TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO

# Family Medicine and Surgery Block Syllabus

## Contents

# Family Medicine & Surgery Block

## Section I. 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**

- 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 Schedule**

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 on page 7 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 |
| | Providence | Inpatient & Ambulatory | 1 week |

Rotations are described below:

1. **TTUHSC-PLFSOM Family Medicine Clinic/Community Clinic:** Five week outpatient experience. Students see patients at the TTUHSC-PLFSOM 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):** three weeks, as described below:
    a. One and a half weeks of Trauma and Acute Care Surgery night shift
    b. One and a half weeks 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.

**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/ Providence | Surgery | FM Clinic/ Community/ Hospice | NBME |
| **Students 8-14** | FM Clinic/ Community | TACS/SBL Providence | Surgery | FM Clinic/ Community/ Hospice | Surgical Sub-Specialty | |
| **Students 15-21** | TACS/SBL Providence | 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 Providence | |
| **Students 29-36** | FM Clinic/ Community/ Hospice | Surgical Sub-Specialty | FM Clinic/ Community | TACS/SBL Providence | Surgery | |

**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 | Deafness & Hearing Disorders | Breaking Bad News Workshop | Suturing Workshop | Musculoskeletal Workshop | Integrated Case Presentations |

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.

***Integrated Case Presentation Instructions:***

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.

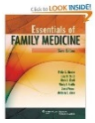
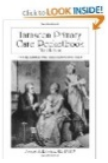
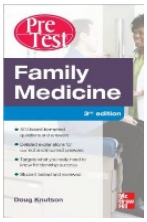
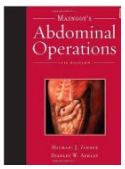
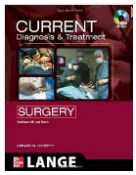
**Didactic Schedule**
See Block Table 3 on page 11 for weekly sessions and reading assignments. All of the students on the Block will meet each Thursday afternoon. The sessions are organized so that related topics can be learned at once. Both Surgery and Family Medicine usually have topics the same day. This is so that whatever rotation a student is on, the previous rotation's lessons will not be forgotten. Many Family Medicine didactics will be delivered via PowerPoint with Voiceover that students will be able to view at home on Canvas. These sessions will also include mandatory quizzes. Students are expected to receive at least 70% on the quizzes to receive credit for the didactic session. The PowerPoint didactics are indicated in Block Table 3 with an asterisk.

The weekly didactic schedule is linked to the Clerkship Scheduler (https://ilios.ttuhsc.edu/PLFSOMScheduler/) so students will be aware of what lectures will be delivered each week.

**Readings**
There is a list of learning resources available for each didactic session is on the didactic schedule (Block Table 3, beginning page 11). Prior to the session, students are expected to read about the week's topic(s). Students may choose one or two texts/references which work best for them. In some cases, the reference includes a link to the readings. There are video links for certain topics, such as the knee exam. Students are expected to reference these **prior** to the specified didactic session. For Surgery, this list of resources is online and accessible through the TTUHSC library website. Students must have an eraider account to be on the site. Family Medicine **Required Readings** are indicated with yellow highlight and are all updated web links that are free and accessible to every student.

The TTUHSC library website has many helpful resources. For example, if a student is going to scrub on a case, they may log onto the library website and click on "Access Surgery." Type in the case name and the library will provide a list of resources. This works for various surgical topics. For example, if one were to attend a case of laparoscopic cholecystectomy, type in "laparoscopic cholecystectomy" or "acute cholecystitis" to learn more prior to going to the case. The library website is also available at UMC computers: just Google "Texas Tech University Health Sciences Center at El Paso."

**Block Table 2: Reference List**

| | Reference Name | Citation |
|---|---|---|
|  | Essentials of Family Medicine, 6th Edition (Available to check out from FM Clerkship Unit Coordinator - first come, first serve) | Sloane, Slatt, Ebell, Jacques, Smith, Power, Viera (eds), 2012. Essentials of Family Medicine (Sloane, 6th edition). Lippincott Williams & Wilkins |
|  | Case Files Family Medicine, 3rd Edition (Available to check out from FM Clerkship Unit Coordinator - first come, first serve) | Toy, Eugene C.; Briscoe, Donald; and Britton, Bruce, 2012. Case Files Family Medicine. The McGraw-Hill Companies, Inc. |
|  | Tarascon Primary Care Pocketbook, 3rd Edition (Available to check out from FM Clerkship Unit Coordinator - first come, first serve) | Esherick, Joseph S, 2010. Tarascon Primary Care Pocketbook Third 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. |
|  | CURRENT Diagnosis & Treatment: Surgery | Doherty, 2010. CURRENT Diagnosis & Treatment: Surgery, 13e. The McGraw-Hill Companies, Inc. |

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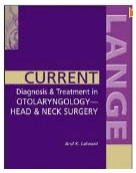
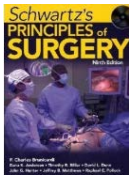
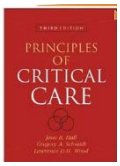
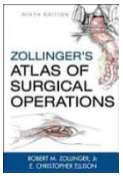
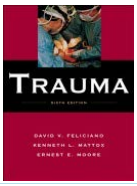
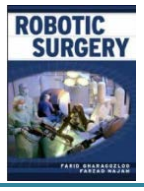
|---|---|---|
|  | CURRENT Diagnosis & Treatment in Otolaryngology | Lalwani, 2008. Current Diagnosis & Treatment in Otolaryngology—Head & Neck Surgery, 2nd Edition. The McGraw-Hill Companies, Inc. |
|  | Schwartz's Principles of Surgery | Brunicardi, Billiar, Dunn, Hunter, Matthews, and Pollock, 2010. 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 |
|  | American Family Physician | Journal of the AAFP. Access past issues at the library (there is a 13 month embargo for non-members) |
|  | Trauma | Feliciano, Mattox, and Moore, 2008. Trauma. McGraw-Hill Medical |
| | The Standard 12-Lead Electrocardiogram | |
|  | Robotic Surgery | Gharagozloo and Najam, 2008. Robotic Surgery. McGraw-Hill Medical |

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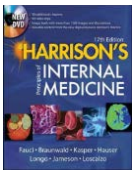
|---|---|---|
|  | Harrison's Online | Fauci, Braunwald, Kasper, Hauser, Longo, Jameson, and Loscalzo (Eds.), **2008.** Harrison's Principles Of Internal Medicine Seventeenth Edition. The McGraw-Hill Companies, Inc, United States. |
|  | Diagnosaurus | McGraw-Hill's Diagnosaurus 2.0 on AccessMedicine http://accessmedicine.com/diag.aspx |

**Block Table 3: Learning Topics and Weekly Teaching Schedule (continue on page 12)**
Family Medicine (FM) and Surgery (SURG) will present various topics on a continuum. For example:

- Abnormal blood pressure – FM – hypertension in primary care (diagnosis, management, patient education)
- Abnormal blood pressure – SURG – SHOCK (rapid assessment, interventions, and management)

In this Syllabus, Learning Topics are grouped by systems. For example, the cardiovascular system includes hypertension and shock, the endocrine system includes diabetes and thyroid dysfunction. The objectives, faculty facilitator/lecturer, associated readings, links, and clinical schemes are included under each topic category.

Students are advised to first consult their Clerkship Scheduler (https://ilios.ttuhsc.edu/PLFSOMScheduler/) to see which topics will be covered each week and then the Syllabus to find the specific objectives, learning resources, and the associated clinical schemes.

**Due to medical emergencies and other unforeseen factors, faculty may be unavailable and the schedule will change.** Students will be alerted through a page, email, and/or phone call. The faculty tries to keep cancellations to a very minimum. UMC is the only Level I Trauma Center for the surrounding area and predicting such emergencies is impossible. However, every attempt will be made to keep students informed of any sudden schedule changes.

The following is the Family Medicine/Surgery 2016-2017 Learning Topics table. Below the topic columns are three rows providing additional information: associated readings or chapters, clinical presentations, and methods of assessment. Some of the readings, guidelines, or videos are available online. These are indicated with blue hyperlink font.

**Block Table 3: Learning Topics and Weekly Teaching Schedule**

| Orientation Day | | |
|---|---|---|
| **Topic** | **Objectives** | **Faculty** |
| Introduction to Family Medicine and Surgery<br>(Shared Learning Activity) | • Introduction of the Family Medicine/Surgery Clerkships: clerkship team, teaching preceptors and MS III expectations<br>• Review Syllabus, Canvas, and Schedule<br>• Questions and Answers | Charmaine Martin, MD (FM)<br>Stacey Milan, MD (S)<br>Nadia Hernandez (FM) and Michael Narvaez(S), Clerkship Unit Coordinators<br>Gerardo Alvarez (FM), Community Unit Coordinator<br><br>**Date: June 16, 2016** |
| Introduction to Surgery | • Develop an understanding of the rich history of the practice of the specialty of surgery<br>• Recognize the various sub-specialties and the central role and relationship of the specialty of general surgery<br>• Understand the training requirements for surgical specialties<br>• Recognize the important role of an accurate history and physical in the diagnosis of surgical disease<br>• Review the adjuncts to surgical diagnosis which consist of radiologic and laboratory examinations and endoscopy<br>• Tour of Hospital (Surgery Chief Residents) | Stacey Milan, MD (S) |
| Introduction to Family Medicine | • Develop an understanding of the rich history of family medicine<br>• Understand the requirements for the clerkship<br>• Recognize the important role of an accurate history and physical exam | |
| Acute Abdomen | • Describe for abdominal pain: appropriate H&P exam signs for each quadrant, appropriate diagnostic workup<br>• Describe initial workup of patient with RUQ pain<br>• Describe appropriate components of admission, pre and post-operative orders for patients with abdominal pain<br>• Describe initial workup of patient with peritonitis<br>• Describe initial workup patient with jaundice and epigastric pain | Stacey Milan, MD (S) |

| | | |
|---|---|---|
| Post-Op Care/Fundamentals of Surgery (Podcast) | • List pre-op risk factors for surgical patients for post-op respiratory and cardiac problems<br>• 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<br>• Detail the categories of post-op complications and preventative measures to minimize their occurrence<br>• List appropriate items to be included in a post-op note<br>• Write appropriate IV fluid orders on a pre-op, post-op patient and daily maintenance IV orders<br>• Write orders for DVT prophylaxis<br>• List causes of post-op fever and appropriate workup<br>• Describe care of a Jackson Pratt closed suction drain | Susan McLean, MD (S) |
| Surgical Anatomy | • To Recognize Surgical Anatomy<br>• To Review Common Laparoscopic General Surgery Operations<br>• To Review Pertinent Anatomy | Benjamin Clapp, MD |

**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
- Chapter 13: Diabetes
- Chapter 19: Abdominal Pain

www.diabetesjournals.org Standards of Medical Care in Diabetes- 2016
http://care.diabetesjournals.org/site/misc/2016-Standards-of-Care.pdf

Standards of Medical Care in Diabetes-2016 Abridged for Primary Care Providers
http://clinical.diabetesjournals.org/site/misc/2016Abridged-SOC.pdf

Diabetes guidelines:

a. http://care.diabetesjournals.org/content/37/Supplement_1/S5.full
    i. This is the full recommendation for 2015
    ii. http://care.diabetesjournals.org/content/38/Supplement_1/S4.full
    iii. This is a summary of the changes new for 2015, short and simple.
b. http://www.aafp.org/afp/2013/0115/p140.html
    i. 2014 ACP Updates Guidelines on Oral Pharmacologic Treatments for Type 2 Diabetes Mellitus. There is a nice table in there with medications that is easy to remember and you should be familiar with.
c. http://www.aafp.org/afp/2013/0415/p574.html
    i. Treating hypertension in diabetes. We all know about ACE-I but what about other medications, what is the evidence?
d. http://www.aafp.org/afp/2013/0801/p177.html#afp20130801p177-t1
    i. 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?

Case Files: Family Medicine

- Section 1, Parts 1, 2, and 3
- Case #1 Adult Male Health Maintenance
- Case #5 Well-Child Care
- Case #7 Tobacco Use
- Case #8 Medical Ethics
- Case #11 Health Maintenance in Adult Female
- Case #18 Geriatric Health Maintenance
- Case #29 Adolescent Health Maintenance
- Case #31 Abdominal Pain and Vomiting in a Child
- Case #38 Postoperative Fever
- Case #49 Jaundice
- Case #51 Diabetes Mellitus
- Case #58 Osteoporosis

Primary Care Pocketbook

- Health Maintenance Guidelines, p62-63

Associated Clinical Schemes:
Abdominal Pain, Vomiting, Nausea, Diarrhea, Constipation, GI Bleed, Diabetes and Obesity, Pelvic Pain

Integration Threads:
Geriatrics, Patient Safety and Quality Improvement, Diagnostic Imaging, Ethics, Professionalism, Chronic Illness Care, Communication Skills

Assessment Method:
NBME, Case Discussion

# 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<br>• Discuss the framework for evaluating and treating a patient with lower abdominal pain<br>• Describe the pathophysiology of acute appendicitis and diverticulitis<br>• Describe appropriate laboratory and imaging tests to order for lower abdominal pain<br>• Understand the indications for surgery in patients with appendicitis and diverticulitis | Wise MD (S) |
| Hepatobiliary Disorders, Jaundice and Upper Abdominal Pain | • Describe the initial workup of a patient with right upper quadrant pain<br>• Describe the initial workup of a patient with jaundice<br>• Describe the initial workup of a patient with epigastric pain<br>• List the risk factors for cholelithiasis<br>• List the risk factors and causes for acute pancreatitis<br>• Describe the Ranson's scoring system for acute pancreatitis<br>• List the ultrasound findings for acute cholecystitis and contrast with just presence of gallstones without cholecystitis<br>• Describe appropriate imaging tests for patients with suspected biliary tract disease and pancreatitis<br>• Describe early treatment of acute pancreatitis<br>• Describe complications of severe acute pancreatitis<br>• List indications for surgical referral for a patient with gallstones or right upper quadrant pain<br>• List indications for operation on acute pancreatitis<br>• List hepatic causes of jaundice and associated risk factors<br>• Compare and contrast the clinical presentation, initial workup, and causes of acute vs. chronic jaundice | Brian Davis, MD (S) |
| Initial X-Ray Interpretation | • Interpret plain abdominal x-rays in large and small intestinal obstruction<br>• Interpret normal and abnormal x-rays<br>• Basic approach to radiology | Brian Davis, MD (S) |

| | | |
|---|---|---|
| Bowel Obstruction | • Intestinal obstruction<br>• List causes of small and large intestinal obstruction<br>• List history and physical exam findings important in large and small intestinal obstruction<br>• List appropriate diagnostic tests for large and small intestinal obstruction<br>• Interpret plain abdominal x-rays in large and small intestinal obstruction<br>• List initial treatment for large and small intestinal obstruction and when surgical consultation is urgent | Wise MD (S) |
| Colon Cancer and Anorectal Disease | • List diagnostic workup for colonic or rectal pain and bleeding<br>• Describe appropriate screening for colorectal cancer in the U.S.<br>• List risk factors for colorectal cancer<br>• Describe colorectal cancer staging<br>• List most common causes for lower intestinal pain | Ziad Kronfol, MD (S) |
| Gastrointestinal Bleeding | • List causes of gastrointestinal bleeding<br>• Be able to go through the CP for gastrointestinal bleeding<br>• List criteria for surgery for GI bleeding | Eric Ahnfeldt, MD (S) |

**Associated Readings:**

Essentials of Family Medicine

- Chapter 19: Abdominal Pain
- Chapter 22: Lower Intestinal Symptoms
- Evaluation of Chronic Diarrhea http://www.aafp.org/afp/2011/1115/p1119.html
- Evaluation of Acute Diarrhea http://www.aafp.org/afp/2014/0201/p180.html
- Chapter 27: Dysuria
- Urinalysis: Case Presentations for the Primary Care Physician http://www.aafp.org/afp/2014/1015/p542.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, p52-61
- Hematology Topics, p64-74

Links: http://www.idsociety.org/Organ_System/ Infectious Disease Society of America guidelines.

**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

**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<br>• Compare and contrast the diagnoses of transient is chemic attack and cerebral vascular accident<br>• Understand how to perform a focused neurologic and vascular exam<br>• Describe the evaluation for atherosderotic disease and assess pernsperonre risk<br>• Discuss the various carotid imaging modalines<br>• Discuss the complications of carotid end arterectomy | Wise MD (S) |
| Bariatric Surgery and Obesity | • Discuss the trends of obesity in the United States<br>• Define obesity<br>• Delineate indications for weight reduction surgery<br>• Recognize the important postoperative notational considerations in patients undergoing bariatric surgery | Benjamin Clapp, MD/<br>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
- http://www.fammed.wisc.edu/our-department/media/geriatrics This is a collection of podcasts that are short and informative. Listen while you exercise!

Primary Care Pocketbook

- Neurology Topics, p104-124

Link: http://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=55 This includes multiple articles related to geriatric care such as screening and prevention and specific issues such as falls.

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 Course

| Topic | Objectives | Faculty |
|---|---|---|
| Trauma Resuscitation and Burn Management<br>(Team Approach to Trauma) | • Describe primary survey of the trauma patient<br>• Describe evaluation of mental status in trauma patient (AVPU)<br>• Describe secondary survey of trauma patient<br>• Describe associated injuries after falls mechanism of injury<br>• Describe associated injuries after motor vehicle crash<br>• Describe adjunctive evaluation of the abdomen with FAST vs. CT scan vs. DPL and indications and positive findings of each<br>• List steps in initial resuscitation of a trauma patient in shock<br>• Describe the difference in hemorrhagic shock vs. obstructive shock vs. distributive—septic and distributive—neurogenic shock<br>• Perform a history and physical exam using primary and secondary survey on a trauma patient<br>• Discuss causes, history and physical findings and differential diagnosis of obstructive shock in a trauma patient<br>• Compare and contrast the findings of tension pneumothorax vs. cardiac tamponade in a trauma patient<br>• List treatment of cardiac tamponade<br>• List treatment of tension pneumothorax<br>• Discuss triage decisions in trauma patients with multiple trauma victims<br>• Discuss need for transfer to definitive care for a trauma patient | Wise MD (S)<br>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* | • Obtain the history and perform a physical exam for a patient presenting with chest pain (1.1)<br>• Given patient characteristics, estimate the likelihood of coronary artery disease (1.5)<br>• Generate a differential diagnosis for acute chest pain (1.3)<br>• Demonstrate EKG findings of acute coronary ischemia (1.3)<br>• Order and correctly interpret the lab findings in a patient with chest pain. (1.2, 1.3)<br>• Give examples of drugs used for treatment of coronary artery disease, including contraindications and interactions (1.3, 1.6, 6.3)<br>• Explain the role of cardiac tests in the diagnosis and management of chest pain (1.3, 1.6, 6.3) | Lorenzo Aragon, MD (FM)<br>**Online Lecture** |
| Abnormal Blood Pressure: Hypertension* | • Provide diagnostic criteria, including those for urgency and emergency, as well as special populations per JNCVIII Guidelines (1.5, 6.3)<br>• Distinguish between common secondary causes of hypertension, including an understanding of Metabolic Syndrome (1.3)<br>• Describe in detail the potential consequences of untreated hypertension (2.1, 2.3)<br>• Review pharmacologic and non-pharmacologic treatment options for hypertension, including:<br>• Drugs of choice based on patient's concurrent medical conditions (2.4)<br>• Contraindications and relative costs of medications (6.3) | Lorenzo Aragon, MD (FM)<br>**Online Lecture** |
| Critical Clinical Scenario Recognition and Management Workshop | • List findings of a patient who may be critically ill: warning signs<br>• Describe early signs of sepsis<br>• List the four main types of shock<br>• Discuss early treatment of the four types of shock<br>• Describe the UMC Shock guidelines<br>• Identify signs, symptoms and diagnostic criteria for respiratory failure<br>• List causes of hypoxemic respiratory failure<br>• List causes of hypercarbic respiratory failure<br>• Write initial ventilator settings in a case history<br>• Describe the positive and negative effects of PEEP | Stacey Milan, MD (S) |

| | | |
|---|---|---|
| EKG Interpretation* | • Understand basics for interpreting EKG (2.1, 2.3)<br>• List risk factors for both peripheral vascular, cerebrovascular, and coronary vascular disease (2.4, 3.5)<br>• Describe indications for performing an ECG (1.5, 2.2)<br>• Demonstrate the proper interpretation of an ECG (2.2,2.4) | Navkiran Shokar, MD (FM)<br><br>**Date: July 14, 2016**<br>**Online Lecture** |
| Abdominal Aortic Aneurysm | • Discuss the incidence and prevalence of aortic aneurysm disease<br>• Discuss the risk factors for development of AAA<br>• Perform a vascular exam, including peripheral pulses<br>• Discuss risk factors for AAA rupture<br>• Discuss indications for surgery<br>• Discuss general techniques for elective repair of AAA<br>• Describe common post op complications following AAA repair | Wise MD (S) |

**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, p6-29

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

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

Links:
- Cholesterol guidelines: http://www.nhlbi.nih.gov/news/press-releases/2004/update-on-cholesterol-guidelines-more-intensive-treatment-options-for-higher-risk-patients
- Hypertension: http://www.nhlbi.nih.gov/guidelines/hypertension/index.htm
- 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
- Hypertension guidelines:
  a. http://jama.jamanetwork.com/article.aspx?articleid=1791497
     i. NEW JNC 8 guidelines for blood pressure.
- DLD: http://www.nhlbi.nih.gov/guidelines/cholesterol/atp_iii.htm
  a. NHLB Cholesterol guidelines. These are the older guidelines.
  b. Below is the newer one that is causing some controversy.
     i. http://archive.constantcontact.com/fs132/1102736301344/archive/1115729019138.html (This is from DynaMed)

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)<br>• After viewing these structures, be able to tell normal from abnormal (1.5, 2.1)<br>• Be able to put a name to the more common abnormalities (2.2)<br>• 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<br>(Ophthalmologist)<br>(FM)<br><br>**Date: August 18, 2016**<br>**Live Didactics** |
| Red Eye | • Know some historical or diagnostics tips to help sort out the common causes of a red eye (2.3)<br>• Know the basics of treatment of the more worrisome causes (1.5) | |
| Vision Loss | • Compare and contrast between the more common causes of sudden vision loss versus gradual vision loss (1.5)<br>• Know that 'sudden' vision loss is often gradual vision loss suddenly noticed (1.1)<br>• Know some historical or diagnostic tips to help sort out the causes of vision loss (1.1)<br>• Categorize causes of vision loss due to eye diseases versus eye manifestations of a systemic disease (2.1) | |
| Eyelid Problems | • Show where to look for lumps and bumps, what they are, and how to fix them (1.7) | |
| 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, p125-128

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<br>*(Shared Learning Opportunity)* | • Demonstrate an understanding of the anatomy of the ankle that is relevant to common ankle injuries (2.1)<br>• Recognize symptoms and signs of common ankle injuries (1.1)<br>• Demonstrate a proper ankle exam that efficiently locates damaged structures (1.1)<br>• Describe general treatment guidelines, including proper rehab, for common ankle injuries (2.3, 3.4)<br>• Appropriately apply the Ottawa ankle rules for assessment of ankle injuries (1.6, 2.3) | Gerardo Vazquez, MD (FM)<br>Justin Wright, MD (FM)<br>Gilberto Gonzalez, MD (S)<br>Amr Abdelgawad, MD (S)<br><br>Dr. Gest and Dr. Baatar<br><br>**Date: August 11, 2016**<br>**Live Didactics** |
| Knee Pain<br>*(Shared Learning Opportunity)* | • Demonstrate an understanding of the anatomy of the knee that is relevant to common knee injuries (2.1)<br>• Recognize symptoms and signs, or patterns of common knee injuries (1.1)<br>• Demonstrate a proper knee exam that efficiently locates damaged structures (1.1)<br>• Know general treatment guidelines, including proper rehab, for common knee injuries (2.3, 3.4) | Gerardo Vazquez, MD (FM)<br>Justin Wright, MD (FM)<br>Gilberto Gonzalez, MD (S)<br>Amr Abdelgawad, MD (S)<br><br>Dr. Gest and Dr. Baatar<br><br>**Date: August 11, 2016**<br>**Live Didactics** |
| Low Back Pain<br>*(Shared Learning Opportunity)* | • Demonstrate an understanding of the anatomy of the low back that is relevant to low back injuries (2.1)<br>• Demonstrate the appropriate physical examination to evaluate low back pain (1.1)<br>• Recognize risk factors for and prevalence of acute low back pain (2.4)<br>• Describe the initial work-up of adults with acute low back pain, per AHCPR guidelines (2.5, 3.4)<br>• Differentiate between uncomplicated and complicated causes of acute low back pain (1.5)<br>• Appropriately recommend therapy and reconditioning for acute low back pain (1.6, 6.4)<br>• Recommend appropriate referrals for routine or emergent care (6.4) | Gerardo Vazquez, MD (FM)<br>Justin Wright, MD (FM)<br>Gilberto Gonzalez, MD (S)<br>Amr Abdelgawad, MD (S)<br><br>Dr. Gest and Dr. Baatar<br><br>**Date: September 8, 2016**<br>**Live Didactics** |

| | | |
|---|---|---|
| Shoulder Pain<br>*(Shared Learning Opportunity)* | • Demonstrate an understanding of the anatomy of the shoulder that is relevant to shoulder injuries (2.1)<br>• Recognize symptoms and signs, or patterns of common shoulder injuries (1.1)<br>• Demonstrate a proper shoulder examination that efficiently locates damaged structures (1.1)<br>• Describe general principles of management of shoulder injuries (1.6, 2.4) | Gerardo Vazquez, MD (FM)<br>Justin Wright, MD (FM)<br>Miguel Cruz, MD (S)<br>Amr Abdelgawad, MD (S)<br><br>Dr. Gest and Dr. Baatar<br><br>**Date: September 8, 2016**<br>**Live Didactics** |

**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
- Supplemental Videos: http://www.fammed.wisc.edu/our-department/media/623/knee-exam and http://www.fammed.wisc.edu/our-department/media/623/shoulder-exam

Primary Care Pocketbook

- Orthopedics, p 184-191

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<br>• Describe initial workup for neonatal feeding intolerance and vomiting<br>• List associated findings in the VATER syndrome<br>• List differential diagnosis for neonatal obstipation<br>• Describe workup for suspected Hirschsprung's disease<br>• List appropriate workup for vomiting and feed intolerance after one month<br>• List appropriate workup for pediatric rectal bleeding | Donald Meier, MD (S) |

**Associated Readings:**

- TBA

**Integration Threads:**
Basic Science, Diagnostic Imaging

## Endo

| Topic | Objectives | Faculty |
|---|---|---|
| Diabetes Part 2* | • Describe the evaluation and management of ambulatory patients with difficult to control diabetes (1.2, 1.6, 1.8, 2.3)<br>• Organize a patient-centered plan to manage diabetes over time (1.6, 4.1, 5.2) | Jennifer Molokwu, MD (FM)<br>**Online Lectures** |
| Hyperlipidemia* | • Understand the role of lipid management in cardiac disease (1.6, 1.8, 2.4)<br>• List modifiable risk factors for coronary artery disease (2.4)<br>• Describe the goals for LDL cholesterol and HDL cholesterol based on risk factors as per ATP IV Guidelines (2.4, 3.4)<br>• Discuss management of hypercholesterolemia (1.6) | Jennifer Molokwu, MD (FM)<br>**Online Lectures** |
| Thyroid Dysfunction* | • Describe the most common causes of hypothyroidism (2.4)<br>• Discuss the treatment goals and describe when they differ (2.3) | Jennifer Molokwu, MD (FM)<br>**Online Lectures** |
| Obesity* | • Define obesity (2.2)<br>• Describe the surgical options and plan (2.4)<br>• Recommend a nutritional and/or medication plan for treatment (1.6, 1.8) | Oscar Noriega, MD (FM)<br>**Online Lectures** |
| Nutrition/Insulin | • Describe insulin dose optimization for DM-1 and DM-2 patients (1.6)<br>• 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) | Dale Quest, PhD (ME)<br>**Date: July 28, 2016**<br>**Live Didactics** |

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

**Associated Readings:**

Essentials of Family Medicine

- Chapter 13: Diabetes
- Chapter 14: Thyroid Disorders
- Chapter 15: Nutrition and Weight Management

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, p34-51

Links:

- Diabetes Type 2 – A collection of AAFP articles for screening, diagnosis, prevention, and management: http://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=7; Ann Intern Med 2012 Feb 7;156(3):218; National Guideline Clearinghouse 2012 Apr 23:35257
- AAFP articles on the diagnosis and management of hyperlipidemia: http://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=13

**Cholesterol guidelines:** http://my.americanheart.org/idc/groups/ahamah-public/@wcm/@sop/@scon/documents/downloadable/ucm_458853.pdf

- Diabetes journal: www.diabetesjournals.org
- Thyroid: http://www.thyroid.org

**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)<br>• Locate guidelines and other evidence-based resources to use in clinical problem-solving (3.2, 3.4, 6.3)<br>• Demonstrate a proper search strategy based on clinical question (3.2, 3.4, 6.3) | Navkiran Shokar, MD (FM)<br><br>**Date: June 16, 2016**<br>**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 |
|---|---|---|
| Dermatology and Suture Workshop (Shared Learning Opportunity) | • Demonstrate proficiency with instrument tying of 4 common sutures including Interrupted, Mattress, and Continuous (1.2, 1.7)<br>• Accurately describe skin lesions and rashes using terms that describe the morphology, shape, and pattern of skin lesions<br>• Recognize the most common lesions and rashes in adults and children (2.2)<br>• Demonstrate the ability to use pattern recognition for quick diagnosis of common skin problems (2.2)<br>• Understand rationale for the use of common topical and oral dermatological medications (1.6)<br>• Become familiar with acne medications and antibiotics, antifungal, and antiviral medications for the skin (1.6)<br>• Discuss the choice of topical steroids by potency and vehicle based on the patient's condition (1.6)<br>• Describe common biopsy procedures including shave biopsy, punch biopsy, and elliptical excision (1.2)<br>• Provide patient education verbally along with appropriate handouts on skin problems (1.8)<br>• Discuss the role of stress and other exacerbating factors in various skin diseases (1.3) | Oscar Noriega, MD (FM)<br><br>**Date: June 30, 2016**<br>**Live Didactics** |
| Skin Cancer | • Discuss risk factors for development of skin cancer<br>• Define recommendations for skin cancer prevention<br>• Recognize the typical appearance of non-melanoma sick cancer<br>• Appreciate the importance of examining the lymph nodes in melanoma<br>• Be familiar with appropriate follow up care for patient with melanoma | Wise MD (S) |
| Breast Cancer Surgery | • Review screening recommendations for breast cancer<br>• Describe workup for a breast mass and risk factors for breast cancer<br>• List benign and malignant breast diseases<br>• List common benign findings versus malignant<br>• Discuss indications for mammography<br>• Describe the role of the community in raising awareness and fundraising for breast cancer | 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, p30-34

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:
- www.dermatlas.net

**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 Family Medicine 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<br>• Describe use of a pain contract<br>• Describe appropriate dosing for acute pain | Anthony Han, MD (A) |
| Dizziness* | • Describe the clinical approach to dizziness (1.1)<br>• List differentials of dizziness and describe treatment plan (1.3) | Rebecca Campos, MD (FM)<br>**Online Lectures** |
| Headache* | • Identify common causes of headache in the primary care setting (2.4)<br>• Identify symptoms of headache that require urgent evaluation (1.5)<br>• Discuss indications for CT and MRI (1.3)<br>• Describe management strategies for headaches (1.6) | Charmaine Martin, MD (FM)<br>**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

- Dizziness, p109-110
- Headache, p112-115
- Pain Management, p136-139
-

Essentials of Family Medicine

- Chapter 23: Cognitive Impairment
- Chapter 42: Dizziness
- Chapter 45: Headache

Principles of Critical Care

- Chapter 93: Head Injury and Intracranial Hypertension

Diagnosis in closed head injury is based on history, physical examination, and radiologic investiga...

AFP content on Headache diagnosis and management: http://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=10

1. **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:
    a. http://www.aafp.org/fpm/2010/1100/fpm20101100p22-rt1.pdf
    b. 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.
    c. CDC Guidelines for Opioids for Chronic Pain, United States 2015: http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1er.htm?s_cid=rr6501e1er_w

**Diagnostic radiologic tests.** 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**:

a. 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* | • Explain elements in the history and physical that are indicative of asthma and allergic rhinitis (1.1)<br>• Outline the classification of asthma and asthma exacerbations (2.3)<br>• Categorize asthma drugs and their applications (2.3, 3.4)<br>• Explain the role of pulmonary function tests in the diagnosis and management of asthma (1.3)<br>• Demonstrate the correct use of a peak flow meter and MDI (1.8) | Charmaine Martin, MD (FM)<br>**Online Lecture** |
| COPD* | • Describe the patho-physiology of COPD (2.1)<br>• Distinguish between COPD and reactive airway disease (2.3(<br>• Explain appropriate history, physical exam findings, and spirometry results expected in COPD (1.1, 3.2, 3.4)<br>• Categorize appropriate treatment for and monitoring of COPD (2.3, 3.4) | Charmaine Martin, MD (FM)<br>**Online Lecture** |
| Lung Cancer | • Describe workup of solitary pulmonary nodule/lung mass<br>• Describe workup of emphysema<br>• Describe workup of chronic cough<br>• Describe surgical options for lung mass<br>• Understand epidemiology of lung cancer | Wise MD (S) |

**Associated Readings:**

Essentials of Family Medicine
- Chapter 51: Allergies
- Chapter 52: Asthma
- Chapter 55: Chronic Obstructive Pulmonary Disease

Primary Care Pocketbook
- Pulmonary Topics, p141-150

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
- COPD http://www.goldcopd.org/guidelines-global-strategy-for-diagnosis-management.html 2016 guidelines are available
- Asthma http://www.nhlbi.nih.gov/guidelines/asthma/index.htm
- 2016 GOLD guidelines: http://www.goldcopd.org/Guidelines/guidelines-resources.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 |
|---|---|---|
| Anemia* | • Describe clinical presentation of anemia )1.1, 2.1)<br>• Compare and contrast signs and symptoms of acute vs chronic blood loss (2.1)<br>• List physical and laboratory findings for anemia (1.3)<br>• Describe the pathophysiology of oxygen flow and alterations in physiology of either a chronic or acute loss of hemoglobin (2.1)<br>Compare and contrast initial management of acute vs. chronic blood loss (1.5, 1.6) | Oscar Noriega, MD (FM)<br>**Online Lectures** |
| Fatigue* | • Understand the prevalence and significance of the complaint of fatigue (2.1, 4.1, 4.3)<br>• Perform an appropriate H&P in regards to complaints of fatigue (1.1)<br>• Understand the diagnostic plan and diagnostic criteria (1.2, 1.6, 2.1, 2.2, 2.3)<br>• Communicate in an empathetic and sympathetic manner with fatigue patients by explaining the mental and physical aspects of the disease (4.2, 4.3)<br>• Know the physiology, pathology, and psychological mechanisms contributing to the disease (2.1)<br>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)<br>**Online Lectures** |

**Associated Readings:**

Primary Care Pocketbook
- Anemia, p64
- Hematology Topics, p64-74

Essentials of Family Medicine
- Chapter 43: Fatigue

Case Files: Family Medicine
- Case #9 Geriatric Anemia

Diagnosaurus
- Anemia, general approach

**Associated Clinical Schemes:**
None

**Integration Threads:**
Geriatrics, Basic Science

**Assessment Methods:**
Direct Observation, NBME

# End of Life

| Topic | Objectives | Faculty |
|---|---|---|
| Breaking Bad News<br>(Shared Learning Activity) | • Compare and contrast bad news from a provider and patients' standpoint. (4.1, 4.2, 4.3)<br>• Describe eligibility requirements for hospice (2.2, 6.4)<br>• Explain an appropriate referral to hospice (6.4)<br>• 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)<br>Stacey Milan, MD (S)<br>Dr. Fitzgerald (S)<br>Dr. Guerra – Hospice<br><br>**Date: September 15, 2016**<br>**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, p140-141

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

NHPCO: http://www.nhpco.org/sites/default/files/public/JPSM/Aug07article.pdf

**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<br>• Describe workup of neck mass<br>• Describe radiographic findings in head and neck cancer | Miller Rhodes, MD (S) |
| Ear Pain* | • Compare infections vs. non-infectious causes of ear pain (2.1)<br>• Explain the various tests for otitis media (1.2)<br>• Describe optimal management strategies (1.3) | Jennifer Molokwu, MD (FM)<br>**Online Lectures** |
| Sore Throat* | • Distinguish different causes of URI/Sore Throat (1.1, 1.3)<br>• Describe the common presentation of both uncomplicated and complicated upper respiratory infection (URI), sinusitis, and pharyngitis (1.5)<br>• Demonstrate proper examination of the external auditory canal, tympanic membrane, nasopharynx, and sinuses (1.1)<br>• Explain the appropriate use of antibiotics (1.6)<br>• Plan a treatment regimen complete with accurate dosage calculations as applicable (1.6, 2.3) | Kathryn Horn, MD (FM)<br>**Online Lectures** |
| Oral and Pharyngeal Lesions | • Describe differing types of oral lesions<br>• Describe appearance of leukoplakia | Trent Filler, DDS, OMFS (S) |
| Maxillofacial Fractures | • Identify common types of facial fractures<br>• Describe initial assessment of facial fractures<br>• Interpret CT scans in facial fractures | 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

- Otolaryngology Topics, p128-136

Essentials of Family Medicine

- Chapter 16: Ear Pain

**Associated Clinical Schemes:**
Hearing Loss, Tinnitus, Mediastinal Mass

**Integration Threads:**
Geriatrics, Basic Science, Diagnostic Imaging

**Assessment Methods:**
FM/SURG Review Tests, NBME, Direct Observation

# Section II. Family Medicine Clerkship

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.

Texas Tech Family Medicine Clinic 9849 Kenworthy El Paso Texas 79924 (Click Here for map)

## Clerkship Team

**FM Table 1: Family Medicine Department Contact Information**

| Name | Title | Photo | Email | Office | Office Hours |
|---|---|---|---|---|---|
| Gurjeet Shokar, MD | Family Medicine Department Chair |  | Gurjeet.Shokar@ttuhsc.edu | (915) 215-5559 | By appointment-contact the Chair's Assistant at christine.bonilla@ttuhsc.edu |
| Charmaine Martin, MD | Clerkship Director (MSIII) |  | Charmaine.Martin@ttuhsc.edu | (915) 215-5564 | Depends on clinic schedule. Contact the Clerkship Unit Coordinator for an appointment |
| Nadia Hernandez | Clerkship Unit Coordinator (MSIII and MSIV) | | Nadia.Hernandez@ttuhsc.edu | (915) 215-5599 | M-F 8-5 |
| Gerardo Alvarez | Community Faculty Unit Coordinator | | Gerardo.Alvarez@ttuhsc.edu | (915) 215-4009 | M-F 8-5 |
| Jennifer Molokwu, MD, MPH | Clerkship Director (MSIV) |  | Jennifer.Molokwu@ttuhsc.edu | (915) 215-5572 | Depends on clinic schedule; contact Clerkship Unit Coordinator for an appointment |

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

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 Components**

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

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

- TTUHSC-PLFSOM Family Medicine Clinic - 5 Weeks
- Community Faculty Clinic - 1 day per week for 5 Weeks

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

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

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

**2. Family Medicine Hospice Experience** (please see page 50 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 52 .

- 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 62

## Family Medicine Clinic and Community Clinic

- Texas Tech 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.
- The TTUHSC-PLFSOM Family Medicine Clinic is a ***Patient-Centered Medical Home*** **(PCMH).** Please visit Canvas for more information on Patient-Centered Medical Homes.
- 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 Texas Tech attending/faculty).
- Students are required to turn in one detailed SOAP Note each week to their Texas Tech continuity faculty member.
- The note must have all patient information (patient name, DOB, etc.) redacted.

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

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

*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 12 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 in no particular order. They will be paired with a hospice nurse and hopefully 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.

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

For physicians/residents/medical students:
Journal of Pain and Symptom Management
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 12 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.

## 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:

| | | | | |
|---|---|---|---|---|
| **Chronic Disease Management** | **Civic Engagement** | **Geriatric Care** | **HIV Medicine** | **Nutrition** |
| **Occupational Health** | **Patient Centered Medical Home - FM** | **Patient Education** | **Pharmacothe -rapeutics** | **Public Health & Community Medicine** |
| **Sports Medicine** | **Ultrasound** | | | |

- 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 a reading, home visit, or online module.
- 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:

### *Chronic Disease Management – Oscar Noriega, MD*

Students will meet weekly at the TTUHSC-PLFSOM Family Medicine Clinic on 9849 Kenworthy in Northeast El Paso. The day/time varies with each preceptor. The overall goal is for students to be able to competently identify the status of the chronic condition(s) and to cite evidence-based clinical support systems for the condition. The students will work with patients to develop self-management skills for the patient's condition(s). This will be accomplished through a home visit with a selected patient and competency will be assessed during a presentation to faculty.

Students will be paired with experienced clinicians during continuity clinics one afternoon each week to learn chronic disease management. Faculty may use one of the topics with specific objectives in the CDM checklist and have their student focus on one or two patients in the faculty clinic. Faculty can give a pre-clinic assigned reading, or assign the student to provide an up to date evidence based practice guideline for the condition during a subsequent session. The student will turn in their progress notes at the end of a session.

**Objective(s):**
At the end of the clerkship, students should be able to:

- Find and apply diagnostic criteria (1.2)
- Find and apply surveillance strategies (1.2)
- Elicit a focused history, including information about adherence, self-management, and barriers to care (1.1)
- Perform a focused physical examination that includes identification of complications (1.1)
- Assess improvement or progression of the chronic disease ( 1.8, 1.9)
- Describe major treatment modalities (1.5, 1.6)
- Propose an evidence-based management plan that includes pharmacologic and non-pharmacologic treatments and appropriate surveillance and tertiary prevention (2.3, 2.4, 2.5)

- Communicate appropriately with other health professionals (e.g., physical therapists, nutritionists, counselors) (4.1, 4.2, 4.3, 7.1, 7.2, 7.3 )
- Document a chronic care visit (1.7)
- Communicate respectfully with patients who do not fully adhere to their treatment plan
- Educate a patient about an aspect of his/her disease respectfully, using language that the patient understands. When appropriate, ask the patient to explain any new understanding gained during the discussion. (4.1, 4.3)

**Assessment Type:** Clinical Assessment

***Civic Engagement – Mary Spalding, MD***

Students will meet each Tuesday afternoon, usually at the Center Against Family Violence, on 280 Giles Road on El Paso's East Side.

**Objectives:**
- 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, 3.55.1)
- 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 BienVivir 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):**
- 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 from TTUHSC-PLFSOM Internal Medicine (4801 Alberta, Suite 200). 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:**

- 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

***Nutrition Selective- Ines Anchondo, RD and Charmaine Martin, MD***

Nutrition is an essential component of patient care. This selective consists of a series of lectures, online modules, case studies, and patient assessments.

Objectives:

1. Students will perform a nutritional assessment on patients with a variety of diseases common to family medicine. (1.14.1, 4.3)
2. Students will apply knowledge and skills to appropriately prescribe medical nutrition therapy (MNT) on patients with a variety of diseases commonly seen in family medicine.(1.8, 2.5, 3.4)
3. Students will collaborate with registered dietitian nutritionist (RDN) to understand their role as part of the health care team. (7.1, 7.2)

**Assessment Type:** Professionalism Assessment

***Occupational Health – Mary Spalding, MD***

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 TTUHSC-PLFSOM Family Medicine Clinic at 9849 Kenworthy.

**Goal:** The student will recognize work-related health conditions and will be aware of workers' comprehensive care.

**Objectives:**

- 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
    - Work place risk factors (2.4)
    - Commonly seen occupational diseases (2.4, 6.3)
        - Injuries
        - Illnesses
        - Exposure
- Students will recognize the relationship between exposure and health impairment

**Assessment Type:** Clinical Assessment

***Patient Centered Medical Home – Charmaine Martin, MD; Cheyenne Rincones, FNP; Jennifer Molokwu, MD, MPH***

This selective is relevant for students going into primary care (Internal Medicine, Family Medicine, and Pediatrics) particularly in the ambulatory setting. From the AHRQ Patient Centered Medical Home Resource Center:

"Transforming the organization and delivery of primary care. Why do we need to transform? The Agency for Healthcare Research and Quality recognizes that revitalizing the Nation's primary care system is foundational to achieving high-quality, accessible, efficient health care for all Americans. The primary care medical home, also referred to as the patient centered medical home (PCMH), advanced primary care, and the healthcare home, is a promising model for transforming the organization and delivery of primary care."

Students will gain and in-depth knowledge of the Patient Centered Medical Home.

Up to 8 students will be accepted into this selective.

The first half of the block students will complete readings and trainings regarding PCMH on topics such as defining the core features of a PCMH, including the key actions and responsibilities of patients and working with disease registries. A disease registry is a place to store detailed information on patients with a specific disease. For example, we can look at our clinic patients and through the registry find out which patients have their A1C's and blood pressures at goal. During the second half of the selective, students will then perform a PDSA (Plan-Study-Do – Act) cycle on important quality measures of care such as colorectal and breast cancer screening and comprehensive diabetes care. The student groups will then present their findings and interventions for the next block to study the difference their interventions made in performance improvement.

**Objectives:**

1. Students will describe the components of the PCMH model. (6.1, 6.2, 6.3)
2. Students will query the Family Medicine Center disease registry on a particular quality measure and compare to national standards. (6.1, 6.2, 6.3)
3. Students will develop an intervention to improve the studied quality measure and then repeat cycle. (6.1, 6.2, 6.3)

**Assessment Type:** Professionalism 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 TTUHSC-PLFSOM Family Medicine Clinic, Project Vida, El Paso County Health Department, and UTEP.

**Objectives:**

- 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.)
- 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.
- 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

***Pharmacotherapeutics in Primary Care – Amanda Loya, PharmD, Charmaine Martin, MD, and Jennifer Molokwu, MD, MPH***

This Longitudinal Selective will employ a variety of learning strategies to achieve its intended objectives. It will involve a combination of online content (including recorded lectures and/or assigned readings) and live content

(workshop, discussions, presentations). The material that will be incorporated into this selective will focus on populations at high risk for adverse drug events (i.e., geriatric patients, patients undergoing a transition in care (i.e. from in-patient to out-patient setting). Furthermore, this selective will also focus on medications that are most likely to cause adverse drug events (anticoagulants, hypoglycemic agents, opioids).

Students will meet each Wednesday afternoon, usually at the Family Medicine Center (9849 Kenworthy) or UTEP (1101 N. Campbell, Room 708). Details will be provided on each student's Clerkship Schedule (https://ilios.ttuhsc.edu/PLFSOMScheduler/).

**Objectives:**
By the end of this Selective, students should be able to:

- Demonstrate the use of evidence-based drug information resources (2.3, 2.4, 2.5, 6.3)
- Design safe and appropriate treatment plans using evidence-based guidelines for patients at high risk for adverse drug events, specifically (3.2,3.4, 3.5)
    - Geriatric populations
    - Patients on anticoagulants
    - Patients on hypoglycemic
    - Patients on pain medications
- Identify drug related problems and develop action plans to safely transition patients from in-patient to out-patient settings (1.6, 1.8, 2.3, 3.26.1, 6.3)
- Compare and contrast the dynamic roles within an interdisciplinary/interprofessional healthcare team (7.1, 7.2, 7.3)

**Assessment Type:** Professionalism Assessment

***Public Health and Community Medicine- Eribeth Penaranda, MD***

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**: General objectives for all l Public Health and Community Health longitudinal selective students:
By the end of these selective, 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 TTUHS-PLFSOM 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:** by the end of the rotation, the student 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

**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: By the end of the rotation, the student will be able to:

1. Describe how an ultrasound image is created. (2.1, 2.2, 8.5)
2. Describe the benefits and limitations of ultrasound. (2.1, 2.2, 8.5)
3. Describe the indications for an ultrasound examination. (1.2, 2.3)
4. Identify common knee, shoulder, elbow, and ankle structures on ultrasound. (1.2, 2.3)
5. 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

**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<br><br>Selective Didactics | Students are expected to be on time and attend all (see attendance policy under Common Clerkship Policies). | Absenteeism or tardiness | Required<br><br>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 health information | Required | Make-up SOAP notes | Failure to submit may result in failure of professionalism grade. |
| Attendance in the Data & Patient Navigator Class | Introduction to Clinical and Translational research | Not attending class | Required | TBD by Clerkship Director<br><br>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 Maria.Chaparro@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. |
| Board Vitals | Complete 300 questions throughout the Block. 150 completed questions must be completed by Mid-Clerkship Feedback (MCF). | Not completing the 150 questions by MCF and/or completing all 300 questions for the Block. | Required | Failure in Professionalism or complete extra 300 questions | Failure to complete 150 questions prior to MCF and/or failure to complete all 300 questions for the entire Block may result in failure of professionalism grade. |
| Weekly Articles by Clerkship Director | Read assigned articles and complete questions in Board Vitals | Not completing questions = failure or Grade less than 60% | Required | Make up with additional questions | Completion and grade received |
| Canopy (Spanish) | To be Determined | TBD | Required | TBD | TBD |

| Activity | Description / How to Pass | Fail | Required or Optional | Make Up (if applicable) | Grading |
|---|---|---|---|---|---|
| Op-Log | Students must update their Op-Logs weekly throughout the Block with **all meaningful patient encounters**. Please see page 69 for **FM Table 7: Family Medicine Specific Op-Log Requirements and Clinical Expectations (ED2)** | Not updating weekly and/or not meeting the minimum requirement | Required | Actively seeing out patient with required condition<br><br>Completing a case with a similar condition in Design A Case™<br>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) Students are assigned 10 cases total | Not completed by the end of 15th week of the block | 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. | 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% | Less than 70% | Required | N/A | |

| Activity | Description / How to Pass | Fail | Required or Optional | Make Up (if applicable) | Grading |
|---|---|---|---|---|---|
| EMR Notes | Each clinical session at the TTUHSC-PLFSOM 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 precepted the resident with whom they worked. | Not completing notes. Please see the Student Affairs Handbook for more information regarding plagiarism | 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 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. |

| Activity | Description / How to Pass | Fail | Required or Optional | Make Up (if applicable) | Grading |
|---|---|---|---|---|---|
| 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 demonstrate what they learned in their Longitudinal Selective. Students will be evaluated on their presentations. Each Selective will present as a group. | Non-participation | Required | N/A | Failure to present with classmates will be counted as an unprofessional event and may result in failure of the 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 | |

*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.

## Feedback:

- Students will receive **verbal and written feedback:**
  - During clinic sessions at the TTUHSC-PLSFOM 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 5: 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.

- 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- 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.

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

## 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.

**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<br>Interdisciplinary Case Presentation<br>Breaking bad news workshop |
| Musculoskeletal Workshop<br>Basic Sciences |
| Hospice<br>Nursing<br>Pharmacy<br>Chaplain |
| Clinical and Translation Research Experience<br>s, Promotoras |
| Longitudinal Selectives<br>Civic Engagement- outreach workers<br>Geriatrics- RN, Wound care PT, radiology<br>HIV- outreach workers, ID specialist<br>Pharmacotherapuetics-PharmD residents and students, Social workers<br>Nutrition- RD, food banks<br>Sports medicine- Nutrition, PT<br>Ultrasound Workshop - PT, basic sciences |

**FM Table 6: 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:***<br>☐ Abrasive ☐ Collaborative ☐ Honest ☐ Mature ☐ Sincere ☐ Adaptable<br>☐ Conscientious ☐ Immature ☐ Obnoxious ☐ Tactful ☐ Apathetic<br>☐ Considerate ☐ Impatient ☐ Organized ☐ Tactless ☐ Arrogant<br>☐ Cooperative ☐ Inconsiderate ☐ Poised ☐ Undependable ☐ Attentive<br>☐ Curious ☐ Indifferent ☐ Resourceful ☐ Understanding ☐ Capable<br>☐ Dependable ☐ Interprofessional ☐ Respectful ☐ Unfriendly ☐ Careless<br>☐ Discerning ☐ Irresponsible ☐ Rude ☐ Unorganized ☐ Clear-thinking<br>☐ 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)**** | |

**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.

**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.

## Clerkship Learning Objectives

The Family Medicine Clerkship provides students with ample exposure to the undifferentiated patient via an ambulatory experience at the TTUHSC-PLFSOM 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 (MEPGOs) (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, 3.2).

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 (4.1, 4.2, 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, 4.2, 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, 4.2, 4.3, 5.1, 5.2, 6.3).

Demonstrate effective, respectful communication with clinical faculty, other health care professionals, and staff (1.8, 4.1, 4.2, 4.3, 4.4, 5.1, 5.2, 5.3, 5.4, 5.5 5.6, 5.7).

Clearly and accurately document information in the medical record (1.7, 3.5, 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 4.1, 4.2, 4.3, 4.4, 5.3, 5.5 5.6, 7.1, 7.2, 7.3, 7.4, 8.1)

Adherence to ethical principles governing the doctor-patient relationship including respect for patient confidentiality and privacy (5.1, 5.4, 5.6)

Respect for patients whose lifestyles and values may be different from those of the student (2.5, 4.1, 5.1)

Awareness of the limits of one's own knowledge, experience, and capabilities (3.1, 8.1, 8.4, 8.5).

### *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 (2.3, 2.4, 2.5, 2.6, 3.4).

Apply knowledge of study design and statistical methods to the appraisal of information on diagnostic and therapeutic effectiveness (2.4, 3.2, 3.4, 3.5)

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 (3.1, 3.2, 3.3, 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 (4.2, 5.3, 5.5, 5.6, 5.7, 6.2, 6.4, 7.1, 7.2, 7.3, 7.4, 8.1,)

Discuss the knowledge, attitudes, and skills necessary for providing longitudinal, comprehensive, and integrated care for patients with common chronic medical problems (1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.8, 2.2, 2.3, 2.42.5, 3.2, 3.4,6.1, 6.2, 6.3,7.2, 8.1)

Collaborate with other health professionals to provide patient-centered and preventive services across the lifespan (1.6, 6.1, 6.2, 6.4, 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, 646, 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).

## 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 (TTUHSC-PLFSOM Clinic, Community Clinic, and Hospice), Geriatric Selective, 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 (TTUHSC-PLFSOM Clinic, 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 (TTUHSC-PLFSOM Clinic, Community Clinic, and Hospice)

**Pain Management**: Ambulatory clinic experiences (TTUHSC-PLFSOM Clinic, Community Clinic, and Hospice), and Pharmacotherapeutics Selective

**Diagnostic Imaging**: Ambulatory clinic experiences (TTUHSC-PLFSOM Clinic, Community Clinic, and Hospice), Musculoskeletal Workshop, and Online Modules

**Ethics**: Free CME opportunity available on Canvas, Orientation, and ambulatory clinic experiences (TTUHSC-PLFSOM Clinic, Community Clinic, and Hospice)

**Chronic Illness Care**: Ambulatory clinic experiences (TTUHSC-PLFSOM Clinic, 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: pharmacotherapuetics, civic engagement, HIV, nutrition, geriatrics, and occupational medicine.

**FM Table 8: Family Medicine Specific Op-Log Requirements and Clinical Expectations (ED2)**

Students must document every patient/disease with which they come into contact, even if the condition is not listed below. Students are required 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 | Associated Clinical Presentation(s) | How to Make Up Missed Encounter |
|---|---|---|---|
| **Allergy** | Allergic Rhinitis: *2 patients* | | 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 read an appropriate resource on that condition. |
| **Cardiovascular** | Chest Pain: *2 patients*<br>Hypertension: *2 patients* | Chest Discomfort<br>Abnormal Blood Pressure – Hypertension and Shock | |
| **Endocrine** | Diabetes: *2 patients* | Diabetes and Obesity | |
| **ENT** | Pharyngitis: *2 patients*<br>Upper Respiratory Infection: *2 patients* | Sore Throat<br>Dyspnea<br>Cough<br>Wheezing | |
| **General** | Physical Exam, Routine: *2 male patients* and *2 female patients*<br>Palliative/End of life care: *2 patients* | Periodic Health Exam Adult<br>Dying Patient, Bereavement | |
| **GI/Alimentary** | Abdominal Pain: *2 patients* | Vomiting/Nausea<br>Abdominal Pain<br>Diarrhea<br>Constipation<br>Abdominal Distension | |

Students must document every patient/disease with which they come into contact, even if the condition is not listed below. Students are required 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 | Associated Clinical Presentation(s) | How to Make Up Missed Encounter |
|---|---|---|---|
| **Metabolic** | Dyslipidemia or Hyperlipidemia: *2 patients* | Diabetes/ Hyperlipidemia | 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 read an appropriate resource on that condition. |
| **Musculoskeletal** | Knee Injury: *2 patients*<br>Low Back Pain: *2 patients* | Bone Fractures, Joint Pain, Limp and Deformity | |
| **Neurological/ Neurosurgical** | Headache: *2 patients* | | |
| **Preventative Care** | Tobacco use/Smoker: *2 patients* | | |
| **Psych/Behavioral** | Depression: *2 patients*<br>Anxiety: *2 patients* | Mood Disorders | |
| **Pulmonary/Thoracic** | Asthma: *2 patients*<br>COPD: *2 patients* | Dyspnea<br>Cough<br>Wheezing | |
| **Urinary/Kidney** | Urinary Tract Infection: *2 Patients*<br>Dysuria: *2 Patients*<br>(May also use Urethritis or Vaginitis in Men's or Women's Health Category) | Pelvic Pain<br>Vaginal Discharge<br>Men's Health | |

**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) | |

**FM Table 10 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. Knowledge for Practice<br>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.<br>Comments – meant to justify the score in this competency. | Needs improvement<br>Pass<br>Honors |
| 2. Patient Care and Procedural Skills<br>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.<br>Comments – meant to justify grade in this competency | Needs improvement<br>Pass<br>Honors |
| 3. Interpersonal and Communication Skills<br>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).<br>Comments – meant to justify grade in this competency | Needs improvement<br>Pass<br>Honors |
| 4. Practice-based Learning and Improvement<br>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.<br>Comments – meant to justify grade in this competency | Needs improvement<br>Pass<br>Honors |

| End of Clerkship Evaluation grading criteria for: | Grade |
|---|---|
| 5. Systems-Based Practice<br>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.<br>Comments – meant to justify grade in this competency | Needs improvement<br>Pass<br>Honors |
| 6. Professionalism<br>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.<br>Comments – meant to justify grade in this competency | Needs improvement<br>Pass<br>Honors |
| 7. Interprofessional Collaboration<br>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.<br>Comments – meant to justify grade in this competency | Needs improvement<br>Pass<br>Honors |
| 8. Personal and Professional Development<br>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.<br>Comments – meant to justify grade in this competency | Needs improvement<br>Pass<br>Honors |
| **Boxes at the bottom for:**<br>a. NBME score<br>b. OSCE<br>c. MSPE comments<br>d. General Comments (Optional and not for MSPE)<br>Final grade for Clerkship – Honors, Pass, Fail | |

**FM Table 11: Family Medicine Faculty**

| Name | Email Address |
|---|---|
| **Lorenzo Aragon, MD** | Lorenzo.Aragon@ttuhsc.edu |
| **Agathe Franck, MD** | Agathe.Franck@ttuhsc.edu |
| **Amanda Loya, PharmD (UTEP/Pharmacotherapy Selective)** | Amanda.Loya@ttuhsc.edu |
| **Emily Christenberry, PharmD (UTEP/Pharmacotherapy Selective)** | ejchristenberry@utep.edu |
| **Oscar Noriega, MD** | Oscar.Noriega@ttuhsc.edu |
| **Eribeth Penaranda, MD** | Eribeth.Penaranda@ttuhsc.edu |
| **Navkiran Shokar, MD** | Navkiran.Shokar@ttuhsc.edu |
| **Mary Spalding, MD** | Mary.Spalding@ttuhsc.edu |
| **Gerardo Vasquez, MD** | Gerardo.Vsquez@ttuhsc.edu |
| **Justin Wright, MD** | Justin.Wright@ttuhsc.edu |
| **Cheyenne Rincones, FNP-C** | Cheyenne.Rincones@ttuhsc.edu |

See link for pictures of faculty: http://www.ttuhsc.edu/fostersom/family/faculty.aspx

**Family Medicine Residents**

**PGY1:** Reynald Forde, MD; Nazia Farah, MD; Will Ibanga, MD; Jasmine Javadi, MD; Karuna Khatri, MD; Sophia Kim, MD; Nguyen Nguyen, MD; Humberto Saenz-Chavez, MD

**PGY2:** Marwa Abd-Alla, MD; Emmanuel Aguh, MD; Juan Guillermo Becerra, MD; Jacquelyn Brito, MD; Jasdeep Dhami, MD; Sean Grewal, MD; Sarah Ann Sepulveda, MD; Cesar Siska, MD

**PGY3:** Jonathon Diulio, MD; Laura Hart, MD; Rolando B. Lindo, MD; Samreen Masood, MD; Joseph Michaels, MD; Christopher Osan, MD; Alyssa Pagliere Osan, MD; Hector Rodriguez Gonzales, MD

See link for pictures of residents: http://www.ttuhsc.edu/fostersom/family/residency/currentresidents.aspx

# Resources

***NBME Review***

- AAFP website review questions
- Family Medicine Pre-test (books available for checkout)
- Family Medicine Case Files (books available for checkout)
- Board Vitals – 300 questions
    - 150 questions due before Mid-Clerkship Feedback
    - 150 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. Martin
- Readings will be available via Canvas

***Family Medicine Lecture Presentations and Quizzes – these quizzes are optional***

- Health Maintenance and Prevention by Eribeth Penaranda, MD
- Obesity by Oscar Noriega, MD
- Thyroid Dysfunction by Jennifer Molokwu, MD
- Diabetes II/Hyperlipidemia by Jennifer Molokwu, MD
- Diarrhea/Constipation by Charmaine Martin, MD
- Dysuria/UTI by Charmaine Martin, MD
- Asthma/Allergy/COPD by Charmaine Martin, MD
- Ear Pain by Jennifer Molokwu, MD
- Sore Throat by Kathryn Horn, MD
- Fatigue by Dale Quest, MD
- Anemia by Oscar Noriega, MD
- Chest Pain and Hypertension by Lorenzo Aragon, MD
- Geriatric Preventive Care by Mary Spalding, MD
- Headache by Charmaine Martin, MD
- Dizziness by Rebecca Campos, MD
- Musculoskeletal by Drs. Islas, Wright, Beale, Baatar, and Gest

## 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 clinic. You can look up medical problems, the medications and various labs.
- 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 in 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.
- 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 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.

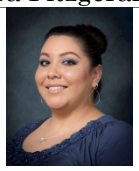
Charmaine Martin, MD

# Section III. Surgery Clerkship

Dear Students:

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 that Student Affairs has provided to you.

**Surgery Clerkship Contact Information**

| Role | Who | Phone # | Fax/Pager | Email | Office |
|---|---|---|---|---|---|
| Clerkship Director |  Stacey Milan, MD | 215-6051 | Fax: 545-6864 | stacey.milan@ttuhsc.edu | AEC, 2nd Floor |
| Assistant Clerkship Director |  Tamara Fitzgerald, MD | 215-6046 | Fax: 545-6864 | tamara.fitzgerald@ttuhsc.edu | AEC 2nd Floor |
| Clerkship Unit Coordinator |  Priscilla Delgado | 215-5583 | Fax: 545-6864 | priscilla.delgado@ttuhsc.edu | AEC, 2nd Floor Room 269 |

**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 unit coordinators and students. You will receive important reminders from the clerkship unit 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, Drs. Milan and Fitzgerald will also be happy to discuss problems with you. Other problems or concerns can be discussed with the Clerkship Unit Coordinator Priscilla Delgado.

**In an Event of an Emergency or Absence**

In the event that there is an emergency, please contact the Clerkship Unit Coordinator and please inform the resident/team you are working with of your absence/emergency via email, phone or text. Please review page 103 for further information regarding absences.

**Orientation Review**

You may receive considerable amounts of information during orientation; therefore Drs. Milan, Fitzgerald and I would like to recap what we discussed.

| | |
|---|---|
| Rotations: | 3 weeks General Surgery (UMC or WBAMC)<br>3 weeks Surgery Selective aka Sub-Specialty<br>1 week of Trauma and Acute Care Surgery (TACS)<br>1 week of Systems Based Learning (SBL)<br>1 week of Providence Surgery Rotation |
| Parking UMC Garage: | Make sure you have a UMC decal displayed properly on your vehicles when parking in the garages. Any unauthorized vehicles parked in the garage will be towed at the owner's expense. |
| Surgery Admin Department: | Located on the 2nd floor of the TTUHSC Academic Education Center (AEC). |
| Surgery Clinic: | Located on the 1st floor of the TTUHSC Clinic Building. |
| 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 Unit Coordinator; it is your responsibility to be up to date with your daily and lecture schedules. |
| Mid-Clerkship Feedback: | You will meet with Drs. Milan and Fitzgerald 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 Unit 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 Unit Coordinator will contact you to schedule your meeting. If you are rotating at WBAMC, the Clerkship Director at WBAMC will meet with you for your Mid-Clerkship feedback. |
| 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 Unit 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 Unit 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 badge ready. |
| Scrub Training: | Will be offered the first Thursday of the 3 week rotation by UMC Technicians; however, there will be an online training on Canvas (https://elpasoelearn.ttuhsc.edu/) 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. |
| 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: | Do not ask when you can go home. Faculty or residents will let you know. 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 communication with Faculty, Residents, and Clerkship Unit Coordinators!

## CLERKSHIP LEARNING 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, 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

- Demonstrate the correct handling of tissues, techniques of wound closure, and the selection of suture materials appropriate to the clinical situation
- Correctly use common surgical instruments
- Demonstrate the ability to evaluate and provide appropriate care of trauma patients (1.1, 1.2, 1.3) including basic life-saving procedures such as the placement of a tube thoracostomy

**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 (4.4)

**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 (5.1, 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, 5.5)
- Demonstrate honesty in all professional matters (5.1, 5.2)
- 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 (3.4)

**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, 7.1, 7.2)
- Consider risks and benefits of treatment in decision making (6.1, 7.1, 7.2)

**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 (5.1, 5.3, 5.5, 5.6)
- Be proactive in self-directed learning and reflection (5.2, 5.4, 5.7)

**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)

**Surgery Table 1: 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<br>Esophageal cancer<br>Peptic/Duodenal ulcer<br>Bariatric Surgery<br>Gastric cancer<br>Small bowel obstruction<br>Large bowel obstruction<br>Appendicitis<br>Colon cancer<br>Inflammatory bowel disease<br>Diverticulitis<br>GI Bleeding: Upper/lower<br>Hemorrhoids | Vomiting/nausea/sore throat<br>Diarrhea<br>Constipation<br>Abdominal distension<br>Abdominal pain<br>GI bleed |
| Cholecystitis<br>Pancreatitis<br>Hepatitis<br>Pancreatic pseudocyst<br>Pancreatic cancer<br>Liver mass/cancer | Liver function test abnormalities<br>Abdominal pain |
| Fibrocystic changes<br>Breast Cyst<br>Fibroadenoma<br>Breast abscess<br>Breast cancer | Breast |
| Carotid artery stenosis<br>Abdominal aortic aneurysm<br>Claudication<br>Acute arterial ischemia – extremity<br>Chronic limb ischemia: ulcer/restpain/gangrene<br>Deep venous thrombosis<br>Lung nodule<br>Lung cancer<br>COPD<br>Pneumothorax | Chest discomfort<br>Dyspnea<br>Hemoptysis |

| | |
|---|---|
| Coronary artery disease | |
| Blunt trauma: head/neck/chest/abdomen/pelvis<br>Penetrating trauma: head/neck/chest/abdomen/pelvis<br>Burn injury<br>Respiratory failure/ARDS<br>Acute renal failure<br>Multiple system organ failure | Abnormal blood pressure: Shock<br>Renal Failure: Acute |
| Inguinal hernia<br>Abdominal wall/incisional hernia<br>Abscess<br>Melanoma/Skin cancers | |
| Thyroid nodule<br>Hyperthyroidism<br>Thyroid cancer<br>Hyperparathyroidism<br>Adrenal mass | Hypothalamus/Pituitary axis<br>Disorders of thyroid function |
| Anesthesia<br>ENT<br>Neurosurgery<br>Plastic surgery<br>Orthopedics<br>Urology | |

**Table 2: 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.

# 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
- Trauma and Acute Care Surgery (TACS) – 1 week
- System Based Learning (SBL) – 1 week
- Providence Surgery 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 70% in-patient and 30% out-patient experiences.

**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 Unit 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 Texas Tech Clinics. Please view the schedule marked "Typical Weekly schedule for Surgery Rotation" starting on page 94. 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 TT 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 once a week 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 71). 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.

### AT THE BEGINNING OF THE ROTATION:

- Attend scrub instruction
- Give phone numbers to interns, R2s, R3s, and Chief residents
- Notify everyone in advance of: days off, weekends on and off, and continuity clinic

### 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/co-sign
- 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 is 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, Milan, 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, Fitzgerald, 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: Agullo, Palladino

- 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:**

| | | |
|---|---|---|
| Monday | 0800-1200: Milan and Chambers | 1300-1700: Tyroch |
| Tuesday | 0800-1200: Davis and Chambers | 1300-1700: Andrade |
| Wednesday | 0800-1200: Olivas and Chambers | 1300-1700: McLean and Chambers |
| Thursday | 0800-1200: - | 1300-1700: Kronfol and 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:**

- Thursday conferences MS3's cannot attend Trauma M&M's (usually second Thursday of the month) or General Surgery M&M's (usually third Thursday of the month)
- 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 the intern restrictions of the 80-hour workweek imposed by the ACGME. 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 Unit 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- 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

## 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 1800 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 1800 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

## 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, wound care clinic, phlebotomy, and speech pathology/physical therapy. The objective for

this is to see the continuum of care to the home and also to see how these services fit in with inpatient and outpatient care.

## Providence Week

One week will be spent in a community surgery rotation at Providence Hospital. 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 will vary depending on the surgeon with which you are assigned to work. Further details for the contact information for the clerkship liaison at Providence will be provided. More physician preceptors may be added as available throughout the year.

Participating physicians:

| Name | Role | Email |
|---|---|---|
| Dr. Oluwamayowa Famulia | TBA | bertha.dunamis@surgical.net |
| Dr. Benjamin Clapp | TBA | benjamin.clapp@ttuhsc.edu |
| In addition you will meet many clinic, OR and ward personnel | | |

## 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**:** Texas Tech Faculty in that subspecialty

**Ophthalmology: Dr. Javier De La Torre**

- **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
- **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;
- **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.
- **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 and is directed toward the following:
- **Objective 4:** To observe common surgical techniques, such as cataract extraction with intraocular lens implantation.

**Orthopedic Surgery: Dr. Miguel Cruz & Dr. Gilberto Gonzalez**

- **Objective 1:** Demonstrate the ability to obtain a basic history and orthopedic specific history.
- **Objective 2:** Understand the relevant parts of the physical exam and joint specific examination tests.
- **Objective 3:** Demonstrate the relevant physical exam findings.
- **Objective 4:** Enhance problem-solving skills in the daily evaluation and management of his/her patients.

**Pediatric Surgery: Dr. William Spurbeck, Dr. Tamara Fitzgerald & Dr. Jarrett Howe**

- **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.
- **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.
- **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.
- **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.

**Trauma and Critical Care Surgery: Dr. Susan Mclean & Dr. Alan Tyroch**

- **Objective 1:** Perform a trauma history and physical with primary survey and secondary survey
- **Objective 2:** List causes of shock after trauma
- **Objective 3:** Participate in pre-op/post-op/or non-operative management of trauma patient encounters and use appropriate initial diagnostic testing.
- **Objective 4:** Communicate effectively by recording trauma history and physical diagnosis, test results, and also communicating to consultants to warn patients.

**Plastic Surgery: Dr. Humberto Palladino & Dr. Francisco Agullo** (TTUHSC Clinic and Private Clinic)

- **Objective 1:** Learn anatomy of soft tissues/musculoskeletal system
- **Objective 2:** Understand the wound healing/repair process
- **Objective 3:** Learn different suturing techniques
- **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.

**ENT: Dr. Jorge Arango, Dr. Patrick Gomez, & Dr. Rafael Garcia** (Private Practice Clinic) OR **Dr. Bryan Newbrough** (WBAMC)

- **Objective 1:** To expose you to the general field of otolaryngology-head and neck surgery
- **Objective 2:** To teach you how to evaluate and manage some common otolaryngology problems
- **Objective 3:** To help determine the appropriateness of referral of future patients to an otolaryngologist

**Neurosurgery: Dr. Luis Vasquez**

**(PLEASE NOTE: Dr. Todd Trier does not have TTUHSC faculty appointment, subsequently students should not directly work with him)**

- **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
- **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.
- **Objective 3:** Demonstrate knowledge and ability to adequately scrub in the surgery, maintain a sterile field, and assist the surgeon during a neurosurgical procedure.
- **Objective 4:** Demonstrate the ability to select appropriate diagnostic imaging for a given neurosurgical problem.

**Anesthesiology: Dr. Deborah Ortega**

- **Objective 1:** Understand the principles of pre-operative assessment and successfully preform a minimum of 3 preoperative assessments while observed by faculty anesthesiologist.

- **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.
- **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.
- **Objective 4:** Demonstrate understanding of preoperative orders for adult surgical patients, including drug selection and dose for analgesia and postoperative nausea and vomiting.

**Urologic Surgery: Dr. Daniel Morilla**

- **Objective 1: The student will be exposed to the general field of urology, including inpatient and outpatient procedures.**
- **Objective 2: The student should demonstrate knowledge of common urologic conditions, including initial workup and management of benign and malignant conditions.**
- **Objective 3: Upon completion of the selective, the student should demonstrate understanding of indications for referral to a urologist.**
- **Objective 4: The student should demonstrate ability to perform an appropriate focused history and exam for urologic complaints.**

**Sample Schedules for the Clerkship (next two pages)**

**Table 3: 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 Scheduler15*

| 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<br>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. Milan | Monday | 8am – 12pm, 1pm – 3pm | Dr. Tyroch | Monday | 1pm – 5pm |
| Dr. Davis | Tuesdays | 8am – 12pm | Dr. Andrade | Tuesday | 1pm – 5pm |
| Dr. Olivas | Wednesday | 8am – 12pm | Dr. McLean | Wednesday | 1pm – 5pm |

## Table 4: TACS, SBL & Providence Schedule - Surgery

TACS = Trauma and Acute Care Surgery (Night Float)

| Student | Week | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|---|
| Student 1 | 1 | TACS: 6pm-6am | TACS: 6pm-6am | TACS: 6pm-Midnight | Morning Off Didactics 1pm-5pm | TACS: 6pm-6am | TACS: 6pm-6am |
| | 2 | Ortho Clinic (MK, PC, SBP) | Wound Care (SBP) | Phlebotomy (MK) | Morning Off Didactics 1pm-5pm | Physical Therapy/ Speech Path (MK) | |
| | 3 | Providence | Providence | Providence | Providence Didactics 1pm-5pm | Providence | |
| Student 2 | 1 | Providence | Providence | Providence | Providence Didactics 1pm-5pm | Providence | |
| | 2 | TACS: 6pm-6am | TACS: 6pm-6am | TACS: 6pm-Midnight | Morning Off Didactics 1pm-5pm | TACS: 6pm-6am | TACS: 6pm-6am |
| | 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 | Providence | Providence | Providence | Providence Didactics 1pm-5pm | Providence | |
| | 3 | TACS: 6pm-6am | TACS: 6pm-6am | | Morning Off Didactics 1pm-5pm | TACS: 6pm-6am | TACS: 6pm-6am |
| Student 4 | 1 | TACS: 6pm-6am | TACS: 6pm-6am | TACS: 6pm-Midnight | Morning Off Didactics 1pm-5pm | TACS: 6pm-6am | TACS: 6pm-6am |
| | 2 | Ortho Clinic (MK, PC, SBP) | Wound Care (SBP) | Phlebotomy (MK) | Morning Off Didactics 1pm-5pm | Physical Therapy/ Speech Path (MK) | |
| | 3 | Providence | Providence | Providence | Providence Didactics 1pm-5pm | Providence | |
| Student 5 | 1 | Providence | Providence | Providence | Providence Didactics 1pm-5pm | Providence | |
| | 2 | TACS: 6pm-6am | TACS: 6pm-6am | TACS: 6pm-Midnight | Morning Off Didactics 1pm-5pm | TACS: 6pm-6am | TACS: 6pm-6am |
| | 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.

## 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. If a substitute simulation and/or assignment is needed, the student may not be eligible to receive honors.

The following entries are required:

### Table 5: 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:<br>Gastroexophageal reflux<br>Esophageal cancer<br>Peptic/Duodenal ulcer<br>Bariatric Surgery<br>Gastric cancer<br>Small bowel obstruction<br>Large bowel obstruction<br>Appendicitis<br>Colon cancer<br>Inflammatory bowel disease<br>Diverticulitis<br>GI Bleeding: Upper/lower<br>Hemorrhoids<br>Other | AW: Hernia of any type, except hiatal hernia<br><br>O: Any oncology<br><br>SS: Melanoma<br>Skin cancer<br>Abscess |
| B: | E: |

| | |
|---|---|
| Fibrocystic changes<br>Breast Cyst<br>Fibroadenoma<br>Breast abscess<br>Breast cancer<br>Other | Thyroid nodule<br>Hyperthyroidism<br>Thyroid cancer<br>Hyperparathyroidism<br>Adrenal mass<br>Other |
| Sub: Anesthesia<br>ENT<br>Plastic Surgery<br>Orthopedic surgery<br>Cardiothoracic surgery<br>Vascular surgery not otherwise listed | TC: Blunt trauma: head/neck/chest/abdomen/ pelvis<br>Penetrating trauma: head/neck/chest/abdomen/ pelvis<br>Burn injury<br>Respiratory failure/ARDS<br>Acute renal failure<br>Multiple system organ failure<br>Other |
| VTC:<br>Carotid artery stenosis<br>Abdominal aortic aneurysm<br>Claudication<br>Acute arterial ischemia – extremity<br>Chronic limb ischemia: ulcer/restpain/gangrene<br>Deep venous thrombosis<br>Lung nodule<br>Lung cancer<br>COPD<br>Pneumothorax<br>Coronary artery disease<br>Other | HB:<br>Cholecystitis<br>Pancreatitis<br>Hepatitis<br>Pancreatic pseudocyst<br>Pancreatic cancer<br>Liver mass/cancer<br>Gallbladder<br>Other |

## 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.

- 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, abddominoperineal resection (APR), low anterior resection (LAR), and any colonoscopies done by Dr. Davis, Kronfol, 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.

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.

## Table 6: Procedure Log List

| Mandatory Procedures to be Performed by Students | Number of Patients |
|---|---|
| 1. Assessment of Surgical Patient:<br>A. Direct observation of Physical Exam<br>B. Written H&P Critique (1) | A-1<br>B-1 |
| 2. Care of Surgical Wound/Dressing change | 2 |
| 3. Management and Removal of Drains and Tubes | 2 |
| 4. Nasogastric Tube or Feeding Tube Insertion | 2 |
| 5. Insertion Foley catheter | 2 female, 2 male |
| 6. Venipuncture/IV | 2 times |
| 7. Suturing | 2 times |
| 8. Suture or Staple Removal | at least 2 times |
| 9. Rectal Exam (all patients for whom H&P is completed) | at least 2 times |

**Procedures Students are expected to do without Direct Supervision**

- H&P (excluding Pelvis)
- 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

## Assessments

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

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

**Interprofessional Collaboration**

- Works professionally with other health care personnel including nurses, technicians, and ancillary service personnel
- Is an important, contributing member of the assigned team

**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.**

## Final Grade Evaluation Form

**Knowledge for Practice**

- Grade -"Needs improvement, pass, honors"
- Source
  - Weekly Evaluations
  - Evaluation Cards

**Patient Care and Procedural Skills**

- Grade -"Needs improvement, pass, honors"
- Source
  - Weekly Evaluations
  - Evaluation Cards

**Interpersonal and Communication Skills**
- Grade -"Needs improvement, pass, honors"
- Source
  - Weekly Evaluations
  - Combined/Integrated Case Presentations

**Practiced-Based Learning and Improvement**
- Grade -"Needs improvement, pass, honors"
- Source
  - Weekly Evaluations
  - Integrated Case Presentations

**System-Based Practice**
- Grade -"Needs improvement, pass, honors"
- Source
  - Weekly Evaluations

**Professionalism**
- Grade -"Needs improvement, pass, honors"
- Source
  - Weekly Evaluations
  - Clerkship Unit Coordinator Evaluation
  - Op-Log/Procedure Log completion on time

**Interprofessional Collaboration**
- Grade -"Needs improvement, pass, honors"
- Source
  - Weekly Evaluations
  - Integrated Case Presentations

**Personal and Professional Development**
- Grade -"Needs improvement, pass, honors"
- Source
  - Weekly Evaluations
  - Integrated Case Presentations

**NBME Score**

**OSCE Score**

## Clinical Grading Policy

Student clerkship performance is based on the clerkship director's judgment as to whether the student honors, passes, or needs improvement on each of 8 competencies described by the PLFSOM discipline performance rubric. The final clerkship performance assessment is conducted at the end of the rotation based on the student's level of performance at that point in time. Students are not penalized for lower levels of performance early in their rotation. It is expected that over the course of the block, student performance will have improved in many or all categories, based on constructive feedback and growing familiarity with the clinical discipline and patient care. In other words, the final assessment is not an average of the student's performance over the entire rotation, but represents their final level of achievement.

Possible Final Grades are Honors, Pass, Fails, and Incomplete. There is no cap or quota on the number of students eligible for Honors designation. The overall grade is based on the 8 competency scores as described. No student who "needs improvement" in any competency on the final clerkship evaluation is eligible for honors.

**A student who fails Professionalism may receive a Pass or a Fail overall at the discretion of the course director, regardless of the scores on all other items.**

Overall grade is based on the assessment in each of the 8 competencies:

- **Honors,** if all of the following are true:
  - Passes NBME exam, if applicable, at the 60th percentile or above on first attempt
  - Passes OSCE, if applicable, on first attempt
  - Minimum of 4 of the 8 individual competencies rated as "Honors" on the final clerkship evaluation
  - No individual competency rated as "needs improvement" on the final assessment.
- **Pass** if all of the following are true:
  - Passes NBME exam, if applicable, at the 6th percentile or above on the first or second attempt
  - Passes OSCE, if applicable, on first or second attempt
  - Minimum of 6 of the 8 individual competencies rated as pass or better on the final clerkship evaluation
  - No more than 2 individual competencies rated as "needs improvement" on the final clerkship assessment
  - Professionalism concerns are, in the judgment of the course director, not significant enough to warrant a Fail on the final clerkship evaluation.
- A **failing** clinical assessment is assigned if ***any*** of the following are true.
  - 3 or more individual competencies rated as "needs improvement" on the final clerkship assessment
  - NBME Exam, if applicable, below the 6th percentile after 2 attempts
  - Failure on final exam (other than NBME), if applicable, after 2 attempts
  - Fail on OSCE, if applicable, after 2 attempts
  - Professionalism concern deemed by the course director significant enough to warrant a Fail on the final evaluation.
- If a student receives a final grade of "needs improvement" in the same competency in 3 or more clerkships will be referred to the Grading and Promotions Committee.
- If a student fails 3 NBME's or 3 OSCE's within the third year, they will be referred to the Grading and Promotion Committee and a notation will be made on the MSPE (Medical Student Performance Evaluation)
- An **incomplete** grade will be assigned any student who has not completed required assignments or examinations or who has not fulfilled all clinical experience obligations, pending completion of the required work.

## Student Formative Feedback/Mid Clerkship Feedback

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

## 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 Unit 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 Unit 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 return to Priscilla Delgado as soon as possible.

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

## 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 unit 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 is encouraged to 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

## Attendance Policy

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 Unit 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

## Receiving Your Grade

Grades for Surgery should be available approximately three to four weeks after the conclusion of the rotation. Please see the detailed didactics sessions for topic listed evaluations. Please also see the page listed "Curriculum and Evaluation Surgery in Surgery Family Medicine Block."

## Clerkship Specifics

The following are a list of people whom you will meet during the Clerkship

## Surgery Table 7: Faculty

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

| Name | Role | Email |
|---|---|---|
| Alan H. Tyroch MD | Chief of Surgery<br>Team B Attending | alan.tyroch@ttuhsc.edu |
| Susan McLean MD | ICU Clerkship Director | susan.mclean@ttuhsc.edu |
| Brian Davis MD | Residency Program Director | b.davis@ttuhsc.edu |
| Victor Olivas MD | General Surgery<br>Assistant Program Director | victor.olivas@ttuhsc.edu |
| Miller F. Rhodes MD | Otolaryngology Attending | miller.rhodes@ttuhsc.edu |
| Frank Agullo MD | Plastic Surgery Attending | frank.agullo@ttuhsc.edu |
| Humberto Palladino MD | Plastic Surgery Attending | humberto.palladino@ttuhsc.edu |
| Ryan Freemyer MD | General Surgery Attending | ryan.freemyer@ttuhsc.edu |
| Sandra Alderete RN | Head Staff Nurse<br>Surgery Clinic | sandra.alderete@ttuhsc.edu |
| Danny Vallejo NP | Nurse Practitioner<br>Surgery Clinic | daniel.vallejo@ttuhsc.edu |
| Stacey Milan MD | General Surgery<br>Director of Surgical Education | stacey.milan@ttuhsc.edu |
| William Spurbeck MD<br>Tamara Fitzgerald MD<br>Jarett Howe MD | Pediatric Surgery Attendings | william.Spurbeck@ttuhsc.edu<br>tamara.fitzgerald@ttuhsc.edu<br>jarett.howe@ttuhsc.edu |
| Ziad Kronfol MD | Colorectal Surgery | z.kronfol@ttuhsc.edu |
| Alonso Andrade MD | General Surgery | alonso.andrade@ttuhsc.edu |
| Karinn Chambers MD | Associate Clerkship Director Year 4<br>Breast Surgery | karinn.chambers@ttuhsc.edu |
| In addition you will meet many clinic, OR and ward personnel | | |

## Surgery Table 8: Residents

Resident Roster and contact information can be obtained through Canvas (https://elpasoelearn.ttuhsc.edu/):

| Name | Role | Email: |
|---|---|---|
| Rahul Rasheed DO | Chief Resident | rahul.rasheed@ttuhsc.edu |
| Azam Farukhi MD | Chief Resident | azam.farukhi@ttuhsc.edu |
| Yuichi Ishida MD | Chief Resident | yuichi.ishida@ttuhsc.edu |
| Ahmad Othman MD | PGY-4 | ahmand.othman@ttuhsc.edu |
| Caesar Ricci MD | PGY-4 | caesar.ricci@ttuhsc.edu |
| Feras Yamin MD | PGY-4 | feras.yamin@ttuhsc.edu |
| Jennifer George MD | PGY-3 | jennifer.r.george@ttuhsc.edu |
| Carl Devemark MD | PGY-3 | carl.d.devemark@ttuhsc.edu |
| Hashim Hanif MD | PGY-3 | hashim.hanif@ttuhsc.edu |
| Ginger Coleman MD | PGY-2 | ginger.coleman@ttuhsc.edu |
| Isaac Lee MD | PGY-2 | isaac.l.lee@ttuhsc.edu |
| William Klingsporn, MD | PGY-2 | william.klingsporn@ttuhsc.edu |
| Evan Liggett MD | PGY-1 | TBA |
| Colin Martyn MD | PGY-1 | TBA |
| Alexander Schrodt MD | PGY-1 | TBA |