

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)

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

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.

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 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.