



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO

Paul L. Foster School of Medicine

Syllabus

Medical Skills Course (MSC)

PMSK 5301 (MSC I)

PMSK 5302 (MSC II)

Academic Year 2017-2018

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Course Description

In the end we retain from our studies only that which we practically apply.

Johann Wolfgang von Goethe

Overview

The Medical Skills Courses I and II are the first two semesters of a two-year series of courses that are designed to teach each medical student the basic clinical skills needed for medical practice. These skills include effective communication, scheme-based history taking and physical examination, development of clinical reasoning, formation of an initial diagnostic plan, interpretation of basic diagnostic studies, performance of selected procedures, provision of counseling and feedback, and articulate clinical case presentation.

The Medical Skills Courses are closely coordinated with Scientific Principles of Medicine so that each Medical Skills session applies instruction provided during the prior week in SPM. Through this integration, the two courses reinforce each other and deepen the learning of the students.

Learning is accomplished through pre-session review of preparatory material, readiness assurance quizzes, standardized patient interactions, group debriefing following standardized patient encounters, demonstration and guided practice with feedback on performance of simulated clinical procedures, team-based simulated problem solving scenarios, field trips to outlying facilities, and other modalities. Formative feedback on each student's performance is provided through faculty guided review of performance in the standardized patient encounters, peer assessment using predetermined criteria, and periodic review with a faculty member of videotaped SP encounters.

Students are assessed through their performance in simulated settings with standardized patients (OSCE examinations), through their answers on readiness assurance quizzes, and through demonstration of their proficiency with selected procedural tasks. Assessments are administered at the end of each academic unit. At the end of the second year of medical school, a comprehensive OSCE examination is performed testing students over the content covered during the first two years.

Integration with the Medical School Curriculum

The Presentation-based Curriculum creates an unprecedented opportunity for integration and application of topics in Medical Skills with content covered in Scientific Principles of Medicine. Matching the standardized patient cases and skill building activities with the content of the basic sciences curriculum creates reinforcement between these two courses that deepens and strengthens the learning in both. In addition, the skills developed in the Medical Skills Course

are also practiced during clinical experiences in the Society, Community and the Individual. Eventually, the clinical schemes covered during the first two years of medical school will be carried on into the clinical clerkships in the third year of medical school.

Educational Methods and Learning Experiences

Medical Skills Courses I and II will be presented as a series of weekly sessions throughout the first year of medical school. Students will meet together for each two-hour session. The students will be divided into learning groups, and each group will rotate through the learning activities being presented that day.

Preparatory reading assignments: Prior to each session, students will study the Exam Room Guide that has been prepared for the clinical scheme, and will review the video recording that reviews the Guide. They may also have a reading assignment, for example, a section from Bates' Guide to Physical Examination and History Taking, 11th Edition by Lynn S. Bickley.

Session instructions and preparatory materials are posted on CHAMP. Students are also responsible for reading announcements posted on Canvas in regards to the course. Announcements will include important information about testing, sessions, sign-ups for OSCE physical exam evaluations and History and Physical assignment, etc. Students should check their Canvas account settings to have Canvas announcements and notifications sent to their email.

Objective Structured Clinical Encounter (OSCE): Both a learning and an assessment tool, the OSCE is a structured exercise in which the student interacts with a standardized patient who has memorized a clinical scenario. Students will be required to demonstrate specific skills in communication, history taking, physical examination, and recording of clinical information. Students receive specific feedback on their performance.

Small-group activities: Demonstrations, facilitated performance, and practice with interview skills, physical examination techniques, and clinical procedures will be principally carried out in small groups supervised by clinical faculty.

Clinical simulations: The ATACS Center is capable of simulating numerous clinical procedures on mannequins or in computer-generated virtual reality. Students will use the Center to develop and refine their skills before performing procedures on actual patients.

Patient encounter log: During medical school, each medical student maintains a log of their patient encounters, including standardized patient encounters. The Online Patient Log (OP Log) can be found on the Canvas page for the Medical Skills Course.

SP Encounter Review and Reflective Self-Assessment: Once each semester, every student is required to meet with the Nurse Educators for a small group review of one of their videotaped SP encounters. Prior to the session, each student will view one of their videotaped SP

encounters, complete a reflective SP Video Questionnaire, and identify goals for professional development. During the session, students view a sample of each other's videotapes, and identify opportunities for improvement in communication, interpersonal skills, and clinical reasoning.

Field Trip: Students will visit selected medical facilities where they will be oriented to the operations and healthcare procedures of the facility. Students may interview selected patients during a field trip and maybe assigned to prepare a structured write-up or report of their experience.

Competencies, Program Goals and Objectives, and Outcome Measures

The Paul L. Foster School of Medicine education program goals and objectives are outcome-based statements that guide instruction and assessment as you develop the knowledge and abilities expected of a physician. All elements of the PLFSOM curriculum are derived from and contribute to the fulfillment of one or more of the medical education program's goals and objectives, which can be found at [PLFSOM PGOs](#).

The overall goal of the Medical Skills Course is for each medical student to achieve proficiency and competence in the fundamental skills of doctoring. Specifically, the Medical Skills Course is designed to promote student achievement of the following learning objectives (associated PLFSOM Education and Program Objective (PGO) IDs are given in parenthesis and detailed in the subsequent table):

- Communicate effectively with patients, family members, faculty, staff, and peers in a respectful and diplomatic manner. (PGO 4.1, 4.2, 4.3)
- Communicate using language that is clear, understandable, and appropriate to each patient. (PGO 1.8, 2.5, 5.1)
- Maintain each patient's dignity and modesty during clinical encounters. (PGO 5.2)
- Identify the chief reason for the clinical encounter and use questions effectively to find the most pertinent history needed for decision-making. (PGO 1.1, 1.5)
- Use effective approaches to help patients promote behavioral change for the purpose of avoiding preventable diseases. (PGO 1.8, 1.9)
- Select and perform the most pertinent physical examination maneuvers to search for findings that support or refute likely diagnoses under consideration. (PGO 1.1)
- Concisely, accurately, and legibly record the patient's history in the medical record. (PGO 1.7, 4.4)
- Use the patient's history, physical examination, and diagnostic studies to generate a list of active medical problems. (PGO 1.3, 2.3)
- Orally present a patient's history and physical examination in an organized and concise manner. (PGO 4.2)
- List the appropriate indications, potential risks and intended benefits of common procedures such as venipuncture, bladder catheterization. (PGO 1.2, 1.10)
- Proficiently perform several common clinical procedures. (PGO 1.6, 1.10)
- Participate effectively and collaboratively with a healthcare team in an urgent situation. (PGO 7.1, 7.2, 7.3, 7.4)
- Maintain ongoing learning practices that promote the development of optimal medical skills including careful preparation, active engagement, and reflection on formative feedback. (PGO 3.3)

Patient Care		
Educational Program Objectives		Outcome Measures
1.1	Gather essential information about patients and their conditions through history taking, physical examination, and the use of laboratory data, imaging studies, and other tests.	<ul style="list-style-type: none"> • Clinical Performance Rating/Checklist (SP checklist criteria – learning encounter) • Multisource Assessment (Faculty debriefing following each encounter) • Stimulated recall (SPERRSA video SOAP note review and discussion) • Self-assessment (SPERRSA video SOAP note review and discussion) • Exam – Institutionally Developed, Clinical Performance (End-of Unit OSCE; Open Lab practice sessions)
1.2	Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.	<ul style="list-style-type: none"> • Participation (Procedure skill building activities with feedback)
1.3	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.	<ul style="list-style-type: none"> • Multisource Assessment (Weekly learning encounter debrief) • Exam – Institutionally Developed, Clinical Performance (End-of Unit OSCE)
1.5	Recognize a patient requiring urgent or emergent care, and initiate evaluation and management.	<ul style="list-style-type: none"> • Clinical Performance Rating/Checklist (SP checklist criteria – learning encounter) • Multisource Assessment (Faculty debriefing following each encounter) • Stimulated recall (SPERRSA video SOAP note review and discussion) • Self-assessment (SPERRSA video SOAP note review and discussion) • Participation (manikin simulations activities with feedback) • Exam – Institutionally Developed, Clinical Performance (End-of Unit OSCE)

1.6	Describe and propose treatments appropriate to the patient's condition and preferences.	<ul style="list-style-type: none"> Participation (Procedure skill building activities with feedback)
1.7	Accurately document history, physical examination, assessment, investigatory steps and treatment plans in the medical record.	<ul style="list-style-type: none"> Clinical Documentation Review (Weekly learning encounter SOAP note; OSCE exam SOAP note; SPERRSA video SOAP note review and discussion) Exam – Institutionally Developed, Clinical Performance (End-of Unit OSCE)
1.8	Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making.	<ul style="list-style-type: none"> Clinical Performance Rating/Checklist (SP checklist criteria and verbal feedback – learning encounter)
1.9	Provide preventative health care services and promote health in patients, families and communities.	<ul style="list-style-type: none"> Clinical Performance Rating/Checklist (SP checklist criteria and verbal feedback – learning encounter) Clinical Documentation Review (Weekly learning encounter SOAP note; OSCE exam SOAP note; SPERRSA video SOAP note review and discussion)
1.10	Demonstrates and applies understanding of key issues in performing procedures and mitigating complications, and demonstrates reliable mechanical skills in performing the general procedures of a physician.	<ul style="list-style-type: none"> Participation (Procedure skill building activities with feedback)
Knowledge for Practice		
Educational Program Objectives		Outcome Measures
2.3	Apply evidenced-based principles of clinical sciences to diagnostic and therapeutic decision-making and clinical problem solving.	<ul style="list-style-type: none"> Multisource Assessment (Weekly learning encounter debrief) Exam – Institutionally Developed, Clinical Performance (End-of Unit OSCE)
2.5	Apply principles of social-behavioral sciences to patient care including assessment of the impact of psychosocial, cultural, and societal influences on health, disease, care seeking, adherence and barriers to care.	<ul style="list-style-type: none"> Clinical Performance Rating/Checklist (SP checklist criteria and verbal feedback – learning encounter)
Practice-Based Learning and Improvement		
Educational Program Objectives		Outcome Measures
3.3	Accept and incorporate feedback into practice.	<ul style="list-style-type: none"> Participation (Mastery based assessment of physical examination skills; SP encounter debrief)

		<ul style="list-style-type: none"> Stimulated recall (SPERRSA video review and discussion)
Interpersonal and Communication Skills		
Educational Program Objectives		Outcome Measures
4.1	Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.	<ul style="list-style-type: none"> Clinical Performance Rating/Checklist (SP checklist criteria and verbal feedback – learning encounter) Peer Assessment (Peer feedback – learning encounter)
4.2	Communicate effectively with colleagues and other health care professionals.	<ul style="list-style-type: none"> Clinical Performance Rating/Checklist (SP checklist criteria and verbal feedback – learning encounter) <input type="checkbox"/> Peer Assessment (Peer feedback – learning encounter) <input type="checkbox"/> Multisource Assessment (Weekly learning encounter debrief)
4.3	Communicate with sensitivity, honesty, compassion and empathy.	<ul style="list-style-type: none"> Clinical Performance Rating/Checklist (SP checklist criteria and verbal feedback – learning encounter) Peer Assessment (Peer feedback – learning encounter)
4.4	Maintain comprehensive and timely medical records.	<ul style="list-style-type: none"> Clinical Documentation Review (Weekly learning encounter SOAP note; OSCE exam SOAP note; SPERRSA video SOAP note review and discussion) Exam – Institutionally Developed, Clinical Performance (End-of Unit OSCE)
Professionalism		
Educational Program Objectives		Outcome Measures
5.1	Demonstrate sensitivity, compassion, integrity and respect for all people.	<ul style="list-style-type: none"> Clinical Performance Rating/Checklist (SP checklist criteria and verbal feedback – learning encounter)
5.2	Demonstrate knowledge of and appropriately apply ethical principles pertaining to patient privacy, autonomy and informed consent.	<ul style="list-style-type: none"> Clinical Performance Rating/Checklist (SP checklist criteria – learning encounter; Professionalism criteria – learning encounter)
Interprofessional Collaboration		
Educational Program Objectives		Outcome Measures

7.1	Describe the roles of health care professionals.	<ul style="list-style-type: none"> • Participation (TeamSTEPPS IPE scenario sessions – debriefing and feedback) • Participation (manikin simulation activities with feedback)
7.2	Use knowledge of one’s own role and the roles of other health care professionals to work together in providing safe and effective care.	<ul style="list-style-type: none"> • Participation (TeamSTEPPS IPE scenario sessions – debriefing and feedback) • Participation (manikin simulation activities with feedback)
7.3	Function effectively both as a team leader and team member.	<ul style="list-style-type: none"> • Participation (TeamSTEPPS IPE scenario sessions – debriefing and feedback) • Participation (manikin simulation activities with feedback)
7.4	Recognize and respond appropriately to circumstances involving conflict with other health care professionals and team members.	<ul style="list-style-type: none"> • Participation (TeamSTEPPS IPE scenario sessions – debriefing and feedback) • Participation (manikin simulation activities with feedback)

Grading System

Formative Assessment and Feedback

Formative feedback is provided to the students on a weekly basis through the following mechanisms: Standardized Patient checklist and feedback, peer observer feedback, group debriefing and note writing. One on one feedback to each student is also provided by faculty supervising the skill practice stations. In addition, SPERRSA and Open Lab are designed to provide formative feedback.

Summative Assessment and Grading

On the basis of a composite assessment, each student in the Medical Skills Course will receive a grade of either Pass or Fail for each semester of the course. The components of the composite assessment are:

- **Attendance:** Attendance is required and will be recorded weekly. 10% of each student's grade for each Unit can be earned based on performance on weekly quizzes and completion of the Online Patient Log (OP Log)
 - **Performance on weekly quizzes:** A readiness assurance quiz is regularly included at the beginning of each Medical Skills session. Students achieving a cumulative performance of 80% or more on these quizzes will earn five points towards their unit grade. Students achieving a cumulative performance of 50% to 79% on these quizzes will earn two and half points towards their unit grade.
 - **Completion of the OP Log:** Students are expected to record each standardized patient encounter in their Online Patient Log (OP Log). Students completing their OP Log with all of their standardized patient encounters by the end of the Unit will earn five points towards their unit grade.
- **Performance on OSCE examinations:** Each End-of-Unit OSCE will have between 2-4 stations. One or more of these stations will be a Standardized Patient encounter. Assessment at each station will be based on demonstration of proficiency as assessed using predetermined criteria that assess skills in history taking, physical examination, communication, clinical reasoning, documentation, and professional demeanor. Performance on the OSCE examinations will constitute 90% of the summative score for each Unit.
- **Physical Exam Skill Evaluation:** Each Unit may require that students demonstrate mastery of a physical examination set. Testing times will be arranged during each Unit. Performance criteria will be predetermined and these criteria will be available to the students. Students must correctly perform 90% of the predetermined criteria in order to

receive a passing score. Students will have multiple opportunities to achieve a passing score on this activity.

- **Team-based learning sessions:** Several Units include one or more TBL sessions. TBL sessions consist of an individual readiness assurance test, a group readiness assurance test, and an application exercise. All of these activities are graded. It is noted that a small contribution of this grade comes from group activities. Therefore each student's individual Unit grade will, to a small extent, reflect the performance of their peers. Student scores on the TBL activity will be included in the final score for the Unit as part of the OSCE exam score.
- **Medical Record Keeping:** During the renal unit, students will visit one of the dialysis centers in the surrounding community. They will interview a dialysis patient to assess the psychological and social factors, in addition to the medical issues, affecting the patient's life. They will be required to submit a progress note on Canvas documenting this visit which will be graded and included in the end of unit assessment.
- Passing score:** Students must demonstrate a cumulative score of 75% or greater in order to receive a grade of Pass for an academic Unit. Students must receive a grade of Pass in all constituent Units in order to receive a grade of Pass for a semester of the Medical Skills Course.
- Unprofessional behavior:** Students demonstrating unprofessional behavior may receive a grade of Fail for a Unit regardless of their cumulative score.
- **Make up examinations:** Students who have attended the majority of sessions during the academic Unit and who achieve his summative score of less than 75% will be offered an opportunity to take a makeup OSCE examination. Arrangements will be made to take the makeup OSCE examination within one month of the end of the academic Unit. Students will only be required to retake the portions of the examination on which they received a score of less than 75%. Those students who achieve a score of less than 75% on the makeup examination will receive a grade of Fail for the Unit. Those students will be offered an opportunity to repeat the Unit examination at the end of the academic year. If they successfully remediate the failed Unit at the end of the academic year, the grade of Fail will be changed to a grade of "Successfully Remediated".
- **Posting of grades:** Each student's Unit OSCE grade will be released within 30 days of the end of the Unit. If the student does not demonstrate mastery of a required physical examination skill prior to the end of the semester, their grade will be listed as incomplete until the physical examination skill is mastered.

Course Policies and Procedures

The Medical Skills Course follows all applicable policies and procedures of the Office of Student Affairs of the Texas Tech University HSC, Paul L. Foster School of Medicine. In addition, the Medical Skills Course has established additional course-specific policies that are created to maintain an optimal learning environment, promote professional conduct with standardized patients, faculty, staff and peers, and protect the resources of the Center for Advanced Teaching and Assessment in Clinical Simulation (ATACS).

Schedule

- Medical Skills sessions for MS1 students are generally held once a week on Thursday. Students are assigned to attend for 2 hours – sessions are held from 10 to 12, 1 to 3 PM, and 3:30 to 5:30 PM. Each student will be assigned a time. The time of the assigned session will rotate each semester.
- Timing may vary for special activities such as visits to the Dialysis Center and TBLs. Calendar will be posted well in advance of the session.
- Open labs are generally weekly on Wednesday by the Nurse Educators. Times are posted on Canvas.
- SPERRSA sessions are held on Wednesday. Attendance at one session per semester is required.

Attendance Policy

Attendance at Medical Skills Course activities is required. Students are required to arrive on time and participate in course activities until excused by the supervising faculty member. Students arriving late may receive an unexcused absence for the session from the Course Co-Director.

Absences: Students must notify the Course Coordinator in advance of an anticipated absence, preferentially at least two working days prior to the MSC session (so that adjustments can be made in the number of standardized patients). In the event of an emergency that results in an absence from an MSC session, the student must notify the course Co-Director or Coordinator within three working days or the session will be counted as an unexcused absence. These notifications are in addition to the notice provided to the Office of Student Affairs through the plfabsence@ttuhsc.edu email address. The Office of Student Affairs makes the final determination regarding whether an absence is excused.

Make up sessions: On a case-by-case basis the MSC Course Co-Director in coordination with the ATACS Center staff may schedule make up sessions for students with absences from MSC sessions.

Prior commitments: For conflicts due to events that are anticipated well in advance (such as religious holidays or weddings), the student must contact the Course Coordinator or Course Co-Director and the Office of Student Affairs. The Office of Student Affairs will make the determination whether the absence is excused.

Conduct

Department: Students are expected to be attentive to the activities and instruction in each session, and conduct themselves in a courteous and professional manner with peers, staff, faculty, and standardized patients.

Personal belongings: Students will be provided with dry erase boards during the MSC sessions. Students should bring only required equipment to each MSC session. Do not bring cell phones, backpacks, purses, or computers into the ATACS Center. These should be stored in your locker. The ATACS Center is not responsible for lost or stolen items. Items left behind will be sent to the Texas Tech Police Department.

Internet: In sessions where computers are used, students may use the internet only for purposes related to the MSC session.

Cell phones: Cell phones are not permitted during MSC sessions. Use of cell phones during End-of-Unit OSCE examinations will be considered a breach of the student honor code and grounds for disciplinary action.

Guests and Children: Students may not bring friends or children to the ATACS Center during learning sessions.

Consumables: Students may not bring food, drinks, or gum into the ATACS Center.

Security: The ATACS Center is a secure area. Unauthorized entry is not permitted.

Property: Removing equipment from the ATACS Center is not permitted under any circumstance.

Professional Attire

Policies regarding appropriate attire are covered in the policies and procedures of the Office of Student Affairs of the Texas Tech University HSC, Paul L. Foster School of Medicine. In addition, policies specific to the ATACS Center are outlined in the ATACS Policy for Students and Other Training Participants. Students can find a copy of the ATACS Policy posted on Canvas.

ATACS is considered to be a clinical area, and standardized patients are to be treated the same as actual patients. Because of the requirement that medical students examine standardized patients who are partially disrobed, it is required that students dress in a modest and understated manner, commensurate with proper decorum for clinical work.

- Clothing will be worn appropriate to the ATACS Center's environment, which is considered clinical care environment. Examples of articles of clothing that are inappropriate include the following: shorts, sweat-suits, mini-skirts, spaghetti straps, and clothing that may expose the midriff and torso.
- Shoes will be closed-toed and appropriate for the clinical area, so to prevent slipping, falling or accidents. Flipflops, slipper-type wear, Sperry's, Converse, VANS etc., open toe or any type of sneaker/tennis/boat shoes are not acceptable.
- Jewelry, if worn, must reflect a professional image. Jewelry that could become a hazard, interfere with the care of a standardized patient or cause an accident while in the ATACS Center may not be worn.
- Hats, caps, and other head gear are not permitted in the ATACS Center. Only head gear worn for religious purposes and approved in advance by the Office of Student Affairs is permissible.
- Compliance with the OSHA guidelines is expected every time when seeing any type of patient – standardized or real patient(s) - or during any Learning experience at the ATACS Center.
- Hygiene: Every participant in any training session at the ATACS center shall follow infection control measures in regards to grooming and professional appearance. Hair, including beards and mustaches, should be clean and groomed so that it presents an overall professional appearance. Hair longer than shoulder length must be confined so that it does not interfere with patient care or present a safety hazard. Hand hygiene, including hand washing, is an essential part of infection control. Hand nails should be trimmed of an even length so standardized patients will not be scratched or hurt during a session. Same requirement applies to simulators or simulations involving physical exam or procedures, including but not limited to pelvic exam, venous catheterization, central line placement, etc. Color nail polish is not allowed.
- Students will wear their short white coats during Medical Skills Course sessions including review sessions and OSCE examinations.
- The Course Directors may designate specific learning activities outside of the ATACS Center as required for wearing clean medical scrubs.
- Students are required to wear their ID Badges at all times while on campus, as per the policies in the TTUHSC El Paso Institutional Student Handbook. ID Badges are also used to

document student attendance to the course. If a student loses or forgets their ID Badge more than three times per semester, the student will be report by means of a professionalism.

The Course Co-Directors reserve the right to decline permission for a student to participate in a session if it is their judgment that attire, grooming, or hygiene does not meet the standards stated above.

Immunization Policy

In accordance to TTUHSC El Paso Operating Policy, students must be current on all immunizations prior to entering a patient clinic or hospital unit. To review the TTUHSC El Paso Health Surveillance Program, go to <http://www.ttuhsoc.edu/fostersom/studentaffairs/>

Occupational Exposure Management

All students are expected to follow the policy regarding exposures to blood-borne pathogens and body fluids established by the TTUHSC El Paso Occupational Exposure Management Program.

Information regarding this policy can be found at:

<http://www.ttuhsoc.edu/HSC/OP/OP75/op7511c.pdf>

Professionalism

Students are expected to adhere to the Standards of Professional Conduct that are delineated in the Medical Student Handbook of the Paul L. Foster School of Medicine. Unprofessional conduct may result in a Unit grade of Fail regardless of examination scores or attendance. Episodes of unprofessional behavior may be documented by a course faculty member or by a member of the staff on an incident card. These cards will be handled according to policies established by the Office of Student Affairs.

Textbooks

The required textbook for the course is:

Bickley, Lynn S, Bates' Guide to Physical Examination and History-Taking, 11th Edition. Lippincott Williams & Wilkins, 2013. ISBN-978-60913-762-5.

Optional textbooks for the course include:

- Evidence-based Physical Diagnosis, 3rd ed. (2012), by Steven McGee, Saunders Elsevier, St. Louis.

- Symptoms to Diagnosis, An Evidence-Based Guide, 3rd ed. (2014), by Scott D. Stern, Adam S. Cifu, Diane Altkorn
- The Patient History, Evidence-Based Approach, (2015), by Mark Henderson
 - Dan Longo, et al., Harrison's Principles of Internal Medicine; 18th edition (2011), which is available online through the TTUHSC El Paso Library web site. Click on TTUHSC El Paso > Library > eBooks > AccessMedicine > Harrison's Online.

Electronic Resource:

- UpToDate which is available online through the TTUHSC El Paso Library web site. <http://www.uptodate.com/>

Required Equipment

1. A stethoscope
2. A 256 Hz tuning fork
3. A Dejerine reflex hammer
4. A penlight
5. A tape ruler
6. A Snellen eye card (for vision testing)
7. A white coat

Note: Each exam room in the ATACS Center is equipped with an otoscope, an ophthalmoscope, and a blood pressure cuff. Therefore, students do not need to purchase a diagnostic instrument set or sphygmomanometer for the Medical Skills Course.

Staff and Faculty Roster and Scheduled Office Hours

Course Director:

Thwe Htay, MD, FACP

Dr. Htay has an open door policy. Students are welcome to visit any time if the office door is open.

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Course Co-Director:

Gordon Woods, MD, MHPE, FACP

Dr. Woods has an open door policy. Students are welcome to visit any time if the office door is open.

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Course Faculty:

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