

PART C. REQUIRED CLERKSHIP FORM

Clerkship title:	Inpatient Pediatrics Sub-internship
Sponsoring department or unit:	Pediatrics
Name of clerkship director:	Blanca Ivette Garcia, MD

Rotations

Total length of clerkship in weeks

4

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).

General Pediatric Inpatient Services: This selective fulfills the requirement for Sub-internship

Clerkship Objectives

Are there written objectives for the clerkship?

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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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?

This selective provides a problem oriented rotation for students to help develop a systematic approach to the hospitalized pediatric patient. The student will develop basic skills for evaluation and management of acute and some chronic illnesses in children. The effects of family dynamics will be addressed as will child advocacy.

The objectives for the pediatrics sub internship are organized around the six core competencies implemented by the ACGME and meeting the LCME ED-1-A standard.

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 the inpatient 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 but not limited to the following:

- Growth and Development
- Behavior
- Nutrition

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Pediatric Inpatient Rotation (Pediatric sub-internship)</i>
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- Injury Prevention
- 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:

- Demonstrate skills at the MS IV level in evaluating, diagnosing, managing and determining the appropriate disposition of pediatric patients
- Determining which patients can be managed in a general inpatient setting and which require higher levels of care and expertise in a critical care unit although they will not manage critical care patients.
- Developing differential diagnoses, planning diagnostic studies, formulating and implementing therapeutic options and plans for discharge.
- Utilizing appropriate consultants/subspecialists.

INTERPERSONAL AND COMMUNCATON 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 between the learner, faculty, colleagues, staff and systems.

Objectives: Students will demonstrate the ability to:

- Communicate effectively with families and patients.
- Appropriately utilize interpreters if necessary to communicate with non-English speaking patients
- 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, families, and member of the health care team.

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Pediatric Inpatient Rotation (Pediatric sub-internship)</i>
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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:

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

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:

- 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 Pediatrics, etc).
- Accept feedback from the faculty and incorporate this to improve clinical practice.

SYSTEM 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:

- Demonstrate an ability to advocate for patient needs.
- Utilize diagnostic testing and imaging resources effectively and efficiently.
- Utilize ancillary health services and specialty consultants properly.

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Pediatric Inpatient Rotation (Pediatric sub-internship)</i>
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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 types of clinical conditions and procedural skills that students will be exposed to reflect the pediatric in-patient population of University Medical Center and the region. Student will be assigned to patients and learning experiences that are consistent with the overall goals and objectives of the Pediatric Sub-Internship selective, where the student will will assume the role of the extern.

The student, under the supervision of the senior resident will follow and average of 2-4 patients a day and be responsible for a complete workup including

- History and Physical exam
- Lab orders and results
- Meds orders
- Consultation orders and follow-ups
- Daily progress notes
- Discharges

Night call schedule, activities, and procedures will be coordinated with the senior resident in the ward. Pertinent reference material will be provided and literature searches will be encouraged.

The individual students' clinical experience will be reviewed midway through the rotation and at the end of the rotation. The clerkship director, faculty attending and/or the senior resident will provide supervision and feedback.

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.

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 experiences are appropriate to meet the rotation objectives. The clerkship director conducts a mid-clerkship review with each student based upon the patient encounter log, faculty, resident, and staff feedback, student write-ups, and observed histories and physical examinations. If a student is not making satisfactory progress, a remediation plan appropriate to meet the student's deficiency would be developed.

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Pediatric Inpatient Rotation (Pediatric sub-internship)</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?

Residents will be oriented in their role as teaching residents through a mandatory program presented by the Office of Graduate Medical Education. Residents will be informed of the student's responsibility during the inpatient service experience. All residents will have access to the pediatrics sub-internship syllabus. Finally, the Sub-I clerkship director will meet with residents to answer questions, review roles and responsibilities, and criteria for assessing student performance.

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

The clerkship director will meet with supervising faculty on the ward to inform them of goals and objectives of 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

Written evaluations of each student are solicited from all faculty and residents who have had sufficient contact with the student. Standard evaluation forms developed by Paul L Foster School of Medicine are used.

DIRECT OBSERVATION:

To determine competency in history taking and physical examinations, each student is directly observed taking a history and performing a physical examination of a child on the ward. Grading of these activities is done with evaluation forms. 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 ward attending and Clerkship Director.

MEDICAL RECORDS

Students will be expected to write appropriate notes. Notes should be legibly written, in complete sentences, and adequately reflect findings (historical, physical, laboratory, etc.) assessment, and plan. These will be reviewed and cosigned by faculty and/or residents. The quality of a student written records will be considered in the clinical evaluations.

ADMISSION HISTORIES AND PHYSICAL EXAMINATIONS

On inpatient services (Histories and Physicals) are expected to be thorough and complete and follow the recommended outline/format. During the clerkship each student is to submit copies of two admission notes for formal evaluation and grading.

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Pediatric Inpatient Rotation (Pediatric sub-internship)</i>
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CASE PRESENTATIONS

Students must be able to present in a variety of situations- attending rounds, inpatient service, case conferences, morning report, etc.

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

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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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 early 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 the medical students when class size reaches its full size of 100 students per year.

PART C. REQUIRED CLERKSHIP FORM	
Clerkship title:	Critical Care Selective
Sponsoring department or unit:	Anesthesiology
Name of clerkship director:	Deborah A. Ortega, MD

Rotations

Total length of clerkship in weeks

4 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).

Each student will have the opportunity to select one of 4 options for the critical care experience, these options include:

1. Medical Intensive Care Unit
2. Surgical Intensive Care Unit
3. Neurological Intensive Care Unit
4. Pediatric Intensive Care Unit

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?

Each fourth year medical student of the Paul Foster School of Medicine (PLFSOM) will be required to complete a 4 week rotation in one of four possible critical care units of the University Medical Center of El Paso: Surgical Intensive Care, Medical Intensive Care, Pediatric Intensive Care, and Neurological Intensive Care. Student will be allowed to indicate their preferences and full consideration will be given to this selection based upon space availability. During the 4 week rotation, the medical student will be exposed to a variety of patients with complex medical conditions requiring extensive intervention and management.

The educational goals and objectives were developed internally and in consultation with guidelines provided by the Society for Critical Care Medicine. The educational objectives of this selective have been “mapped” on to the PLFSOM institutional learning objectives (see ED-1-A in data base) and are summarized below.

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Critical Care Selective</i>
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MEDICAL KNOWLEDGE

GOALS:

Each medical student will be instructed by Critical Care Faculty on relevant patient care issues requiring medical knowledge and on the application of basic science information to issues frequently encountered in critically ill patients. These include:

- airway anatomy and its impact on airway management of critically ill patients including mask ventilation, intubation, and cricothyroidotomy
- subsets of shock including cardiogenic, hypovolemic and septic
- blood gas interpretation
- identification and management of respiratory compromise/failure
- fluid and electrolyte management of ICU patients.
- In addition, students will complete web based learning modules found at the Society for Critical Care Medicine Web Site.

OBJECTIVES:

Upon completion of the Critical Care rotation, each medical student will demonstrate to a Critical Care faculty member or designated individual that the student understands and is proficient in the goals by:

- completing a minimum of 1 supervised mask ventilation, intubation and cricothyroidotomy on a mannequin
- providing a written list of a minimum of 3 criteria that identify each of the subsets of shock (cardiogenic, hypovolemic and septic)
- interpreting and discussing a minimum of 1 blood gas test results of a patient while on rounds with the ICU team
- providing a plan of fluid and electrolyte management for a minimum of 1 patient to be shared with the ICU team while on rounds

PATIENT CARE

GOALS:

Medical students will be introduced to complex medical patients with critical illnesses requiring extensive monitoring and dynamic management. The goal is for each student to:

- be responsible for understanding his or her patients' medical conditions throughout the student's rotation
- provide appropriate treatment and examination studies of his or her patients in conjunction with the ICU team

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Critical Care Selective</i>
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- have exposure to invasive monitoring techniques including central venous access and arterial lines
- develop an appreciation for the intensive, around-the-clock patient care needs
- experience and participate in end-of-life ethical issues, including the potential for organ procurement

OBJECTIVES:

To achieve the goals, each student will:

- be responsible for a minimum of 2 patients throughout their rotation; S/he and write daily ICU notes and present the patients during daily rounds
- be responsible for providing a minimum of 1 extensive treatment plan for a newly admitted ICU patient, including examination studies
- be expected to follow up on all ordered laboratory values and examination studies as they pertain to the student's patients
- have an opportunity to observe the insertion of at least 1 CVP and 1 a-line in a patient
- have 1 opportunity to insert 1 CVP and 1 a-line in a mannequin
- participate in the 1 in 7, 24 hour call cycle, with a required minimum of 3 calls in 4 weeks
- participate in lecture-formatted didactic sessions addressing end of life issues, including organ procurement, presented by Southwest Organ Transplant.

[INTERPERSONAL AND COMMUNICATIONS SKILLS](#)

GOALS:

Management of critically ill patients requires a team approach involving multiple levels of communication. Medical students will:

- learn the appropriate format for presenting patient information on rounds.
- practice communicating treatment plans with critical care patients
- initiate communication with family members of patients regarding treatment plans and outcomes
- learn to verbally transfer care daily.

OBJECTIVES:

- During daily rounds, medical students will present their patients in the expected and accepted format. This will be assessed by the rounding Critical Care faculty.
- Students will be expected to communicate treatment plans with a minimum of 2 patients in the ICU while under direct observation of the ICU faculty member.

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Critical Care Selective</i>
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- Each medical student will be expected to initiate conversation on at least 2 occasions with family members and will be observed and assessed by the attending ICU faculty member
- Critical Care faculty will evaluate and provide feedback for at least 1 verbal transfer of care by a medical student to the on call team.

PROFESSIONALISM

GOALS:

- Medical students will be expected to arrive in a timely fashion for all weekday rounding activities in the ICU
- Adequate preparation of patient information prior to rounds
- ICU rounds are often long and extensive, appropriate behavior and attentiveness is expected throughout the experience on a daily basis

OBJECTIVES:

- Medical students will be present and prepared a minimum of 10 minutes prior to rounds on each day
- All relevant laboratory data, X-ray , CT and MRI results must be presented to the ICU team by the medical student for those patients that s/he is following.

PRACTICE BASED LEARNING AND IMPROVEMENT

GOALS:

- While on their Critical Care rotation, each medical student will be instructed as to the use of the relevant ICU checklist while on service.
- Students will be instructed and educated about the Ventilator Associated Pneumonia (VAP) bundle and its application to critically ill patients.

OBJECTIVES:

- Students will be expected to apply the ICU checklist to their patients while on service.
- Midway through the rotation, the students will be expected to engage in an educated discussion with the Critical Care Faculty regarding the VAP bundle.

SYSTEMS-BASED PRACTICE

GOALS:

Medical students will learn:

- the importance of discharge planning for ICU patients and local resources that are available
- the criteria requiring ICU admission
- the VAP bundle and its global impact on patient care.

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Critical Care Selective</i>
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OBJECTIVES:

- Each student will be expected to provide a written discharge plan for at least one patient
- Students will be given sample cases of patients and will be expected to justify or deny ICU admission based on provided criteria. This will be discussed with the relevant ICU team members.
- Satisfactory completion of the VAP bundle self-directed module posttest will be required of all students completing their rotation in ICU and will be reviewed by the attending ICU faculty.

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?

Critical Care Faculty from the fields of Internal Medicine, Surgery, Pediatrics and Neurosurgery were actively engaged in the creation and development of the curriculum. The clinical setting for this rotation is dictated by the nature of the rotation and is limited to the aforementioned critical settings. The acquisition of medical skills will be assessed weekly via a simulator experience conducted and observed by the clerkship director or designee.

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 the student's clinical experiences meet the objectives. The clerkship director will evaluate each student's progress on a weekly basis. In the event a student is making unsatisfactory progress, the clerkship director will meet individually with the student and develop tailored plans for remediation.

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?

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 with copies of the Medical Student Critical Care Curriculum with particular emphasis on goals, objectives, and assessment methods and criteria.

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

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Critical Care Selective</i>
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All faculty members will be Paul Foster School of Medicine Faculty and will function from one site, University Medical Center of El Paso. Each will receive copies of the curriculum, goals and objectives. The critical care selective clerkship director will meet with participating faculty to review program expectations.

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?

Simulator experiences will function as the primary modality for instruction and evaluation of core clinical skills in addition to bedside interaction, presentation for each student. Weekly written evaluations by supervising faculty will be required to be submitted to the clerkship director.

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

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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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.

There will be a minimum of 9 full time faculty and two part-time faculty engaged in medical student education. Volunteers will include individuals from Southwest Organ Transplant.

Current patient accommodations include :

1. Approximately 32 medical and surgical intensive care beds
2. Approximately 10 pediatric intensive care beds
3. Approximately 4 Neurological intensive care beds

A fully staffed and supported state-of-the-art simulator center is available at the Paul Foster School of Medicine and will be utilized to support the development of student skills during their participation in the critical care selective experience.

PART C. REQUIRED CLERKSHIP FORM	
Clerkship title:	Clinical Neuroscience
Sponsoring department or unit:	Neurology
Name of clerkship director:	Albert Cuetter, MD

Rotations

Total length of clerkship in weeks

4 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).

During the one-month Neuroscience Clerkship, students are assigned, from Monday through Friday, to 4 hours daily of outpatient clinics and 5 hours daily of inpatient consultative services.

Outpatient

- General Neurology Clinic
- Parkinson Clinic
- Epilepsy Clinic
- Electrodiagnosis (EMG)
- Basis of Geriatric Medicine relevant to Neurology
- Headache Clinic

Inpatient

- General neurology
- Neurological complications of systemic diseases
- Stroke rounds
- Stroke rehabilitation
- Electrodiagnosis (EEG, Evoked Potentials)

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?

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Neurology</i>
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The primary purpose of the Clinical Neuroscience Clerkship offered in the MS IV year is to provide the medical student with the ability perform a neurological interview and examination, interpret signs, consolidate symptoms and signs into syndromes, accurately diagnoses neurological diseases, and identify appropriate evidence-based management strategies. The goals and objectives outlined below have been developed internally but are consistent with the neurology core curriculum developed by the Consortium of Neurology Clerkship Directors and the Undergraduate Education Subcommittee of the American Academy of Neurology. The learning objectives of this clinical experience also reflect the medical school's institutional learning objectives (see ED-1, 1-A in the data base).

The following list of goals and objectives are illustrative and not exhaustive. Clerkship syllabus will be available on-site.

MEDICAL KNOWLEDGE

Goal: The student will gain and develop an effective understanding of the assessment and management of common clinical conditions in neurology as they are encountered in the inpatient and outpatient setting. The learner will demonstrate the ability to acquire, critically interpret, and apply this knowledge.

Objectives: The student will recognize the signs, symptoms and physical findings of neurological problems at the level of an MS IV, including the following:

Stroke—by the conclusion of this clerkship, the student will be able to:

- Describe the different subtypes of strokes and their etiologies;
- Match the specific stroke syndromes with the occluded artery;
- List the major risk factors for stroke;
- Describe treatment of acute stroke and prevention of recurrent stroke.

Epilepsy and Seizures—by the conclusion of this clerkship, the student will be able to:

- Differentiate between seizures, epilepsy, and syncope;
- Classify seizure sub-types and describe the clinical features associated with these sub-types;
- Identify appropriate treatment options for patients with epilepsy including conventional and new antiepileptic agents;
- Recognize common adverse events associated with medications for the management of epileptic disorders

Dementia-- by the conclusion of this clerkship, the student will be able to:

- Define and differentiate between dementia and delirium;
- Recognize clinical features and laboratory findings associated with different types of dementia;
- Generate appropriate differential diagnosis for patients presenting with cognitive problems

Neuromuscular diseases—by the conclusion of this clerkship, the student will be able to:

- Differentiate between upper motor neuron (UMN) and lower motor neuron (LMN) dysfunction;

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Neurology</i>
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- Describe usual clinical features and differential diagnosis of motor neuron disease;
- Discuss localization for peripheral sensorimotor disorders (e.g., radicular pain, mononeuropathy, paresthesia, etc.);
- Describe the pathogenesis, usual clinical presentation, workup, and treatment of myasthenia gravis.

Headaches—by the conclusion of this clerkship, the student will be able to:

- Differentiate primary and secondary headaches
- Discuss the distinctive clinical characteristics and epidemiology of migraine and its variations
- Outline a systematic approach to the management of patients with headache.

Movement disorders—by the conclusion of this clerkship, the student will be able to:

- Differentiate between hyperkinetic and hypokinetic movement disorders;
- Describe pathological and neurochemical features of idiopathic Parkinson's Disease;
- Describe clinical, pathological, and genetic features of Huntington's Disease;
- Discuss pharmacological options available for treatment of Essential Tremor and Parkinson's Disease.

PATIENT CARE

Goal: The student will develop recognition and effective integration of factors that contribute to optimal and compassionate care of patients presenting with neurological concerns.

Objectives: by the conclusion of this clerkship, the student will demonstrate the ability to:

- Obtain a complete and reliable history;
- Conduct a focused and reliable neurological examination;
- Formulate a differential diagnosis based on lesion localization, time course, signs, symptoms, and relevant demographic features;
- Interpret electrodiagnostic studies (EEGs, EMGs, nerve conduction studies), neuroimaging studies (CT, MRI), and common laboratory tests used in the diagnosis of neurological disease;
- Formulate a plan for investigation and management of common neurological problems;
- Discuss neurological manifestations of systemic diseases.

COMMUNICATION AND INTERPERSONAL SKILLS

Goal: The student will develop knowledge of specific techniques and methods that facilitate effective and empathic communication between the learner, faculty, colleagues, staff and systems.

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

- Communicate effectively with families and patients
- Appropriately utilize interpreters if necessary to communicate with patients

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Neurology</i>
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- Communicate effectively and respectfully with physicians, and other health professionals in order to share knowledge and discuss management of patients
- Present clear, concise, and thorough oral presentations of patient history and physical examination results
- Prepare clear, concise, and accurate written presentations of patient history and physical examination results, interpretation of laboratory and imaging studies, and plans for patient management;
- Maintain professional and appropriate personal interaction with patients

PROFESSIONALISM AND ETHICS

Goal: Reaffirm, understand, and value the inclusion of high standards in professional and ethical practice and incorporate these values, attitudes, and behaviors in the provision of optimal, culturally sensitive patient care.

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

- Display sensitivity to patient and family concerns;
- Maintain confidentiality of patient care and values;
- Manage personal biases in caring for patients of diverse populations and different backgrounds and recognize how these biases may affect care and decision-making;
- Follow-through and comply with daily assignments.

PRACTICE BASE LEARNING AND IMPROVEMENT

Goal: Understand the application of scientific evidence and accept feedback for continuous self-assessment in the improvement of patient care.

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

- Apply technology (eg. PDA, PC, internet) in the acquisition and evaluation of Evidenced-Based Medical information (e-medicine, journals AAFP, NEJM, etc).
- Accept feedback from the faculty and incorporate this to improve clinical practice.
- Critically asses the quality and utility of medical information based on sources and methodologies.

SYSTEM BASED PRACTICE

Goal: Develop an appreciation of supportive health care resources, and understand their utilization as part of patient advocacy.

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

- Advocate for patients and quality patient care
- Wisely utilize resources in patient care (e.g., efficiently use diagnostic and laboratory tests)
- Understand and utilize ancillary health services and specialty consultants properly.

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Neurology</i>
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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 goal of the neurology clerkship is to expose students to the scope of neurological practice with an emphasis on the neurological diseases and problems that are most commonly encountered in medical practice, regardless of specialty. Both the conditions enumerated above under "medical knowledge," and exposing students to both out-patient and inpatient care of neurological patients meet this goal. Students will record their encounters in the on-line patient encounter system. At the mid-point of the rotation, the clerkship director will review each student's entries to assess whether the educational goals and objectives are being achieved.

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 ultimately responsible for assuring that clinical experiences and other educational opportunities are available to meet clerkship requirements. If the student is not making satisfactory progress at the mid-point of the rotation, the clerkship director will assist the student through schedule adjustments or through alternative methods (e.g., online cases, special readings, simulations, case conferences, etc).

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?

At present, we do not have a neurology residency and residents do not participate in student teaching.

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

All faculty members participating in the neurology clerkship will be provided with a syllabus listing the clerkship goals, objectives, and scheduled activities. Members of the department collaborated in the development of the clerkship and all share in delivering didactic instruction and in supervising student clinical encounters. Clerkship faculty will meet at least annually to review the clerkship, student performance, and student evaluation and, based on this data, they will reach consensus about course improvement measures as needed. Finally, clerkship faculty will meet as a group to assess student performance.

Clerkship title:	<i>Neurology</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 clerkship director has ultimate responsibility for ensuring that student knowledge and core clinical skills are assessed in appropriate ways. In this clerkship, the following methods are employed:

- Direct observation of comprehensive neurological examination.
 All students complete at least 15 new patient evaluations. Students will use a supplementary form that contains information in the following topics: main findings in the physical examination, anatomic location of suspected lesion, diagnosis, and option of management. After the student's oral presentation, the neurologist will review the student's problem-solving process and discuss with the student the strengths and weaknesses of the presentation and workup. The student will receive immediate remediation. Also, the form will facilitate the evaluation of student's clinical competence.
- Review of 2 student write-ups. These write-ups will reflect the student's ability to conduct a sequenced history and physical examination, and produce a management plan.
- NBME Clinical Neurology examination
- Completion of end-of-rotation performance rating form

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 currently have a patient base that is fully adequate to provide students with a broad exposure to the diagnosis and management of patients with neurological problems. Up until 2009, neurology and psychiatry at TTHUSC was a combined department. They have since been split into two departments. A search is underway for a chair and additional faculty will be recruited. We anticipate a department with 7-8 FTE neurologists by the time PLFSOM students enter their fourth year and are eligible to participate in this educational experience. This number of faculty is adequate.

PART C. REQUIRED CLERKSHIP FORM	
Clerkship title:	Emergency Medicine
Sponsoring department or unit:	Emergency Medicine
Name of clerkship director:	Michael Parsa, MD

Rotations

Total length of clerkship in weeks

4

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).

This clerkship will be conducted entirely in the Emergency Department of University Medical Center.

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 of the clerkship are designed to reinforce selected clinical presentations outlined by the PLFSOM curriculum in years 1-2. The topics are also in agreement with established external guidelines (Task Force on National Fourth Year Medical Student Emergency Medicine Curriculum). The Emergency Medicine Clerkship objectives have been linked to the appropriate Institutional Learning Objectives of the Paul L. Foster School of Medicine and the associated ACGME competencies. The code in parentheses refers to specific institutional learning objectives documented in the PLFSOM data base ED-1,1-A).

MEDICAL KNOWLEDGE

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

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

- Demonstrate an investigatory and analytic approach to clinical situations, integrating basic and clinical science concepts (MK-1,2)
- Demonstrate the ability to interpret the implications of diagnostic tests (MK-3)

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Emergency Medicine</i>
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PATIENT CARE

Goal: The 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: By the end of the Emergency Medicine Clerkship students will be able to:

- Describe the basic ED management of the following common acute problems (PC-1, 2, 5, 6):
 - Chest pain
 - Dyspnea
 - Abdominal pain
 - Trauma
 - Shock
 - Altered Mental Status
 - GI Bleeding
 - Headache
 - Seizure
 - Overdose
 - Vaginal Bleeding
 - Orthopedic injuries
 - Pediatric fever
- Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients presenting to the emergency department (PC-3).
- Make informed decisions about diagnostic and therapeutic interventions using patient information and preferences, scientific evidence, and clinical judgment (PC-3, 5).
- Recognize life-threatening illness or injury and apply basic principles of stabilization to the early management of these conditions (PC-2)
- Provide basic life support and cardiopulmonary resuscitation
- Demonstrate proficiency, at a medical student level, in basic procedural skills, including, but not limited to, the following:
 - Basic Airway Management
 - Peripheral Intravenous Access
 - Suturing and Management of Wounds
 - EKG/cardiac rhythm analysis

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Emergency Medicine</i>
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- Foley catheter placement

In addition, students will be exposed to the following procedures and diagnostics:

- ED ultrasound
- Orthopedic splinting techniques
- Central venous access
- Tube thoracostomy
- Endotracheal intubation

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 Emergency Medicine Clerkship, students will be able to:

- Demonstrate the ability to respectfully, effectively, and efficiently establish a therapeutic relationship with patients and their families (ICS-1).
- Provide effective, accurate, and concise presentations to colleagues and attending physicians (ICS-2, 3).
- Demonstrate effective, respectful communication with clinical faculty, other health care professionals, and staff (ICS-1,3).
- Demonstrate the ability to use listening skills to facilitate the exchange of information between patient and clinician (ICS-1)
- 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)

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 the Emergency Medicine clerkship, student will demonstrate:

- Respect and compassion for patients, their families, and all members of the health care team (Prof-3, 5, 7)
- Sensitivity to cultural differences (Prof-7)
- Adherence to ethical principles governing the doctor-patient relationship, including respect for patient confidentiality and privacy (Prof-1)
- Respect for patients whose lifestyles and values may be different from those of the student (Prof-3, 5)

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Emergency Medicine</i>
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- Reliability, by arriving on-time and prepared for all required shifts and activities
- Awareness of the limits of his or her own knowledge, experience, and capabilities (Prof-6, PBL-3, 4, 7)

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 Emergency 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-1, 6).
- Use information technology and electronic resources to access, manage, and evaluate information in support of personal education (PBL-3, 5).
- Solicit and respond to feedback to improve his or her clinical practices (PBL-3, 4, 7).
- Accurately assess his or her own performance and identify areas of needed improvement (PBL-7).

SYSTEMS-BASED PRACTICE

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

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

- Describe the role of emergency medicine in the health care system (SBP-2)
- Describe strategies for controlling health care costs and allocating resources without compromising quality of care (SBP-2)
- Assist patients and their families to gain access to necessary health care resources (SBP-2, Prof-9)
- Identify medical and social service referral sources appropriate to the clinical situation (SB-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 faculty in the Department of Emergency Medicine discussed the goals and objectives of the new required clerkship in Emergency Medicine and reviewed recommendations made by the Task Force on National Fourth Year Medical Student Emergency Medicine Curriculum. Patient conditions and

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Emergency Medicine</i>
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procedural skills were selected based on the clerkship learning goals and objectives, institutional learning objectives, and experience in offering elective experiences in emergency medicine.

The clerkship director will perform a mid-cycle evaluation and make adjustments on an individualized basis. A summative evaluation will also be performed at end of clerkship.

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Emergency Medicine</i>
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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' clinical experiences will allow them to meet clerkship objectives and expectations. An individualized program will be implemented if the mid-cycle review suggests objectives are not being met. This program will consist of additional readings, computerized cases, and/or simulations.

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 senior residents take a formalized teaching class organized by GME. Senior residents with involvement in education will be informed in writing of the course objectives and supervised by the clerkship director (or other appointed faculty) in their teaching role. A formative assessment of the resident's teaching will be undertaken, as required by the ACGME.

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

At this time we do not plan to use additional sites. All faculty members in the Emergency Department who will be teaching students will be provided copies of the clerkship syllabus, learning objectives, and assessment instruments. The clerkship director will be responsible for ensuring that faculty are prepared for their roles as teachers and evaluators.

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 primary method of evaluation is direct faculty supervision and evaluation on each case. The assurance for this is that every patient is fully evaluated by the faculty and student together.

Secondary evaluations are by oral boards, simulations, and written tests. Each student will have ½ day of individual evaluation by the first two methods. Each student will complete a pretest before the rotation to discover strengths and weaknesses and to guide individualization of the rotation. Each student will complete a post test for grading.

The clerkship director assumes responsibility for ensuring that students complete all required assessment components.

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

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Emergency Medicine</i>
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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 department has adequate faculty, all of whom are board certified or eligible in EM, for patient care and teaching. Some have additional qualifications, including two double boarded in Medical Toxicology, one double boarded in Family Medicine, two with PhDs (biophysics and biochemistry), and 2 with master's qualifications (one in clinical research design and another in preventative medicine).

The patient population at the UMC Emergency Department has >60,000 visits per year with an admission rate of 20% and high acuity. The population covers the entire spectrum of emergency care, including Level 1 Trauma designation (2600 admissions yearly), 30% Pediatric visits, and a large sick adult Medical census. We consider the patient mix and volume more than adequate for medical student training needs.

Other resources include a simulation section with adequate equipment and dedicated faculty. The size and scope of the section is expected to greatly increase over the next 3 years.

PART C. REQUIRED CLERKSHIP FORM	
Clerkship title:	Internal Medicine Sub-internship
Sponsoring department or unit:	Internal Medicine
Name of clerkship director:	Rafael Gonzalez-Ayala MD

Rotations

Total length of clerkship in weeks

4

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).

This is a 4 week in-patient experience.

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 the sub-internship in internal medicine are consistent with the curriculum developed by the Clerkship Directors in Internal Medicine Sub-Internship Taskforce (<http://www.im.org/Resources/Education/Students/Learning/CDIMsubinternshipCurriculum/Pages/default.aspx>) and also reflect the Paul L. Foster School of Medicine Institutional Learning Goals and Objectives described in ED-1, 1-A of the database.

COMPETENCY BASED EDUCATIONAL GOALS AND OBJECTIVES

PATIENT CARE

The ability to provide patient-centered care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.

GOAL: The student will recognize and integrate factors that contribute to optimal and compassionate patient-centered care.

OBJECTIVES:

- a) Demonstrate proficiency in coordinating a comprehensive and longitudinal patient care plan
- b) Use paper or electronic references to access evidence based medicine to solve clinical problems
- c) Prioritize tasks for daily patient care in order to efficiently utilize time

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Internal Medicine Sub-Internship</i>
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- d) Systematically organize daily tasks
- e) Describe the indications, contraindications, risks, and benefits of each of the following procedures:
 - i) Venipuncture
 - ii) Intravenous catheter insertion
 - iii) Arterial blood sampling
 - iv) Nasogastric tube insertion
 - v) Lumbar puncture
 - vi) Urethral catheter insertion
 - vii) Endotracheal intubation
 - viii) Paracentesis
- f) Explain how the information obtained from these procedures will enhance the patient's care
- g) Describe potential procedure related risks to the operator and the need for universal precautions
- h) Perform, with supervision, the above procedures safely and in keeping with current guidelines
- i) Write a procedure note that documents indications, risks, and results
- j) Ensure that the samples obtained are properly prepared for laboratory processing

MEDICAL KNOWLEDGE

The knowledge about established and evolving biomedical, epidemiological, clinical and psychosocial sciences and the application of this knowledge to patient care.

GOAL: The student will develop an effective understanding in the assessments and management of the most common clinical conditions in Internal Medicine in the inpatient setting. The learner will demonstrate the ability to acquire, critically interpret, and apply this knowledge.

OBJECTIVES: Recognize and describe the appropriate evaluation and management of:

- a) Abdominal Pain
- b) Acute gastrointestinal bleeding
- c) Acute pulmonary edema
- d) Acute renal failure
- e) Altered mental status
- f) Arrhythmias
- g) Chest pain
- h) Drug withdrawal
- i) Electrolyte disorders
- j) Fever

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Internal Medicine Sub-Internship</i>
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- k) Glycemic control
- l) Hypertensive emergencies
- m) Nausea and vomiting
- n) Pain management
- o) Respiratory distress
- p) Seizures
- q) Shock

INTERPERSONAL AND COMMUNICATION SKILLS

The ability to have effective information exchange and collaboration with patients, their families and healthcare providers.

GOAL: The student will identify challenges to communication that arise in the inpatient setting and practice practical and proven strategies to facilitate effective and empathetic communication with the patient, patient's family, faculty, colleagues, staff and systems.

OBJECTIVES:

- a) Communicate effectively with physician and non-physician members of the health care team and consultants in a manner that demonstrates the ability to:
 - i) Clearly summarize the patient's reason for admission and rationale for clinical plan
 - ii) Clearly and concisely present oral and written summaries of patients to members of the health care team with attention to the inclusion of relevant information and synthesis of clinical information
 - iii) Achieve proper transfer of care throughout a patient's hospitalization including end of day and end of service coverage
 - iv) Contact members of the health care team, consultants, and other hospital personnel
 - v) Demonstrate an understanding of the importance of communicating with the patient's primary care physician (PCP) if the inpatient attending is different from the PCP
 - vi) Communicate plan with an outpatient health care provider, arranging for follow-up when appropriate
 - vii) Negotiate conflict
 - viii) Document in an organized and efficient manner: admission notes, daily progress notes, transfer notes, on-call emergencies, and discharge summaries
- b) Communicate effectively with patients and patient's family members by showing the ability to:
 - i) Utilize lay terms appropriate to the patient's level of education and explain scientific jargon
 - ii) Recognize and manage denial and grief

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Internal Medicine Sub-Internship</i>
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- iii) Communicate abnormal results and “bad news” to patients in a sensitive manner
- iv) Discuss adverse events with patients
- v) Discuss end of life issues with patients and family members with attention to the patient’s wishes and needs
- vi) Initiate a conversation with a patient about advanced directives and documenting a Do Not Resuscitate order.
- vii) Assess patients’ decisional capacity to provide informed consent for a procedure or intervention
- viii) Provide concise daily updates for patients and families regarding hospital course and rationale for ongoing or new treatment plans

PROFESSIONALISM

A commitment to carrying out professional responsibilities, adherence to ethical principle and sensitivity to a diverse patient population.

GOAL: The student will reaffirm and achieve high standard of professional and ethical practice that includes optimal culturally sensitive patient care.

OBJECTIVES:

- a) Demonstrate compliance with local and national ethical and legal guidelines governing patient confidentiality in both written documentation and verbal communication with the patient’s family members
- b) Show respect for, and a willingness to, assist all members of the health care team
- c) Demonstrate respect for patient’s rights to confidentiality
- d) Address cultural sensitivities and patient wishes with regards to health care and incorporate this knowledge into discussions with the patient
- e) Show respect for patient autonomy and the principle of informed consent
- f) Demonstrate concern for maximizing patient comfort
- g) Teach third year medical students, when appropriate, regarding patient care skills

PRACTICE-BASED LEARNING AND IMPROVEMENT

The ability to learn, investigate, and evaluate patient care practice, appraise and assimilate scientific evidence, and improve patient care practices.

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

OBJECTIVES:

- a) Determine the level of skill or proficiency in performing procedures

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Internal Medicine Sub-Internship</i>
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- b) Demonstrate a commitment to learning how to perform procedures in an efficient and cost-effective manner

SYSTEM-BASED PRACTICE

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 care that is optimal.

GOAL: The student will develop an appreciation of supportive health care resources, and understand their utilization as part of patient advocacy.

OBJECTIVES:

- a) Demonstrate the ability to work effectively with physician and non-physician members of the health care team including nursing staff, physician assistants and nurse practitioners, social workers, therapists (occupational, physical), pharmacists, nutrition support staff and discharge planners.
- b) Access the clinical information system in use at the site of health care delivery (e.g. hospital or clinic).
- c) Define “panic values” and describe the methods used for their communication from the hospital laboratory to the responsible intern.
- d) Incorporate resources available in the inpatient and outpatient setting for the management of grief in patient care
- e) Coordinate care plan, utilizing community resources when necessary

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 patient conditions and procedural skills expected of students are based on the learning objectives and competencies described above. These are consistent with national guidelines for sub-internship experiences in internal medicine and also reflect our more than 30 years of institutional experience providing an elective sub-internship experience as a regional campus of TTUHSC Lubbock School of Medicine before the accreditation of the Paul L. Foster School of Medicine as an independent medical school.

Students will record their patient encounters and the procedures they perform in the on-line electronic patient encounter log. Individual students’ clinical experiences are reviewed at the mid-way point and end of the rotation with the course director to discuss the rotation experience. Every effort will be made to provide students with “real patient” experiences. If this is not possible, alternatives in the form of computerized cases, high fidelity simulation, and/or standardized patient encounters will be employed.

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

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Internal Medicine Sub-Internship</i>
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taken if a student is not making satisfactory progress in meeting clerkship expectations for clinical experiences.

The course director is responsible for reviewing student progress in meeting the sub-internship objectives.

Exploration of a problem will begin as soon as a potential problem is suspected. The course director will talk to the student and explore the student's perception of the problem, the student's strengths and weaknesses, and current life stressors. A history of past academic performance will also be ascertained. The course director will try to assess if current problems are due to teacher-student incompatibilities or problems arising due to the learning milieu. As necessary, the course director will convey information to other teachers so that an individualized teaching strategy and optimal learning condition can be planned for the student on other rotations. Steps taken if a student is not making satisfactory process include:

- 1) Determine the precise problem (knowledge, skills or attitudes) to be addressed
- 2) Determine the method that may be useful to help learners address the problem:
 - Personal one-to-one assessment of knowledge and skills deficits by attendings or resident teachers
 - Clinical case discussions
 - Assignment of additional reading to provide a clearer knowledge foundation, with subsequent discussions of the reading
 - Assigned exercises such as time in clinical skills lab, extra patient assignments, etc.
 - Recommendations about time management or organizational skills
 - Referrals to other sources of help if it appears that the student has personal problems that interfere with efforts to study or evidence of learning disabilities
 - Involve the student in the design and assessment of the intervention

If a student is not making a satisfactory progress in meeting course expectations for clinical experiences, he/she is reminded of the objectives during the mid-rotation evaluation. Otherwise, objectives may usually be completed through interactive case studies during scheduled/master clinical educator sessions.

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?

Resident physicians for the internal medicine program receive an orientation/workshop for "Residents as Teachers" and a written copy of the course objectives for medical students at the beginning of their residency training. The residents receive clear guidance from the course director about their roles in teaching and evaluating medical students. The residents teach and supervise students on a daily basis during ward rotations. The residents receive written materials to enhance their teaching and evaluation skills. Residents are assessed in their teaching and evaluating skills by direct observation of faculty and

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>Internal Medicine Sub-Internship</i>
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feedback from students through course evaluations and focus groups, with opportunities provided for remediation if the residents' performance is inadequate.

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

The course director provides a clear understanding of the objectives of the clinical experience and the evaluation methods used to determine achievement of those objectives through monthly meetings conducted by the chairman from the department. In addition, opportunities to enhance teaching and evaluation skills are available through Faculty Development. The clerkship also conducts monthly evaluation sessions, where faculty assigned to wards have the opportunity to give feedback about the students and learn about any issues or problems for the rotation.

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?

- Descriptive evaluations (including rubric to assess professionalism)
- Record of clinical encounters
- Direct observation of student's clinical skills
- Evaluating medical procedures
- The use of simulators (Advanced Teaching and Assessment in Clinical Simulation Center "ATACS")
- Objective Structured Clinical Examination (OSCE)
- NBME Internal Medicine Sub-Internship Exam

All of the above must be complete to receive a final grade. The sub-internship course director is responsible for assuring that students are appropriately evaluated and that all assessments have 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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Clerkship Outcomes/Evaluation

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

Faculty and patients are adequate for the course.

PART C. REQUIRED CLERKSHIP FORM	
Clerkship title:	General Surgery Sub Internship
Sponsoring department or unit:	Surgery
Name of clerkship director:	Angel Mario Morales Gonzalez, M.D.

Rotations

Total length of clerkship in weeks

4

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).

There will only be one rotation in this sub internship clerkship. All four weeks will be devoted to this General Surgery Sub Internship. This will include in-patient, out-patient, and OR clinical experiences,

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 general goal for the General Surgery Sub-Internship clerkship is to prepare students with a special interest in surgery for their future role as surgical interns. Students will actively participate in the peri-operative care of the surgical patient, working closely with surgical interns during ward rounds, surgery clinic, and procedures in the operating room in order to solidify skills learned during their Third Year Surgical Clerkship. This will provide them with the experience necessary to excel as a surgical intern when they begin their residency.

Because the sub-internship occurs as the student completes his or her last year of undergraduate medical education, we have tailored the 31 ACGME competency domain-linked institutional learning objectives of the Paul L. Foster School of Medicine to surgery. A summary of the core learning objectives tied to the ACGME competency domains, linked to the PLFSOM Institutional Learning Objectives (in parentheses), follows:

MEDICAL KNOWLEDGE

- Describe in detail the normal anatomy of the abdomen including its viscera and anatomical spaces. (MK-1)
- Compare and contrast normal variation and pathological states in the structure and function of the abdominal viscera. (MK-2)

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>General Surgery Sub Internship</i>
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- Describe analytic methods (laboratory, imaging, evidence-based medicine principles) and apply them in the care of the surgical patient. (MK-3)

PATIENT CARE

- Understand, describe, and assist in the various therapeutic methods for the management of surgical illness and disease. (PC-1)
- Identify life-threatening conditions in the peri-operative management of the surgical patient that require immediate and specific interventions. (PC-2)
 - These life-threatening conditions include but are not limited to: myocardial infarction, pulmonary embolism, systemic inflammatory response syndrome (SIRS), sepsis, cardiovascular shock.
- Provide precise, timely, and comprehensive patient care that is documented appropriately. (PC-3)
- Perform and accurately record findings and observations derived from physical examinations. (PC-4)
- Choose appropriate laboratory tests and/or diagnostic procedures and accurately interpret results. (PC-5)
 - This would include interpretation of liver function tests, coagulation profiles, abdominal ultrasounds, computerized tomography, and intra-operative cholangiography.

INTERPERSONAL AND COMMUNCATON SKILLS

- Communicate clearly, respectfully, and compassionately with patients, families, colleagues, and members of the health care team. (ICS-1)
 - As part of this learning objective, the student will be able to obtain consent for surgery from patients. He or she will be able to disclose the risks and benefits of the various surgical procedures performed by the team, as well as to answer the patient's questions.
- Collect and record pertinent elements of the clinical history in a concise and accurate manner. (ICS-2)
- Communicate knowledge, interpretation and recommendations orally and/or in writing to a wide range of professional or lay audience. (ICS-3)
 - As part of this learning objective, the student will be required to give one 20 minute case presentation on a surgical patient during one of the Surgery Residency's weekly didactic sessions.

PROFESSIONALISM

- Display compassion in interactions with all patients regardless of race, gender, ethnicity, sexual orientation, socioeconomic status and disability. (Prof-3)
- Apply the highest ethical standards in all professional activities. (Prof-4)

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>General Surgery Sub Internship</i>
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- Demonstrate respect for the beliefs, opinions and privacy of patients, families, and members of the health care team. (Prof-5)
- Demonstrate scrupulous honesty in all professional matters. (Prof-6)
- Preserve the patient's dignity in all interactions. (Prof-8)
- Demonstrate advocacy for the interests and needs of patients. (Prof-9)

PRACTICE BASE LEARNING

- Recognize when to take responsibility and when to seek assistance based on one's position in the surgical team. (PLB-4)
- Demonstrate sophistication in the use of digital resources for patient care, self-education, and the education of patients and their families. (PLB-5)
 - Assistance and participation in the weekly General Surgery Morbidity and Mortality Conference, the monthly Trauma Morbidity and Mortality Conference, and the monthly Multidisciplinary Trauma Morbidity and Mortality Conference.
- Demonstrate the application of a scheme inductive approach to arrive at a focused differential diagnosis. (PLB-6)
 - Demonstrate self-awareness and the skills necessary for life-long learning. (PLB-7)

SYSTEM BASED PRACTICE

- Describe the components of the national health system and its funding, and how this affects the surgical patient's health. (SBP-2)
- The student will be required to attend the nursing floor case management and discharge meetings.

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 process used to define the patients, clinical conditions, procedural skills, and clinical settings for the experiences needed to meet the clerkship objectives involved reviewing the Paul L. Foster School of Medicine Institutional Goals and Objectives and the ACGME Competencies. Then, a meeting was held with the Surgical Clerkship Director for Year Three (Dr. Susan McLean) to discuss the ways in which the third year objectives could be solidified in order to better prepare the students for a surgical internship.

During the clerkship, the clerkship director (Angel M. Morales Gonzalez, M.D.) will meet with the students at the end of their second week to review written evaluations from faculty and residents. This also serves as an opportunity to provide and receive feedback.

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

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>General Surgery Sub Internship</i>
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taken if a student is not making satisfactory progress in meeting clerkship expectations for clinical experiences.

The clerkship director will be 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 expectations and solutions to aid the student in achieving appropriate learning objectives. 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 Associate Dean for Student Affairs.

If a student is not making satisfactory progress in meeting clerkship expectations, he will be informed of this during the mid-clerkship evaluation meeting. If he or she still fails to meet the objectives by the end of the clerkship, the student will fail 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?

Residents are given the clerkship learning objectives. The residents have received didactic sessions on how to teach medical students through the Office of Graduate Medical Education. The residents also meet with the clerkship director prior to starting teaching sessions, to receive instructions and/or advice. Residents have full access to the sub-internship syllabus.

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. The sub-internship director also maintains close contact with faculty participating in this experience. He reviews goals, objectives, and assessment criteria with all faculty members supervising students. Furthermore, faculty attending are provided access to the surgery sub-internship syllabus.

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?

Students' core clinical skills will be evaluated by direct person to person interaction with faculty and residents. There will be a midclerkship evaluation at 2 weeks and an end of clerkship evaluation at 4 weeks. The sub-internship director is responsible for ensuring that appropriate evaluations have been completed for each student participating in this experience.

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

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>General Surgery Sub Internship</i>
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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, patients, and resources (including simulation) are adequate to meet the learning objectives for the clerkship.

There are five full time general surgeons with the following specialty fellowship training experience: two with Surgical Critical Care and Trauma fellowships, one Surgical Infectious Disease fellowship trained surgeon, one Colon and Rectal Fellowship trained surgeon, 1 Surgical Endoscopy and Laparoscopy fellowship trained surgeon. In addition, there are two part-time general surgeons on staff (one of these is also board certified in Surgical Critical Care) and two Breast surgeons at the University Breast Cancer Center.

Resources available to the students include:

- The University Medical Center of El Paso, a teaching hospital which is also a Level One Trauma Center.
- The Texas Tech Surgery Clinic, located on the hospital/academic center campus.
- The University Breast Cancer Center, also on Campus.

Learning areas for didactics include:

- Classrooms in the Paul L. Foster School of Medicine Medical Education Building.
- Classrooms in the Texas Tech Health Sciences Center Administration building.
- Classrooms and auditoriums in the Texas Tech Clinic building.
- Conference rooms available in the University Medical Center.
- The Paul L. Foster School of Medicine simulation center.

Opportunities for learning by seeing patients at University Medical Center and the Texas Tech Clinics have been adequate to meet clerkship learning objectives for years, by assessment of the number and variety of patients in student OPLOG entries over the past 3 years.

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 for students include student call rooms available at the hospital. There are adequate work areas in every area of patient care for writing history and physical exams. There are computers at hospital

REQUIRED CLERKSHIP FORM (Continued)

Clerkship title:	<i>General Surgery Sub Internship</i>
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work areas for students to access patient information and imaging studies. These computers can also be used to access TTUHSC resources online.