

PART C. REQUIRED CLERKSHIP FORM

Clerkship title:	Family Medicine
Sponsoring department or unit:	Department of Family and Community Medicine
Name of clerkship director:	Charmaine Martin, MD

Rotations

Total length of clerkship in weeks

6 weeks*

*Plus a 15 week, one-half day per week longitudinal selective experience.

List the required rotations that will be part of the clerkship, and the average amount of time to be spent in each (if there are variations across sites, provide a range).

The Family Medicine Clerkship occurs in a 16 week block and is paired with the Surgery Clerkship. While each has developed learning goals and objectives unique to the disciplines of family medicine and surgery respectively, as noted below, opportunities for shared learning experiences have also been identified.

The Family Medicine component of this block consists of the following rotations:

- Outpatient Clinic (4 weeks)
- Community preceptorship clinic (2 weeks)
- Family Medicine Longitudinal Selective (15 half-days over 15 weeks)
 - Quality improvement project
 - Community education on disease, management and medications
 - Sports medicine
 - Geriatrics
 - Prenatal care
 - Complementary medicine
 - Long term care facility medicine (VA nursing home medicine)
 - Procedural skills

Clerkship Objectives

Are there written objectives for the clerkship?

Yes	X	No	
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REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Family Medicine</i>
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Briefly describe or summarize the objectives for the clerkship. Are they taken from or based on objectives established by national organizations, or developed internally?

The goals and objectives of this clerkship were developed internally. However, we consulted national guidelines developed by the family medicine educational community. These include the Family Medicine Curriculum Resource Project materials (<http://www.stfm.org/fmhub/fm2007/January/Kent50.pdf>) and the recently published core Family Medicine Clerkship Curriculum developed by the Society for Teachers of Family Medicine ([http://www.stfm.org/documents/fmcurriculum\(v3\).pdf](http://www.stfm.org/documents/fmcurriculum(v3).pdf)).

The goals and objectives of this clerkship are also influenced by the institutional expectation that students will revisit the Clinical Presentations (CPs) that were addressed during the first two years of the curriculum, with a greater emphasis on evidenced-based treatment. Further, faculty members in family medicine have identified a number of “shared” topics for integrative teaching and learning (e.g., pre- and post-operative care, pain management, fractures and dislocations, dermatology suturing, trauma, etc.).

A summary of core learning objectives, organized by ACGME competency domains, follows. The codes associated with these objectives reflect the PLFSOM institutional learning objectives outlined in ED-1, 1-A. Specific learning objectives for this clerkship can be found in the syllabus which will be available for inspection on-site.

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 (MK-1, 2).
- Demonstrate an investigatory and analytic approach to clinical situations integrating basic and clinical science concepts in the diagnosis and management of illness and disease (MK-3,4).

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 (PC-4, 6, PBL-1,6).
- Make informed decisions about diagnostic and therapeutic interventions using patient information and preferences, scientific evidence, and clinical judgment (PC-1, 5).
- Apply screening protocols based on evidence based guidelines to identify risks of disease or injury and opportunities to promote wellness over the course of the lifespan (PC-5)

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Family Medicine</i>
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- Apply culturally appropriate behavioral change strategies to support patient wellness (PC-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 (ICS-1, 3).
- Effectively educate patients and their families about health, illness, and prevention as appropriate to the clinical situation (ICS-1,3).
- Demonstrate effective, respectful communication with clinical faculty, other health care professionals, and staff (ICS-1,3).
- Clearly and accurately document information in the medical record (ICS-2).
- Demonstrate the ability to communicate effectively with patients and their families through interpreters for those with limited English language proficiency (ICS-1, 3).

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 student will demonstrate:

- Respect for patients, their families, and all members of the health care team (Prof-3, 5, 7)
- Adherence to ethical principles governing the doctor-patient relationship including respect for patient confidentiality and privacy (Prof-1, 4, 6).
- Respect for patients whose lifestyles and values may be different from those of the student (Prof-3, 5, 7).
- Awareness of the limits of one's own knowledge, experience, and capabilities (Prof-6, PBL-4).

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 (PBL- 2, 5).
- Apply knowledge of study design and statistical methods to the appraisal of information on diagnostic and therapeutic effectiveness (PBL-2,5)

REQUIRED CLERKSHIP FORM (Continued)

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- Use information technology and electronic resources to access, manage, and evaluate information in support of personal education (PBL-5)
- Solicit and respond to feedback to improve one's clinical practices (PBL-3,4).

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 (SBP 1-2):

- Describe the role of the family physician as a coordinator of care
- Discuss the knowledge, attitudes, and skills necessary for providing longitudinal, comprehensive, and integrated care for patients with common chronic medical problems
- Collaborate with other health professionals to provide patient-centered and preventive services across the lifespan
- Assist patients in dealing with system complexities to reduce access barriers
- Identify appropriate medical and non-medical consultative resources
- Describe strategies for controlling health care costs and allocating resources without compromising quality of care.

Describe the process that was used to define the kinds of patients, clinical conditions, or procedural skills, and the clinical settings for such experiences that are needed to meet the clerkship objectives. At what point during the clerkship will individual students' clinical experiences be reviewed to assure that objectives are being met, and who will conduct that review?

We used the goals and objectives of the clerkship to determine the types of patients, clinical conditions, and clinical settings to which students will be exposed. We then reviewed the planned experiences to ensure that students have an opportunity to experience the scope of practice of Family Medicine and to meet the learning objectives of the clinical experience.

As noted below, the clerkship director will monitor student clinical experiences on an on-going basis. The clerkship director will provide feedback at mid-clerkship and the end of the clerkship, at a minimum.

Who will be responsible for ensuring that each student's clinical experiences are appropriate to meet the objectives of the clerkship? Describe the actions that would be taken if a student is not making satisfactory progress in meeting clerkship expectations for clinical experiences.

The clerkship director is responsible for ensuring students' clinical experiences are sufficient. Students will see a variety of patients with various diseases in a variety of settings. Students will see patients at

REQUIRED CLERKSHIP FORM (Continued)

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the Family Medicine Center, Community Partnership Clinics, private office settings, VA nursing home and home visits. Students will keep track of their patients using an on-line patient encounter.

By viewing the students' on-line patient encounter log, evaluating their performance on the weekly quizzes, and reviewing their evaluations of the rotations, we can gauge if the clinical experiences are appropriate to meet the objectives of the clerkship. If a student is not meeting the objectives, we will use other means to supplement their experience such as web cases, simulations, or standardized patient encounters.

Students will receive ongoing feedback, by way of verbal and written feedback from faculty. The clerkship director, after reviewing all evaluations, write ups and all feedback given to the student by faculty will also provide students with feedback on their progress. This feedback will occur at mid-clerkship and the clerkship.

Preparation for Teaching

If resident physicians will teach in the clerkship or otherwise supervise medical students, how will they informed about the clerkship objectives and prepared for their teaching role?

PGY2 and PGY3 residents who are in good standing in the program will participate in medical student education. All residents are required to participate in a Residents as Teachers program developed by the Office of Graduate Medical Education. The clerkship director will meet with these residents to review the syllabus, learning objectives, and evaluation instruments that will be use to assess student performance.

How will faculty members across instructional sites be oriented to the clerkship objectives and the evaluation system?

Faculty members across instructional sites will be invited to an annual dinner held at the department to discuss the clerkship goals and objectives and to meet the faculty and residents. The clerkship coordinator will personally visit each instructional site to assist with the online evaluations system, hand out syllabi, and discuss any potential problems. The coordinator visits will happen biannually.

Methods for Evaluating Clerk Performance

What methods will be used in the clerkship to evaluate students' core clinical skills? How will you ensure that such evaluation occurs for all students?

A variety of methods will be employed to assess student performance including the following:

- Direct observation by resident and faculty teachers of history and physical examination skills followed by completion of a clinical encounter from/card

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Family Medicine</i>
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- Completion of a clinical evaluation form/card related to clerkship objectives including components related to professionalism during the outpatient and inpatient experiences
- Performance on weekly quizzes which allows students to gauge their progress towards the NBME
- Performance on the NBME Family Medicine shelf exam

The clerkship director is ultimately responsible for ensuring that the assessment methods listed above are implemented. In the unlikely event that a faculty member or resident does not complete his/her evaluations of the student, the chair of the department will be asked to intervene.

Will a narrative evaluation of student performance be submitted in addition to or as a component of the clerkship grade?

Yes	x	No	
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A narrative will be written of the student's evaluations. The narrative summarizes the student's performance evaluations by all preceptors. This summary is done by the clerkship coordinator.

Clerkship Outcomes/Evaluation

Comment on the anticipated adequacy of faculty (full-time, part-time, and volunteer), patients, and other resources for this clerkship.

Full time faculty numbers are adequate and the department is expanding with recruitment underway for new faculty members at the Family Medicine Center and for a family physician hospitalist. The clerkship director will need additional time to observe students' interactions with patients and to ensure the quality of the clerkship as the class size expands over time to 100 students per class.

Patient volume is more than adequate to meet the needs of this clerkship.

We will need to recruit additional community preceptors as the class size expands. Efforts are underway to identify additional community faculty members.

PART C. REQUIRED CLERKSHIP FORM	
Clerkship title:	Obstetrics and Gynecology (OB-GYN)
Sponsoring department or unit:	Obstetrics and Gynecology
Name of clerkship director:	Heidi Lyn, MD

Rotations

Total length of clerkship in weeks

8 weeks*

*OB-GYN is taught together with Pediatrics in a combined 16 week block. The OB-GYN portion adds up to 8 weeks. Some topics that will be addressed during the OB-GYN/Pediatrics blocks have been identified as “shared topics” (e.g., adolescent OB-GYN, STDs, prematurity) and will be covered through integrative lectures, workshops, seminars, case conferences, or shared rounds with all students in the block regardless of student's specific rotation assignment in the block.

List the required rotations that will be part of the clerkship, and the average amount of time to be spent in each (if there are variations across sites, provide a range.

- Labor and Delivery (2 weeks)
- Comprehensive OB Service (1 week)
- Out-patient OB-GYN (1week)
- Gynecologic Oncology Service (1 week)
- Breast clinic (1 week)
- Benign Gynecology service (2 weeks)

Clerkship Objectives

Are there written objectives for the clerkship?

Yes	X	No	
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Briefly describe or summarize the objectives for the clerkship. Are they taken from or based on objectives established by national organizations, or developed internally?

The objectives for this clerkship have been developed internally based the objectives enumerated in the clerkship guide prepared by the Association of Professors of Gynecology and Obstetrics. Clerkship objectives also reflect the institutional expectations to revisit and review relevant clinical presentations (CPs) addressed during the first two years of the curriculum as part of the Scientific Principles of

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Obstetrics and Gynecology</i>
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Medicine course and by the Medical Skills course. The CPs associated with OB-GYN is listed in the OB-GYN section of ED-2 in the database.

The following objectives, organized by ACGME Competency domains will be addressed in this clerkship (the code following the entries below corresponds with the institutional learning objectives of the Paul L. Foster School of Medicine as recorded in ED1, 1-A of the 2010 database.):

MEDICAL KNOWLEDGE

Goal: Students must acquire knowledge about established and evolving biomedical, epidemiological, clinical and psychosocial sciences and the application of this knowledge to patient care. The student will develop an understanding of the assessment and management of common clinical conditions in Obstetrics and Gynecology in the inpatient and the outpatient setting. The learner will demonstrate the ability to acquire, critically interpret, and apply this knowledge.

Objectives: By the end of this clerkship experience students will be able to:

- Provide evidence based, age appropriate preventive and health maintenance care (MK-3)
- Recognize the signs, symptoms, and physical findings associated with commonly occurring conditions (MK-1, 2, 4; PBL-1, 6). For example:
 - antenatal care of low risk
 - antenatal care of high risk
 - gestational diabetes
 - spontaneous abortion
 - ectopic pregnancy
 - pre-term labor
 - term labor
 - Office and hospital management of pregnant patients with coexisting medical conditions
 - Women's health maintenance
 - STD
 - menopause
 - pelvic floor relaxation
 - incontinence
 - abnormal vaginal bleeding
 - contraception concerns
 - infertility
 - Gynecologic oncology

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Obstetrics and Gynecology</i>
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PATIENT CARE

Goal: Students must be able to provide patient centered care that is age-appropriate, compassionate, & effective for the treatment of health problems and the promotion of health (PC-1, 2, 3, 4, 5 and 6).

Objectives: By the end of this clerkship experience, students will demonstrate the ability to:

- Obtain a competent clinical data base on obstetrical and gynecological patients, and perform a competent pelvic exam in the gravid and non-gravid patient.
- Develop knowledge and proficiency in the provision of ambulatory care to the uncomplicated pregnant patient, and to manage common conditions and complications associated with pregnancy.
- Develop competency at the level of the MS III in the management of uncomplicated labor and delivery, and recognition of the indications for operative obstetrical intervention.
- Develop appreciation for the proficient management of high risk pregnancies and for the management of complications of labor and delivery.

- Develop proficiency at the level of the MS III in the management of ambulatory gynecological patient presentations.
- Perform or assist in the performance of Pap smears, wet prep and KOH preps, pelvic exams, deliveries and ultrasounds.
- Utilize diagnostic testing and imaging resources effectively and efficiently.

INTERPERSONAL AND COMMUNCATON 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 (ICS-1, 2, and 3).

Objectives: Throughout this clerkship students will demonstrate the ability to:

- Communicate effectively with patients and their families.
- Appropriately utilize interpreters if necessary to communicate with patients with limited English language proficiency.
- Communicate effectively and respectfully with physicians, and other health professionals in order to share knowledge and discuss management of patients.
- Maintain professional and appropriate personal interaction with patients.
- Use effective listening, verbal and writing skill to communicate with patients and member of the health care team.

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Obstetrics and Gynecology</i>
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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 this clerkship, students will demonstrate a commitment to:

- Being sensitive to patient and family concerns (Prof-3, 5, 7).
- Maintaining confidentiality and respecting patient privacy (Prof 1, 8).
- Managing personal biases in caring for patients of diverse populations and different backgrounds and recognizing how biases may affect care and decision-making (Prof 1, 2, 4, 5, 7).
- Meeting professional obligations and the timely completion of assignments and responsibilities (Prof-6).
- Advocate for patient needs (Prof-9).

PRACTICE BASE 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 use electronic technology (e.g., PDA, PC, internet) for accessing and evaluating Evidenced-Based medical information (e-medicine, journals AAFP, NEJM, American Journal of Obstetrics and Gynecology, etc) (PBL-5).
- Accept feedback from the faculty and incorporate this to improve clinical practice (PBL-4).

SYSTEM 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 (SBP-2).

Describe the process that was used to define the kinds of patients, clinical conditions, or procedural skills, and the clinical settings for such experiences that are needed to meet the clerkship objectives. At what point during the clerkship will individual students' clinical experiences be reviewed to assure that objectives are being met, and who will conduct that review?

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Obstetrics and Gynecology</i>
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The types of patients, clinical conditions, procedures, and settings of care were identified by the clerkship faculty based on clerkship objectives and the overall goal of exposing students to the scope of practice of the discipline of Obstetrics and Gynecology. Students' electronic patient encounter logs will be reviewed mid-way through the block by the clerkship director to assure that clinical experiences are meeting educational objectives. Please see below.

Who will be responsible for ensuring that each student's clinical experiences are appropriate to meet the objectives of the clerkship? Describe the actions that would be taken if a student is not making satisfactory progress in meeting clerkship expectations for clinical experiences.

The clerkship director will be responsible for reviewing student progress and performance in achieving required clerkship objectives. The clerkship director will review each student's OP-Log patient encounter entries and all available evaluations on completion of the first month of the OB-GYN portion of the clerkship block. If a student is not meeting clinical expectations, the clerkship director will modify the student's schedule or arrange an alternative through selected reading, on-line cases, simulations, or standardized patients. Every effort will be made to ensure that students encounter real patients to meet clinical expectations.

Departmental faculty and residents report to the clerkship director on the student's progress throughout the rotation. If deficiencies are noted, the clerkship director is responsible for addressing those issues with the student immediately. The clerkship director outlines the steps necessary for achieving satisfactory student progress. The clerkship director conducts a formal mid-rotation evaluation to assess the progress of each student.

Preparation for Teaching

If resident physicians will teach in the clerkship or otherwise supervise medical students, how will they be informed about the clerkship objectives and prepared for their teaching role?

Residents will participate in an annual workshop on how to teach and evaluate students conducted by the Office of Graduate Medical Education. The clerkship director will also meet with residents who will be supervising students to review the goals, objectives, and assessment criteria of the clerkship. Residents will have access to the syllabus.

How will faculty members across instructional sites be oriented to the clerkship objectives and the evaluation system?

Faculty members will be provided copies of the clerkship syllabus. The clerkship director will also meet with faculty members who are supervising students to review the syllabus, goals, and objectives and to discuss the clerkship evaluation form that will be used to assess student performance.

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Obstetrics and Gynecology</i>
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Methods for Evaluating Clerk Performance

What methods will be used in the clerkship to evaluate students' core clinical skills? How will you ensure that such evaluation occurs for all students?

The following will be used to assess student performance:

- Clinical performance evaluation (including components on professionalism, communication skills, history and physical examination skills, etc.)
- NBME OB-GYN examination
- Observed H&P (followed by joint assessment of performance by student and observing faculty member)
- Graded suturing technique
- Graded 10 minute case presentation

The clerkship director is responsible for ensuring student evaluation has been completed.

Will a narrative evaluation of student performance be submitted in addition to or as a component of the clerkship grade?

Yes	X	No	
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REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Obstetrics and Gynecology</i>
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Clerkship Outcomes/Evaluation

Comment on the anticipated adequacy of faculty (full-time, part-time, and volunteer), patients, and other resources for this clerkship.

Patient volume is more than adequate to provide students with the clinical experiences necessary to gain an appreciation of the scope of practice of OB-GYN and familiarity with commonly encountered health conditions affecting women. The number of faculty is sufficient and the department is currently recruiting additional faculty that will expand the pool of available teachers. Opportunities are also being explored in the community to place students in private practices as part of their outpatient experience.

PART C. REQUIRED CLERKSHIP FORM

Clerkship title:	Psychiatry
Sponsoring department or unit:	Psychiatry
Name of clerkship director:	Dan Blunk, MD

Rotations

Total length of clerkship in weeks

6*

*Plus a 15 week, half-day per week selective experience as described below.

List the required rotations that will be part of the clerkship, and the average amount of time to be spent in each (if there are variations across sites, provide a range).

Psychiatry is paired with Internal Medicine in a 16 week block, during which teaching and learning experiences alternate between these two disciplines and shared learning experiences are provided (e.g., joint rounds and conferences). The Psychiatry component of this block consists of the following:

- In-patient Psychiatry = 2 weeks
- Out-patient Psychiatry = 4 weeks

In addition to these rotations, students will participate in a 15, half-day per week selective experience. Possible selective experiences include:

- Consultation-liaison psychiatry (medical/surgical, pediatrics, or emergency department)
- Sleep medicine
- Child-Adolescent
- Psychotherapy
- Clinical research

Clerkship Objectives

Are there written objectives for the clerkship?

Yes	X	No	
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Briefly describe or summarize the objectives for the clerkship. Are they taken from or based on objectives established by national organizations, or developed internally?

The goals and objectives of this clerkship were developed internally but are consistent with those adopted by the Association of Directors of Medical Student Education in Psychiatry. The goals and objectives of this clerkship are also influenced by institutional expectation that students will be given the opportunity to revisit the Clinical Presentations (CPs) that were addressed during the first two years of the curriculum, with a greater emphasis on evidenced-based treatment. Further, faculty members in psychiatry and internal medicine have identified a number of “shared” topics for integrative teaching and learning. The psychiatric seminars that will have participation of both faculty members from Psychiatry and Internal

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	Psychiatry
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Medicine include the following topics: conditions which mimic physical disease; somatoform disorder cases; delirium, amnesic and other cognitive disorders; dementia; grief and dying; psychiatric presentation of neurological disease; psychiatric presentation of medical disease; and psychosomatics. The Internal Medicine seminars in which psychiatrists will also participate will include infectious disease (HIV), endocrine (diabetes and thyroid diseases), rheumatology (connective tissue diseases), geriatrics, and gastroenterology (Crohn's disease, ulcerative colitis and irritable bowel syndrome). In an additional effort to provide multidisciplinary learning for our students in the Internal Medicine/Psychiatry block, a psychiatrist will participate on a weekly basis in Internal Medicine's student teaching rounds.

Clerkship goals are organized by ACGME competency domains as follows (alpha-numeric code refers to Paul L. Foster School of Medicine institutional learning objectives listed in ED-1, 1-A):

MEDICAL KNOWLEDGE

Students must demonstrate knowledge about established and evolving biomedical, epidemiological, clinical, and psychosocial sciences and the application of this knowledge to patient care. (MK- 1-4, PBL- 1-6)

Objectives:

1. The student should recognize common psychiatric disorders seen in a variety of settings, ranging from the chronically, mentally ill to ambulatory patients. The conditions the student will be asked to evaluate and help manage include the following:
 - a. Schizophrenia and other psychotic disorders
 - b. Anxiety Disorders
 - c. Cognitive Disorders
 - d. Depressive Disorders
 - e. Mania/Hypomania
 - f. Personality Disorders
2. The student will have exposure to emergency psychiatry and will be asked to participate in risk assessments. The student should have knowledge about the following:
 - a. Suicidal/homicidal patient
 - b. Crisis intervention
 - c. Treatment methods in emergency situations
3. The student should be able to recognize common psychiatric disorders seen in children and adolescent patients, including conditions not previously listed such as pervasive developmental disorders and disruptive behavior disorders.
4. The student will work to become proficient in doing a complete psychiatric evaluation, mental status exam, biopsychosocial formulations, and laboratory methods used in psychiatry.

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	Psychiatry
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5. The student will work to become proficient in developing a treatment plan, including appropriate suggestions for pharmacotherapy and/or psychotherapies.
6. The student will also have exposure to forensic psychiatry and psychiatric syndromes associated with medical illnesses.

PATIENT CARE

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

Objectives:

1. The student will work to become proficient in doing a complete psychiatric evaluation, including a present and past psychiatric history, developmental history, family history, educational history, sociocultural history, substance abuse history, medical history, and a mental status exam. (PC- 1, 3-6; ICS- 2)
2. Based on a complete psychiatric evaluation, the student needs to develop and document a DSM multiaxial diagnosis, an evaluation plan for appropriate laboratory and medical examination, and a treatment plan derived from the biopsychosocial formulation. (PC- 1, 5)
3. The student will need to assess and document the patient's potential for self-harm, harm to others, and appropriate interventions. (PC- 2)

INTERPERSONAL AND COMMUNICATION SKILLS

Students will strive to develop interpersonal and communication skills that will promote effective information exchange and teaming with patients, the patients' family and health professionals. The student will develop knowledge of specific techniques and methods that facilitate effective and empathetic communication between the student, the patient, and the patient's family.

Objectives:

1. The student will strive to develop the interpersonal skills which will facilitate an effective therapeutic relationship with culturally diverse patients, and their families. (ICS-1)
2. The student will be expected to work on interpersonal skills that reflect an underlying attitude of respect for others, the desire to gain understanding of another's position and reasoning, a belief in the intrinsic worth of all human beings, the wish to build collaboration, and the desire to share information in a consultative, rather than a dogmatic, fashion. (ICS-1)
3. The student will be expected to work on their ability to (ICS-1-3):
 - Listen to and understand patients and their families
 - Communicate effectively with patients and their families, using verbal, nonverbal, and writing skills as appropriate.
 - Foster a therapeutic alliance with their patients, as indicated by the patient's feelings of trust, openness, rapport, and comfort in the relationship with the student.

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	Psychiatry
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- Transmit information to patients and families in a clear meaningful manner.
- Educate patients and their families about medical, psychological and behavioral issues.
- Appropriately utilize interpreters and communicate effectively with patients and families who speak another language.
- Communicate effectively and respectfully with physicians and other health professionals in order to share knowledge and discuss management of patients.

PROFESSIONALISM/ETHICS

Student should be exposed to an environment which will allow them to develop a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

Objectives:

1. The student will demonstrate respect, compassion and integrity (Prof-3, 7).
 - A responsiveness to the needs of patients and society that supersedes self-interest (Prof-2, 9).
 - Accountability to patients, society, and the profession (Prof-2, 4, 6).
 - A commitment to excellence and ongoing professional development (PBL-3, 5, 7).
2. The student will demonstrate a commitment to ethical principles pertaining to the provision or withholding of clinical care (Prof-1).
 - The student will attend a discussion seminar on the ethics in psychiatry.
 - The importance of confidentiality of patient information and informed consent shall be stressed to the student.
3. It is expected that the student will develop a sensitivity and responsiveness to the patient's culture, age, gender and disabilities (Prof-3, 7, 8).

PRACTICE-BASED LEARNING AND IMPROVEMENT

The student should be in a supportive environment that encourages the evaluation of their patient care, and the development of evidence based patient care.

Objectives:

1. The student will be expected to develop a well-rounded knowledge of the delineated psychiatric disorders and the various treatment modalities.
2. The student should be exposed to an environment that will promote the student's ability to recognize and accept limitations in one's knowledge base and clinical skills (PBL-4).

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	Psychiatry
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3. The student will be exposed to an environment which will stress the development of a mindset that will allow the student to accept the absolute need for lifelong learning (PBL-3, 7).
4. The students will maintain a log of the cases they have seen so the clerkship director can be certain the student is getting the necessary exposure to a variety of psychiatric conditions. This is essential to develop the necessary clinical skills and knowledge base in psychiatry. The student will also have appropriate supervision while developing their caseload.
5. The students will be expected to review and critically assess the scientific literature in order to promote a higher quality of care (PBL-2, 5).

SYSTEMS-BASED PRACTICE

The students of Paul L. Foster School of Medicine have the unique opportunity to observe and learn different systems interacting to provide for the care of patients. The students, in a combined block with Internal Medicine and Psychiatry, will have models of this interaction throughout their learning experience in their third year. The students will also be exposed to how healthcare professionals, (psychiatrists, psychologists, social workers, licensed professional counselors and nurses) interact in psychiatry to provide for the optimal treatment of a patient (SB-1, 2).

Objectives:

1. Internal Medicine and Psychiatry will have one half day designated for didactic sessions. Many of these will be shared topics to both specialties. (i.e. dementia, delirium, grief and dying, psychosomatic disorders, somatoform disorders, sleep disorders, and psychiatric symptoms of medical and neurological illnesses). This will allow the students to see the interaction of these two specialties.
2. Efforts will be made to have the students exposed to a wide variety of systems that treat psychiatric patients. This will be inpatient experience for the chronically mentally ill, day hospital and ambulatory clinics for less severely ill patients. This will allow for discussion of the level of care that has proven effectiveness but may be more cost effective. Hopefully, through this exposure, the student can appreciate the impact of managed care.
3. Part of the requirement in our day hospital setting and inpatient hospital experience is to have students participate in the treatment team of their supervising psychiatric physician. This will allow the student to better understand how various mental health professionals interact to meet the emotional needs of a patient.
4. Part of the students' experience will also be participation in groups or individual therapy sessions with other mental health professionals besides psychiatrists. This will help the student understand how the exposure of the various mental health professions dovetail to meet the needs of a psychiatric patient.
5. El Paso offers a unique experience to understand how the various systems have been developed to meet the needs of diverse cultures. Most of the hospital/day hospital programs available in El Paso are bicultural and have access to bilingual mental health professionals. This unique experience will allow

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	Psychiatry
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our students to fully appreciate culturally diverse systems and how they meet the needs of our culturally diverse population.

Describe the process that was used to define the kinds of patients, clinical conditions, or procedural skills, and the clinical settings for such experiences that are needed to meet the clerkship objectives. At what point during the clerkship will individual students' clinical experiences be reviewed to assure that objectives are being met, and who will conduct that review?

The educational committee of the Department of Psychiatry at Texas Tech University – Paul L. Foster School of Medicine has set the kinds of patients, clinical conditions and the clinical settings for the experiences to meet the clerkship objectives. The Education Committee is composed of the chairman of psychiatry, the associate chair of psychiatry, the residency program director, the clerkship director and other faculty members as needed. Prior to the creation of the Paul L. Foster School of Medicine, TTUHSC-El Paso was a regional clinical campus of the School of Medicine in Lubbock for over 30 years. Consequently, the institution and its faculty has considerable experience in the design and delivery of clerkship education for medical students. The types of patients, clinical conditions, and settings of care are consistent with the goals and objectives of the clerkship, and with the integrated learning goals of the block which psychiatry and medicine share. Finally, the selection of patient types is also influenced by the institutional goal of revisiting the diagnostic clinical presentation schemes employed in the first two years of the curriculum. These clinical presentations are listed along with the psychiatric diagnoses students are expected to encounter in ED-2.

The clerkship director will meet with the students at the mid-point of the clerkship to review their clinical experiences and to make any needed adjustments to ensure that objectives are being met. Please see below.

Who will be responsible for ensuring that each student's clinical experiences are appropriate to meet the objectives of the clerkship? Describe the actions that would be taken if a student is not making satisfactory progress in meeting clerkship expectations for clinical experiences.

At the mid-rotation review, the students will review their patient encounter log with the clerkship directors to make sure they are getting the clinical experiences described in our objectives. The log will be reviewed again prior to the end of the clerkship to verify that the required number of patients in each category has been seen. If remediation is needed, the clerkship director will assign clinical opportunities to have all the clinical experiences addressed. If this is not possible, then the psychiatry clerkship director will assign cases from Case Files in Psychiatry for the student to read and discuss with the clerkship director.

Preparation for Teaching

If resident physicians will teach in the clerkship or otherwise supervise medical students, how will they be informed about the clerkship objectives and prepared for their teaching role?

All El Paso psychiatry residents attend a workshop at the end of PGY-1 year to receive instructions for teaching medical students. The clerkship director is responsible for seminars for the PGY-1 and PGY-2 residents. There are frequent discussions about working with medical students. Should there be a problem

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	Psychiatry
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identified, these can be addressed at the seminars. Residents also receive the clerkship syllabus so they know what the student is expected to learn during their rotation. All our residents are also given a copy of A Handbook for Medical Teachers. Finally, the clerkship director reviews the clinical assessment form and the criteria used to assess student clinical performance.

How will faculty members across instructional sites be oriented to the clerkship objectives and the evaluation system?

Faculty members will all receive a copy of the syllabus with goals and objectives for the clerkship and the institution. The chairman of the Department of Psychiatry has frequent faculty meetings (at least bimonthly) where issues in the clerkship can be addressed. The chairman also monitors the efficacy of the objectives and the student evaluation system.

Methods for Evaluating Clerk Performance

What methods will be used in the clerkship to evaluate students' core clinical skills? How will you ensure that such evaluation occurs for all students?

The following methods will be used to assess students' knowledge, skills, and attitudes:

- NBME Psychiatry examination
- Student Clerkship Assessment form (including professionalism component) completed by faculty and residents
- End of block OSCE

The clerkship director is responsible for assembling the ratings from faculty and residents and formulating the final performance grade.

Will a narrative evaluation of student performance be submitted in addition to or as a component of the clerkship grade?

Yes	X	No	
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Clerkship Outcomes/Evaluation

Comment on the anticipated adequacy of faculty (full-time, part-time, and volunteer), patients, and other resources for this clerkship.

We are well staffed to meet the needs of the students from Paul L. Foster School of Medicine. The Department of Psychiatry is currently composed of seven full-time faculty, a full-time psychologist, two part-time faculty, three full-time clinical faculty that are employed by the El Paso Psychiatric Center, three volunteer clinical faculty that work in the private practice sector, and 12 resident physicians. We are currently actively recruiting an additional full-time faculty in geriatric psychiatry. The Center for Excellence in Neurosciences also has three full-time faculty and will be adding additional full-time faculty in the near future. El Paso also has an abundance of psychiatric patients and facilities to treat these patients.

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REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	Psychiatry
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PART C. REQUIRED CLERKSHIP FORM	
Clerkship title:	Surgery
Sponsoring department or unit:	Surgery
Name of clerkship director:	Susan F McLean, M.D.

Rotations

Total length of clerkship in weeks

10

List the required rotations that will be part of the clerkship, and the average amount of time to be spent in each (if there are variations across sites, provide a range).

The Surgery clerkship is taught as part of a 16 week block that is shared with the discipline of Family Medicine. A variety of shared learning activities have been developed to provide opportunities for integrated learning spanning the perspectives of both disciplines. The surgical component of the block consists of the following rotations:

- General Surgery (In-patient, OR, and outpatient surgery and clinic)—6 weeks
- Surgery selective (In-patient, OR, and outpatient)—4 weeks
 - Cardiothoracic
 - Neurosurgery
 - Pediatric surgery
 - Anesthesiology
 - Otolaryngology
 - Ophthalmologic surgery
 - Orthopedic surgery
 - Trauma and critical care surgery
 - Urological surgery
 - Plastic surgery

The surgery clerkship component of this 16 week block will consist of approximately 70% in-patient and 30% out-patient experiences.

Clerkship Objectives

Are there written objectives for the clerkship?

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Surgical clerkship</i>
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Yes	X	No	
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Briefly describe or summarize the objectives for the clerkship. Are they taken from or based on objectives established by national organizations, or developed internally?

The surgery component of the surgery/family medicine block is designed to provide students with educational experiences that will introduce them to a surgical approach to the diagnosis and treatment of diseases. Students participate in pre-, intra-, and post-operative care of patients. The specific learning objectives of this clerkship are in accordance with the Association of Surgical Educators recommendations for third year medical students.

The goals and objectives of this clerkship are also influenced by institutional expectation that students will “revisit” the Clinical Presentations (CPs) that were addressed during the first two years of the curriculum, with a greater emphasis on evidenced-based treatment. Further, faculty members in surgery and family medicine have identified a number of “shared” topics for integrative teaching and learning (e.g., pre-operative assessment, post-operative care, wound care, pain management, fractures and dislocations, etc.).

Example core learning objectives of the surgical clerkship experience tied to ACGME competency domains are provided below. The alpha-numeric code attached to the example learning objectives below corresponds with the institutional objectives listed in ED-1-A of the database. Specific sub-specialty learning objectives have been developed for the selective component of the experience in the following disciplines: ENT, Cardiothoracic, Neurosurgery, Orthopedics, Ophthalmic, Plastic Surgery, and Breast Surgery. Specific learning objectives are included in the syllabus which will be available for on-site review.

MEDICAL KNOWLEDGE

Goals:

The student will gain and develop an effective understanding of the assessment and management of common clinical conditions in general surgery in the inpatient 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 III level:

- The basic anatomy of the abdomen including its viscera and anatomic spaces (MK-1, 2)
- The anatomy of the chest, including the heart and lungs (MS-1, 2)

The student will know, at the MS III level, the diagnostic criteria for commonly occurring disorders within the following categories (please see specific surgery entries for ED-2) (MK-2, 3, 4):

- Alimentary track/abdominal

Clerkship title:	<i>Surgical clerkship</i>
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- 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 pertinent to the patient with surgical illness and will participate in the operative procedure(s) on all patients s/he has personally examined and evaluated. 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 (PC-2, 4, 6, ICS-2)
- Develop a problem list, differential diagnosis, and plan for treatment (PC-6, PBL 1, 6).
- Actively participate in the pre-operative and post-operative management of patients examined and evaluated (PC-1)
- Utilize diagnostic testing and imaging resources effectively and efficiently (PC-5).
- Demonstrate knowledge of surgical scrub, sterile technique, proper attire, and proper conduct in the operating room
- List steps in the placement of a tube thoracostomy
- 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 (PC-2)

INTERPERSONAL AND COMMUNCATON 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.

Clerkship title:	<i>Surgical clerkship</i>
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Objectives:

Throughout this clerkship, students will demonstrate the ability to:

- Communicate effectively with patients and their families (ICS-1,3).
- Appropriately utilize interpreters, if necessary, to communicate with patients with limited English language proficiency (ICS-1).
- Communicate effectively and respectfully with physicians and other health professionals in order to share knowledge and discuss management of patients (ICS-3).
- Record history and physical examination findings in a well organized manner and in an accepted format (ICS-2).

PROFESSIONALISM/ ETHICS

Goal:

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

Objectives:

Throughout this clerkship, students will demonstrate a commitment to:

- Being sensitive to patient and family concerns (Prof-3).
- Maintaining confidentiality and respecting patient privacy (Prof-1, 5).
- Managing personal biases in caring for patients of diverse populations and different backgrounds and recognizing how biases may affect care and decision-making (Prof-3, 7).
- Advocate for patient needs (Prof-9).
- Meeting professional obligations and the timely completion of assignments and responsibilities.

PRACTICE BASE 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 use electronic technology (e.g., PDA, PC, internet) for accessing and evaluating evidenced-based medical information (PBL-5).
- Demonstrate search skills using PICO question and acquire results applicable to the provision of clinical surgical care (PBL-2,3).

Clerkship title:	<i>Surgical clerkship</i>
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- Accept feedback from the faculty and incorporate this to improve clinical practice (PBL-4,7).

SYSTEM 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 (SBP-1, 2).

Describe the process that was used to define the kinds of patients, clinical conditions, or procedural skills, and the clinical settings for such experiences that are needed to meet the clerkship objectives. At what point during the clerkship will individual students' clinical experiences be reviewed to assure that objectives are being met, and who will conduct that review?

The goals and objectives of the clerkship determined the types of patients, clinical conditions, procedural skills, and clinical settings that students are expected to encounter in this clinical experience. Prior experience with third year students as part of the regional campus system of TTUHSC School of Medicine provided patient encounter data spanning several years which assured us that the number and variety of patients needed to meet core objectives and sub-specialty selective objectives are available and adequate.

During the clerkship, the clerkship director and associate clerkship director meet with the students at the halfway point to review student experience from the on-line patient encounter log system, to review written evaluations from faculty for each student, and to review the required procedure list. The students are advised about any areas in which they should obtain more clinical experience and are also advised of ways to meet that clinical experience.

Who will be responsible for ensuring that each student's clinical experiences are appropriate to meet the objectives of the clerkship? Describe the actions that would be taken if a student is not making satisfactory progress in meeting clerkship expectations for clinical experiences.

The clerkship director is responsible for ensuring that each student's clinical experience is appropriate to meet the objectives of the clerkship. If a student is not making satisfactory progress in meeting clerkship expectations for clinical experiences, that student will meet with the clerkship director to discuss possible reasons for not meeting clerkship experiences and whatever solutions are deemed necessary to aid the student in achieving appropriate learning objectives. For example, if a student is not meeting clerkship

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Surgical clerkship</i>
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objectives of seeing a certain type of patient, the clerkship director could assess available patients for the student to see or direct the student to on online patient simulation. If a student has a problem which is assessed by the clerkship director to be beyond the scope of the immediate clerkship, then that student may be referred to the Dean of Student Affairs.

Preparation for Teaching

If resident physicians will teach in the clerkship or otherwise supervise medical students, how will they informed about the clerkship objectives and prepared for their teaching role?

The residents have participated in a faculty development program on how to teach medical students conducted by the Office of Graduate Medical Education. Residents are also given the clerkship learning objectives and oriented to the assessment instruments used to assess student performance . The residents also meet with the clerkship director prior to starting teaching sessions. At this meeting, the residents receive instructions/ advice on teaching and have the opportunity to ask questions of the clerkship director.

How will faculty members across instructional sites be oriented to the clerkship objectives and the evaluation system?

There is a twice yearly meeting with faculty members regarding clerkship learning objectives and the evaluation system. All faculty participating in medical student teaching are provided with the syllabus describing the experience.

Methods for Evaluating Clerk Performance

What methods will be used in the clerkship to evaluate students' core clinical skills? How will you ensure that such evaluation occurs for all students?

1. Direct person-to-person evaluation by faculty and residents. There is a formative evaluation by the clerkship director at mid-clerkship and a summative evaluation at the end of the clerkship. These are both online.
2. There is an end-of-clerkship observed skills clinical exam to evaluate students' clinical patient evaluation skills. This OSCE is a summative exam.
3. There is an end of clerkship written exam, the NBME exam, to evaluate student's medical knowledge. This is a summative exam.

The clerkship director is responsible for ensuring that these assessments are completed on each student.

Will a narrative evaluation of student performance be submitted in addition to or as a component of the clerkship grade?

Yes	X	No	
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Clerkship title:	<i>Surgical clerkship</i>
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Clerkship Outcomes/Evaluation

Comment on the anticipated adequacy of faculty (full-time, part-time, and volunteer), patients, and other resources for this clerkship.

Faculty, patients, and resources, including simulation, are adequate to meet the learning objectives for the clerkship.

Resources available to the students include the University Medical Center Hospital, a teaching hospital which is also a level One Trauma center. The surgical clinic also serves as a teaching site and is located on the hospital/academic center campus. The Breast center is also on Campus. Learning areas for didactics include classrooms in the Medical Education building, classrooms in the Administration and Education Center building, and conference rooms available in the University Medical center. The medical school also has a state-of-the-art simulation center.

Computer resources are available in the TTUHSC libraries. In addition, the TTUHSC library and TTUHSC website can be accessed from the University Medical Center 24 hours a day, 7 days a week. The library resources for surgery students include several textbooks, the web-based surgical manual, and access to numerous databases for literature searches. There are also online journal resources.

Other resources include hospital call rooms, work areas for patient charting, examination rooms, and online access to diagnostic imaging.

PART C. REQUIRED CLERKSHIP FORM	
Clerkship title:	Pediatrics
Sponsoring department or unit:	PEDIATRICS
Name of clerkship director:	M.M. Logvinoff, M.D.

Rotations

Total length of clerkship in weeks

8 Weeks*

*The pediatric clerkship is taught as part of an integrated 16 week block with Obstetrics and Gynecology. Eight of the 16 weeks is devoted to pediatrics experiences.

List the required rotations that will be part of the clerkship, and the average amount of time to be spent in each (if there are variations across sites, provide a range).

The pediatrics component of the integrated Pediatrics/OB-GYN rotation occurs in the following settings:

- Newborn and/or neonatal intensive care nursery (2 weeks)
- Ambulatory Pediatrics (4 weeks-- 2 weeks general pediatrics, 2 weeks subspecialty pediatrics)
- In-patient service (2 weeks)

Clerkship Objectives

Are there written objectives for the clerkship?

Yes	X	No	
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Briefly describe or summarize the objectives for the clerkship. Are they taken from or based on objectives established by national organizations, or developed internally?

The objectives for the pediatrics clerkship are based on the last revision of the APA/COMSEP General Pediatric Clerkship Curriculum (2005) organized around the six core competencies implemented by the ACGME and meeting the LCME ED-2 standard. The objectives also reflect the integrated nature of the pediatrics/OB-GYN block. Some topics covered during the OB-GYN/Pediatrics block have been identified as “shared topics” and will be addressed with students through integrative lectures, workshops, seminars, case conferences, or shared rounds. Examples of shared topics include adolescent contraception, pregnancy, and gynecology as well as the monthly Perinatal M and M conference.

A summary of core learning objectives, organized by the ACGME competency domains, and Paul L. Foster School of Medicine institutional learning objectives follows.

MEDICAL KNOWLEDGE

Goal: Students must acquire knowledge about established and evolving biomedical, epidemiological, clinical, and psychosocial sciences and apply this knowledge to patient care. The student will develop an understanding in the assessment and management of common clinical conditions in pediatrics in the

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Pediatrics</i>
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inpatient and the outpatient setting. The learner will demonstrate the ability to acquire, critically interpret, and apply this knowledge.

Objectives: Recognize the signs, symptoms, physical findings of common pediatric problems including the following (MK-1, 2, 3, 4; PC-1):

- Health Supervision
- Growth
- Development
- Behavior
- Nutrition
- Prevention
- Issue unique to adolescence
- Issue unique to newborn
- Medical genetics and dysmorphology
- Common acute pediatric illness/common pediatric complaints
- Common chronic illness and disability
- Therapeutics
- Fluids and electrolytes management
- Pediatric emergencies
- Child Abuse

PATIENT CARE

GOALS: 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 completion of this clerkship experience, students will be able to:

- Determine which patients can be managed in a general inpatient setting and which require higher levels of care and expertise in a critical care unit (PC-2).
- Demonstrate skills at the MS III level in evaluating, diagnosing, managing, and determining the appropriate disposition of pediatric patients (PC-1, PBL-1, 6)
- Develop differential diagnoses, planning diagnostic studies, formulate and implement therapeutic options and plans for discharge of patients under the student's care (PC-6).
- Utilize appropriate consultants/subspecialists.
- Utilize diagnostic testing and imaging resources effectively and efficiently (PC-5).

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Pediatrics</i>
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INTERPERSONAL AND COMMUNICATION SKILLS

Goal: Students must demonstrate interpersonal and communication skill that result in effective information exchange with patients, their families, and professional associates. The student will develop knowledge of specific techniques and methods that facilitate effective and empathic communication.

Objectives: Students will demonstrate the ability to:

- Communicate effectively with families and patients (ICS-1).
- Interview adolescent patients in an effective manner (ICS-1, Prof-7).
- Appropriately utilize interpreters, if necessary, to communicate with non-English speaking patients (ICS-1).
- Communicate effectively and respectfully with physicians and other health professionals in order to share knowledge and discuss management of patients (ICS-3)
- Maintain professional and appropriate personal interaction with patients (ICS-1, 3).
- Use effective listening, verbal and writing skill to communicate with patients, families, and member of the health care team (ICS-1, 2).

PROFESSIONALISM/ 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, students will demonstrate:

- Sensitivity to patient and family concerns (Prof-3, 5, 7).
- Tolerance for parent and patient differences in culture, beliefs, attitudes, and lifestyle (Prof-7)
- The ability to manage personal biases in caring for patients of diverse populations and different backgrounds and to recognize how these biases may affect care and decision-making (Prof 3, PBL-7).
- Respect for patient privacy and confidentiality (Prof-1, 5).
- Commitment to following through with professional obligations and the timely completion of assigned tasks and duties (Prof-6).
- Commitment to treat faculty, residents, staff, and fellow students with respect and courtesy.
- Advocate for patient needs (Prof-9).

PRACTICE BASE 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: During this clerkship experience, the student will:

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Pediatrics</i>
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- Demonstrate the use electronic technology (e.g., PDA, PC, internet) for accessing and evaluating evidenced-based medical information (e-medicine, journals AAFP, NEJM, AJP, etc) (PBL-3, 5).
- Accept feedback from the faculty and incorporate this to improve his or her clinical practice (PBL-4).

SYSTEM 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 (SBL-2).

Describe the process that was used to define the kinds of patients, clinical conditions, or procedural skills, and the clinical settings for such experiences that are needed to meet the clerkship objectives. At what point during the clerkship will individual students' clinical experiences be reviewed to assure that objectives are being met, and who will conduct that review?

The clerkship uses the template of the Council on Medical Student Education in Pediatrics (COMSEP) clinical encounter table to identify the types of patients and core conditions students should see and to determine the clinical settings (ambulatory, inpatient or acute care) that are most appropriate for encountering patients with these conditions. These guidelines are provided to each student, who maintains an on-line log of patient encounters. The clerkship director conducts a mid-clerkship review of patient logs.

If a student is not meeting clinical objectives, the clerkship director will take appropriate steps to assure satisfactory completion. This may involve discussions with the faculty and residents supervising the student, making adjustments to the schedule, or assigning the student an alternative means of meeting the objectives (e.g., Computer-Assisted Learning in Pediatrics Program cases—see <www.clippcases.org>).

Who will be responsible for ensuring that each student's clinical experiences are appropriate to meet the objectives of the clerkship? Describe the actions that would be taken if a student is not making satisfactory progress in meeting clerkship expectations for clinical experiences.

The clerkship director has the ultimate responsibility for ensuring that each student's clinical experiences are appropriate to meet the clerkship objectives. The clerkship director conducts a mid-clerkship review with each student based upon the patient encounter log; feedback and evaluations from faculty, residents, and staff, student write-ups, and observed histories and physical examinations. If a student is not making satisfactory progress, the clerkship director will develop a remediation plan.

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Pediatrics</i>
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Preparation for Teaching

If resident physicians will teach in the clerkship or otherwise supervise medical students, how will they informed about the clerkship objectives and prepared for their teaching role?

The clerkship director will meet with residents who have teaching responsibilities to review goals, objectives, expectations, and methods and criteria for assessing student performance. Residents will also be provided copies of the syllabus for the block and the clerkship. All residents will be required to participate in the Residents as Teachers program developed by the Office of Graduate Medical Education.

How will faculty members across instructional sites be oriented to the clerkship objectives and the evaluation system?

All faculty members will be provided a copy of the Pediatrics Clerkship Syllabus. The clerkship director will meet with supervising faculty to inform them of goals and objectives of the clerkship and to review the clinical presentation schemes from the first 2 years of the curriculum that are most relevant to pediatric conditions encountered in the clerkship. Evaluation criteria will also be discussed.

Methods for Evaluating Clerk Performance

What methods will be used in the clerkship to evaluate students' core clinical skills? How will you ensure that such evaluation occurs for all students?

CLINICAL EVALUATIONS

On-going written evaluations (clinical performance and professionalism) of each student are solicited from all faculty and residents who have had sufficient contact with the student at least once every 2 weeks. Standard evaluation forms developed by Paul L Foster School of Medicine are used. The scores from these evaluations are reviewed and summarized by the Clerkship Director.

DIRECT OBSERVATION

To determine competency in history taking and physical examinations, each student is directly observed doing a newborn examination (while in the nursery rotation) and a history and physical examination of an older child (either on the inpatient or outpatient rotations). Grading of these activities is done with evaluation forms using defined criteria (See Appendix xx). Regardless of other grades, a student who performs poorly on these exercises will not be considered to have satisfactorily completed the course. Remediation and reevaluation will be at the discretion of the Clerkship Director.

MEDICAL RECORDS

On all clinical services, students will be expected to write appropriate notes. Obviously, the specific content of the notes will be dictated by the specific service. In general, they should be legibly written, be in complete sentences, and adequately reflect findings (historical, physical, laboratory, etc.), assessment, and plan. These will be reviewed by faculty and/or residents. The quality of a student's written records will be considered in the clinical evaluations.

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Pediatrics</i>
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ADMISSION HISTORIES AND PHYSICAL EXAMINATIONS

On inpatient services, Histories and Physicals are expected to be thorough, complete and follow the recommended outline/format for Pediatrics. During the clerkship, each student is to submit copies of two admission notes (one from the inpatient service and one from the nursery service) for formal evaluation and grading. The forms used for grading (See Appendix xx) should be used as the outline for all admission notes.

CASE PRESENTATIONS

The ability to present cases is key to clinical education. Students must be able to present in a variety of situations- attending rounds, inpatient and outpatient services, nursery, case conferences, etc.

During the clerkship, each student will be required to present and discuss a case at case conference. Appendix 3 is the recommended format. The discussion should be about, and clinically relevant to, the case. “Mini lectures” are discouraged.

DEPARTMENTAL EXAMINATIONS

Students will be given two (2) in-house examinations during the rotation. They will cover information from required readings, lectures, and self-learning materials.

OSCE

Students will be required to participate in and pass an OSCE at the end of the block.

NATIONAL BOARD OF MEDICAL EXAMINATION (NBME)

At the end of the rotation every student will take the NBME shelf exam in pediatrics. A minimum scaled score is required for successful completion of the clerkship. Failure of the NBME will require remediation and reexamination.

Will a narrative evaluation of student performance be submitted in addition to or as a component of the clerkship grade?

Yes	X	No	
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Clerkship Outcomes/Evaluation

Comment on the anticipated adequacy of faculty (full-time, part-time, and volunteer), patients, and other resources for this clerkship.

The first class of Paul L. Foster MSIII students will be forty students. This number is similar to present member from Texas Tech Lubbock students doing their 3rd year at the El Paso Campus. In the spring of 2012, the new Children’s Hospital (+150 beds) will open. The Department of Pediatrics is actively engaged in the recruitment of pediatricians and pediatric specialists to staff the hospital. The faculty, settings, and patients needed to expose students to the scope of practice of pediatrics will be adequate to meet the needs of third year medical students when class size reaches its maximum of 100 students per year.

Academic Year 2010-2011

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Pediatrics</i>
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PART C. REQUIRED CLERKSHIP FORM	
Clerkship title:	Internal Medicine
Sponsoring department or unit:	Internal Medicine
Name of clerkship director:	Dinorah Nutis, MD, Vani Shukla, MD (Co-Directors)

Rotations

Total length of clerkship in weeks

10 weeks

List the required rotations that will be part of the clerkship, and the average amount of time to be spent in each (if there are variations across sites, provide a range).

Internal Medicine is paired with Psychiatry in a 16 week block in which teaching and learning experiences alternate between these two disciplines and shared learning experiences are provided (e.g., joint rounds and conferences). The Internal Medicine component of this block consists of the following:

- Internal Medicine In-patient ward (8 weeks)
- Ambulatory Clinic (one-half day per week)
- Sub-specialty selective (2 weeks)

Clerkship Objectives

Are there written objectives for the clerkship?

Yes	X	No	
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Briefly describe or summarize the objectives for the clerkship. Are they taken from or based on objectives established by national organizations, or developed internally?

The educational objectives of this clerkship were developed internally by members of the Department of Internal Medicine and with input from an interdisciplinary year 3-4 curriculum design team consisting of faculty from the Department of Medical Education, Department of Psychiatry, and the Office of Curriculum, Evaluation, and Accreditation. The objectives of the Internal Medicine component of the Internal Medicine/Psychiatry block are consistent with the learning goals and objectives codified by the Clerkship Directors in Internal Medicine (CDIM) to serve as guide for the development of clerkship experiences in internal medicine.

The 31 institutional learning objectives of the Paul L. Foster School of Medicine, which have been mapped on to the ACGME competency domains, served as a framework for organizing the objectives of the internal medicine component of the block. The alpha-numeric code associated with the goals and objectives below refer to the institutional learning objectives described in ED-1, 1-A of the database. Specific learning objectives are included in the syllabus which is available for inspection on-site.

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Internal Medicine</i>
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MEDICAL KNOWLEDGE

GOAL: The student will develop basic competencies in evaluation and management of adult patients and build core knowledge of common diseases seen in internal medicine. The learner will demonstrate the ability to acquire, critically interpret, and apply this knowledge in the care of patients.

OBJECTIVES: Based on a set of 10 diagnostic categories for internal medicine disease processes, the student will evaluate a minimum of one real or simulated patient from each group supported by revisiting the clinical presentation diagnostic schemes employed in years 1-2 (MK 3-4).

PATIENT CARE

GOAL: 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 as indicated in the institutional goals and objectives.

OBJECTIVES:

1. The student will develop skills to demonstrate the ability to perform and accurately record a complete history and physical examination on hospitalized and ambulatory patients and develop diagnosis and management skills. (PC 1, 2, 6)
2. Demonstrates efficient use of diagnostic testing, including the understanding of basic procedures commonly performed on the internal medicine wards, and displays the ability to provide information needed by the patient to provide informed consent for such procedures. (PC 5)
3. Maintains adequate written records on the progress of illnesses of each assigned patient and communicate effectively, both orally and in writing, with patients and their families. (PC3-4, ICS-2)

INTERPERSONAL AND COMMUNICATION SKILLS

GOAL: Students must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families and professional associates.

OBJECTIVES:

1. Communicates effectively with both colleagues and patients, including discussing with the patient (and family as appropriate) ongoing health care needs, using appropriate language, and avoiding jargon and medical terminology. (ICS 1, 3)
2. Appropriately utilizes interpreters and communicates effectively with patients and families who speak another language, maintaining professional and appropriate personal interaction. (ICS 3)

PROFESSIONALISM/ETHICS

GOAL: The student will demonstrate a commitment to meeting professional responsibilities and adherence to high ethical standards.

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Internal Medicine</i>
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OBJECTIVES:

1. Demonstrates sensitivity and compassion to the diverse factors affecting patients and their health care beliefs and needs, including age, gender, sexual orientation, religion, culture, income and ethnicity. (PROF 2, 3, 5, 7)
2. Shows respect for each patient's unique needs and background and how these factors affect the patient's concerns, values and health care decisions. (PROF 2)
3. Demonstrates demeanor, speech, and appearance consistent with professional and community standards.
4. Displays dedication to the highest ethical standards governing physician-patient relationships, including privacy, confidentiality, and the fiduciary role of the physician and health care systems. (PROF 4, 6, 8, 9)

PRACTICE BASE LEARNING AND IMPROVEMENTS

GOAL: Student must be able to learn, investigate and evaluate his or her patient care practice, appraise and assimilate scientific evidence, and improve his or her patient care practices through continuous self-directed learning.

OBJECTIVES:

1. Utilizes varied methods of self-directed learning and information technology to acquire information in the basic and clinical sciences needed for patient care. (PBL 2, 3, 5)
2. Demonstrates continuous efforts to improve clinical knowledge and skills through effective use of available learning resources and self-directed learning. (PBL 7)
3. Accurately assesses the limits of his or her own medical knowledge in relation to patients' problems, accepts feedback from the faculty, and applies feedback to improve clinical practice. (PBL 4)

SYSTEM BASED PRACTICE

GOAL: Students must demonstrate an awareness of, and responsiveness to, the larger context and system of health care, and demonstrate the ability to effectively utilize system resources to provide care that is optimal.

OBJECTIVES:

1. Students will develop knowledge and understanding of the organization of health care delivery system and the professional, legal, and ethical expectations of physicians. (SBL 1, 2)
2. Understand and utilize ancillary health services and sub-specialty consultants properly. (SBL 1,2)

Describe the process that was used to define the kinds of patients, clinical conditions, or procedural skills, and the clinical settings for such experiences that are needed to meet the clerkship objectives. At what point during the clerkship will individual students' clinical experiences be reviewed to assure that objectives are being met, and who will conduct that review?

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Internal Medicine</i>
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The kinds of patients, clinical conditions, procedural skills, and settings for such experiences were determined based on the kinds of problems commonly encountered in the practice of internal medicine and consistent with the goals and objectives of the clerkship. These determinations were also influenced by the department's 35 years of experience providing third year clerkship training as part of the TTUHSC School of Medicine (Lubbock) regional clinical campus system, prior to the creation of the Paul L. Foster School of Medicine. Finally, the determination of patient conditions was influenced by the institutional decision to “revisit” the clinical presentation diagnostic schemes employed in the first two years of the curriculum during the required components of years 3-4. These clinical presentations are listed with the relevant diagnoses in ED-2 of the database.

Students are required to document their clinical encounters in an on-line patient encounter log (op-log). Individual students’ clinical experiences are reviewed at the mid-way point and end of the clerkship. During the mid-rotation evaluation session, students individually meet with the Clerkship Director to discuss clerkship experience. Review is performed by the Clerkship Director.

Who will be responsible for ensuring that each student’s clinical experiences are appropriate to meet the objectives of the clerkship? Describe the actions that would be taken if a student is not making satisfactory progress in meeting clerkship expectations for clinical experiences.

The Clerkship Director is responsible for ensuring that students’ experiences are appropriate to meet the goals and objectives of the clerkship. If, on the mid-block formative evaluation it is determined that a student is not making satisfactory progress, the Clerkship Director will work with the student to determine why and to devise a plan for ensuring that all objectives will be achieved. This may require some adjustments in the student schedule (where possible) or the identification of alternative strategies for meeting the objectives (e.g., on-line cases, simulations, or standardized patient encounters).

Preparation for Teaching

If resident physicians will teach in the clerkship or otherwise supervise medical students, how will they informed about the clerkship objectives and prepared for their teaching role?

In addition to the required Residents as Teacher program conducted by the Office of Graduate Medical Education, the Clerkship Director will meet with residents who are supervising and evaluating students to review the goals, objectives, and organization of the clerkship and also to review the student assessment form that the residents will be expected to complete on each of their students. Residents will also be provided access to the block and clerkship syllabus.

How will faculty members across instructional sites be oriented to the clerkship objectives and the evaluation system?

The Clerkship Director meets with faculty participating in the education program to review course goals, objectives, expectations, and criteria for assessing student performance. Participating faculty are also provided access to the block and clerkship syllabus.

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Internal Medicine</i>
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Methods for Evaluating Clerk Performance

What methods will be used in the clerkship to evaluate students' core clinical skills? How will you ensure that such evaluation occurs for all students?

The following methods are used to assess student knowledge, skills, attitudes, and behaviors:

- NBME Internal Medicine exam
- Student clinical assessment form, which includes a professionalism component, which is completed by faculty and residents supervising the student
- Observed history and physical evaluation form
- Evaluation of 7 patient write-ups
- Review of on-line patient encounter log
- End of block OSCE

The Clerkship Director is responsible for ensuring that each of these assessment measures has been completed. All must be completed to record a student grade. If necessary, the department chair will be asked to intervene if a faculty member does not meet his/her responsibilities.

Will a narrative evaluation of student performance be submitted in addition to or as a component of the clerkship grade?

Yes	X	No	
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Clerkship Outcomes/Evaluation

Comment on the anticipated adequacy of faculty (full-time, part-time, and volunteer), patients, and other resources for this clerkship.

Faculty, patient, and other resources are adequate for this clerkship.