800

- Go down to the board to check for changes and go see your patient. (Introduce yourself, examine the patient as appropriate (no rectal or breast exams), read chart, H&P, procedure, consent forms, labs, biopsy/pathology results in CERNER, imaging studies in PACS, etc.)
- The group of medical students should not need to congregate near the board all at once, since the case assignments should have generally been decided beforehand, and names should have been written on the respective cards upon arrival to the hospital.
- Stay with the patient and follow to the OR and introduce yourself to the circulator nurse and other members of the OR team.

OPERATING ROOM:

- Introduce yourself to scrub tech. Inform them if you are scrubbing in, and give them your gown/gloves if needed.
- Help circulating nurse move patient
- Ask to place Foley catheter if applicable
- Scrub into the case before the resident/attending
- (cannot scrub into robotic cases except at the very end of the case when the robot is undocked, to help close skin)
- Ask where to stand, etc. Suction, retract
- Be prepared to answer any questions relevant to the surgery
- Assist with closure/dressings/moving patient
- As etiquette, wait until patient is extubated and help move the patient to the bed/gurney
- Accompany the patient to the recovery unit or ask to go with the resident to talk with the family
- Check the OR board for next case
- Notify the next student that you are done, or meet the next patient in holding (repeat above)
- Go eat if it's lunch time or go call/text the intern on the floor to assist with floor work
- Pull drains, do tertiaries, check orders, talk with social worker, physical therapist, occupational therapist, speech therapist, consultant notes, new imaging
- Check your patients for any changes
- (generally 30-45 minutes from patient leaving OR to the new patient entering the OR/being intubated)
- Pay attention to TSA's (Time/Space Available cards) which can change throughout the day (do not pay attention to start times). Cases may be added on during the day. Make sure they are covered.
- Make sure all cases are covered. For example, if scheduled for 0800 with one attending, do not schedule yourself for a case with a second attending that is "scheduled" to start at 1100 because it may actually start earlier at 1000, and you may not be out of the first surgery.

General Surgery A:

- Gen Surg: Davis, Olivas, Andrade, (must always have a student scrubbed)
- OMFS: Filler, Malave, Marcantoni (only scrub if there are absolutely no other Gen Surg cases which need coverage by a med student)
- Pediatric Surgery: Spurbeck, , Howe (only scrub if there is no dedicated Pedi Surg medical student)

- Cardiothoracic Surgery: Eisenberg, Santoscoy, Lyn, Flores (only scrub if resident is scrubbed; ask to scrub first)

General Surgery B:

- Trauma/Gen Surg: Tyroch, McLean (must always have a student scrubbed)
- Plastic Surgery: Castro
- Breast Oncology Surgery: Chambers

- Locums A/B: Freemyer
- Ideally, scrub into a case with an attending from your corresponding team so that you can round on your patient the next morning. Understandably, this may not always be possible depending on when cases are scheduled.

PM CHECK OUT:

- At the end of the day: go to PM sign-out at 1700 in the ICU conference room
- When going over your patient, be prepared to talk about the details of what happened during the day
- Give updates on their status
- Ask questions, voice concerns
- When your team is done checking out (A/B), you may leave
- However, if OR cases are still going on, students are still expected to cover them.
- If cases are starting right before PM sign-out, it is okay to miss sign out to scrub the case; just let another student know so they can inform residents if asked during sign-out
- If a case from the day will start at 1800 or later, the night trauma medical student can scrub instead
- Ask about the next day's surgeries to prepare. Discuss case assignments with your respective senior to better prepare
- If residents are unavailable to give you schedule: look at the OR schedule (behind glass) in the hallway between Ortho Lounge and Main OR's. [Ask the senior residents specifically where this is on the first days of the rotation.]
- Read about the case prior to surgery so you have an idea of what is going on, relevant anatomy, etc.
- Prepare who will scrub which cases with the other students

WEEKENDS:

- Same as weekdays.
- Scrub into OR cases

CLINIC: Dr. Chambers clinic is located in the University Breast Care Center on the first floor of the Clinic Building. All General Surgery Clinics are located in the same office on the first floor of the Clinic Building.

Monday 0800-1200: n/a 1300-1700: Tyroch
Tuesday 0800-1200: Konstantinidis 1/2 1300-1700: Andrade
Wednesday 0800-1200: Davis 1300-1700: McLean
Thursday 0800-1200: -n/a 1300-1700: Chambers

- "Red Number" must be presented to the attending (may be presented to resident while awaiting attending so that resident can help document in the EMR)
- "post-op #" signs must be presented to a senior resident (R2-R5), or nurse practitioner
- "H&P" signs: Not seen by a medical student

- Students should not document in EMR unless specifically told to do so

CONFERENCE:

- Students should go to conference with residents.
- Students may be asked to leave when residents do evaluations or during residency program evaluation committee meetings.
- Okay to attend the remainder of conference until 1200
- If there are any cases which are scheduled from 0800 to 1200 on Thursdays with General Surgery attendings, MS3's and MS4's may ask to leave conference and scrub these cases to assist attendings. (No residents involved in cases on Thursday mornings)

William Beaumont Army Medical Center (WBAMC) General Surgery Rotation:

Students may be assigned to WBAMC for either a 3 week General Surgery rotation or 3 week Surgery Sub-specialty rotation. This experience will be comparable to that of the rotations at UMC or the Private Clinic Selectives.

On behalf of the staff surgeons, welcome to WBAMC for your general surgery rotation! Whether you are here from near or far, civilian or HPSP, MD or DO school, we are glad you are here and hope you have a valuable experience on your rotation. Here are a few guidelines to follow while you're here, but these are by no means all of the details. In many ways, your rotation is what you make of it. If you want to sit back and observe from the rear, then you will have an "observer's" experience. If you are more aggressive and ask to participate, you can have a "hands-on" experience. We know that not everyone wants to become a surgeon (but we hope to inspire some of you to that goal), but we ask that you participate as much as possible to get what may be one of your only exposures to the world of surgery.

- **Scrubs:** Scrubs are not to be worn outside the hospital. The only scrubs to be worn inside the hospital are WBAMC-issued scrubs.
- **Schedule:** You will be assigned to one of two General Surgery teams (East or West). You are limited to an 80-hour work week as per the TTUHSC El Paso Common Clerkship policies and Student Handbook. In general, this will limit you to 12-hour days (approximately 60 hours per week). That leaves you 20 hours of extra time for days that run late due to interesting cases or longer team rounds. Be flexible, but monitor your hours.
- **Absences:** If, due to illness or emergency, you will be unable to report to WBAMC, you must inform your junior resident **prior** to the absence.
- **Duty Hours:** Duty hours must be entered online on the Paul L. Foster School of Medicine Scheduler15 (https://ilios.ttuhsc.edu/PLFSOMScheduler) within 48 hours after your shift is over. Should you forget to log in hours, please contact the Surgery Clerkship Program Coordinator via email. You do not have to enter any duty hours if you have the "day off" or if it's a "holiday." This is to make sure you are not working more than 80 hours per week.
- **Weekend Rounds**: Students are not required to assist with weekend rounds unless otherwise specified by the Sr. Resident on your team.
- **Grades:** are given according to the TTUHSC El Paso Paul L. Foster School of Medicine grading scheme. Generally, everyone starts off with an average grade and can move up or down from there, depending on their performance on the rotation. Points are added for enthusiasm, inquisitive approach to surgery, and

demonstration of superior fund of knowledge on rounds or in conference. Points are subtracted for tardiness, disinterest, weak presentations, and lack of effort.

Your daily routine at WBAMC on Mon. Tue., Thur. and Fri. will usually be:

06:45 Rounding with your team at a time designated by your chief resident
07:30 Operating Room two days per week
08:00 Clinic two days per week
15:00 Lecture
Afternoon: PM rounding with your team at a time designated by senior or chief resident.

Your daily routine on Wednesdays will begin with:

Rounds with your team followed by your academic day:
07:00 Resident Lecture
08:00 Morbidity and Mortality Conference
09:00 Pre-op Conference
10:00 Pre-op Clinic or Vascular Lecture or Round in SICU
13:00 Tumor Conference
Afternoon: Team Rounds with Staff

Sample General Surgery Schedules for the Clerkship:

Table # __: Typical Weekly Schedule for Team A/B:
*This is a rough approximation of the schedule. Please follow what the resident instructs you to do.
**Clinic day will be on your schedule via PLFSOM Schedler15

Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
5-7:30AM Work Rounds	5-7:30AM Work Rounds	5-7:30AM Work Rounds	5-6:30AM Work Rounds 7AM: Trauma Grand rounds, M&M, MDMM, Periop lecture	5-7:30AM Work Rounds	5-7:30AM Work Rounds selected students as assigned
7:30-8AM Morning Report	7:30-8AM Morning Report	7:30-8AM Morning Report	6:30-7AM Morning Report	7:30-8AM Morning Report	7:30-8AM Morning Report

8-4PM OR cases, follow-up on orders, patient care, clinic	8-4PM OR cases, follow-up on orders, patient care, clinic	8-4PM OR cases, follow-up on orders, patient care, clinic	7AM-1PM Protected Education Time	8-4PM OR cases, follow-up on orders, patient care, clinic	
4-5:15PM Checkout Case Assignments	4-5:15PM Checkout Case Assignments	4-5:15PM Checkout Case Assignments	Didactics Sessions	4-5:15PM Checkout Case Assignments	

Team A Attending Clinics			**Team B Attending Clinics**		
Dr. Chambers	Monday, Wednesday & Fridays	8am – 12pm, 8am – 5pm	Dr. Tyroch	Monday	1pm – 5pm
Dr. Konstantinids	Tuesdays	8am – 12pm	Dr. Andrade	Tuesday	1pm – 5pm
Dr. Davis	Wednesday	8am – 12pm	Dr. McLean	Wednesday	1pm – 5pm

General Surgery Goals/Objectives:

OR Cases:

- Objective 1: Demonstrate correct handling of tissues, techniques of wound closure and selection and suture materials (1.10)
- Objective 2: Demonstrate knowledge of surgical scrub, sterile technique, proper attire, and conduct in operating room (2.2, 5.7, 5.1)
- Objective 3: Correctly use common surgical instruments (1.10)

Work Rounds:

- Objective 1: Understand principles of preoperative and postoperative care of surgical patients (2.2, 2.3)
- Objective 2: Communicate effectively with patients and families (4.1)
- Objective 3: Participate in pre-and postoperative management of surgical patients (1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7)
- Objective 4: Communicate effectively with physicians and other health professionals (4.2)

Morning Report:

- Objective 1: Participate in pre-and postoperative management of surgical patients (1.1, 1.2, 1.3, 1.4, 1.5, 1.6)
- Objective 2: Develop a problem list, differential diagnosis and plan for treatment (1.3, 1.6)
- Objective 3: Demonstrate use of electronic technology and hospital based resources (EMR, radiology) for patient care (1.1,1.4)

- Objective 4: Accept feedback from faculty/residents to improve clinical practice (3.1)

Checkout:

- Objective 1: Participate pre-and postoperative management of surgical patients(1.1, 1.2, 1.3, 1.4, 1.5, 1.6)
- Objective 2: Develop a problem list, differential diagnosis and plan for treatment (1.3, 1.6)
- Objective 3: Demonstrate use of electronic technology and hospital bases resources (EMR, radiology) for patient care (1.1,1.4)
- Objective 4: Accept feedback from faculty/residents to improve clinical practice (3.1)
- Objective 5: Communicate effectively with physicians and other health professionals during sign out and transitions in care. (1.4, 4.2)

Clinic Goals/Objectives:

- Objective 1: Demonstrate ability to obtain a focused history and appropriate physical exam in a patient presenting for pre- and/or postoperative assessment (1.1)
- Objective 2: Identify patients needing further preoperative assessment, such as risk stratification, "cardiac clearance," or smoking cessation prior to surgical intervention (1.2, 1.3, 1.4)
- Objective 3: Work with other health professionals in the patient care team (7.3)

Self-Directed Learning:

- Objective 1: Update op logs, duty hours, work on any pending assignments for clerkship (5.7)
- Objective 2: Read and prepare for upcoming cases (3.1, 8.5)
- Objective 3: Review WISE MD modules (2.1, 2.2, 5.7)
- Objective 4: Study for NBME (5.7)

Simulation Center Learning
Facilitator: Hector J. Aranda
Practice and enhance skills in the following:

- **Objective 1: Knot tying (1.10)**
- **Objective 2: Suturing (1.10)**
- **Objective 3: Basic hand eye coordination (1.10)**
- **Objective 4: Basic laparoscopic skills (1.10)**

Trauma and Acute Care Surgery (TACS) Week:

The students will spend one week (Monday evening-Sunday morning with Thursday off) rotating with the Surgical Consult and Trauma Service at night only. They will assist the team with trauma and acute care surgery admissions and OR cases. Additionally, they will be able to see orthopedic cases with the orthopedic resident on call when there are no general surgery trauma cases needing their assistance. They will arrive at 6pm on each of the following evenings: Monday, Tuesday, Wednesday, Friday, and Saturday. On arrival they will notify the Consult resident and the orthopedic resident of their arrival and their availability to participate in patient care. Please refer to the resident call schedule posted in Canvas (https://elpasoelearn.ttuhsc.edu/). Students will stay in the hospital actively participating in patient care until 6am at which time they should check out with the general surgery consult resident before departing. On Wednesday evening, they are to leave at midnight in order to be rested for didactic sessions on Thursday afternoon. They are also dismissed at midnight on evenings before required

longitudinal rotations (not all longitudinals are required while on TACS week). Students are expected to see at least 10 Trauma patients during this week and log them into the Op-Log.

FURTHER DETAILS FOR TACS:

- Arrive by 8:00pm in ICU Conference room (next to ICU bed 30) or in the ED CT scanner
- Or if no night surgery resident in either location: page the surgery resident on call via the UMC operator to locate and meet with resident
- Assist by seeing consults prior to resident and presenting your findings/plan.
- Cannot write/document in H&P paperwork, but okay to write vitals and lab values, and medications
- If you see any loose papers building up for the resident, ask to help
- Review images with the resident
- Perform rectal exams and Foley catheters with the resident's supervision
- Suture lacerations in the ED with supervision
- Scrub into any cases that are starting after 8:00pm with the resident, usually just 1 at a time , but maybe more in a big case (okay to scrub with neurosurgeon, OMFS, orthopedics, etc. if ABSOLUTELY NOTHING ELSE is going on, and cleared with resident and with the appropriate attending)
- Level 1 traumas: stay outside the trauma bay initially, unless told to come into the trauma bay by the resident. Get all your precautions (PPE) on and be ready to walk into the room to assist when you are told to do so.
- Stay away from the doorway or away from heavily-trafficked areas during the immediate survey
- After the primary survey is done, ask the senior resident to go into the trauma bay to help with the secondary survey, Foley catheter, rectal exam, OG tube, etc.
- If no consults are going on, stay with the intern on the floor to help check on patients
- Remind resident of mid-shift break to eat "lunch"
- If no consults, nothing to help with on the floor, and no OR cases, may study in the basement lounge but periodically check with the intern to help and make sure all is still quiet
- Leave food, backpacks, OUT of the CT scanner
- Respect the CT techs' space and chairs, and do not touch their printer, etc.
- If there is a 0600 OR case, should scrub in to case as long as duty hours permit

Goals and Objectives for TACS:

- Objective 1: Consistently obtains reliable history and appropriate physical exam (1.1)
- Objective 2: Develop a problem list, differential diagnosis and treatment plan (1.2, 1.3, 1.6)
- Objective 3: Demonstrate abilities to evaluate and provide appropriate care of trauma patients including lifesaving procedures, such as placement of tube thoracostomy (1.5, 1.6)

OR Cases:

- Objective 1: Demonstrate correct handling of tissues, techniques of wound closure and selection and suture materials (1.10)
- Objective 2: Demonstrate knowledge of surgical scrub, sterile technique, proper attire, and conduct in operating room (2.2, 5.7, 5.1)
- Objective 3: Correctly use common surgical instruments (1.10)

System Based Learning Week:

During the System Based Learning week of the rotation, the student will spend one day in each of the following activities: Orthopedics clinic, ortho casting, wound care clinic, phlebotomy, and speech pathology/physical therapy. The objective for this is to see the continuum of care to the home and to see how these services fit in with inpatient and outpatient care.

Goals and Objectives for the System Based Learning Week:

Wound Care

- Objective 1: Demonstrate understanding of appropriate use of ancillary health services and specialty consultants (7.1, 7.2, 7.3)
- Objective 2: Work with other members of patient care team (7.3)
- Objective 3: Demonstrate understanding of normal wound healing and local wound care (2.2, 2.3)

Ortho clinic and casting:

- Objective 1: Demonstrate understanding of appropriate use of ancillary health services and specialty consultants (7.1, 7.2, 7.3)
- Objective 2: Work with other members of patient care team (7.3)
- Objective 3: Demonstrate correct handling of tissues, techniques of wound closure and selection and suture materials (1.10)
- Objective 4: Demonstrate knowledge of surgical scrub, sterile technique, proper attire, and conduct in operating room (2.2, 5.7, 5.1)

Physical Therapy/Speech Path:

- Objective 1: Demonstrate understanding of appropriate use of ancillary health services and specialty consultants (7.1, 7.2, 7.3)
- Objective 2: Work with other members of patient care team (7.3)
- Objective 3: Understand how PT and speech therapy contribute to overall goals of discharge and post hospital discharge recovery (1.6, 7.1)

Phlebotomy:

- Objective 1: Demonstrate understanding of ancillary health services (7.1)
- Objective 2: Work with other members of patient care team (7.3)
- Objective 3: Place intravenous line and draw blood sample for labs with appropriate technique (1.10)

Table 4: TACS, SBL & Community week Schedule - Surgery

TACS = Trauma and Acute Care Surgery (Night Float)

Student	Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Student 1	1	TACS: 8pm-8am	TACS8pm-8am	TACS: 8pm-Midnight	Morning Off Didactics 1pm-5pm	TACS: 8pm-8am	TACS: 8pm-8am
	2	Ortho Clinic (MK, PC, SBP)	Wound Care (SBP)	Phlebotomy (MK)	Morning Off Didactics 1pm-5pm	Physical Therapy/ Speech Path (MK)	
	3	Community week	Community week	Community week	Community week Didactics 1pm-5pm	Community week	
Student 2	1	Community week	Community week	Community week	Community week Didactics 1pm-5pm	Community week	
	2	TACS: 8pm-8am	TACS: 8pm-8am	TACS: 8pmMidnight	Morning Off Didactics 1pm-5pm	TACS: 8pm-8am	TACS: 8pm-8am
	3	Ortho Clinic (MK, PC, SBP)	Wound Care (SBP)	Phlebotomy (MK)	Morning Off Didactics 1pm-5pm	Physical Therapy/ Speech Path (MK)	
Student 3	1	Ortho Clinic (MK, PC, SBP)	Wound Care (SBP)	Phlebotomy (MK)	Morning Off Didactics 1pm-5pm	Physical Therapy/ Speech Path (MK)	
	2	Community week	Community week	Community week	Community week Didactics 1pm-5pm	Community week	
	3	TACS: 8pm-8am	TACS: 8pm-8am		Morning Off Didactics 1pm-5pm	TACS: 8pm-8am	TACS: 8pm-8am
Student 4	1	TACS: 8pm-8am	TACS: 8pm-8am	TACS:8pm - Midnight	Morning Off Didactics 1pm-5pm	TACS: 8pm-8am	TACS: 8pm-8am
	2	Ortho Clinic (MK, PC, SBP)	Wound Care (SBP)	Phlebotomy (MK)	Morning Off Didactics 1pm-5pm	Physical Therapy/ Speech Path (MK)	
	3	Community week	Community week	Community week	Community week Didactics 1pm-5pm	Community week	
Student 5	1	Community week	Community week	Community week	Community week Didactics 1pm-5pm	Community week	
	2	TACS: 8pm-8am	TACS: 8pm-8am	TACS: 8pmMidnight	Morning Off Didactics 1pm-5pm	TACS: 8pm-8am	TACS: 8pm-8am
	3	Ortho Clinic (MK, PC, SBP)	Wound Care (SBP)	Phlebotomy (MK)	Morning Off Didactics 1pm-5pm	Physical Therapy/ Speech Path (MK)	

NOTICE that the week of TACS or trauma and acute care surgery is based at night. Because you are doing this week to see how emergency surgery and trauma patients present for care, you will not have traditional night call during the surgery rotation. On Wednesday night you are scheduled to leave at 12 midnight so you will be rested for the didactic sessions at 1pm on Thursday. Your schedule will continue the next day, which is Friday. This schedule will be similar to the hours allowed under the ACGME training requirements for residents. Several of the sessions are tagged with the competency area they are meant to address. SBP = Systems Based Practice, MK = medical knowledge, and PC=patient care

Community Surgery Week:

One week will be spent in a community surgery rotation. This rotation will be an apprenticeship model where the student follows an assigned surgeon to the operating room, clinic, for consults, etc. There are no residents on this rotation, so the student is expected to interact directly with the faculty. The objective of this rotation is to provide an experience of 'private practice' general surgery. The schedule and location will vary depending on the surgeon with which you are assigned to work. Further details for the contact information for the clerkship liaison for the community rotation will be provided. More physician preceptors may be added as available throughout the year.

Participating physicians:

Name	Role	Email
Dr. Oluwamayowa Famulia	Preceptor	bertha.dunamis@surgical.net
Dr. Benjamin Clapp	Preceptor	benjamin.clapp@ttuhsc.edu
Dr. Nathaniel Ng	Preceptor	nathaniel.ng@ttuhsc.edu
In addition you will meet many clinic, OR and ward personnel		

Goals and Objectives for Community Surgery Rotation:

Work Rounds:

- Objective 1: Understand principles of preoperative and postoperative care of surgical patients (2.2, 2.3)
- Objective 2: Communicate effectively with patients and families (4.1)
- Objective 3: Participate pre-and postoperative management of surgical patients 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7)
- Objective 4: Communicate effectively with physicians and other health professionals (4.2)

Morning Report:

- Objective 1: Participate pre-and postoperative management of surgical patients (1.1, 1.2, 1.3, 1.4, 1.5, 1.6)
- Objective 2: Develop a problem list, differential diagnosis and plan for treatment (1.3, 1.6)
- Objective 3: Demonstrate use of electronic technology and hospital bases resources (EMR, radiology) for patient care (1.1, 1.4)
- Objective 4: Accept feedback from faculty to improve clinical practice (3.1)

Checkout:

- Objective 1: Participate pre-and postoperative management of surgical patients (1.1, 1.2, 1.3, 1.4, 1.5, 1.6)
- Objective 2: Develop a problem list, differential diagnosis and plan for treatment (1.3, 1.6)
- Objective 3: Demonstrate use of electronic technology and hospital bases resources (EMR, radiology) for patient care (1.1, 1.4)
- Objective 4: Accept feedback from faculty to improve clinical practice (3.1)

OR Cases:

- Objective 1: Demonstrate correct handling of tissues, techniques of wound closure and selection and suture materials (1.10)
- Objective 2: Demonstrate knowledge of surgical scrub, sterile technique, proper attire, and conduct in operating room (2.2, 5.7, 5.1)
- Objective 3: Correctly use common surgical instruments (1.10)

Selective (aka Sub-Specialty) Rotation:

The student will spend three weeks on a Surgical Sub-Specialty which you may choose from during your block. You will be contacted the Office of Medical Education at least 1 month prior to the block to see which specialty you are interested in. You will select your top 4 choices and a "lottery" system will be used to finalize what selective you will be assigned to. They will also be in charge of any changes and requests that you have regarding your selective.

Description: Rotation in the subspecialties will consist of the student rotating with the specific subspecialty faculty. The student will be expected to get an overview of the subspecialty. The specific objectives will depend in part on the student's interest. For example, if a student is rotating on pediatric surgery and is planning on a pediatrics residency, more emphasis will likely be placed on preoperative and postoperative assessment. The students will be expected to attend clinic or office hours with the faculty and attend rounds and OR cases. All faculty make their own schedules.

Objectives for Surgical Selectives aka Sub-Specialty:

Supervisor**:** TTUHSC El Paso faculty in that subspecialty

Ophthalmology:	**Dr. Javier De La Torre (Private Clinics) or Dr. Patricia Nelson-Transmountain Hospital (to start July 1, 2017)**
Objectives:	
At the end of the clerkship, students should be able to:	• **Objective 1:** To help the student develop confidence in specific examination techniques which are commonly used by ophthalmologists to detect abnormalities of the eyes, optic nerve, lids, lacrimal apparatus and visual pathways (1.1) • **Objective 2:** To assist the student in identifying, recalling and categorizing information about the following clinical problem areas: visual acuity, glaucoma, red eye, injuries, amblyopia and strabismus, and neuro-ophthalmology (2.1, 2.2, 2.3) • **Objective 3:** To assist the student in describing and communicating ocular findings with other physicians and to learn when to refer cataract or sight-threatening symptoms (e.g., eye pain, vision loss, flashers and floaters) to an ophthalmologist. (1.7, 4.2) • **Objective 3:** To provide a first time experience working in an ophthalmology practice setting with adult and pediatric patients, their families and ophthalmic nurses and technicians. The setting provides a balance of outpatient, emergency room, inpatient and operating room experiences. (7.1, 7.2, 4.1, 5.1) • **Objective 4:** To observe common surgical techniques, such as cataract extraction with intraocular lens implantation. (1.10)

Orthopedic Surgery	**Dr. Lisa Kafchinski & Dr. Gilberto Gonzalez**
Objectives:	

At the end of the clerkship, students should be able to:	• **Objective 1:** Demonstrate the ability to obtain a basic history and orthopedic specific history. (1.1) • **Objective 2:** Understand the relevant parts of the physical exam and joint specific examination tests. (1.1) • **Objective 3:** Demonstrate the relevant physical exam findings. (1.1) • **Objective 4:** Enhance problem-solving skills in the daily evaluation and management of his/her patients. (8.1, 8.5)

Pediatric Surgery:	**Dr. Jarrett Howe**
Objectives:	
At the end of the clerkship, students should be able to:	• **Objective 1:** The student will learn the principles of pre- and post-operative management of children requiring operation. The student needs to understand that children are not just small adults, and therefore the same care of patients learned by the student in treating adults cannot necessarily be transferred in "smaller doses" to the care of children with operative problems. (1.2, 1.6) • **Objective 2:** The student should have a thorough knowledge of the processes leading to the need for operative intervention in children. This includes knowledge of embryology leading to congenital defects as well as the pathophysiology of disease processes affecting children that lead to the need for operative treatment. (2.1, 2.2, 2.3) • **Objective 3:** The student will actively participate in the intra-operative care of the patient including learning some basic surgical techniques and actively visualizing more complicated techniques. (1.10) • **Objective 4:** The student will learn how to compassionately relate to children and their families as they realize that they, as doctors, are not treating a disease entity or a congenital defect, but a living, breathing child in need of operative treatment. (4.1, 5.1)

Trauma and Critical Care Surgery:	**Dr. Susan Mclean, Dr. Alan Tyroch, Dr. Alejandro Rios-Tovar**
Objectives:	
At the end of the clerkship, students should be able to:	• **Objective 1:** Perform a trauma history and physical with primary survey and secondary survey (1.1) • **Objective 2:** List causes of shock after trauma (2.1, 2.2) • **Objective 3:** Participate in pre-op/post-op/or non-operative management of trauma patient encounters and use appropriate initial diagnostic testing. (1.2, 1.3, 1.4, 1.6) • **Objective 4:** Communicate effectively by recording trauma history and physical diagnosis, test results, and also communicating to consultants (1.7, 4.2, 4.4)

Plastic Surgery:	**Dr. Jose Castro-Garcia,**
Objectives:	
At the end of the clerkship, students should be able to:	• **Objective 1:** Learn anatomy of soft tissues/musculoskeletal system (2.1) • **Objective 2:** Understand the wound healing/repair process (2.2) • **Objective 3:** Learn different suturing techniques (1.10) • **Objective 4:** Understand basic concepts on: Pediatric, Plastic Surgery and Breast cancer reconstruction, wound management/soft tissue coverage, difference flap/graft, and skin malignancies and management. (2.2, 2.3)

ENT:	**Dr. Jorge Arango, & Dr. Patrick Gomez,** (Private Practice Clinic)
Objectives:	
At the end of the clerkship, students should be able to:	• **Objective 1:** To expose you to the general field of otolaryngology-head and neck surgery (2.1) • **Objective 2:** To teach you how to evaluate and manage some common otolaryngology problems (1.2, 1.3, 1.6) • **Objective 3:** To help determine the appropriateness of referral of future patients to an otolaryngologist (7.1, 7.2)

Neurosurgery:	Dr. Luis Vasquez (PLEASE NOTE: Dr. Todd Trier does not have TTUHSC El Paso faculty appointment, subsequently students should not directly work with him)
Objectives:	
At the end of the clerkship, students should be able to:	• **Objective 1:** The student should be able to identify the presenting problem, generate a differential diagnosis and indicate a plan for treatment when neurosurgery is consulted in a patient (1.1, 1.2, 1.3, 1.6) • **Objective 2:** Demonstrate the ability to perform preoperative evaluation and risk assessment, obtain informed consent, and perform postoperative management including monitoring of key neurologic parameters. (1.2, 1.6, 1.8, 5.2) • **Objective 3:** Demonstrate knowledge and ability to adequately scrub in the surgery, maintain a sterile field, and assist the surgeon during a neurosurgical procedure. (1.10) • **Objective 4:** Demonstrate the ability to select appropriate diagnostic imaging for a given neurosurgical problem. ((1.2, 1.6)

Anesthesiology:	Dr. Deborah Ortega at Transmountain Hospital or Peds Anesthesia Dr. Marc Orlandi at Children's EPCH
Objectives:	
At the end of the clerkship, students should be able to:	• **Objective 1:** Understand the principles of pre-operative assessment and successfully preform a minimum of 3 preoperative assessments while observed by faculty anesthesiologist. (1.1, 1.2) • **Objective 2:** By week 3 of the anesthesiology selective, a verbal anesthetic plan, including premedication selection and dose, induction plan (including appropriate drug dose and selection) will be communicated to an anesthesiology faculty member for a minimum of 2 patients. (1.6) • **Objective 3:** Upon successful completion of the rotation, medical students will have a basic understanding of airway anatomy and management including mask ventilation, intubation and exposure to advanced airway techniques. Each student will be expected to successfully mask ventilate and intubate at least 2 adult surgical patients while being supervised by a faculty anesthesiologist. (2.1, 1.10) • **Objective 4:** Demonstrate understanding of preoperative orders for adult surgical patients, including drug selection and dose for analgesia and postoperative nausea and vomiting. (1.2, 1.6)

Urologic Surgery	**Dr. Ronald Caras at WBAMC**
Objectives:	
At the end of the clerkship,	• **Objective 1:** The student will be exposed to the general field of urology, including inpatient and outpatient procedures. (1.10)

students should be able to:	• **Objective 2:** The student should demonstrate knowledge of common urologic conditions, including initial workup and management of benign and malignant conditions. (1.2, 1.6, 2.1) • **Objective 3:** Upon completion of the selective, the student should demonstrate understanding of indications for referral to a urologist**.** (7.1, 7.2) • **Objective 4:** The student should demonstrate ability to perform an appropriate focused history and exam for urologic complaints (1.1)

Clerkship Location:

Surgery Department, 4800 Alberta Ave, AEC, room 104

Required, Expected and Optional Events:

Assigned clinical duties and didactic sessions are required. An unexcused absence may result in assignment of make-up work, a professionalism concern, or failure of the clerkship.

Student Performance Objectives:

Honors-level work includes: engaged participation, evidence of reading, and active learning. Students should also take the initiative to see patients (if applicable), and improve their clinical skills by consistently applying new knowledge in the clinical arena.

Patient Condition Expectations

Clinical Expectations

During this Clerkship, students are expected to participate in the care of patients with some of the conditions in this table. Obviously not all students will be exposed to patients with all of the following conditions; however, every student is expected to be proactive in seeking out opportunities to care for patients with enough of these conditions to complete the Op-Log.

CONDITION	ASSOCIATED CLINICAL PRESENTATION(S):

Gastroesophageal reflux Esophageal cancer Peptic/Duodenal ulcer Bariatric Surgery Gastric cancer Small bowel obstruction Large bowel obstruction Appendicitis Colon cancer Inflammatory bowel disease Diverticulitis GI Bleeding: Upper/lower Hemorrhoids	Vomiting/nausea/sore throat Diarrhea Constipation Abdominal distension Abdominal pain GI bleed
Cholecystitis Pancreatitis Hepatitis Pancreatic pseudocyst Pancreatic cancer Liver mass/cancer	Liver function test abnormalities Abdominal pain
Fibrocystic changes Breast Cyst Fibroadenoma Breast abscess Breast cancer	Breast
Carotid artery stenosis Abdominal aortic aneurysm Claudication Acute arterial ischemia – extremity Chronic limb ischemia: ulcer/restpain/gangrene Deep venous thrombosis Lung nodule Lung cancer COPD Pneumothorax Coronary artery disease	Chest discomfort Dyspnea Hemoptysis
Blunt trauma: head/neck/chest/abdomen/pelvis Penetrating trauma: head/neck/chest/abdomen/pelvis Burn injury Respiratory failure/ARDS Acute renal failure Multiple system organ failure	Abnormal blood pressure: Shock Renal Failure: Acute
Inguinal hernia Abdominal wall/incisional hernia Abscess Melanoma/Skin cancers	
Thyroid nodule Hyperthyroidism Thyroid cancer Hyperparathyroidism Adrenal mass	Hypothalamus/Pituitary axis Disorders of thyroid function
Anesthesia ENT Neurosurgery	

Plastic surgery Orthopedics Urology	

Op Log Expectations:

Clerkship Specific Op-Log and Procedure Log Expectations

Op-Log

Please document all significant patient encounters (not necessarily scrubbed for that operation) in the Op-Log. Expectations are that you will have at least 30 Surgery specific encounters during the Clerkship. You may not receive honors if your Op-Log is not complete by end of clerkship. A clinically significant encounter is any encounter in which you participate enough to document a note or help significantly. Examples are: history and physical exam, daily progress note, Surgery clinic focused history and physical and note, attendance at an OR case, attendance at trauma activation, attendance at a surgery consult at night, suturing a laceration. Encounters in which you are not really involved should not be listed. For example, if you are following a resident and that resident goes to the floor to follow-up on an admission, you should not record that even if you watch the resident. However, you can document a new admission in which you participate in the history and physical.

In the very rare instance a student is unable to complete their OpLog requirements, he/she should contact the clerkship director as early as possible to facilitate a clinical experience for that clinical diagnostic category. If a clinical experience cannot be found to fulfill that diagnostic category, a simulation (procedure log) or written assignment will be arranged by the clerkship director.

The following entries are required:

Op-Log Categories:

Clinical diagnostic category	Inclusions	Number of patients
Abdominal wall	AW	**2**
Alimentary tract	AT	**2**
Breast	B	**2**
Endocrine	E	**2**
Oncology	O	**2**
Skin/Soft Tissue	SS	**2**
Subspecialty	Sub	**2**
Trauma/Critical Care	TC	**10**
Vascular/Thoracic/Cardiac	VTC	**2**
Hepatobiliary	**HB**	**2**

AT:	AW: Hernia of any type, except hiatal hernia (E; A)

Gastroexophageal reflux (E; A or M) Esophageal cancer (I; A) Peptic/Duodenal ulcer (I; A) Bariatric Surgery (E; A) Gastric cancer (I; A) Small bowel obstruction (I; A) Large bowel obstruction (I; A) Appendicitis (I; A) Colon cancer (I; A) Inflammatory bowel disease (E; A) Diverticulitis (I; A) GI Bleeding: Upper/lower (I; A) Hemorrhoids (E; A or M) Other (I; A)	O: Any oncology (I; A) SS: Melanoma (E; A) Skin cancer (E; A) Abscess (E; A or M)
B: Fibrocystic changes (E; A or M) Breast Cyst (E; A or M) Fibroadenoma (E; A) Breast abscess (E; A or M) Breast cancer (E; A) Other (E; A)	E: Thyroid nodule (E; A)Hyperthyroidism (E; A) Thyroid cancer (E; A) Hyperparathyroidism (E; A) Adrenal mass (E; A) Other
Sub: Anesthesia (I; A) ENT (I; A) Plastic Surgery (I; A) Orthopedic surgery (I; A) Cardiothoracic surgery (I; A) Vascular surgery not otherwise listed (I; A)	TC: Blunt trauma: head/neck/chest/abdomen/ pelvis (I; O or A) Penetrating trauma: head/neck/chest/abdomen/ pelvis (I; O or A) Burn injury (I; O or A) Respiratory failure/ARDS (I; O or A) Acute renal failure (I; O or A) Multiple system organ failure (I; O or A) Other (I; O or A)
VTC: Carotid artery stenosis (I; A) Abdominal aortic aneurysm (I; A) Claudication (I; A) Acute arterial ischemia – extremity (I; A) Chronic limb ischemia: ulcer/restpain/gangrene (I; A) Deep venous thrombosis (I; A) Lung nodule (I; A) Lung cancer (I; A) COPD (I; A) Pneumothorax (I; A) Coronary artery disease (I; A) Other (I; O or A)	HB: Cholecystitis (I; A) Pancreatitis (I; A) Hepatitis (I; A) Pancreatic pseudocyst (I; A) Pancreatic cancer (I; A) Liver mass/cancer (I; A) Gallbladder (E; A) Other (E; A)

Clinical setting: I=Inpatient, O=Outpatient, or E=Either
Level of responsibility required: O= Observe*, A= Assist**, M= manage***

***Observe** - The student observes others interacting with, and/or examining the patient, or performing a procedure, but the student does not participate directly in the process. This is a passive experience from the standpoint of the interaction of the learner and patient.

****Assist** - The student participates with a supervising physician (resident or attending) in interviewing, and/or examining a patient, or performing a procedure. The student may perform a portion of the history or physical or

participate in a procedure in a secondary role. The student does not play an active role in diagnosis or treatment decision-making.

***Manage/Perform**- The student performs the history or physical exam AND formulates the differential diagnosis AND suggests the appropriate course of treatment under supervision of the preceptor, resident, or attending. For procedures, the student plays a primary role in performing the indicated procedure under supervision of the preceptor, resident, or attending.

Procedure Log:

The procedures listed below are required. You may not receive honors if your procedure log is not complete by end of clerkship. If you feel you will not perform the appropriate number of procedures, try hard again to locate an appropriate patient. If you cannot, contact one of the Clerkship Directors. You can do these procedures under the supervision of a nurse, certified registered nurse anesthetist (CRNA), resident or faculty physician. You may do a dressing change under the guidance of a wound care nurse. Procedures may be done in the inpatient or outpatient clinical setting.

- Most patients receiving general anesthesia in the operating room will have an orogastric tube (OG tube) placed.
- Foley catheters are placed on many patients getting hernia repairs, laparoscopic surgery in the lower abdomen (to decompress the bladder) or for cases such as neck dissections, bilateral mastectomies (cases that are long). This can help guide you as to which cases may be more likely to get foley catheters.
- Rectal exams can be found on cases posted as exam under anesthesia (EUA), fistulotomy, hemorrhoidectomy, abdominoperineal resection (APR), low anterior resection (LAR), and any colonoscopies done by Dr. Davis, , or Olivas.
- You need to be in the OR early in order to do these procedures – if you show up when the attending or resident are scrubbing, then you have missed your opportunity. You should enter the OR when the patient does and be ready to assist. Be proactive, ask to do these procedures, gather your supplies in advance.
- These are minimum requirements-you should be proactive in doing as many of these procedures as possible.

In the very rare instance a student is unable to complete their OpLog requirements, he/she should contact the clerkship director as early as possible to facilitate a clinical experience for that clinical diagnostic category. If a clinical experience cannot be found to fulfill that diagnostic category, a simulation (procedure log) or written assignment will be arranged by the clerkship director. If a substitute simulation and/or assignment is needed, the student may not be eligible to receive honors.

Procedure Log List:

Mandatory Procedures to be Performed by Students	Number of Patients	Level of Responsibility (O=Observe, A=Assist, M=Manage/Perform)
1. Assessment of Surgical Patient: A. Direct observation of Physical Exam B. B. Written H&P Critique (1)	A-1 B-1	M
2. Care of Surgical Wound/Dressing change	2	A or M

3. Management and Removal of Drains and Tubes	2	M
4. Nasogastric Tube or Feeding Tube Insertion	2	M
5. Insertion Foley catheter	2	M
6. Venipuncture/IV	2 times	M
7. Suturing	2 times	M
8. Suture or Staple Removal	at least 2 times	M
9. Rectal Exam (all patients for whom H&P is completed)	at least 2 times	M

Procedures Students are expected to do with Indirect Supervision once competency is demonstrated:

- H&P (excluding Pelvic)
- Daily physical exams for progress notes
- Scrubbing at operations (refers to sterile precautions and assisting, NOT performing the procedure)
- Withdraw blood for lab determinations (exclusive of jugular and femoral withdrawal)
- Begin peripheral intravenous infusion (excluding transfusions and only in adults)
- Removal of sutures
- Wound dressing changes

Procedures done only with help & hands–on direct supervision of a Physician Female chaperone should be present for all female patients.

- Closure of skin incisions or lacerations, excluding facial laceration
- Administration of anesthetic agents
- Inserting central venous pressure lines
- Arterial puncture
- Writing of order to nurses
- Small feeding tube
- Placement of chest tubes

Assessment:

Below are brief summaries on how you will be evaluated weekly and on your final grade:

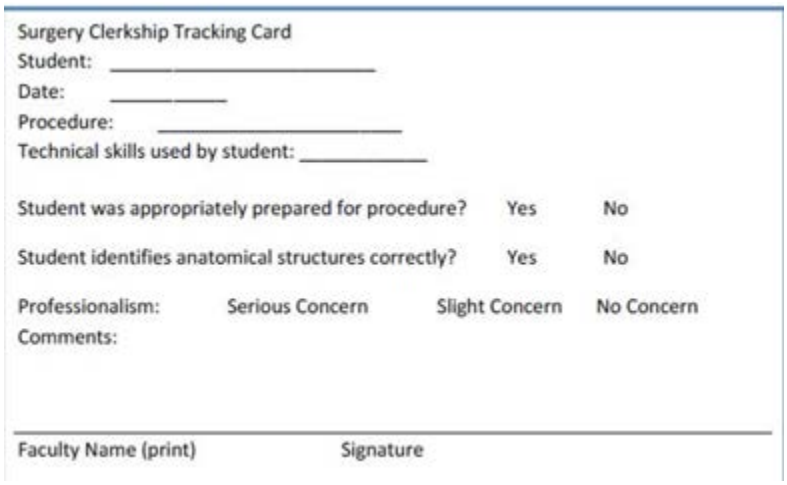
General Surgery Weekly Clinical Evaluation Form
Medical Knowledge • **Demonstrates knowledge of normal anatomy in surgical context.** • **Recognizes surgical pathology** • **Can discuss evidence-based principles in surgical care, including pre-op testing and care, choice of surgical intervention, and post-op care**
Patient Care

• **Completes an appropriate history** • **Exam is appropriate in scope** • **Generates a comprehensive list of diagnostic considerations based on the integration of historical, physical, and laboratory findings** • **Identifies serious conditions that require timely and specific interventions** • **Develops a treatment plan appropriate to the patient** • **Organize and prioritize responsibilities in order to provide care that is safe, effective, and efficient**
Interpersonal and Communication Skills • **Communicates clearly with patients, families, etc.** • **Presentations to faculty or resident are organized**
Practiced-Based Learning and Improvement • **Takes the initiative in increasing clinical knowledge and skills, for example, identifies a learning issue on rounds or in the OR and reports back to the team/resident** • **Receptive to constructive criticism**
System-Based Practice • **Incorporate consideration of benefits, risks, and costs in patient care** • **Demonstrate the ability to work with social worker or case manager to identify community based resources for their patients.**
Professionalism/Ethics • **Is reliable and dependable (reports for duty on time and stays on duty until expiration of duty hours or until dismissed)** • **Acknowledges mistakes** • **Displays compassion and respect for all others regardless of age, race, ethnicity, gender, sexual orientation, etc.** • **Demonstrates honesty in all professional matters** • **Protects patient confidentiality** • **Dress and grooming appropriate for the setting**
Personal and Professional Development • **Recognizes when to take responsibility and when to seek assistance**
Comment on opportunities for improvement
Overall comments on strengths/weaknesses

NOTE: Students at UMC should keep a list of all cases that they participate in (pt. initials, surgery performed, resident name and attending name) and submit them to coordinator at the end of the 3 week general surgery rotation. This will help us identify who to ask for an evaluation. We will also solicit evaluations from residents. Students may ask the coordinator to give an evaluation to a particular resident if more are needed.

Clinical Evaluation Tracking Cards:

These cards will be used only during your UMC General Surgery rotation to facilitate real time feedback for your own professional development as well as to be used at mid-clerkship feedback. The Program Coordinator will provide these cards to you on the first day of your rotation. Please give to residents and/or faculty at the completion of cases. Four cards will be due the 2nd Tuesday of your rotation. You will hand them in to the Program Coordinator.



Surgery Clerkship Tracking Card
Student: _____
Date: _____
Procedure: _____
Technical skills used by student: _____

Student was appropriately prepared for procedure? Yes No

Student identifies anatomical structures correctly? Yes No

Professionalism: Serious Concern Slight Concern No Concern
Comments:

Faculty Name (print) Signature

**Please note these cards will not be entered into the TTAS system; however, they will be in your file that the Program Coordinator has and will be available for you to view at any time.*

Final Grade Evaluation Form
Knowledge for Practice • Grade -"Needs improvement, pass, honors" • Source o Weekly Evaluations o Evaluation Cards
Patient Care and Procedural Skills • Grade -"Needs improvement, pass, honors" • Source o Weekly Evaluations o Evaluation Cards
Interpersonal and Communication Skills • Grade -"Needs improvement, pass, honors" • Source o Weekly Evaluations o Combined/Integrated Case Presentations
Practiced-Based Learning and Improvement • Grade -"Needs improvement, pass, honors" • Source o Weekly Evaluations o Integrated Case Presentations
System-Based Practice • Grade -"Needs improvement, pass, honors"

• Source o Weekly Evaluations
Professionalism • Grade -"Needs improvement, pass, honors" • Source o Weekly Evaluations o Clerkship Unit Coordinator Evaluation o Op-Log/Procedure Log completion on time
Interprofessional Collaboration • Grade -"Needs improvement, pass, honors" • Source o Weekly Evaluations o Integrated Case Presentations
Personal and Professional Development • Grade -"Needs improvement, pass, honors" • Source o Weekly Evaluations o Integrated Case Presentations
NBME Score
OSCE Score

Professionalism:

As a student it is important to be professional at all times. This includes:

- Being on time
- Being honest
- Admit mistakes
- Being prepared to learn
- Checking your email daily
- Maintained grooming and dressed appropriately to setting
- Timely completion of all assignments including op-log, procedure log, and duty hour entries
- Your professionalism is formally evaluated by the Clerkship Director at the end of the clerkship
- Your professionalism is also monitored, and if needed, evaluated by the clerkship program coordinator
- Failure to receive a satisfactory rating on all aspects of professionalism may result in failure of the clerkship

The Clerkship Director who either directly experiences, or receives a report of potentially unprofessional behavior will generally discuss the concerns directly with the student either:

- At the time of mid clerkship feedback
- Schedule an individual meeting
- If further action is needed, Student Affairs will be contacted

Mid-Clerkship Review:

You will have a mid-clerkship evaluation in order to assist you with progress in the surgical portion of the Clerkship; requirements, expectations, and possible methods of remediation will be discussed at that time. This will take place after at least 1.5 weeks in the general surgical portion of the Clerkship.

The formative feedback is based on:

- Clinical evaluations and Professionalism evaluation forms filled out by attending and residents
- Clinical evaluation Tracking Card
- Review of Op-log encounter entries to date
- Review of Procedure log

Grading Policy:

Receiving Your Grade

Grades for Surgery should be available approximately three to four weeks after the conclusion of the rotation.

Missed Events:

Readings

The Surgery Department adheres to the Paul L. Foster School of Medicine Policies regarding absences

- The Clerkship Director, residents, and Selective preceptor (depending what rotation you are in) must approve and be notified of any absence from the clerkship
- If you are scheduled on a selective please notify the preceptor with whom you are scheduled, and email Surgery Clerkship Program Coordinator
- It is your responsibility to reschedule learning activities that are missed due to absence
- Any unexcused absence may result in failure of the clerkship

In an Event of an Emergency or Absence

In the event that there is an emergency, please contact the Clerkship Program Coordinator and please inform the resident/team you are working with of your absence/emergency via email, phone or text.

Contacts:

Surgery Clerkship Contact Information

3rdYear Medical Student Director				
Karinn M. Chambers, M.D., FACS Clerkship Director		O: 915-215-4963	Karinn.chambers@ttuhsc.edu	4800 Alberta Ave. AEC, 1st Floor, 104-H
3rd and 4th Year Medical Student Coordinator				
Dianne Saucedo Clerkship Program Coordinator		O: 915-215-6341 F: 545-6864	dianne.saucedo@ttuhsc.edu	4800 Alberta Ave. AEC, 1st Floor, 104-G

Faculty Roster: http://www.ttuhsc.edu/fostersom/surgery/faculty.aspx

Name	Role	Email
Alan H. Tyroch MD	Chief of Surgery Team B Attending	alan.tyroch@ttuhsc.edu
Susan McLean MD	SICU Clerkship Director	susan.mclean@ttuhsc.edu
Jose A. Castro Garcia, MD	Clinical Instructor Plastic and Craniofacial Surgery	jose.castro@ttuhsc.edu
Brian Davis MD	Residency Program Director	b.davis@ttuhsc.edu
Miller F. Rhodes MD	Otolaryngology Attending	miller.rhodes@ttuhsc.edu
Ryan Freemyer MD	General Surgery Attending	ryan.freemyer@ttuhsc.edu
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