



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO

Paul L. Foster School of Medicine
Department of Surgery

2026-2027 Surgical Sub-Internship Syllabus

Contact Information:

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Course Description:

The surgical sub-internship will provide the student with hands-on experience guiding the transition from student to clinician within the realm of the general surgery specialty and its subspecialties. This experience will include but is not limited to; case-based attending rounds, learning procedural skills under appropriate supervision, and a formal case presentation. Students will be assigned to one of the following services to complete their Sub-I requirement: General surgery at UMC, General surgery at THOP, Surgical oncology, Pediatric surgery, Vascular surgery, or Plastic surgery. Preference requests will be honored to the extent possible.

Please review the 4th year common clerkship requirements prior to starting this rotation.

Academic Success and Accessibility:**Office of Accessibility Services**

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

<https://el Paso.ttuhsc.edu/studentservices/accessibility/default.aspx>

Counseling Assistance

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

Reporting Student Conduct Issues:

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

TTUHSC El Paso Campus CARE Team:

The university CARE Team is here to support students who may be feeling overwhelmed, experiencing significant stress, or facing challenges that could impact their well-being or safety. If your professor notices any signs that you or someone else might need help, they may check in with you personally and

will often connect you with the CARE Team. This is not about being “in trouble”—it’s about ensuring you have access to trained professionals who can offer support and connect you to helpful resources. Additionally, if you have any concerns about your own well-being or that of a fellow student, please don’t hesitate to reach out to let your professor know. You can also make a referral to the CARE Team using [CARE Report Form](#). Your health, safety, and success are our top priorities, and we’re here to help.

Medical Education Program Goals and Objectives:

The surgery sub-internship emphasizes the clinical application of medical knowledge within the context of actual patient care and prepares students with the cognitive and procedural skills required to make the transition into their roles as future residents capable of providing safe and efficient care on day one of residency. The goal is to be at the level of a functioning intern upon completion of rotation.

Course Objectives:

Knowledge for Practice:

- Be able to present patient progress on morning rounds, attending rounds, and evening sign out. (2.1, 2.2, 2.3)
- Be able to discuss the basics of the operative interventions that have been participated in:
 - Pathology and physiology leading to the operation. (2.1, 2.2, 2.3, 2.4)
 - Basic steps involved in the operation. (2.3, 1.8)
 - Basics of post-operative care required for that operation. (2.3)
 - Develop an understanding of common post-operative conditions and their management. (2.1, 2.2, 2.3, 1.2)
 - Infection.
 - Thromboembolic complications.
 - Electrolyte imbalance/fluid loss and replacement.
 - Post-operative anatomical and physiological changes.

Patient Care

- Demonstrate proficient history taking and physical examination skills. (1.1)
- Develop and discuss appropriate patient care plans with attending surgeons on actual and simulated cases. (1.3, 1.2, 1.4, 2.1, 2.2, 2.3, 2.6, 4.2, 4.4)
- Work up and manage common postoperative complications (such as postoperative shortness of breath, hypotension, chest pain, fever, wound complications, low urine

output and acute mental status changes) during patient care duties. (1.3, 1.2, 1.5, 2.1, 2.3, 2.4)

- Develop appropriate management plans for patient complaints and typical clinical challenges faced by first year surgery residents. (1.2, 1.4, 1.5)
- Demonstrate ability to properly counsel patients and obtain proper surgical consent under the supervision of a chief resident or attending surgeon. (1.6, 5.2, 2.5)
- Perform appropriate wound care for patients as judged by the attending or the senior resident on the service. (1.8)
- Demonstrate mastery level performance of the following skills: (PCMC 4) (1.8)
 - Knot tying: surgeon's knot, single handed knot and two-handed knot.
 - Suturing skills for subcuticular and vertical mattress sutures.
- Observe and gain an understanding of: (1.8)
 - Bedside procedures as deemed appropriate based on your selected field of rotation

Interpersonal communication skills

- Competently present and discuss with the senior surgical staff, and attending involved, a clinical case scenario reflective of adaptive thinking. (4.2)
- Demonstrate professional communication skills. (4.1, 4.2, 4.3)
- Demonstrate skills in appropriately handing off care of patients during patient care duties. (4.2)
- Demonstrate effective case presentation skills in morning report, attending rounds, and a formal case presentation. (4.2, 4.3)
- Collaborating in the timely and comprehensive maintenance of medical records in the creation of their student notes and presentation of their patients care plan to the involved residents and attending faculty. (1.3)

Professionalism

- Demonstrates appropriate attendance. (5.3, 5.7)
- Maintains appropriate attire (5.7)
- Demonstrates appropriate communication. (5.1, 5.6)

Practice Based learning and improvement

- Participate in morbidity and mortality conferences; 1 trauma and 1 general surgery.

(3.1, 3.2, 3.3)

- Perform one formal case presentation
 - With background research, literature review. (3.4)
 - Learn to access surgical morbidity and mortality data. (3.5)

System Based Practice

- Demonstrate EMR proficiency in the ability to access records and review patient information. (6.1, 6.4)
- Demonstrate ability to access radiology and be able to review patients' radiological evaluations. (6.4)
- Demonstrate ability to review and organize in regards to OR scheduling. (6.3, 6.4)
- Participate in multidisciplinary care. (6.2, 6.4, 7.1, 7.2))

Inter-professional collaboration

- Behave with honesty, integrity, respect and compassion towards all patients, families, allied health professionals and colleagues. (5.1, 7.3)
- Ask for and give appropriate and timely feedback to team members in a non-confrontational or non-defensive manner. And demonstrate ability to create a well-articulated plan for improvement (7.3, 7.4)

Personal and Professional Development

- Demonstrate appropriate stress management techniques. (8.2, 8.3)
- Demonstrate appropriate time management. (8.2, 8.3)
- Demonstrate appropriate knowledge of ones' own limitations. (8.1)

Course Format:

The rotation block is to be scheduled from Monday of the first day through Friday of the last day and limited to 80 hours per week. Daily schedule to be designed by the course faculty or senior resident on the surgery service to which you are assigned.

The Sub-I will be expected to follow in-house patients during the course of this rotation and be able to present them at morning report and attending rounds. The Sub-I will be expected to complete and turn in at least one history and physical exam with admission orders pertaining to a patient whose care they participated in.

Operative cases will be assigned by the faculty or senior resident on service. The Clerkship

Director will assign cases based on needed operative procedures if an agreement cannot be reached in regards to case assignments. Students are expected to review OR cases and the indications for the procedure in which they are participating as well as the basic steps involved prior to entering the OR. It is the student's responsibility to get the patient information from the resident the day prior to each procedure so that they may look the patient up ahead of time.

The Sub-I will need to be in constant communication with the senior surgical resident on staff to see if other duties can or need to be met. The Sub-I will be required to write one progress note and one post-op note to be copied and signed off on by the Clerkship director. The Sub-I will be responsible for checking in with the senior surgical resident prior to completing the day's work. The Sub-I is expected to participate in sign out and be able to provide sign out information on the patients they operated on. One day a week of night call coverage and two weekend day calls will be expected during the rotation and will be assigned by the course director in coordination with the 3rd year clerkship director.

Didactics are scheduled to take place during this rotation on Thursday mornings 7:00 AM -12:00 PM, - Attendance is mandatory for didactic sessions and also for general surgery morbidity and mortality conference and for the trauma service. Exceptions to this policy can be given for circumstances related to clinical duties or work hour restrictions and must be approved by the clerkship director.

Course Schedule/Calendar:

To be determined after discussion with the faculty and/or senior surgery resident of the service to which the student is assigned. OR schedule to be determined as described above.

Course Logistics:

Clinical Rounds

As a member of the Surgical team, the student is expected to be able to report overnight events, report daily patient progress, recap patient presentation, and changes in clinical status.

Goals/Objectives:

Competently present and discuss with the senior surgical staff, and attending involved, a clinical case scenario reflective of adaptive thinking. (1.1-1.8) (2.1-2.6)

Demonstrate professional communication skills. (5.1-5.6)

Demonstrate skills in appropriately handing off care of patients during patient care duties. (4.1-4.4)

Demonstrate EMR proficiency in the ability to access records and review patient information. (3.4,3.5, 6.1,6.2, 6.3)

Demonstrate ability to access radiology and be able to review patients' radiological evaluations. (3.4,3.5, 6.1, 6.2, 6.3)

Demonstrate ability to review and organize in regards to OR scheduling in conjunction with the delegating and taking responsibility for remaining clinical duties. (8.1, 3.1)

Participate in multidisciplinary care. (7.1-7.4)

Weekly Schedule

The student will meet with an assigned surgery faculty and participate in the assigned faculty's schedule. This experience is intended to provide the student with a focused experience of preoperative and postoperative care, as well as provide continuity of care.

The student should choose 2 patients to follow on the assigned surgery faculty's service. The student should be prepared to present the patients' presentation, disease process, interventions, and clinical progress. Students are encouraged to ask questions that stimulate discussion of differential diagnosis and discuss latest treatment recommendations.

Goals/Objectives:

Competently present and discuss with the senior surgical staff, and attending involved, a clinical case scenario reflective of adaptive thinking. (1.1-1.8) (2.1-2.6)

Demonstrate professional communication skills. (5.1-5.6)

Demonstrate skills in appropriately handing off care of patients during patient care duties. (4.1-4.4)

Demonstrate EMR proficiency in the ability to access records and review patient information. (3.4,3.5, 6.1,6.2, 6.3)

Demonstrate ability to access radiology and be able to review patients' radiological evaluations. (3.4,3.5, 6.1, 6.2, 6.3)

Demonstrate ability to review and organize in regards to OR scheduling in conjunction with the delegating and taking responsibility for remaining clinical duties. (8.1, 8.5)

Participate in multidisciplinary care. (7.1-7.4)

Formal Case Presentation in depth discussion of disease process, clinical presentation, and treatment options. (3.1)

Goals/Objectives

Demonstrate EMR proficiency in the ability to access records and review patient information. (6.1-6.3)

Demonstrate ability to access radiology and be able to review patients' radiological evaluations. (6.1-6.3)

Demonstrate ability to review and organize a formal presentation. (2.1-2.6)

Demonstrate the ability to perform research and synthesize data collected as it pertains to

patient care. (3.1-3.5)

Course Textbooks and Supplies:

Access Surgery website via TTUHSC library as a required review and study of the pathology, surgical interventions, and patient care topics relevant to the patients that the Sub-I is following. Each pertinent subject can be searched using this resource.

<http://www.elpaso.ttuhsc.edu/libraries/>

Op Log Requirements:

The student should document participation in a minimum of 20 cases during the month long selective. These should be documented under the level of assist or manage.

Additional assignments:

The student should turn in one (1) of the following note types for patients seen while on service.

- Daily progress note
- Post-Op Note
- History & Physical with admission orders

Learning Assessments:

- Daily progress note (SOAP note) (graded HP, P, F).
- Post-op note (graded HP, P, F).
- Completed case log (graded HP, P, F).
- At least one H&P with admission orders (graded HP, P, F)
- Evaluation cards- **at least 10** to include, but not limited to:
 - 2 Faculty evaluations
 - One evaluation pertaining to the skills described above.
 - 2 evaluations pertaining to transition of care.
- Case Presentation (to be graded HP, P, F by the Clerkship Director or other appointed faculty member).
- Midterm Evaluation with Clerkship Faculty during second week of rotation, to be scheduled on first date of rotation.
 - The Sub-I should provide all evaluations, case log, and notes written to date.

- End of Rotation Evaluation with Clerkship Director at completion of rotation, to be scheduled at Midterm Evaluation.
 - The Sub-I should provide all evaluations, case log, and all required notes.
 - Any missed assignments should be discussed with the Clerkship Director so that a make-up assignment can be provided prior to End of Rotation Evaluation.
 - **Failure to provide the required learning assessment tools may result in an incomplete in this rotation.**

Grading Scale:

- **Honors:** Exceeds expectations in the presentation, understanding, knowledge, and level of thought expressed by the student.
- **Pass:** Meets expectations in the presentation, understanding, knowledge, and level of thought expressed by the student.
- **Needs Improvement:** Fails to meet expectations in the presentation, understanding, knowledge, and/or level of thought expressed by the student.

Student Roles and Responsibilities:

Please refer to the “Common Clerkship Requirements Document” in regards to the following:

- Professionalism
- Honor Code
- Absence policy

In the event of an unplanned absence, the student is expected to notify the senior surgical resident to which team you are assigned, the clerkship director, and the clerkship coordinator soon as possible. Any absences greater than 3 consecutive days, or total absences resulting in less than 21 days on the rotation must be discussed and cleared by the clerkship director.

Fourth Year Sub-Internship Helpful Guidelines:

Prior to the start of the rotation, the student is expected to:

- Undergo a brief orientation with the clerkship faculty.
- Contact the senior resident/chief of the service that is assigned in order to determine where the student should be on the first day.

During the rotation the student is expected to:

- Follow a maximum of 4 assigned patients for the course of the rotation. (**students will accumulate patients based on scrubbed cases and/or consults seen with the team**)
- Follow the patients whose cases they have scrubbed. Should this exceed the maximum number of 4, it can be left to the discretion of the senior resident/chief to determine which patient is of more educational benefit to the student. Any discrepancies can be taken to the clerkship director for clarification if needed.

For each patient, the student is expected to:

- Know the assigned patients.
- Review vitals, labs, imaging, cultures, in's/out's, medications and active orders for the past 24 hours.
- Review the admission history and physical, previous progress notes, consultant notes, social workers note, and recent therapy notes.
- See and examine the patient (**if performing a breast, vaginal, or rectal examination, the student must have a nurse at bedside)
- Write a daily progress note for patients and have it reviewed by the senior/chief resident of the service.
- Round with the team and present to the senior resident/chief prior to entering the room during AM rounds.
- Ask questions when appropriate.
- Be an active participant in the team to which you are assigned which includes: assisting in floor work alongside any of the residents, following up on imaging, laboratory values, procedures to be completed, consultations requested, and whatever "To-do" list that has been laid out for the day.

Rounding Etiquette:

- 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.
- Rounds should be complete by 06:15.

- At 0615, meet with your team at your designated location
- 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!).
- At 0630, 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.).
- Groups of medical students should NOT need to congregate near the board all at once, since the case assignments should have generally been decided beforehand
- Stay with the patient and follow them to the OR and introduce yourself to the circulating nurse and other members of the OR team.

PM Check Out:

- At the end of the day: go to PM sign-out at a time to be determined by senior resident on team 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, 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 in the Teletracking monitor. [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.
- Discuss who will scrub which cases with the other students.

Operating Room Etiquette:

- Introduce yourself to scrub tech. Inform them if you are scrubbing in, and give them your gown/gloves if needed.
- Help circulating nurse move patient. Ask to place Foley catheter if applicable.
- Scrub into the case before the resident/attending.
- You 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 and how best to help during the operative case. Be prepared to answer any questions relevant to the surgery.
- Assist with closure/dressings/moving patient.
- As is proper 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 is 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, there is 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.

Example Rotation Calendar:

Su	M	T	W	Tr	F	St
				1	2	3
4	5 Day 1 of Rotation Rounds @ 0600 S/O 1700	6 Begin following 2-3 in-house patients Rounds @ 0600 S/O 1700	7 Rounds@0 600 S/O 1700	8 0700 Trauma M&M 1200 Didactics Complete Rounds @ 0600 S/O 1700	9 Completed SOAP note by this Date Rounds @ 0600 S/O 1700 24hour duty	10
11	12 Rounds @ 0600 S/O 1700	13 Rounds @0 600 S/O 1700	14 Rounds @0 600 S/O 1700	15 Rounds @ 0600 0700 General M&M Mid Clerkship Eval Rounds @0600 S/O 1700	16 Rounds @ 0600 Completed Post- Op note by this date Rounds@0 600 S/O 1700	17
18	19 Rounds @ 0600 Choose patient for case presentation by this date S/O 1700	20 Rounds @ 0600 S/O 1700	21 Rounds @0600 S/O 1700	22 Rounds @ 0600 0700-1200 Didactics My Case presentation @0800 S/O 1700	23 Rounds @ 0600 Must have skills eval and eval from Attending Rounds by this date S/O 1700 24hour duty	24
25	26 Rounds@ 0600 Complete Tertiary Survey form by this date S/O 1700	27 Rounds@0 600 S/O 1700	28 Rounds @ 0600 S/O 1700	29 Rounds @ 0600 0700-1200 Didactics Finalize Case Log S/O 1700	30 Rounds @ 0600 Final Day of Rotation Director S/O 1700	31

Evaluation Cards used during the course of this rotation:

Clinical Encounter Document Student: _____						
Date: _____						
Location:	ICU	Ward	OR	ED	Clinic	Other
Observed:	Procedure	H/P	Daily Rounds	Consult	Clinic Visit	Other
Evaluation Scale Rating:	1 – Below M4		2 – Average M4		3 – Above M4	
1. Knowledge:	1	2	3			
2. Technical Skills:	1	2	3			
3. Written communication:	1	2	3			
4. Verbal Communication:	1	2	3			
5. Team Work:	1	2	3			
6. Other: _____	1	2	3			
7. Professionalism:	Serious Concern		Slight Concern		No Concern	
Comments (Mandatory):						
Was verbal feedback given to student? ☐ Yes ☐ No						
Evaluator Name _____						
Print: _____			Sign: _____			

Mid-Clerkship Evaluation Form:

MS4 Mid-Clerkship Assessment Form

Completes an appropriate history	☐	☐	☐	☐
	N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Addresses patient's agenda	☐	☐	☐	☐
	N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Exam is appropriate in scope.	☐	☐	☐	☐
	Rarely (< 50%)	Most of the time (50 to 80%)	Consistently (>80%)	Cannot assess

Independently performs exam with proper technique.	☐	☐	☐	☐
	Rarely (< 50%)	Most of the time (50 to 80%)	Consistently (>80%)	Cannot assess

Identifies pertinent physical findings.	☐	☐	☐	☐
	Rarely (< 50%)	Most of the time (50 to 80%)	Consistently (>80%)	Cannot assess

Develops a treatment plan, incorporating biopsychosocial issues, appropriate to the patient.	☐	☐	☐	☐
	Rarely (< 50%)	Most of the time (50 to 80%)	Consistently (>80%)	Cannot assess

Appropriately documents findings.	☐	☐	☐	☐
	Rarely (< 50%)	Most of the time (50 to 80%)	Consistently (>80%)	Cannot assess

Can independently apply knowledge to identify problems	☐	☐	☐	☐
	Rarely < 50%	Most of the time 50 - 80%	Consistently >80%	Cannot assess

Demonstrate sensitivity, compassion, integrity, and respect for all people	☐	☐	☐	☐
	N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Presentations to faculty or resident are organized.	☐	☐	☐	☐
	N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Demonstrates knowledge of current peer-reviewed literature in relation to patient management.	N/A	Needs Improvement	Meets Expectations	Exceeds Expectations
Takes the initiative in increasing clinical knowledge and skills	N/A	Needs Improvement	Meets Expectations	Exceeds Expectations
Effectively utilizes medical care systems and resources to benefit patient health.	N/A	Needs Improvement	Meets Expectations	Exceeds Expectations
Is reliable and demonstrates accountability to patients and fellow members of the health care team.	N/A	Needs Improvement	Meets Expectations	Exceeds Expectations
Demonstrates compassion and respect for all people	N/A	Needs Improvement	Meets Expectations	Exceeds Expectations
Demonstrates honesty in all professional matters.	N/A	Needs Improvement	Meets Expectations	Exceeds Expectations
Protects patient confidentiality	N/A	Needs Improvement	Meets Expectations	Exceeds Expectations
Dress and grooming appropriate for the setting.	N/A	Needs Improvement	Meets Expectations	Exceeds Expectations
Works professionally with other health care personnel including nurses, technicians, an ancillary service personnel.	N/A	Needs Improvement	Meets Expectations	Exceeds Expectations
Is an important, contributing member of the assigned team	N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Functions effectively as a team member by preparing for collaborative experiences.

N/A

Needs Improvement

Meets Expectations

Exceeds Expectations

Recognizes when to take responsibility and when to seek assistance.

N/A

Needs Improvement

Meets Expectations

Exceeds Expectations

Demonstrates flexibility in adjusting to change.

N/A

Needs Improvement

Meets Expectations

Exceeds Expectations

Demonstrates the ability to employ self-initiated learning strategies when approaching new challenges, problems, or unfamiliar situations.

N/A

Needs Improvement

Meets Expectations

Exceeds Expectations

OpLog - Discuss student's oplog documentation and any areas where the students does not appear on track. Identify date when student should come back to see you if he/she has not yet met the requirements

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Area that would yield the greatest improvement in the student's skills

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Example of Final Clerkship Evaluation:

Final Clerkship Assessment (Sub-I and CC)

This form will be used for the final assessment for all sub-internships and critical care courses.

Knowledge for Practice KNOWLEDGE FOR PR ...			
	Needs Improvement	Pass	Honors
Patient Care and Procedural Skills PATIENT CARE			
	Needs Improvement	Pass	Honors
Interpersonal and Communication Skills INTERPERSONAL AN ...			
	Needs Improvement	Pass	Honors
Practice-Based Learning and Improvement PRACTICE-BASED L ...			
	Needs Improvement	Pass	Honors
Systems-Based Practice SYSTEMS-BASED PR ...			
	Needs Improvement	Pass	Honors
Professionalism PROFESSIONALISM			
	Needs Improvement	Pass	Honors
Interprofessional Collaboration INTERPROFESSIONA ...			
	Needs Improvement	Pass	Honors
Personal and Professional Development PERSONAL AND PRO ...			
	Needs Improvement	Pass	Honors

MSPE Statement - This is a narrative that describes the student's strengths during the rotation and any persistent weaknesses that the student did not improve after feedback. You must include a narrative on the student's professionalism. Any feedback that you do not want to include in the MSPE should be included below in the "Comments" field. As a reminder, please use complete sentences and check your grammar, etc. as these comments go out to residency directors across the country.

Comments:

Final Grade

In Progress

Fail

Pass

Honors

Grading/Assessment

Student clinical performance is based on the Clerkship Director's judgment as to whether the student honors, passes, or fails to meet expectations on each of 8 competencies described above, as stated by the PLFSOM discipline performance rubric. The final clinical performance assessment is conducted at the end of the rotation based on the student's level of performance at that point in time.

Possible final grades are Honors, Pass, Fail, and Incomplete. A student who fails Professionalism may receive a Pass or a Fail overall at the discretion of the Clerkship Director depending on the gravity of the professional lapse, 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:
 - o Minimum of 6 of the 8 individual competencies rated as “Honors” on the Final Feedback evaluation.
 - o No individual competency rated as “Needs Improvement” on the final assessment.
- **Pass**, if all of the following are true:
 - o Minimum of 4 of the 8 individual competencies rated as “Honors” or “Pass” on the Final Feedback evaluation.
 - o No more than 2 individual competencies rated as “Needs Improvement” on the Final Feedback assessment.
 - o Professionalism concerns are, in the judgment of the Clerkship Director, not significant enough to warrant a Fail on the Final Feedback evaluation.
- **A failing clinical assessment** is assigned if any of the following are true:
 - o 3 or more individual competencies rated as “Needs Improvement” on the Final Feedback assessment.
 - o Professionalism concern deemed by the Clerkship Director significant enough to warrant a Fail on the Final Feedback evaluation.
- **An Incomplete grade** will be assigned to any student who has not completed required deliverables, or who has not fulfilled all clinical experience obligations, pending completion of the required work.

Core competencies, components, and source materials for grading are listed below. All competencies are graded as *Honors*, *Pass*, or *Needs Improvement*.

<i>Competency</i>	<i>Components</i>	<i>Source</i>
Patient Care & Procedural Skills	• Performs appropriate history and physical examination on consult patients. • Demonstrates competency in basic surgical procedures. • Documents findings accurately in required notes (consultation note, SOAP note, post-op note). • Contributes meaningfully to direct patient care and team workflow.	Attending/Resident Clinical Evaluations Senior Resident Evaluation Forms Operative Log

<i>Competency</i>	<i>Components</i>	<i>Source</i>
Knowledge for Practice	• Demonstrates foundational anatomy knowledge appropriate to level (MS4). • Prepares for assigned reading and applies knowledge to clinical cases and operative cases. • Demonstrates growth in fracture pattern recognition, classification, and management principles from Week 1 to Week 4. • Shows intellectual curiosity and initiative in learning.	Attending/Resident Clinical Evaluations Senior Resident Evaluation Forms Final Case Presentation
Interpersonal & Communication Skills	• Communicates effectively with patients and families, including across socioeconomic and language barriers. • Patient presentations to faculty and residents are organized, concise, and demonstrate clinical reasoning.	Attending/Resident Clinical Evaluations Senior Resident Evaluation Forms
	• Communicates proactively with team members regarding absences, questions, and patient updates.	
Practice-Based Learning & Improvement	• Completes all required deliverables by end of rotation: consultation note, SOAP note, post-op notes, operative log, and final case presentation. • Actively participates in weekly operative log reviews with senior resident; engages substantively rather than passively. • Accepts feedback and demonstrates measurable incorporation of that feedback into subsequent performance.	Attending/Resident Clinical Evaluations Senior Resident Evaluation Forms Deliverables Final Case Presentation
System-Based Practice	• Understands patient care transitions and follows assigned patients longitudinally. • Anticipates team needs and contributes without requiring explicit direction.	Attending/Resident Clinical Evaluations

<i>Competency</i>	<i>Components</i>	<i>Source</i>
Professionalism	- Attends rounds daily; notifies senior resident and clerkship director in advance of any absence. - Dress and grooming appropriate for clinical setting; ID badge worn at all times, including the OR. - Protects patient confidentiality; no photos, social media discussion, or public disclosure of patient information. - Operative log entries completed in a timely, accurate manner.	Attending/Resident Clinical Evaluations Clerkship Director Assessment Senior Resident Evaluation Forms Timely Operative Log Entries
Inter-professional Collaboration	- Works professionally with faculty, residents, OR staff, clinic nurses, and ancillary personnel. - Functions as an active, contributing team member rather than a passive observer. - Supports team function by preparing supplies, following up on imaging or labs, and updating patients or families.	Attending/Resident Clinical Evaluations
Personal & Professional Development	- Establishes personal learning goals and pursues them with intentionality throughout the rotation. - Takes ownership of learning; seeks help proactively and proposes solutions rather than waiting for direction. - Demonstrates growth across the rotation through honest self-reflection and sustained effort.	Attending/Resident Clinical Evaluations Clerkship Director Assessment

Preparation for Teaching

Attending faculty and residents will be oriented to the experience by the Surgery Sub-Internship Clerkship Director or their designee, and provided copies of the syllabus and forms that they will use to assess student performance. Residents will be required, as part of their training and orientation, to function as teachers. All residents are required to participate in a “Residents as Teachers” program that is administered by the Office of Graduate Medical Education. In addition, each resident will be provided copies of the Medical Student syllabus with particular emphasis on goals, objectives, and assessment methods and criteria.

AI Statement

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

Student use of AI tools (including generative AI platforms) is governed by course-specific guidelines. In some assignments, AI use may be permitted; in others, it may be limited or prohibited. Students are responsible for understanding and adhering to these expectations. Any AI-generated or AI-assisted content must be appropriately disclosed and cited in accordance with course instructions to maintain academic integrity. Failure to follow course AI guidelines may constitute academic misconduct.

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

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