Internal Medicine/Psychiatry/Family Medicine Block Syllabus

The MS III INTERNAL MEDICINE/PSYCHIATRY/FAMILY MEDICINE BLOCK will be cover a full semester in which the student will have an opportunity to integrate teaching experiences across the three disciplines, learning and understanding the interface between medical and psychiatric conditions of patients that commonly go together. The IM/Psych/FM clerkship will be a full time clinical rotation in the format of a blended longitudinal integrated clerkship. The schedule will contain concentrated block time for inpatient rotations and blocks for ambulatory experiences. Parallel streaming of experiences during the ambulatory blocks builds on the concept of interleaving in adult learning theory. Open space is flexible time built into the calendar and can be used for study, follow-up of continuity patients or personal time.

Block Goals and Objectives

- Function effectively on a health care team that has implemented an interdisciplinary approach to patient care (7.2, 7.3)
- Communicate effectively with health care professionals both orally and in written documentation (4.2)
- Describe the interface between psychiatric and medical conditions (2.5)
- Perform the basic evaluation and develop an initial management plan for patients who have concomitant medical and psychiatric conditions in various treatment settings (1.1, 1.2, 1.3)
- Demonstrate patient centered care in the co-management of medical and psychiatric conditions (2.5, 1.6)
- Recognize psychiatric presentations of medical illness and medical symptoms and presentations that may be caused by a psychiatric condition and apply this knowledge to form a broad differential diagnosis and treatment plan (2.1, 2.2, 2.5)
- Apply evidence-based principles of clinical sciences in diagnostic and therapeutic decision making in various treatment settings (2.3)
- Maximize patient outcomes by providing collaborative care across specialties in medicine and with other health care professionals (7.2)
- Describe barriers at the health care system level that impact consultation and referral practices (6.4)
• Use data derived from the history, physical examination, imaging/and or laboratory investigation to categorize the disease process and generate and prioritize a list of diagnostic considerations and develop an treatment plan (1.3)

• Demonstrate the effectiveness of these teaching and learning experiences with good performance on the Internal Medicine, Psychiatry and Family Medicine NBME shelf-exams. (2.1, 2.2, 2.3, 2.4, 2.5)

**Block Scheduling**

Discipline-specific concentrated rotations in this block include Psychiatry Inpatient, Psychiatry Consultation Liaison Service, and Internal Medicine Inpatient Wards. The remainder of the experience is spent on rotations that are ambulatory and integrated across the three specialties in a parallel streaming model with the goal of continuity with supervising residents and faculty. Family Medicine experiences will be concentrated in this Block but will contain some longitudinal experiences in the other semester with OB/Pediatrics/Surgery. Didactics in each block will be integrated across disciplines to the extent possible. This block achieves the goals by weaving block (shared) activities with clerkship specific activities.

Within any week, there will be some events that all students in the rotation, regardless of where they are in the block schedule, will be expected to attend. These include the orientation to the block and the weekly didactic sessions.

**Overview of the Block Schedule**

Preceding the clinical activities of each semester, there will be one week of orientation and shared activities (not shown in the diagram below).

Following the completion of the spring semester, all students will participate a 2 week Intersession Course that will include common learning experiences and end of year testing (not shown in the diagram below)

Please note that students will rotate through the experiences in a different order with small groups of their colleagues.
Disability Support Services:
TTUHSC El Paso is committed to providing equal access to learning opportunities to students with documented disabilities. To ensure access to the educational opportunities in the clinical setting, please contact the Director of Disability Support Services (DSS) to engage in a confidential conversation about the process for requesting accommodations in the classroom and clinical setting. Accommodations are not provided retroactively so students are encouraged to register with DSS as soon as possible. More information can be found on the DSS website: http://elpaso.ttuhsc.edu/studentservices/disability-support-services.

Attendance Policy (Please see the Common Clerkship Policies for more details)
Attendance at clinical duties and didactics is mandatory. Unexcused absences will not be tolerated and may result in disciplinary action, potentially including a requirement to repeat a clinical block or rotation. Students have allotted institutional holidays as stated in the student handbook and on each academic calendar.

Students assigned to WBAMC will be excused from duty on institutional holidays. Students will be expected to work on Military Training Days that do not coincide with institutional holidays. If the clinic to which the student is assigned is closed, the student will be assigned duties on campus for the day.

Students are required to attend both the first and last days of the rotation. The only excused absences will be for interviews, illnesses (with doctor’s note), or documented family emergency. Students will not be excused in order to depart for an away or international rotation.

Absences are only excused at the discretion of the Clerkship/Course Director. Commonly excused absences include:

- Illness/health care appointment
- Family Emergency
• Death in the Family
• Religious Holidays (please see the Religious Holy Days Policy in the Student Affairs Handbook)
• Presenting at a National Conference
• Interviews for Residency (MS4 only)

During the third year, a student is expected to attend all clinical and didactic activities. If a student will be absent for any activity, they must obtain approval from the Clerkship Director. **If the Clerkship Director determines that a student’s absence(s) compromises the student’s ability to attain the necessary competencies, they may require the student to make up days or complete alternate assignments.** If a student is required to make up time, this must be completed during unscheduled time and the hours worked must be in compliance with the duty hour policy.

**Notification of Absence (Third and Fourth Year)**

When a student is going to be absent, they are required to notify: 1) the Clerkship Coordinator BEFORE their shift or assigned duties begin. Acceptable forms of notification are: email (preferred), phone call, or text message. **Please see individual Clerkship Syllabus for Clerkship-specific contact requirements; 2) The Office of Student Affairs by emailing PLFELPClerkshipAbsence@ttuhsc.edu.**

Planned Absences:
A planned absence from a clerkship phase required activity must be reported **a minimum of two weeks in advance** (unless deemed unavoidable by the Associate Dean for Student Affairs and the Clerkship Director). Non-compliance shall result in the absence being counted as unplanned and potentially unexcused. The same notification rules listed in the previous paragraph apply.

**Medical Student Clinical Competency Committee**

The Medical Student Clinical Competency Committee (MS CCC) will meet twice per semester, or more often if needed, to review student progress in the eight competencies outlined in the medical school’s Program Goals and Objectives. The major purpose of the MS CCC will be early intervention with feedback and remediation for students struggling with clinical skills, diagnostic reasoning and professionalism across disciplines.

**Orientation Week:**
Preceding the clinical activities of each block, there will be one week of orientation and shared activities to prepare students for the upcoming rotations. Topics to be covered will vary by semester and will include the following:

- Orientation to each clerkship
- Electronic Health Record introduction and training
- Clinical Terminology
- Clinical reasoning session
- Introduction to the Individual Learning Plan
- Psychiatric Interview in Children and Adolescents
- Biopsychosocial Formulation
- Scales Training
- EKG 1
- Patient Interviewing and Assessment

**Shared Learning Activities**

<table>
<thead>
<tr>
<th>Topic /Faculty</th>
<th>Objectives</th>
<th>Associated Readings</th>
</tr>
</thead>
</table>
| Diabetes Mellitus | - Define the criteria for the diagnosis of diabetes. (2.1, 1.3)  
- Apply to the following clinical presentation schemes to the evaluation of patients with these problems:  
  1. Diabetes and Obesity  
  2. Diabetes/Hyperlipidemia  
  3. Weight Gain/Obesity (1.3)  
- Discuss the questions to be addressed on the history, and describe the physical findings to look for on examinations of a patient with diabetes mellitus.(1.1, 1.3)  
- Recognize the medications used for treatment of diabetes and how they are given (1.2, 1.6, 6.3) | IM Essentials; Section 2; 60-64, Cecil Essentials of Medicine 9th Edition; Section x: chapter 66: pg 657-674 |
| Thyroid and Adrenal Disorders | Recognize how to screen for complications of diabetes mellitus and discuss the importance of this screening (2.4, 1.1)  
| Describe the common complications of diabetes mellitus and how they are treated (2.4)  
| Describe the psychiatric manifestations of diabetes mellitus and hypoglycemia. (2.1, 2.2) |
| Thyroid and Adrenal Disorders | Recognize the signs and symptoms of hypothyroidism and hyperthyroidism (2.1, 2.2, 2.3)  
| Review the appropriate work-up to diagnose the various adrenal disorders (2.3, 1.2)  
| Identify the usual treatment of adrenal disorders (1.2, 1.6)  
| Discuss the work-up and treatment of thyroid disorders (1.2, 1.6) |
| Review of Substance Use Disorder | Brief review of Substance Use Disorder  
| The student should demonstrate the ability to:  
| Describe the criteria for drug abuse/dependency and types of drug usage. (2.1, 2.3)  
| Describe abuse/dependency of opioids including location of action, symptoms of intoxication and withdrawal. (2.2, 2.3, 6.3)  
| Describe sedative-hypnotic abuse/dependency. (2.2, 2.3, 6.3)  
| Describe hallucinogens intoxication and complications of usage. (2.2, 2.3, 6.3)  
| Describe stimulant intoxication, withdrawal, and complications of usage. (2.2, 2.3, 6.3)  
| Describe abuse of inhalants, nicotine and anabolic steroids. (2.2, 2.3, 6.3) |
| Psychiatry of Alcohol | Brief review of Substance Abuse Scheme.  
| The student should demonstrate the ability to:  
| Substance-Related and Addictive Disorder, Chapter 15 Introductory |
• Discuss epidemiology of alcoholism and its comorbidities. (2.4)
• Describe criteria for alcohol abuse and dependency. (2.1, 2.3)
• Describe the screening for alcoholism and diagnostic blood tests. (2.2, 2.3, 2.4)
• Describe the subtypes of alcoholism, pathological intoxication, and alcohol psychotic disorder with hallucinations. (2.2, 2.3, 2.4)
• Describe alcohol withdrawal, delirium tremens, and detoxification. (2.1, 2.2, 2.3)
• Describe Fetal Alcohol Syndrome, Wernicke Encephalopathy and Korsakoff’s Syndrome. (2.1, 2.2, 2.3)
• Describe the medication and non-medication treatment for alcoholism. (1.2, 1.6)

### Conditions which Mimic Physical Disease/Somatic Disorders

The student should demonstrate the ability to:

• Describe the DSM-5 somatic symptom and related disorders (2.1, 2.2)
• Be familiar with clinical presentation and management of somatic disorders (1.3, 1.6)
• Understand the frequency of undetected physical illness and the importance of a high suspicion index and good medical evaluation. (2.1, 2.2, 2.3)
• Describe conditions which manifest early in a person’s life, including Somatization Disorder, Conversion Disorder, Body Dysmorphic Disorder, and Illness Anxiety Disorder. (2.4)
• Describe the condition which usually manifests later in life (Pain Disorder) (2.4)
• Describe condition where there is a simulation of physical symptoms including Malingering and Factitious Disorder. (2.1, 2.2, 2.3)

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**Textbook of Psychiatry**

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**Introductory Textbook of Psychiatry**

- Chapter 10
| Neurocognitive Disorders | Review of Neurocognitive disorder Scheme  
The student should demonstrate the ability to:  
- Recognize the differences between delirium and major and mild neurocognitive disorders (1.3)  
- Be familiar with the most common causes of neurocognitive disorder (1.3, 2.1, 2.2)  
- Describe the medical workup for neurocognitive disorders (1.3)  
- Be familiar with the clinical management of neurocognitive disorders (1.6, 1.3)  
- Describe the early and late symptoms that might be present in a person with neurocognitive disorder.(2.1, 2.2, 2.3)  
- Describe the physical findings, laboratory tests and psychological testing for people suspected of having neurocognitive disorder.(1.3)  
- Contrast the major types of neurocognitive disorder including Alzheimer’s, Lewy Body and Vascular Dementias. (2.1, 2.2, 2.3, 2.4)  
- Describe neurocognitive disorder due to General Medical Condition including Normal Pressure Hydrocephalus, Creutzfeldt-Jakob, Huntington’s chorea, Parkinson’s Disease, etc.(2.3, 2.4, 1.3)  
- Describe treatment options for patients with neurocognitive disorder. (1.2, 1.6) | Introductory Textbook of Psychiatry. Sixth Edition, Chapter 16 |
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Sleep Disorder Cases</td>
<td>The student should demonstrate the ability to:</td>
</tr>
<tr>
<td>Topic</td>
<td>Details</td>
</tr>
<tr>
<td>-------</td>
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<tr>
<td>Human Trafficking</td>
<td>New session under development</td>
</tr>
<tr>
<td>Systemic Racism and Implicit Bias</td>
<td>Understand and reflect on implicit bias and how it affects our behavior. (5.1, 3.1)</td>
</tr>
</tbody>
</table>

- Describe the main DSM-5 sleep-awake disorders (2.1, 2.2)
- Be familiar with the clinical presentation of breathing-related sleep disorders (1.3)
- Be familiar with the clinical presentation of parasomnias (1.3)
- Be familiar with main medications used in sleep disorders: hypnotics. (1.6)
- Contrast normal sleep architecture for both NREM and REM sleep. (2.1)
- Describe the Dysomnias including Primary Insomnia, Primary Hypersomnia, Narcolepsy, (2.1, 1.3)
- Breathing-Related Sleep Disorders, and Circadian-Rhythm Sleep Disorders (2.1, 1.3)
- Describe the Parasomnias including Nightmare Disorder, Sleep Terror Disorder, and Sleepwalking Disorder (2.1, 1.3)
- Describe the treatment of dysomnias, including behavioral and pharmacotherapies and other specific interventions (continuous positive airway pressures, CPAP) (1.2, 1.6, 6.3)
- Describe other sleep disorders including Situational Insomnia, Conditioned Insomnia, Insomnia related to other mental disorders, Sleep Disorders due to a General Medical Condition and Substance Induced Sleep Disorder. (2.1, 1.3)

Cases will be presented by Psychiatry Faculty to solidify the students’ learning.

Introductory Textbook of Psychiatry. Sixth Edition, Chapter 12
• Understand the relationship between implicit bias in providers and the perpetuation of racial disparities in healthcare and in society. (2.5, 5.5)
• Apply the concepts learned to improve the treatment of pain. (1.2)

Combined Core Didactics
• **Combined Didactics** will be held every Wednesday afternoon throughout the Clerkship (generally 1:00 P.M. – 5:00 P.M.). All necessary reading material will be provided prior to scheduled session via email or on Elantra LMS. (1.1-1.10, 2.1-2.6, 3.1-3.5, 4.1-4.3, 5.1-5.7)
• Please see Appendix A for a list of didactics and associated learning objectives.

Block Assignments: These assignments pertain to all students across all clerkships. This is in addition to individual clerkship assignments.
• **Q stream participation**
  o Q stream is an electronic platform for spaced learning. Concepts that are important across all clerkships will be covered in a series of Q Stream modules. Examples include infection control and patient safety concepts.
  o Reports regarding participation will be forwarded to the clerkships directors at the midpoint of the block and at the end of the block. Failure to participate may affect the student’s final grade in the related competency, such as system-based practice, practice-based learning and improvement, and/or professionalism.
  o Participation in the assigned Q Stream modules is required.
• **Individualized Learning Plan**
  o One week per semester is reserved for an Individualized Learning Plan.
Two weeks before their scheduled ILP week, the student will need to turn in their ILP Sheet. Students will need to generate a prioritized list of 4 areas of improvement and/or Professional Development. The student will also need to generate how they plan to achieve their list and uploaded to Elentra. The Student will then be scheduled to meet with their assigned Faculty member a week before their ILP to discuss their ILP Sheet. The student will need to generate a 5 minute annotated PowerPoint presentation and provide it to the Faculty for review and approval. Once it is approved it will be uploaded it by the student to Elentra for the other students that are in the same ILP week to review and comment.

• Additional asynchronous learning requirements:
  o Each semester, students will be assigned modules for completion to enhance their knowledge and skills and complement their clinical experiences. These include:
    ▪ eMurmur – Fall semester assignment
      • eMurmur Primer is a self-paced learning app that allows students to work through graduated modules and help develop cardiac auscultation skills.
      • Students will complete the basic and intermediate modules and upload the certificates to the curriculum management system - Elantra.
    ▪ Basic Quality and Safety Course offered by the Institute for Healthcare Improvement – Spring Semester Assignment
      • Students will complete the 13 essential courses available online at http://app.ihi.org/lmsspa/#/6cb1c614-884b-43ef-9abd-d90849f183d4 and upload the certificate of completion.
        o The required modules are:
          1. Q1 101: Introduction to Health Care Improvement
          2. Q1 102: How to Improve with the model for improvement
          3. Q1 103: Testing and measuring changes with PDSA cycles
          4. Q1 104: Interpreting data: Run charts, control charts, and other measurement tools
          5. Q1 105: Leading Quality Improvement
          6. PS 101: Introduction to Patient Safety
          7. PS 102: From Error to Harm
          8. PS 103: Human Factors and Safety
          9. PS 104: Teamwork and Communication
          10. PS 105: Responding to Adverse Events
11. L 101: Introduction to Healthcare Leadership
12. PFC 101: Introduction to Patient-Centered Care
13. TA 101: Introduction to the Triple Aim for Populations
# Internal Medicine Clerkship

## Clerkship Team

<table>
<thead>
<tr>
<th>Role</th>
<th>Office #</th>
<th>Email</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guvvala, Suvarna</td>
<td>Office: (915) 215-5123</td>
<td><a href="mailto:Suvarna.Guvvala@ttuhsc.edu">Suvarna.Guvvala@ttuhsc.edu</a></td>
<td>4801 Alberta Ave. CSB, C29</td>
</tr>
<tr>
<td>MD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clerkship Director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Davis, Harry, MD</td>
<td>Office: (915) 215-5179</td>
<td><a href="mailto:Harry.Davis@ttuhsc.edu">Harry.Davis@ttuhsc.edu</a></td>
<td>4800 Alberta Ave. AEC, 1st Floor</td>
</tr>
<tr>
<td>Associate Professor</td>
<td></td>
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</tr>
<tr>
<td>Sangita Bista, MD</td>
<td>Office: (915) 215-5022</td>
<td><a href="mailto:Sangita.Bista@ttuhsc.edu">Sangita.Bista@ttuhsc.edu</a></td>
<td>4801 Alberta Ave. CSB, C-29</td>
</tr>
<tr>
<td>Assistant Clerkship Director</td>
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</tbody>
</table>
Introduction
During your third year Internal Medicine Clerkship you will develop basic competencies in the evaluation and management of adult patients and will build a core knowledge of common diseases seen in Internal Medicine. The Internal Medicine Core Curriculum is designed to complement learning experiences in wards, clinics, conferences, and at morning report by providing a structured review of the basic disease processes seen in Internal Medicine.

The curriculum addresses basic disease processes organized by diagnostic groups: cardiovascular, respiratory, renal, infectious diseases, gastrointestinal, endocrine, hematology/oncology, rheumatology, neurology, and general medicine. The diagnostic groups are further broken down into disease categories with assigned reading and classroom discussions of patient simulations. The learning objectives and reading assignments for each class are given in the section on integrated core didactics.

**Internal Medicine Scheduling**
The Internal Medicine component of this block consists of the following:
• Internal Medicine In-patient ward (6 weeks): Rotation sites:
  o UMC El Paso
  o THOP Transmountain Campus
  o William Beaumont Army Medical Center
  o Shannon Medical Center, San Angelo, TX
• Sub-specialty selective (2-week block)

Ward Weekly Schedule Guidelines
• Students should not be scheduled for on-call or patient-care activities in excess of 80 hours per week.
  • Students should not be scheduled for more than 16 continuous hours.
  • Students must have a minimum of 10 hours free between shifts.
• Students should have at least one day off each week averaged over a one-month period.
• Students are scheduled for didactics on Wednesday afternoon but should attend clinical duties on Wednesday mornings.

Sample Ward Schedule

<table>
<thead>
<tr>
<th>Day</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday</td>
<td>10:00 AM – 10:00 PM If team is on long call as scheduled</td>
</tr>
<tr>
<td></td>
<td>Free Day <strong>IF</strong> not on long call or post long day.</td>
</tr>
<tr>
<td>Monday</td>
<td>7:30 AM – 12:00 PM Morning Rounds</td>
</tr>
<tr>
<td></td>
<td>12:00 – 1:00 Noon Conference</td>
</tr>
<tr>
<td></td>
<td>Afternoon: complete follow up activities assigned by team or longitudinal if assigned</td>
</tr>
<tr>
<td>Tuesday</td>
<td>7:30AM – 8:30 AM Bedside Rounds (unless post-long call)</td>
</tr>
<tr>
<td></td>
<td>7:30 – 12:00 PM Morning Rounds</td>
</tr>
<tr>
<td></td>
<td>12:15PM – 1:15PM: Residents as Teachers Presentation</td>
</tr>
<tr>
<td></td>
<td>Afternoon: complete follow up activities assigned by team or longitudinal if assigned</td>
</tr>
<tr>
<td>Wednesday</td>
<td>7:30AM – 8:30 AM Bedside Rounds (unless post-long call)</td>
</tr>
<tr>
<td></td>
<td>7:30 AM – 12:00 PM Morning Rounds</td>
</tr>
<tr>
<td></td>
<td>12:00 – 1:00 Noon Conference</td>
</tr>
</tbody>
</table>
1:00 – 5:00 PM – IM/ Psych Didactic

Thursday

7:30 AM – 8:30 AM Bedside Rounds (unless post-long call)
9:00 AM – 12:00 PM Morning Rounds
Afternoon: complete follow up activities assigned by team or longitudinal if assigned

Friday

7:30 AM – 12:00 PM Morning Rounds
12:00 – 1:00 Noon Conference
Afternoon: complete follow up activities assigned by team or longitudinal if assigned

Saturday

10:00 AM – 10:00 PM If team is on long call or as scheduled by attending
Free Day IF not on long call or post long day.

Selective Sample Weekly Schedule

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AM activities</strong></td>
<td>Clinic or other clinical activity</td>
<td>Clinic or other clinical activity</td>
<td>Clinic or other clinical activity</td>
<td>Clinic or other clinical activity</td>
</tr>
<tr>
<td><strong>12:15 -1:15 PM</strong></td>
<td>Noon Conference if cleared by supervising faculty</td>
<td>Residents as teachers (if scheduled)</td>
<td>Noon Conference if cleared by supervising faculty</td>
<td>Residents as teachers (if scheduled)</td>
</tr>
<tr>
<td><strong>PM activities</strong></td>
<td>Clinic or other clinical activity</td>
<td>Clinic or other clinical activity</td>
<td>IM and Psychiatry Didactics</td>
<td>Clinic or other clinical activity</td>
</tr>
</tbody>
</table>

Clerkship Objectives

Knowledge for Practice
**Goal:** The student will develop basic competencies in evaluation and management of adult patients and build a 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:**
Evaluate a minimum of one real or simulated patient from each group of 10 diagnostic categories for Internal Medicine disease processes, supported by revisiting the clinical presentation diagnostic schemes employed in years 1-2 (1.1, 2.1, 2.2).

a) Demonstrate the ability to use epidemiological sciences and evidence based medicine and apply it to specific diagnoses including the behavioral sciences to identify and appropriately treat and provide preventative health measures to specific patients and populations. (2.4, 2.5)

**Patient Care (PC)**

**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**

a) 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. (1.1, 1.2, 1.3, 1.4, 1.6)

b) Demonstrate efficient use of diagnostic testing, including the understanding of basic procedures commonly performed on the internal medicine wards, and display the ability to provide information needed by the patient to provide informed consent for such procedures. (1.3, 1.8, 2.3)

c) Maintain 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. (1.7, 4.1, 4.4)

d) Recognize when patients require an emergent transfer to higher levels of care such as the Intensive Care Unit and when to initiate the appropriate work-up and treatment for such patients. (1.5)
Interpersonal and Communication Skills (ICS)

**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**

a) Communicate 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. (4.1, 4.2)

b) Communicate effectively with patients and families who speak another language, with the support of trained interpreters as needed, maintaining professional and appropriate personal interaction. (4.1)

Professionalism/Ethics (PROF)

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

**Objectives**

a) Demonstrate 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. (4.3, 5.1)

b) Show respect for each patient’s unique needs and background and how these factors affect the patient’s concerns, values and health care decisions. (5.1, 5.6)

c) Demonstrate demeanor, speech, and appearance consistent with professional and community standards. (5.1)

d) Display dedication to the highest ethical standards governing physician-patient relationships, including privacy, confidentiality, and the fiduciary role of the physician and health care systems. (5.1, 5.2, 5.3, 5.5)

Practice Base Learning and Improvements (PBL)
**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**

a) Utilize varied methods of self-directed learning and information technology to acquire information in the basic and clinical sciences needed for patient care. (2.2, 2.3, 3.1, 3.5)

b) Demonstrate continuous efforts to improve clinical knowledge and skills through effective use of available learning resources and self-directed learning. (3.3, 3.4)

c) Accurately assess the limits of his or her own medical knowledge in relation to patients’ problems, accept feedback from the faculty, and apply feedback to improve clinical practice. (3.3, 3.4)

**System Based Practice (SBP)**

**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**

a) Describe the organization of the system for health care delivery and the professional, legal, and ethical expectations of physicians. (5.2, 6.1, 6.2)

b) Understand and utilize ancillary health services and sub-specialty consultants properly. (6.3, 6.4)

**Interprofessional Collaboration (IC)**

**Goal:** Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care.

**Objectives**

a) Understand the student’s role and the role of other healthcare professionals in an attempt to provide safe and effective care as a member of the healthcare team. (7.1, 7.2)

b) The ability to function as a leader and as a member of the healthcare team and become flexible to the needs
of the healthcare team. (7.3)
c) Demonstrate appropriate response to conflict amongst peers and other members of the healthcare team. (7.4)

Personal and Professional Development (PPD)

Goal: Demonstrate the qualities required to sustain lifelong personal and professional growth.

Objectives
a) Recognize when to work independently and when to seek assistance. (8.1)
b) Understand how to initiate self-employed learning when faced with new challenges. (8.3, 8.4, 8.5)

Integration Threads
Integration Threads represent topics that can arise in more than one clerkship or year of the curriculum. As such, they represent topics that may address horizontal integration (between more than one clinical specialty) or vertical integration (e.g. revisiting the basic science areas).

| X | Geriatrics | X | Patient Safety | X | Communication skills |
| X | Basic science | -- | Pain Management | X | Diagnostic Imaging |
| X | Ethics | X | Chronic Illness Care | -- | Clinical Pathology |
| X | Professionalism | X | Palliative Care | X | Clinical and/or Translational Research |
| X | Evidence Based Medicine | X | Quality Improvement | |

Internal Medicine Threads

Geriatrics
Interprofessional Colloquium (IPC) Geriatrics
In patient daily rounds discussions
Noon Conference discussions

Ethics and Professionalism
In-patient bedside rounds discussions
Noon Conference discussions led by Chief Medical Resident

Approved by the CEPC 4-14-2021
IM/Psych Seminars and
Observed History and Physical

EBM (Evidence Based Medicine)
• Morning report case presentations with EBM assignment
• One on one student interaction with librarian
• OSCE

Patient Safety
• Live seminar by Dr. Francis
• Inpatient bedside rounds

Chronic Illness Care
• Geriatrics IPC, live didactic lectures and video topics in IM
• In-patient daily rounds
• Shared topic discussion (seminars on DM, combines IM/Psych seminars and Inter-professional Colloquium.)

Communication Skills
• Discussed in orientation PowerPoint presentation given by Dr. Davis
• In-patient bedside rounds
• Observed History and Physical
• OSCE

Clinical/Translational Research
• Seminar by Sean Connery

Internal Medicine Selectives
Available specialties are:
• Cardiology

Approved by the CEPC 4-14-2021
The 2 week selective in Internal Medicine subspecialties can combine both ambulatory and inpatient experiences. The activities would vary according to the subspecialty. Each subspecialty will have a faculty or a coordinator as the contact person who will manage the schedule and specifics of the rotations.

Examples of some activities in various subspecialties include:

<table>
<thead>
<tr>
<th>Subspecialty</th>
<th>Activities</th>
<th>Supervisor/Evaluator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology</td>
<td>Clinics&lt;br&gt;Outpatient angiography&lt;br&gt;Diagnostic studies such as stress tests, ECGs and Echocardiography</td>
<td>Faculty/ Fellow</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Clinics</td>
<td>Faculty</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Clinics / Inpatient Consults&lt;br&gt;Endoscopies&lt;br&gt;Gastric emptying studies and gastric pacing</td>
<td>Faculty/ Fellow</td>
</tr>
<tr>
<td>Hematology/Oncology</td>
<td>Clinics / Inpatient Consults</td>
<td>Faculty</td>
</tr>
<tr>
<td>Nephrology</td>
<td>Clinics / Inpatient Consults&lt;br&gt;Outpatient dialysis unit rounds</td>
<td>Faculty/Fellow</td>
</tr>
<tr>
<td>Primary care</td>
<td>Clinics</td>
<td>Faculty/ Resident</td>
</tr>
</tbody>
</table>
**Required, Expected and Optional Events:**

All activities are mandatory requirements unless otherwise specified. Unexcused absence will result in a “needs improvement” in the competency of professionalism.

<table>
<thead>
<tr>
<th>Topic/Activity</th>
<th>Objectives</th>
</tr>
</thead>
</table>
| Orientation to Internal Medicine Clerkship | Identify Department of Internal Medicine key personnel involved in the clerkship training program.  
Describe the sequence of events involved in the case of an absence during the clerkship. (5.7)  
Summarize the distinction between business and professional ethics. (5.5)  
Describe the goals and objectives for the clerkship rotation to include the numbers and types of real or simulated patients each student is expected to evaluate. (5.7)  
Describe the function of the diagnostic categories table. (5.7)  
Maintain an up to date log book containing data on all patients evaluated by the student during the clerkship including their age, gender, location of visit, diagnoses or problems addressed at the time of the encounter, procedures (if any), and your level of participation. (5.7)  
Describe the Mid-Rotation Evaluation process and identify the student’s responsibilities prior to the scheduled meeting with the Clerkship Director. (3.1, 3.3)  
Recognize common mistakes 3rd year medical students make and describe how to avoid them. (3.3, 8.2, 8.3)  
Describe the medical student’s responsibilities as part of an inpatient ward team. (5.7)  
Pursue an educational experience in which the patient is the central focus for learning clinical medicine. (2.5) |
<table>
<thead>
<tr>
<th>Topic/Activity</th>
<th>Objectives</th>
</tr>
</thead>
</table>
| Information Access/PubMed/EBM | This is a one on one session with the librarian and student following the students EBM assignment (2.3)  
Identify an information requirement relevant to a current patient management problem (3.1)  
Develop a focused clinical question to address the information requirement (8.5)  
Perform a computerized literature search using Ovid, the National Library of Medicine PubMed, or similar database to find information, e.g., journal articles, literature reviews, etc., pertinent to the clinical question. (2.3)  
Identify evidence on which to base an answer to the focused clinical question. (2.3)  
Determine the validity of a study based on evidence hierarchies. (2.3)  
Describe the MeSH hierarchy and explain its use (2.3)  
• in searching,  
• the “mapping” of terms in PubMed,  
• and when to select sensitivity or specificity in searching.  
Develop a strategy to determine whether a proposed therapy is in keeping with current evidence-based guidance. (2.2, 2.3)  
Use current best evidence in making decisions about the care of individual patients. (2.2, 2.3) |
| Assessment: direct observation | Students to develop core competencies by observation and evaluation of patients with different clinical conditions (2.3-2.4, 1.1, 1.3)  
Student to demonstrate interpersonal and communication skills by interaction with patients, ward, team and family of patient (4.1, 4.2, 4.3)  
Student demonstrates sensitivity and compassion to patients and shows respect to patient ideas and needs (5.2, 5.33, 5.5, 5.7)  
Student demonstrates continuous efforts to improve clinical knowledge and skills through use of available learning resources and self-directed learning (3.1)  
Student accepts feedback from faculty and residents and applies feedback to improve clinical practice (3.3)  
Student develops knowledge and understanding of the organization of health care delivery (6.1, 6.2)  
Student to understand and utilize ancillary health and consultants properly (6.1, 6.2) |

**Inpatient Ward Rotation in Internal Medicine**

Observation and evaluation of patients with different clinical conditions in Internal Medicine Inpatient Wards to develop clinical competencies outlined in clerkship objectives.

Student is assigned to 1 of 5 ward teams at UMC, 1 of 3 teams at WBAMC, or a Hospitalist team at Providence or Shannon Medical Center, San Angelo, TX where they become part of the team and get patients assigned for evaluation, f/u and management while patient is in the hospital.
<table>
<thead>
<tr>
<th>Topic/Activity</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student obtains, writes and presents at least one patient evaluation to the</td>
<td>Student documents a minimum of 14 patient evaluations using the “Guidelines for History and Physical Examination Write-Ups”. These</td>
</tr>
<tr>
<td>team after each call.</td>
<td>complete H &amp; P’s will be annotated by either the attending faculty or senior resident and the turned in to the clerkship coordinator for</td>
</tr>
<tr>
<td></td>
<td>filing in the student’s clerkship portfolio.</td>
</tr>
<tr>
<td></td>
<td>Student documents a minimum of 7 patient Admission orders using the sample found on Elantra. These complete order sets will be</td>
</tr>
<tr>
<td></td>
<td>annotated by either the attending faculty or senior resident and the turned in to the clerkship coordinator for filing in the student’s clerkship portfolio.</td>
</tr>
<tr>
<td></td>
<td>Student receives documented feedback from faculty and residents</td>
</tr>
<tr>
<td></td>
<td>Student participates directly in the evaluation and management of patients assigned and participates actively during rounds</td>
</tr>
<tr>
<td></td>
<td>Student gets to observe and perform under supervision basic diagnostic and therapeutic procedures commonly performed on the IM wards</td>
</tr>
<tr>
<td>Topic/Activity</td>
<td>Objectives</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Assessment: Direct observation, NBME grades, OSCE grade, Faculty/ Resident</td>
<td>Students to develop core competencies by observation and evaluation of patients with different clinical conditions appropriate to the subspecialty assigned (2.3-2.4)</td>
</tr>
<tr>
<td>Clinical Evaluation</td>
<td>Student to demonstrate interpersonal and communication skills by interaction with patients, ward/ clinic, team and family of patient (4.1, 4.2, 4.3)</td>
</tr>
<tr>
<td>Selective rotations in Internal Medicine. (cardiology, gastro-enterology,</td>
<td>Student demonstrates sensitivity and compassion to patients and shows respect to patient ideas and needs (5.2, 5.3, 5.5, 5.7)</td>
</tr>
<tr>
<td>primary care, dermatology, pulmonology, infectious diseases, nephrology,</td>
<td>Student demonstrates continuous efforts to improve clinical knowledge and skills through use of available learning resources and self-directed learning (3.5)</td>
</tr>
<tr>
<td>geriatrics, Physical Medicine and Rehabilitation)</td>
<td>Student accepts feedback from faculty and residents and applies feedback to improve clinical practice (3.3)</td>
</tr>
<tr>
<td>Student will follow the attending in clinic or on the wards performing</td>
<td>Student develops knowledge and understanding of the organization of health care delivery (6.1, 6.2)</td>
</tr>
<tr>
<td>consults. They will present 2 patients per day to faculty.</td>
<td>Student to understand and utilize ancillary health and consultants properly (7.1, 7.2, 6.1, 6.2)</td>
</tr>
<tr>
<td>Student documents a minimum of 6 clinic/consultation notes which are</td>
<td></td>
</tr>
<tr>
<td>annotated and signed by faculty.</td>
<td></td>
</tr>
<tr>
<td>Student receives documented feedback from faculty, residents and fellows.</td>
<td></td>
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<tr>
<td>Student participates directly in the evaluation and management of patients</td>
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</tr>
<tr>
<td>assigned.</td>
<td></td>
</tr>
<tr>
<td>Student gets to observe and perform under supervision basic diagnostic and</td>
<td></td>
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<tr>
<td>therapeutic procedures commonly performed on their assigned subspecialty</td>
<td></td>
</tr>
<tr>
<td>selective.</td>
<td></td>
</tr>
<tr>
<td>Resident’s Noon Conference (mandatory during UMC IM Wards and IM selectives)</td>
<td>Student will develop skills to demonstrate the ability to perform and present a complete history and physical exam. (1.1-1.2-1.6)</td>
</tr>
<tr>
<td>Report takes place at noon Monday through Friday. Students, residents, and</td>
<td>Student will participate in presentations and discussions of patients and discuss schemes reviewed during their MS 1 and MS 2 years to develop skills in communication with colleagues. (4.2, 4.3)</td>
</tr>
<tr>
<td>faculty.</td>
<td></td>
</tr>
<tr>
<td>Topic/Activity</td>
<td>Objectives</td>
</tr>
<tr>
<td>----------------</td>
<td>------------</td>
</tr>
<tr>
<td>discuss different patients admitted to ward teams for discussion of clinical presentation and management.</td>
<td>Students will develop knowledge and understand the organization of health care delivery system by discussion and observation of cases presented in morning report. (6.1, 6.2)</td>
</tr>
<tr>
<td>Students may present at Resident Morning Report if assigned by their ward team.</td>
<td></td>
</tr>
<tr>
<td><strong>Assessment:</strong> Direct observation, NBME grades, OSCE grade, Faculty/ Resident Clinical Evaluation</td>
<td></td>
</tr>
<tr>
<td><strong>Student’s Morning Report “Student Bedside Rounds”</strong> (during IM Wards @ UMC only)</td>
<td>Student utilizes various 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)</td>
</tr>
<tr>
<td>Tuesday and Thursday of every week, students present patients during bedside rounds using a 31 things in 3 minutes worksheet. (see page 37)</td>
<td>Student develops skills in evaluating physical findings and psychiatric evaluation, when appropriate. (PC 1, 2, 6)</td>
</tr>
<tr>
<td></td>
<td>Conduct EBM search and present to the rest of the students. (PC 1.2)</td>
</tr>
<tr>
<td></td>
<td>Complete a health matrix focusing on the multidisciplinary care of their patient. (PC 1.4, ICS 2, 3)</td>
</tr>
<tr>
<td><strong>Assessment:</strong> Direct observation, NBME grades</td>
<td></td>
</tr>
<tr>
<td><strong>Noon Conference / Grand Rounds</strong></td>
<td>Student will develop medical knowledge and better understanding of common diseases seen in Internal Medicine. (2.2, 2.3, 2.4)</td>
</tr>
<tr>
<td>Student attends noon conference /grand rounds daily, Monday through Friday, 12—1</td>
<td>Student will develop knowledge and understanding of the organization of health care delivery system. (6.1, 6.2)</td>
</tr>
<tr>
<td>Topic/Activity</td>
<td>Objectives</td>
</tr>
<tr>
<td>----------------</td>
<td>------------</td>
</tr>
<tr>
<td>PM. This is a mandatory activity while on UMC IM wards and UMC EP selectives.</td>
<td></td>
</tr>
<tr>
<td>Various faculty and residents from the school and the community come to give presentations on relevant topics for IM</td>
<td></td>
</tr>
<tr>
<td>Journal Club presented by residents</td>
<td></td>
</tr>
<tr>
<td>Quality Improvement discussion</td>
<td></td>
</tr>
<tr>
<td>Tumor Board</td>
<td></td>
</tr>
</tbody>
</table>

**Observed H and P Exercise**

- Mandatory and assigned while on UMC IM wards.
- Student is observed and evaluated by assigned faculty.
- Student presents to faculty and receives feedback.

**Assessment:** This is graded. A grade of 70% is required. If grade <70% student will remediate the exercise until grade is >/=70%.

**Residents as Teachers Curriculum**

- Students will become proficient in the basics of the following topics: HTN, HLP, low back pain, osteoporosis, cough, syncope, anemia, thrombocytopenia, stroke, COPD/asthma, VTE, PFT interpretation, pleural effusion, DKA/HHS, diarrhea, parenchymal lung disease (2.1, 2.2, 2.3, 2.4, 2.5, 2.6)
This mandatory series for students on wards and selectives at UMC EP.

Students will be given an informal presentation on high yield topics on their NBME exam and frequently seen presentations in medicine.

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**Student Performance Objectives**

**Assignment Summary/ Portfolio Contents**

Documentation of each student's experience during the Internal Medicine component of the combined Internal Medicine and Psychiatry Clerkship is contained in an individually assigned student portfolio.

The portfolio is thus used to document student progression towards the learning objectives of the clerkship experiences.

Failure to turn in the following assignments prior to the end of the rotation or assigned due date will result in a “needs improvement” in the competency of professionalism.

**H&Ps - 14** minimum (Need minimum of 5 by Mid Rotation Evaluation)
- Refer to sample H and P on Elantra
- Reviewed and Signed by attending or senior resident
- 1-2 per call day (1 on short call; 2 on long call)
- Submitted to clerkship coordinator

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Approved by the CEPC 4-14-2021
Admission orders: 7 minimum (Need minimum 3 by Mid Rotation Evaluation)
- Refer to sample Admission Orders on Elantra
- Reviewed and Signed by attending or senior resident
- Submitted to clerkship coordinator
- See page 43-45 for form

Observed H&P - ONE with assigned attending, e-mail will be sent. Inadequate performance will require remediation.
- Submitted to clerkship coordinator
- See page 49 for the form. Full sized form located on Elantra.

OPLog - 30 entries minimum to pass
- 20 from inpatients and 10 from other categories in the ambulatory care setting
- 15 patients entered by Mid Rotation Evaluation (see midclerkship section below for more details)
- Conditions in red are mandatory
- 30 total patients entered on last day of Clerkship
- See appendix Figure 7 on page 45-47
- Entered on Elantra along with level of student responsibility (minimum of “assist” to log entry)
- The mandatory conditions in red highlighting found in the appendix must be entered by the eighth week of the students nine weeks spent on Internal Medicine. If this log is not complete at that time, additional learning activities will be assigned. This could include reading from Internal Medicine Case Files to be discussed with the clerkship director. The other possibility would be to have the student return in their fourth year for an additional two weeks to see the expected number of cases in all categories. It is expected that this latter possibility would be rarely necessary.

Aquifer on line cases: 10 cases to address each of the diagnostic categories listed in the OpLog.

Mid-Rotation Evaluation - appointed date & time after 1st Ward Rotation
- Assigned by coordinator

ECG II and III Memos – answers to pre-test for sessions II, III
- Forms located on Elantra
- Forms turned in to coordinator

Bedside rounds 31 in 3 form- 2 submitted following case presentation given at bedside rounds
- See p. 39-40
- See Elantra for schedule
- Collected by bedside rounds faculty

Educational prescription/ EBM worksheet – Following the students first bedside rounds case presentation, an education prescription form will be completed and provided by bedside rounds faculty. Students will review the assignment with their assigned librarian and complete an EBM worksheet which will be presented to peers at an assigned date.
- see page 40-41 for educational prescription
- EBM worksheet is not included in the syllabus and will be provided from the librarian
- see Elantra for schedule
- assigned librarians located on Elantra
- EBM worksheet collected by bedside rounds faculty

**Health matrix form** – Submitted following second bedside rounds presentation.

- form signed by intern or senior resident following multi-disciplinary rounds as evidence of your attendance
- submitted to coordinator

---

**Bedside Rounds Report**

A Bedside Patient Presentation That Includes an Educational Prescription

“31 THINGS IN 3 MINUTES”

1. The patient’s surname.
2. The patient’s age.
3. When the patient was admitted.
4. The illness or symptom(s) that led to admission. For each symptom, mention:
5. Where in the body it is located.
7. Its quantity, intensity and degree of impairment.
8. Its chronology: when it began, constant/episodic, progressive.
9. Its setting: under what circumstances did/does it occur.
10. Any aggravating or alleviating factors.
11. Any associated symptoms.
12. Whether a similar problem had occurred previously. If so:
13. How it was investigated.
14. What the patient was told about its cause.
15. How the patient been treated for it.
16. Pertinent past history of other conditions that are of diagnostic, prognostic or pragmatic significance and would affect the evaluation or treatment of the present illness.
17. And how those other conditions have been treated.
18. Family history, if pertinent to present illness or hospital care.
19. Social history, if pertinent to present illness or hospital care.
20. The condition on admission:
   a. Acutely and/or chronically ill
   b. Severity of complaints
   c. Requesting what sort of help
21. The pertinent physical findings on admission
And, after leaving the bedside and moving to a private location, finish with:
22. The pertinent diagnostic test results
23. Your concise, one-sentence problem synthesis statement
24. What you think is the most likely diagnosis (“leading hypothesis”)
25. What few other diagnoses you’re pursuing (“active alternatives”)
26. The further diagnostic studies you plan to confirm the leading hypothesis or exclude active alternatives
27. Your estimate of the patient’s prognosis
28. Your plans for treatment and counseling
29. How you will monitor the treatment in follow-up
30. Your contingency plans if the patient doesn’t respond to initial treatment
31. The educational prescription you would like to write for yourself in order to better understand the patient’s disorder (background knowledge), or how to care for the patient (foreground knowledge) in order to become a better clinician.

**Rx Educational Prescription**

This comes from Question #31 in your “31 Things in 3 Minutes” worksheet
TAKE THIS TO THE LIBRARIAN FOR YOUR EBM SEARCH SESSION

Patient’s Name: _____________________ Learner: __________________________
Date: ______________________

Approved by the CEPC 4-14-2021
3-part Clinical Question

Target Disorder:

Intervention (+/- comparison):

Outcome:

Date and place to be filled: Please schedule this today at the:

**Delia Montes-Gallo Library of the Health Sciences, TTUHSC El Paso**

HSC Building:
Milagros de Jesus Gonzalez, Unit Assistant Director Reference Librarian

Medical Education Building:
Lillian G. Carl, MSLS, Reference Librarian

Please bring the EBM worksheet (given to you by the librarian) with you when you present the results of your search. It will be placed in your student portfolio to document the search. Thanks.

**Presentations will cover:**
1. search strategy;
2. search results;
3. the validity of this evidence;
4. the importance of this valid evidence;
5. can this valid, important evidence be applied to your patient evaluation of this process

**Health Care Matrix Assignment** – submitted following the second bedside rounds presentation
## TTUHSC El Paso Department of Internal Medicine

### STUDENT HEALTHCARE MATRIX

<table>
<thead>
<tr>
<th>Safe</th>
<th>Timely</th>
<th>Effective</th>
<th>Efficient</th>
<th>Equitable</th>
<th>Patient Centered</th>
</tr>
</thead>
</table>
| **Patient Care**  
(Overall Assessment) | | | | | |
| a. Medical Knowledge  
(What must I know) | | | | | |


<table>
<thead>
<tr>
<th>Safe</th>
<th>Timely</th>
<th>Effective</th>
<th>Efficient</th>
<th>Equitable</th>
<th>Patient Centered</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>II. b. Interpersonal and Communication Skills</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| II c. Professionalism  
(How must I act) | | | | | |


<table>
<thead>
<tr>
<th>Safe</th>
<th>Timely</th>
<th>Effective</th>
<th>Efficient</th>
<th>Equitable</th>
<th>Patient Centered</th>
</tr>
</thead>
</table>
| **II. d. System Based Practice**  
(On whom do I depend and who depends on me) | | | | | |
| II c. Practice-Based Learning and Improvement  
(How must we improve) | | | | | |


**HEALTHCARE MATRIX INSTRUCTIONS**

Approved by the CEPC 4-14-2021
Healthcare Matrix will be completed typically based on case #2 from Bedside Rounds and reviewed with and signed by attending prior to submission to clerkship coordinator.

1. Safe: Avoiding injuries to patients from the care that is intended to help them.
2. Timely: Reducing waits and sometimes harmful delays for both those who receive and those who give care.
3. Effective: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively).
4. Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.
5. Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socio-economic status.
6. Patient-Centered: Providing care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions.
7. Patient care: that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
8. Medical knowledge: about established and evolving biomedical, clinical, and cognate sciences (e.g. epidemiological and social-behavioral) and the application of this knowledge to patient care.
9. Interpersonal and communication skills: that result in effective information exchange and teaming with patients, their families and other health professionals.
10. Professionalism: as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
11. System base practice: as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
12. Practice-based learning and improvement: that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvement in patient care.

Admission Orders Assignment Sheet

Admit to: ________________________________ Unit

Condition of patient: ________________________________

Diagnosis: ________________________________

Allergies: ________________________________

Diet: ________________________________

Activity: ________________________________

Vital signs: ________________________________

Neuro checks: ________________________________

Ins and Outs (I/O): ________________________________

Invasive monitoring: ________________________________

Blood sugar monitoring: ________________________________
Laboratory studies:

Imaging studies:

Respiratory Therapies:

Medications:
Nursing communication orders:

______________________________________________________

______________________________________________________

______________________________________________________

______________________________________________________

Consults:

______________________________________________________

______________________________________________________

______________________________________________________

______________________________________________________

Sign:_____________________________ Date/ Time:__________Faculty/ Senior Resident
Signature:_________________________
Patient Condition and Op-Log Expectations and Requirements:

**Required Clinical Encounters are found in Appendix C.** Students must see patients in the inpatient setting from all of the 10 categories and 12 conditions or clinical presentations highlighted in red. Students will document interactions with 18 additional patients (30 total). Students must see patients with at least one condition or presentation from each diagnostic category. They will submit 30 op-logs total (12 mandatory + 18). 20 of the total submissions must be from patients seen in the inpatient setting and 10 of the total submissions must be from patients seen in the outpatient setting.

**Op Logs must be updated weekly.**

**IM Clerkship Assessment Forms:**

Clerkship assessment forms/rubrics are located in **Appendix D.**

**Mid-Clerkship Evaluation (see form in Appendix D)**

The mid-clerkship evaluation is a face to face one-on-one 15 minute session with the clerkship director. It is an opportunity for students to receive feedback to better improve their performance. It is also an opportunity for the students to voice any concerns regarding the clerkship.

The session will be scheduled after the first Internal Medicine ward rotation. Students will be notified regarding their assigned time by the clerkship coordinator in an email.

Items that should be included in the student’s portfolio by this session include the following. Failure to have these minimal items completed by the session may lead to a “needs improvement” in the professionalism competency. See page 56 for a sample midclerkship evaluation which will be completed by the clerkship director.

- At least 15 op-log entries (10 must be from inpatients and 7 from the highlighted red mandatory conditions/ diagnoses). See pages52-53.
- At least 5 of the 14 history and physical exams annotated and signed by faculty/ senior residents
• At least 3 of the 7 admission orders annotated and signed by faculty/senior residents
• ECG II and III memos

Grading policy – In Addition to Common Clerkship Policies

End of Clerkship Evaluation/Requirements

1. Knowledge for Practice
   • Grade – “Needs improvement, pass, honors”
   • Source:
     1. IM Clinical Clerkship evaluation forms across all clinical learning environments- inpatient, ambulatory, and selective

2. Patient Care and Procedural Skills
   • Grade – “Needs improvement, pass, honors”
   • Source
     i. IM Clinical Clerkship evaluation forms across all clinical learning environments- inpatient, ambulatory, and selective

3. Interpersonal and Communication Skills
   • Grade – “Needs improvement, pass, honors”
   • Source
     1. IM Clinical Clerkship evaluation forms across all clinical learning environments- inpatient, ambulatory, and selective

4. Practice-based Learning and Improvement
   • Grade – “Needs improvement, pass, honors”
   • Source
     1. IM Clinical Clerkship evaluation forms across all clinical learning environments- inpatient, ambulatory, and selective

5. Systems-Based Practice
   • Grade – “Needs improvement, pass, honors”
   • Source
1. IM Clinical Clerkship evaluation forms across all clinical learning environments - inpatient, ambulatory, and selective

6. Professionalism
   • Grade – “Needs improvement, pass, honors”
   • Source
     1. IM Clinical Clerkship evaluation forms across all clinical learning environments - inpatient, ambulatory, and selective
     2. Complete all of the clinical requirements as outlined in the syllabus, for example, medical student morning report, H&Ps and observed H&P.
     3. Adhere to all requirements of the clerkship, including
        1. Books turned in
        2. Duty hours reported
        3. Op log completion as outlined in the common clerkship requirements and syllabus
        4. Timeliness to activities
        5. Compliance with clinical setting rules
        6. EMR desktop cleared by end of rotation
        7. Proper appearance and dress
        8. Completion of background clearance if assigned to rotate at William Beaumont Army Medical Center

7. Interprofessional Collaboration
   • Grade – “Needs improvement, pass, honors”
   • Source
     1. IM Clinical Clerkship evaluation forms across all clinical learning environments - inpatient, ambulatory, and selective

8. Personal and Professional Development
   • Grade – “Needs improvement, pass, honors”
   • Source
     1. IM Clinical Clerkship evaluation forms across all clinical learning environments - inpatient, ambulatory, and selective

9. Boxes at the bottom for:
   • NBME score
   • OSCE
   • MSPE comments

Approved by the CEPC 4-14-2021
• General Comments (Optional and not for MSPE)
• Final grade for Clerkship – Honors, Pass, Fail

Professionalism Expectations
See Missed Events section immediately below this section for specific details. These specific areas can affect a student’s overall final grade in professionalism independent from their assessment scores from faculty and senior residents. For example, if a student’s overall assessment score from faculty and residents is a “pass” in professionalism but they miss an event as noted below, the student will receive an overall “needs improvement” in their final professionalism grade. Likewise, if a student’s overall assessment score from faculty and residents is “honors” in professionalism but they miss an event as noted below, the student will receive an overall “pass” in their final professionalism grade.

Missed Events – In Addition to Common Clerkship Policies
All missed mandatory sessions/ exercises without an excused absence will affect the student’s professionalism grade. In addition, these activities must be completed as noted below unless otherwise indicated. Students who are excused from these sessions/ exercises will complete missed activities at the discretion of the Clerkship Director unless specified below.

Resident morning report and noon conference: Will not be repeated.

Student morning report: If the student was scheduled to present on the day missed, the session will be rescheduled prior to the end of their three-week rotation. Otherwise, the session will not be repeated. Whether the student was expected to present or not, their professionalism grade will be affected if they were not present at the sessions (only exception is if the student’s team was post call or if the student has an excused absence).

Observed H and P: will be completed and rescheduled with another faculty. Student is responsible for arranging the session. Session must be completed prior to the OSCE.

Residents as teachers: If the student is on ward or selective rotation at UMC/TTUHSC El Paso and does not attend these sessions, they will review the annotated power point and answer quiz questions. Students are excused only if their team is post call or if they have an excused absence. Offsite students are not expected to attend but are expected to review the power point presentations on their own time.

Op-logs: Students have until the last clinical day of the block to complete their op-logs. It will be at the discretion of the Clerkship Director whether or not the student’s professionalism grade will be affected. If op-logs are not completed on time because the student
did not have exposure to a mandatory condition, additional learning activities will be assigned. This could include reading from Internal Medicine Case Files to be discussed with the Clerkship Director. The other possibility would be to have the student return in their fourth year for an additional two weeks to see the expected number of cases in all categories. It is expected that this latter possibility would be rarely necessary. If the student has not merely logged their patients on time, their professionalism grade will be affected.

**Cerner training:** If missed, students will be given an admission and discharge order activity to complete. They will be given 48 hours to complete the assignment. If they have missed the session due to an unexcused absence, their professionalism grade will be affected.

**Cardiac Auscultation session:** If missed, students will be given a separate activity to complete. They will have 48 hours to complete the assignment. If they have missed the session due to an unexcused absence, their professionalism grade will be affected.

**Inability to complete background checks prior to rotations at WBAMC:** This will affect the student’s professionalism grade.

**Days in which UMC EP is open but off site clinics are closed:** Students will be scheduled an alternate rotation. If this is not possible, the student will attend morning report and noon-conference. Failure to comply will affect the student’s professionalism grade.

**Selective or Ward absence:** All unexcused absences will be re-scheduled and made up. Make up sessions for excused absences will be determined at the discretion on the Clerkship Director.

## II. Psychiatry Clerkship

### Contacts

<table>
<thead>
<tr>
<th>Psychiatry Clerkship Directors</th>
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<tbody>
<tr>
<td><strong>Role</strong></td>
</tr>
<tr>
<td>Patricia Ortiz, MD</td>
</tr>
<tr>
<td>Psychiatry Clerkship Director</td>
</tr>
</tbody>
</table>
Clerkship Description

The MSIII clerkship in Psychiatry is combined with Internal Medicine and Family Medicine to comprise a 24 week block. The clerkship in IM/Psych/FM is a full-time clinical rotation. The primary goals of this rotation are to:

1) Students who understand the interface between psychiatric and medical conditions.
2) Students who understand basic evaluation and management of patient who have concomitant medical and psychiatric conditions in various treatment settings.
3) Students who can demonstrate patient centered care in the co-management of medical and psychiatric conditions.
4) Students who have an understanding of psychiatric presentations of medical illness as well as psychiatric presentations of medications used in medical conditions.
5) Students who are prepared to succeed in both psychiatry, family medicine and internal medicine NBME exams.
6) Students exposed to educational experiences, which facilitates continued learning about psychiatric disorders seen in both traditional psychiatric settings, but also in medical settings. This experience will enhance not only the understanding of psychiatric disorders, but also the ability to provide high quality care to patients either in a psychiatric setting or in a medical setting.
7) Students who learn about treatment team approach to the treatment of patients and the use of biopsychosocial model. The scope of psychiatry and medicine has expanded enormously in recent years. New concepts and hypotheses that deal with the interaction
of the biological, psychological, and social spheres that contribute to the development of a medical/psychiatric illness have evolved. This in turn has brought psychiatry in particular and medicine in general in increasing contact with other professional disciplines (psychology, pharmacists, social workers, licensed professional counselors, nurse practitioners and physician assistants) and has encouraged health care providers to adopt broader perspectives as they attempt to understand the variety of factors that influence health and illness. Because of this widespread interaction with other professional disciplines, this rotation will allow the student to observe and learn how the psychiatric physician coordinates and leads the treatment team to provide effective care for the psychiatric patient.

8) Students with an opportunity not only to view patients from the biopsychosocial perspective, but also the interaction with other medical specialties. In an effort to integrate Psychiatry, Family Medicine and Internal Medicine, there will be faculty from the three specialties participating in lectures. We welcome you to the IM/FM/Psych clerkship and hope that you have a great educational experience.

Clerkship Components

Rotations

The Psychiatry Clerkship consists of the following:

- Inpatient Psychiatry: 3 weeks
  - Inpatient Psychiatry will take place at the El Paso Psychiatric Center (EPPC).
  - Either Adult C/L or Child C/L

- Outpatient Psychiatry: streams over 9 weeks of ambulatory time shared with IM and FM
  - Outpatient Psychiatry consists of full or half-days of any or all of the following:
    - Case Discussions with Faculty or Residents member
    - Resident and Faculty Clinic, at either the Alameda Clinic, Mesa Clinic, Transmountain Clinic or Community Faculty

Psychiatry Clerkship Schedules

Student schedules are entered into Elantra. Students are expected to check their online schedules at least once each day. Students must contact the Clerkship Coordinator if anything unusual is on their schedule.
Clerkship Objectives

Knowledge for Practice (KP)

Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

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 (PC 1.1-1.7, 1; KP 2.3-2.4; PBL&I 3.1-3.5):
   - Schizophrenia Spectrum and other psychotic disorders
   - Anxiety Disorders
   - Neurocognitive Disorders
   - Depressive Disorders
   - Bipolar and Related Disorders
   - Personality Disorders
   - Substance-Related and Addictive Disorders
   - Neurodevelopmental Disorders
   - Somatoform disorders
   - Other disorders/conditions

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 (PC 1.1-1.9; KP 2.4-2.5; PBL&I 3.1-3.5; SBP 6.2, 6.4, IC 7.2-7.4):
   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 neurodevelopmental disorders and disruptive mood dysregulation disorder (PC 1.1-1.7; KP 2.3-2.4; PBL&I 3.1-3.5).
4. The student will work to become proficient in doing a complete psychiatric evaluation, mental status exam, biopsychosocial formulations, scales or instruments, and laboratory methods used in psychiatry (PC 1.1-1.7; KP 2.3-2.6; PBL&I 3.1-3.5; Prof 5.1-5.7; SBP 6.1-6.4; PPD 8.5)

5. The student will work to become proficient in developing a treatment plan, including appropriate suggestions for pharmacotherapy and/or psychotherapies (PC 1.2, 1.5, 1.6; KP 2.2, 2.4)

6. The student will also have exposure to forensic psychiatry and psychiatric syndromes associated with medical illnesses. (PC 1.3, 1.5; KP 2.1, 2.2, 2.5; IC 7.2)

Patient Care (PC)

Provide patient-centered care that is 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 1.1-1.7; KP 2.3-2.6; ICS 4.3; Prof 5.1-5.7)

2. Based on a complete psychiatric evaluation, the student needs to develop and document a DSM multiaxial diagnosis, use scales or instruments, do an evaluation plan for appropriate laboratory and medical examination, and a treatment plan derived from the biopsychosocial formulation. (PC 1.2, 1.3, 1.5; KP 2.3-2.6; PBL&I 3.1, 3.5; SBP 6.1-6.4; PPD 8.1, 8.4)

3. The student will need to assess and document the patient’s potential for self-harm, harm to others, and appropriate interventions. (PC 1.1-1.9; KP 2.1, 2.3, 2.5; PBL&I 3.2; ICS 4.1, 4.2, 4.3; Prof 5.1-5.6; SBP 6.2; IC 7.2, 7.4; PPD 8.1, 8.2, 8.3)

4. The student will learn to do appropriate follow-up evaluations on inpatients and outpatients, and document these evaluations and treatment suggestions in a timely fashion. (PC 1.1-1.9; KP 2.1-2.3; PBL&I 3.2, 3.3, 3.4; ICS 4.1-4.4; Prof 5.1-5.7)

Interpersonal and Communication Skills (ICS)

Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Objectives

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Approved by the CEPC 4-14-2021
1. The student will develop the interpersonal skills, which will facilitate an effective therapeutic relationship with culturally diverse patients, and their families. (ICS 4.1, 4.2, 4.3)

2. The student will demonstrate 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 4.1, 4.3)

3. The student will be expected to (ICS 4.1- 4.4; PC 1.8; KP 2.6; Prof 5.1, 5.6):
   a. Listen to and understand patients and their families
   b. Communicate effectively with patients and their families, using verbal, nonverbal, and writing skills as appropriate.
   c. 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.
   d. Transmit information to patients and families in a clear meaningful manner.
   e. Educate patients and their families about medical, psychological and behavioral issues.
   f. Appropriately utilize interpreters and communicate effectively with patients and families who speak another language.
   g. Communicate effectively and respectfully with physicians and other health professionals in order to share knowledge and discuss management of patients.

**Professionalism (PROF)**

Demonstrate understanding of and behavior consistent with professional responsibilities and adherence to ethical principles.

**Objectives**

1. The student will demonstrate
   a. Respect, compassion and integrity (Prof 5.1).
   b. Responsiveness to the needs of patients and society that supersedes self-interest.
   c. Accountability to patients, society, and the profession (Prof 5.3).
   d. A commitment to excellence and ongoing professional development (Prof 5.7).

2. The student will demonstrate a commitment to ethical principles pertaining to the provision or withholding of clinical care (Prof 5.2).
3. The student will attend a discussion seminar on the ethics in psychiatry. (Prof 5.2, 5.5)
4. The importance of confidentiality of patient information and informed consent shall be stressed to the student. (Prof 5.2)
5. It is expected the student will demonstrate sensitivity and responsiveness to the patient’s culture, age, gender and disabilities (Prof 5.1, 5.6; ICS 4.1, 4.3).
6. Plagiarism is unacceptable. All reference sources must be clearly annotated when a student presents scientific knowledge. (Prof 5.6)
7. The student will be expected to participate in collegial and respectful discussions with team members, teachers and peers. (ICS 4.2)
8. Students must check their schedules on a daily basis and are expected to show up to all assigned duties on time. (Prof 5.7)
9. Failure to attend scheduled duties without appropriate notification to the Program Coordinator and the appropriate attending is considered unprofessional behavior and will be addressed by the Clerkship Director and/or the Assistant Clerkship Director. (Prof 5.7)

**Practice-Based Learning and Improvement (PBL & I)**

Demonstrate the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and continuously improve patient care based on constant self-evaluation and life-long learning.

**Objectives**

1. The student will demonstrate a well-rounded knowledge of the delineated psychiatric disorders and the various treatment modalities. (PBL&I 3.1)
2. The student will recognize and accept his or her limitations in knowledge base and clinical skills (PBL&I 3.1).
3. The student will develop a mindset that accepts the absolute need for lifelong learning. (PBL&I 3.1, 3.3)
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. (PBL&I 3.5)
5. The students will demonstrate the ability to review and critically assess the scientific literature in order to promote a higher quality of care (PBL&I 3.4).

**Systems-Based Practice (SBP)**
Demonstrate an awareness of and responsiveness to the larger context and system of health care as well as the ability to call on other resources in the system to provide optimal care.

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 (SBP 6.1).

Objectives
1. The student will be able to discuss how Internal Medicine and Psychiatry overlap; and the importance of their interactions. 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). (6.1)
2. The student will appreciate the impact of managed care through exposure to a variety of systems. 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. (6.2, 6.4)
3. The student will understand how various mental health professionals interact to meet the emotional needs of a patient through their exposure to treatment teams. 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. (6.1, 6.2)
4. The student will be able to describe how the various modes of treatment delivered by the variety of mental health professions works together to meet the needs of a psychiatric patient. Part of the students' experience will also be participation in groups or individual therapy sessions with other mental health professionals besides psychiatrists. (6.2, 6.3)
5. The student will demonstrate an appreciation of how the mental system has developed to accommodate the cultural diversity found in El Paso. 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 our students to fully appreciate culturally diverse systems and how they meet the needs of our culturally diverse population. (6.2, 6.4)
Interprofessional Collaboration (IC)

Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care.

The students of Paul L. Foster School of Medicine have the unique opportunity to engage in the care of patients in an interprofessional team consisting of residents, attending psychiatrists, psychologists, social workers, pharmacists, licensed professional counselors, mental health technicians and nurses in a manner that optimizes the care the patients receive.

Objectives

a) The student will understand the roles of each member of the interprofessional team and utilize their contributions to the care of the patient. (7.1)

b) The student will define their own role in the team with guidance from the upper level resident and will work with the others in the team to provide safe and effective care of the patient. (7.2)

c) The student will demonstrate the ability to function as a team member by completing their tasks assigned in a timely manner and at times will be expected to take a leadership role in regards to coordinating tasks for others in the team. (7.3)

d) The student will learn to recognize and respond appropriately to any conflict that arises between involved healthcare professionals in the team and comport themselves in a professional and courteous manner with the guidance of the upper level resident and/or attending. (7.4)

Personal and Professional Development (PPD)

Demonstrate the qualities required to sustain lifelong personal and professional growth.

The students of Paul L. Foster School of Medicine have the opportunity to build on their own development as a student doctor and as a future practicing physician with their interactions with the treatment team. They will gain knowledge in recognizing their own limitations but more importantly learn techniques in how to increase their knowledge base in medicine and in the care of patients overall that will extend into their residency training and on to their professional careers.

Objectives
1. The student will take responsibility for the care and treatment of their patients but also recognize when to seek assistance from the other members of the treatment team in regards to the best care for their patient. (8.1)

2. The student will demonstrate healthy coping mechanisms when challenged with stressful situations in the care of their patients or when overwhelmed with the responsibilities of being a mental health care provider. They will maintain professionalism and empathy for those that are under their care as well as to the other members of the team. These skills will be demonstrated by their supervisors and will be open for discussion with them. (8.2)

3. The student will master the ability to adapt to changing and difficult situations in the care of patients and in dealing with system-based practice medicine by showing flexibility and accomplishing tasks overall. (8.3)

4. The student will show the ability to utilize or suggest using all known available resources when confronted with ambiguous or uncertain situations that arise in the care of their patient and demonstrate mature and strong coping mechanisms in the process. (8.4)

5. The students with initiative will show enthusiasm and interest in learning by selecting topics that interest them or that would help the treatment team in their care of the patient during their clinical experiences and research those topics. After their exploration of the topic via critically appraised scientific articles, textbooks, and other resources, the goal of presenting to the treatment team would be in order. (8.5)

Integration Threads

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<tr>
<th>Geriatrics</th>
<th>Patient Safety</th>
<th>Communication Skills</th>
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<tr>
<td>Basic Science</td>
<td>Pain Management</td>
<td>Diagnostic Imaging</td>
</tr>
<tr>
<td>Ethics</td>
<td>Chronic Illness Care</td>
<td>Clinical Pathology</td>
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<tr>
<td>Professionalism</td>
<td>Palliative Care</td>
<td>Clinical and/or Translational Research</td>
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<tr>
<td>EBM</td>
<td>Quality Improvement</td>
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Geriatrics

Approved by the CEPC 4-14-2021
• Psychiatry Seminars on Delirium, Dementia

**Basic Science**

• Psychiatry Seminar on Neurotransmitters

**Ethics and Professionalism**

• Discussion of Ethics and Professionalism in Psychiatry

**Patient care-boundaries issues in Psychiatry Communication Skills**

• Psychiatry Seminar on Interview Techniques with Faculty
• OSCE Practice seminar

**Calendar of Clerkship Events**

<table>
<thead>
<tr>
<th>Student Responsibilities and Mandatory Clerkship Activities</th>
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<tbody>
<tr>
<td>Outpatient Psychiatry</td>
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<tr>
<td>The student will complete the following:</td>
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<tr>
<td>- Minimum of 6 Progress Notes</td>
</tr>
<tr>
<td>- One Matrix formulation on any patient/cases during outpatient rotation. Please refer to Elantra for more details and instructions.</td>
</tr>
<tr>
<td>- Minimum of 6 outpatient scales/instruments</td>
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<tr>
<td>- All documentation due the Monday after the Outpatient rotation</td>
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</table>
Students will be assigned to different rotations daily; A.M. and P.M. - such as clinic with faculty/residents. It is required to write progress notes and demonstrate the use of scales/instruments

One weekend call will be assigned:
- Friday 6:00pm - 10:00pm or Saturday or Sunday 8:00am - 12:00pm, 1:00pm - 5:00pm and 6:00pm - 10:00pm
- Please refer to Scheduler 15 ([https://academic.el paso.ttuhs c.edu/PLFSOMScheduler](https://academic.el paso.ttuhs c.edu/PLFSOMScheduler)) for assigned day.
- Complete at least one psychiatric evaluation on a new patient who presented to the hospital, if no patients during call, use a patient seen during regular outpatient rotation

When students are scheduled for call, they will present a case/patient to a preceptor during scheduled case discussion seminar.

Objectives:
- The student should recognize common psychiatric disorders seen in outpatient setting: (PC 1.1-1.7, 1; KP 2.3-2.4; PBL&I 3.1-3.5):
  - Schizophrenia Spectrum and other psychotic disorders
  - Anxiety Disorders
  - Neurocognitive Disorders
  - Depressive Disorders
  - Bipolar and Related Disorders
  - Personality Disorders
  - Neurodevelopmental Disorders
  - Somatoform disorders
  - Other disorders/conditions
- The student should be able to recognize common psychiatric disorders seen in children and adolescent patients, including conditions not previously listed such as neurodevelopmental disorders and disruptive mood dysregulation disorder (PC 1.1-1.7; KP 2.3-2.4; PBL&I 3.1-3.5).
- The student will work to become proficient in doing a complete psychiatric evaluation, mental status exam, biopsychosocial formulations, and laboratory methods used in psychiatry (PC 1.1-1.7; KP 2.3-2.6; PBL&I 3.1-3.5; Prof 5.1-5.7; SBP 6.1-6.4; PPD 8.5)
<table>
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<tr>
<th><strong>Inpatient Psychiatry and Adult and/or Child rotation</strong></th>
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<tr>
<td>• The student will complete the following:</td>
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<tr>
<td>- A minimum of 6 progress notes</td>
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<tr>
<td>- One Matrix formulation on any patient/cases during inpatient rotation. Please refer to Elantra for more details and instructions.</td>
</tr>
<tr>
<td>- A minimum of 6 inpatient instruments/scales</td>
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<tr>
<td>- All documentation due the Monday after the Inpatient rotation</td>
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Students are required to participate in treatment teams of the attending physician. This will allow students to learn to coordinate the care of their patient with other mental health professionals.

- The student will have exposure to emergency psychiatry and will be asked to participate in risk assessments. (PC 1.1-1.9; KP 2.1, 2.3, 2.5; PBL&I 3.2; ICS 4.1, 4.2, 4.3; Prof 5.1-5.6; SBP 6.2; IC 7.2, 7.4; PPD 8.1, 8.2, 8.3)
- The student will work to become proficient in developing a treatment plan, including appropriate suggestions for pharmacotherapy and/or psychotherapies (PC 1.2, 1.5, 1.6; KP 2.2, 2.4)
- The student will be able to have knowledge about scales and instruments used to evaluate mental health disorders. KP 2.3-2.6;
  - Child Outpatient rotation:
  - Understand how to gather psychiatric history in child and adolescent (1.1)
  - Understand the main psychiatric conditions with Child and Adolescent. (2.1)
  - Learn mental status exams and interview techniques. (1.1, 2.5)
    - Establish professional relationships and effective communication with patients and their families (4.1)
  - Able to understand the importance of interprofessional treatment of mental health problems (7.2, 7.3)
  - Have knowledge about different modalities of psychotherapies: individual, family and group (1.6)
  - Able to understand the importance of tailor treatment in order to meet the individual needs of children and families. (1.2)
Students are required to participate in group psychotherapy sessions with attending psychiatrist and therapist’s approval whether it is virtual or in person as clinically indicated.

One weekday call will be assigned:
Monday, Tuesday, Wednesday or Thursday 5:00pm - 9:00pm; students may not stay later.
Please refer to Scheduler 15 (https://academic.elpaso.ttuhs.edu/PLFSOMScheduler) for assigned day.
Complete at least one psychiatric evaluation on a new patient who presented to the hospital. If a new patient is not available, an existing inpatient assessment will suffice.
Students will present their case to a Senior Resident at 7:30 am the Friday after their call assignment. Students will participate in standard educational activities after presenting their case to resident/fellow.

Objectives on Inpatient:

- The student should recognize common psychiatric disorders seen in inpatient settings, ranging from the chronically to psychiatric emergencies. The conditions the student will be asked to evaluate and help manage include the following (PC 1.1-1.7, 1; KP 2.3-2.4; PBL&I 3.1-3.5):
  - Schizophrenia Spectrum and other psychotic disorders
  - Anxiety Disorders
  - Neurocognitive Disorders
  - Depressive Disorders
  - Bipolar and Related Disorders
  - Personality Disorders
  - Substance-Related and Addictive Disorders
  - Neurodevelopmental Disorders
  - Somatoform disorders
  - Other disorders/conditions

- 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 (PC 1.1-1.9; KP 2.4-2.5; PBL&I 3.1-3.5; SBP 6.2, 6.4, IC 7.2-7.4):
Suicidal/homicidal patient
- Crisis intervention
- Treatment methods in emergency situations
- The student will work to become proficient in doing a complete psychiatric evaluation, mental status exam, biopsychosocial formulations, and laboratory methods used in psychiatry (PC 1.1-1.7; KP 2.3-2.6; PBL&I 3.1-3.5; Prof 5.1-5.7; SBP 6.1-6.4; PPD 8.5)
- The student will work to become proficient in developing a treatment plan, including appropriate suggestions for pharmacotherapy and/or psychotherapies
- The student will be able to have knowledge about scales and instruments used to evaluate mental health disorders. KP 2.3-2.6
- 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. (PBL&I 3.5)

Objectives in Adult and Child CL rotation
- Demonstrate the ability to perform a psychiatric interview and a mental status examination (1.1)
- Identify the principle psychiatric issues facing medical and surgical patients. (1.3)
- Describe the questions necessary to conduct an assessment of suicidality. (2.5)
- Demonstrate the ability to recognize psychiatric emergencies among general medical patients (1.5)
- Demonstrate knowledge about medical-legal interventions (5.5)
- To understand cultural factors in patient care (2.5, 4.1)
- Understand the main therapeutic interventions (1.2, 1.6)
**General Clerkship Requirements**

Students are responsible for formulating and implementing appropriate diagnostic and therapeutic plans for assigned patients, in conjunction with resident and faculty supervisors.

**Wednesday Afternoon Lecture Presentations**

Topics will be assigned to each student; please refer to Elantra. Send electronic copy of presentation to Clerkship Program Coordinator the day before. The faculty or resident attending the presentation will use the Student Presentation Assessment to grade the presentation.

**Feedback**

Students are responsible for asking their Program Coordinator to assign a faculty or resident feedback (assessments) during each rotation. This should be done weekly. This includes the longitudinal selective rotation, which may be done at the end of the block. By Mid-Clerkship Feedback, a minimum of 3 evaluations are expected. At the end of the Block, a minimum of 6 evaluations are expected.

**Expected Through the Clerkship**

- Attendance at all required educational activities, including didactics, morning report, call, and clinical rotations.
- Appropriate cell phone and laptop/tablet use – no texting, emailing, etc. when expected to be attentive to faculty/presenter.
- Update Op-Log on a weekly basis
- Enter duty hours daily

Students are assigned 6 formative exams; a minimum of 3, must be complete by Mid-Clerkship Feedback and all 6 by the end of the block.

**Matrix Formulation**

- El Paso - Department of Psychiatry

STUDENT HEALTHCARE MATRIX
<table>
<thead>
<tr>
<th></th>
<th>SAFE¹</th>
<th>TIMELY²</th>
<th>EFFECTIVE³</th>
<th>EFFICIENT⁴</th>
<th>EQUITABLE⁵</th>
<th>PATIENT CENTERED⁶</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PATIENT CARE</strong> (Overall Assessment)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>a. MEDICAL KNOWLEDGE (What must I know)</td>
<td></td>
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</tbody>
</table>

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<th>EQUITABLE⁵</th>
<th>PATIENT CENTERED⁶</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>II. b. INTERPERSONAL AND COMMUNICATION SKILLS</strong></td>
<td></td>
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</tr>
<tr>
<td>II c. PROFESSIONALISM (How must I act)</td>
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</tbody>
</table>

<table>
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<tr>
<th></th>
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<th>EFFICIENT⁴</th>
<th>EQUITABLE⁵</th>
<th>PATIENT CENTERED⁶</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>II. d SYSTEM BASED PRACTICE</strong> ¹¹ (On whom do I depend and who depends on me)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II c. PRACTICE-BASED LEARNING AND IMPROVEMENT ¹² (How must we improve)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HEALTHCARE MATRIX INSTRUCTIONS**

1. Safe: Avoiding injuries to patients from the care that is intended to help them.
2. Timely: Reducing waits and sometimes harmful delays for both those who receive and those who give care.
3. Effective: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively).

4. Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.

5. Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, race, sexual orientation, geographic location, and socio-economic status.

6. Patient-Centered: Providing care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions.

7. Patient care: that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

8. Medical knowledge: about established and evolving biomedical, clinical, and cognate sciences (e.g. epidemiological and social-behavioral) and the application of this knowledge to patient care.

9. Interpersonal and communication skills: that result in effective information exchange and teaming with patients, their families and other health professionals.

10. Professionalism: as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

11. System base practice: as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

Practice-based learning and improvement: that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvement in patient care
## Clerkship Location

<table>
<thead>
<tr>
<th>Location</th>
<th>Clerkship Rotations</th>
<th>Contact Name</th>
<th>Faculty</th>
<th>Address</th>
<th>Phone</th>
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</thead>
<tbody>
<tr>
<td><strong>El Paso Psychiatric Center (EPPC)</strong></td>
<td>Inpatient, Outpatient</td>
<td>Zulema Carrillo</td>
<td>Christopher Castaneda, MD</td>
<td>4615 Alameda</td>
<td>(915) 532-2202</td>
</tr>
<tr>
<td><strong>Child Guidance Center</strong></td>
<td>Child Guidance</td>
<td>Ms. Kellner</td>
<td>Cecilia DeVargas, MD</td>
<td>2701 E. Yandell</td>
<td>(915) 562-1999</td>
</tr>
<tr>
<td><strong>Family Services of El Paso</strong></td>
<td>Outpatient</td>
<td>Ms. Rachel Quintanilla</td>
<td>Mohamed Ataalla, MD</td>
<td>6040 Surety</td>
<td>(915) 781-9930</td>
</tr>
<tr>
<td><strong>Project Vida</strong></td>
<td>Outpatient</td>
<td>Ms. Rachel Quintanilla</td>
<td>Mohamed Ataalla, MD</td>
<td>3607 Rivera Ave</td>
<td>(915) 533-7057</td>
</tr>
<tr>
<td><strong>Transmountain Campus</strong></td>
<td>Outpatient</td>
<td>NA</td>
<td>Pamela Lopez, MD</td>
<td>2000 B Transmountain Road #B405</td>
<td>(915) 215-8506</td>
</tr>
<tr>
<td><strong>Transmountain Campus</strong></td>
<td>Outpatient</td>
<td>NA</td>
<td>Moataz Ragheb MD</td>
<td>2000 B Transmountain Road #B405</td>
<td>(915) 215-8506</td>
</tr>
<tr>
<td><strong>UMC-ER Zone C</strong></td>
<td>Outpatient Adult C/L and Adult C/L</td>
<td>Peter Thompson, MD Silvina Tonarelli, MD Ricardo Salazar, MD Pamela Lopez, MD Fabrizzio Delgado, MD</td>
<td>4815 Alameda Ave</td>
<td>(915) 544-1200</td>
<td></td>
</tr>
</tbody>
</table>
Student Performance Objectives
Assignment Summary/ Portfolio Contents

Documentation of each student’s experience during the Psychiatry component of the combined Clerkship Block is contained in an individually assigned student portfolio.

The portfolio is used to document student progression towards the learning objectives of the clerkship experiences; and its contents used for the mid clerkship review and final clerkship assessment.

Failure to turn in the required assignments prior to the end of the rotation or assigned due date will result in a “needs improvement” in the competency of professionalism.

Psychiatry Patient Condition and Op-Log Expectations
Students are expected to log each patient that they see throughout the Psychiatry Clerkship. The Clerkship Director and/or the Assistant Clerkship Director will review each student’s Op-Log during Mid-Clerkship Feedback. (At least 15 patients must be entered in Op-Log by Mid-Clerkship Feedback). This will help monitor the types of patients that the student has seen and identify deficiencies which would need to be addressed by the clerkship director or coordinator. It is the student’s responsibility to alert the clerkship director if a required category of psychopathology diagnoses have not been seen by the student by his midterm evaluation. The clerkship director will provide the student with simulated cases, case histories or notify an attending to provide an appropriate case.

Students are encouraged to stay current with their online log and enter the cases seen daily. The clerkship coordinator will be monitoring the log weekly to make certain that each student is entering the appropriate number of patient encounters. **By the end of rotation at least 30 cases need to be entered and all diagnoses in red (indicated in Appendix C) must be documented.**

**Satisfactory completion of the Op-Log should be completed with at least the minimum number of patients by two weeks before the end of the rotation. If this log is not complete at that time, additional learning activities will be assigned. This could include reading from Case Files to be discussed with the clerkship director.**
Psychiatry Assessment
Students on the Psychiatry Clerkship will be assessed during the block using the rubrics in Appendix D.

Mid-Clerkship Review
Each student will meet with the Clerkship Director and/or Assistant Clerkship Director halfway through their Psychiatry Clerkship to discuss their progress in the Clerkship thus far. Please see the Mid-Clerkship Assessment Form in Appendix D.

Final Clerkship Assessment – covers 8 competencies using input from the sources identified below, as well as NBME and OSCE performance.

<table>
<thead>
<tr>
<th>Knowledge for Practice</th>
<th>Grade: Needs Improvement; Pass; Honors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source(s):</td>
<td></td>
</tr>
<tr>
<td>• Inpatient and Outpatient Psychiatry Clerkship Evaluations</td>
<td></td>
</tr>
<tr>
<td>• Inpatient and Outpatient Progress Notes</td>
<td></td>
</tr>
<tr>
<td>• Comprehensive Psychiatric Evaluation</td>
<td></td>
</tr>
<tr>
<td>• Case reviews: lectures and inpatient rotation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Care and Procedural Skills</th>
<th>Grade: Needs Improvement; Pass; Honors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source(s):</td>
<td></td>
</tr>
<tr>
<td>• Inpatient and Outpatient Psychiatry Clerkship Evaluations</td>
<td></td>
</tr>
<tr>
<td>• Op-log Completion and assessment of range of pathology</td>
<td></td>
</tr>
<tr>
<td>• Inpatient and Outpatient progress notes</td>
<td></td>
</tr>
<tr>
<td>• Comprehensive Psychiatry Evaluation</td>
<td></td>
</tr>
<tr>
<td>• Screening Instruments (MOCA, MDQ, etc.)</td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Source(s):</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Interpersonal and Communication Skills       | • Inpatient and Outpatient Psychiatry Clerkship Evaluations  
   • Required Lecture presentation  
   • Required Practicum presentation to peers and faculty  
   • Student Morning Report  
   • Student Psychiatric Evaluation                                                                                                                   |                                       |
| Practice-Based Learning & Improvement        | Source(s):                                                                                                                                                                                                 |                                       |
|                                              | • Inpatient and Outpatient Psychiatry Clerkship Evaluations  
   • Matrix Sheets  
   • Required Lecture/Practicum presentations to peers and faculty  
   • Comprehensive Assessment Forms  
   • Discussion of student learning techniques at mid-rotation review  
   • Case reviews: lectures and inpatient rotation                                                                                                    |                                       |
| Systems-Based Practice                       | Source(s):                                                                                                                                                                                                 |                                       |
|                                              | • Lecture presentation  
   • Inpatient case load  
   • Inpatient and Outpatient Progress Notes  
   • Matrix Sheets                                                                                                                                     |                                       |
<p>| Professionalism                              | Grade: Needs Improvement; Pass; Honors                                                                                                                                                                   |                                       |</p>
<table>
<thead>
<tr>
<th>Source(s):</th>
</tr>
</thead>
</table>
| • Books and badges turned in  
• Duty hours reported  
• Timeliness to activities  
• Compliance with clinical setting rules  
• EMR desktop cleared by end of rotation  
• Proper appearance and dress |

<table>
<thead>
<tr>
<th>Grade: Needs Improvement; Pass; Honors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source(s):</td>
</tr>
</tbody>
</table>
| • Inpatient and Outpatient Psychiatry Clerkship Evaluations  
• Case presentations with teams  
• Progress notes  
• Inpatient Activity Form  
• Completion of a Student Psychiatric Evaluation during call |

<table>
<thead>
<tr>
<th>Grade: Needs Improvement; Pass; Honors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source(s):</td>
</tr>
</tbody>
</table>
| • Inpatient and Outpatient Psychiatry Clerkship Evaluations  
• Discussion of student learning techniques at mid rotation review |

| Final Grade for Clerkship – Honors, Pass, Fail  
• NBME score and percentile  
• OSCE  
• MSPE comments  
• General Comments (Optional and not for MSPE) |
## Competency Grading Rubric

<table>
<thead>
<tr>
<th>Competency</th>
<th>Honor</th>
<th>Pass</th>
<th>Needs Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Knowledge</td>
<td><strong>MS exceeds</strong> in the ability to:</td>
<td><strong>MS has</strong> the ability to:</td>
<td><strong>MS has difficulties in:</strong></td>
</tr>
<tr>
<td></td>
<td>• Describe in detail main psychiatric disorders</td>
<td>• Describe main psychiatric disorders</td>
<td>• Knowledge about main psychiatric disorders</td>
</tr>
<tr>
<td></td>
<td>• Apply in detail this knowledge to patient care</td>
<td>• Apply this knowledge to patient care</td>
<td>• MS struggle to apply this knowledge to patient care</td>
</tr>
<tr>
<td>Patient care</td>
<td><strong>MS exceeds</strong> in the ability to:</td>
<td><strong>MS has</strong> the ability to:</td>
<td><strong>MS has difficulties in:</strong></td>
</tr>
<tr>
<td></td>
<td>• Collect a history from a patient or family interview</td>
<td>• Collect a history from a patient or family interview</td>
<td>• Collecting accurate history from a patient or family interview</td>
</tr>
<tr>
<td></td>
<td>• To perform a mental status</td>
<td>• To perform a mental status</td>
<td>• To performing a mental status</td>
</tr>
<tr>
<td></td>
<td>• To collect additional patient information (medical record)</td>
<td>• To collect additional patient information (medical record)</td>
<td>• Narrowing the differential to 2-3 most likely</td>
</tr>
<tr>
<td></td>
<td>• Narrow the differential to 2-3 most likely</td>
<td>• Narrow the differential to 2-3 most likely</td>
<td>• Narrowing the differential to 2-3 most likely</td>
</tr>
<tr>
<td></td>
<td>• Formulate a detailed biopsychosocial treatment plan</td>
<td>• Formulate a detailed biopsychosocial treatment plan</td>
<td>• Formulate a basic biopsychosocial treatment plan</td>
</tr>
<tr>
<td>Interpersonal Skills and</td>
<td><strong>MS exceeds</strong> in the ability to:</td>
<td><strong>MS has</strong> the ability to:</td>
<td><strong>MS has difficulties in:</strong></td>
</tr>
<tr>
<td>Communication</td>
<td>• Easily develop rapport with the team</td>
<td>• Develop rapport with team</td>
<td>• Working with the team, patients and families</td>
</tr>
<tr>
<td></td>
<td>• Easily develop rapport with patients and families</td>
<td>• Develop rapport with patients and families</td>
<td>• Peer and team conflicts are evident</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Difficulty transmitting information</td>
</tr>
</tbody>
</table>
| Professionalism | MS **exceeds** in the ability to:  
| | • Having appropriate communication and body language  
| | • Be reliable  
| | • Has ownership of the patient problem  
| | • Is always punctual  
| | • Has excellent behavior during rounds and interviews  
| MS **showed** the ability to:  
| | • Have appropriate communication and body language  
| | • Being reliable  
| | • Had appropriate behavior during rounds and interview  
| MS **had difficulties:**  
| | • Inappropriate jargon or body language  
| | • Frequently not punctual  
| | • Frequently absent  
| | • Unreliable  
| | • Unprofessional dress  
| | • Unprofessional use of phone during rounds or interviews  

| Practice-Based Learning and Improvement | MS **exceeds** in the ability to:  
| | • Be self-directed learning  
| | • Show evidence of reading and has critical interpretation  
| | • Eager to collaborate  
| | • Contribute to the team and accept feedback in a very positive way  
| | • Apply scales or instruments  
| MS **has** the ability to:  
| | • Self-direct learning  
| | • Contribute to the team in acceptable way  
| | • Accept feedback  
| | • To do scales or instruments  
| MS **has difficulties in:**  
| | • Accepting feedback  
| | • Being self-directed in learning  
| | • Not showing interest in learning  
| | • Doing scales or instruments  

| Systems-Based Practice | MS **exceeds** in the ability to:  
| | • Respect the hierarchy of the team  
| | • Effective using thoroughly understanding of health care resources  
| | • Advocate for patients  
| | • Being an excellent team member  
| | • Accurately formulate the patient’s biopsychosocial diagnosis and treatment plan  
| MS **has** the ability to:  
| | • Respect the hierarchy of the team  
| | • Use and understand health care resources  
| | • Advocate for patients  
| | • Being good team member  
| MS **has difficulties in:**  
| | • Respecting the hierarchy of the team  
| | • Ignored health care resources  
| | • Did not advocate for patients  

Approved by the CEPC 4-14-2021
Professionalism Expectations

Expected Through the Clerkship

- Attendance at all required educational activities, including rotating clinical assignments, didactics, practicum, morning report, call, and Longitudinal Selective.
- Complete all assignments in a timely manner.
- Appropriate cell phone and laptop/tablet use – no texting, emailing, etc. when expected to be attentive to faculty/presenter.
- Update Op-Log on at least a weekly basis
- Enter duty hours daily

Missed Events – In Addition to Common Clerkship Policies

Attendance: Students are expected to be present and ready to participate in patient care at their rotation sites at the assigned time. Excessive tardiness or frequent request to leave early may result in a lower rating on professionalism competency.

In the event of absence:
- Student must notify the attending physician or resident at the rotation site
- Student must notify the Psychiatry Clerkship Program Coordinator before the shift begins by e-mail or phone.
- Per Common Clerkship Policies, students must also notify PLFELPClerkshipAbsence@ttuhsc.edu.

If a student requests time off for anything other than illness, the following assignments will be given:
- 1 day: view one ADMSEP module and write a summary.
- 2 days: View two ADMSEP module and write a summary.

Absences of more than 2 days on the clerkship rotation must be reviewed by the Assistant Clerkship Director. The student may be required to make up absent time at the discretion of Clerkship Director or Assistant Clerkship Director. Failure to meet the make-up time/assignment may result as an incomplete for the course.

Readings

Reading Materials

The reading assignments will be tied into the weekly topics of the Psychiatry/IM seminars. There will be reading assignments from study notes and from Introductory Textbook of Psychiatry, Sixth Edition by Donald W. Black and Nancy C. Andreasen. Study notes
A. Psychiatry History
B. Mental Status Exam
C. Bio-psychosocial Interviewing
D. Sexual History
E. Classification in Psychiatry
F. Ethics in Psychiatry
G. Child and Adolescent Psychopathology
H. Overview of Psychotherapy
I. Personality Disorders
J. Defense Mechanisms
K. Psychotherapies

II. Introductory Textbook of Psychiatry. Sixth Edition by Donald W. Black and Nancy C. Andreasen assignments
A. Recommended reading from Introductory Textbook of Psychiatry. Sixth Edition by Donald W. Black and Nancy C. Andreasen that also has study notes done by Dr. Blunk.
   1. Diagnosis and Classification (Chapter 1)
   2. Interviewing and Assessment (Chapter 2)
   3. The Neurobiology and Genetics of Mental Illness (Chapter 3)
B. Required reading from Introductory Textbook of Psychiatry. Sixth Edition by Donald W. Black and Nancy C. Andreasen that also will be assigned to students to prepare lectures and practicum.
   1. Neurodevelopmental Disorders (chapter 4)
   2. Schizophrenia Spectrum and Other Psychotic Disorders (Chapter 5)
   3. Mood Disorders (chapter 6)
   4. Anxiety Disorders (chapter 7)
   5. Obsessive-Compulsive and Related Disorders (Chapter 8)
   6. Trauma and Stressor-Related Disorders (Chapter 9)
   7. Somatic Symptom Disorders (Chapter 10)
   8. Feeding and Eating Disorders (Chapter 11)
   9. Sleep Wake Disorders (Chapter 12)
   10. Sexual Dysfunction, Gender Dysphoria, and Paraphilias (Chapter 13)
11. Disruptive, Impulse-Control, and Conduct Disorders (Chapter 14)
12. Substance-Related and Addictive Disorders (Chapter 15)
13. Neurocognitive Disorders (Chapter 16)
14. Personality Disorders (Chapter 17)
15. Psychiatric Emergencies (Chapter 18)
16. Legal Issues (Chapter 19)
17. Behavioral, Cognitive, and Psychodynamic Treatments (Chapter 20)
18. Psychopharmacology Chapter 21
19. Desk Reference to the Diagnostic Criteria from DSM-5 - American Psychiatric Association

Family Medicine Clerkship

<table>
<thead>
<tr>
<th>Role</th>
<th>Office/Fax #</th>
<th>Email</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colby Genrich M.D.</td>
<td>O: (915)215-5500</td>
<td><a href="mailto:Colby.Genrich@ttuhsc.edu">Colby.Genrich@ttuhsc.edu</a></td>
<td>9849 Kenworthy</td>
</tr>
<tr>
<td>Clerkship Director</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Melissa Montoya D.O  
Associate Clerkship Director  
O: (915)215-5500  
melissa.m.montoya@ttuhsc.edu  
9849 Kenworthy

Agathe Franck, M.D.  
Assistant Director of Medical Students and Clerkship  
O: (915) 215 - 5510  
Agathe.Franck@ttuhsc.edu  
9849 Kenworthy

Amanda Cuseo  
Clerkship Program Coordinator  
O: (915)215-4009  
F: (915)751-4378  
Amanda.Cuseo@ttuhsc.edu  
9849 Kenworthy

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

Welcome to the Family Medicine Clerkship! We look forward to working with each of you. Students will have an excellent ambulatory (outpatient) experience by seeing a variety of clinic patients ranging from newborns to geriatric patients. Additionally, through many community partnerships students will become familiar with community resources available in El Paso.

There are multiple cross references within the Family Medicine Clerkship Syllabus. These are indicated with blue hyperlink font and, when clicked, will take you to the appropriate reference.

**Clerkship Objectives**

**Clerkship Learning Objectives**

The Family Medicine Clerkship provides students with ample exposure to the undifferentiated patient via an ambulatory experience at the Texas Tech Physicians of El Paso Family Medicine Clinic, private physician’s offices, and Hospice El Paso. The Goals and Objectives outlined below are met through all of these experiences. Additionally, each Longitudinal Selective provides students with opportunities to further enhance their knowledge and skills in a variety of settings. Finally all of the clerkship learning objectives are linked to the Medical Education Program Goals and Objectives (PGOs) (in parenthesis).

**Medical Knowledge**

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

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

- Describe the prevalence and natural history of common acute illnesses and chronic diseases over the course of the individual and family life cycle (2.1, 2.3).
- Demonstrate an investigatory and analytic approach to clinical situations integrating basic and clinical science concepts in the diagnosis and management of illness and disease (2.2, 2.3, and 2.4).

**Patient Care**
**Goal:** The students must be able to provide patient-centered care that is age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

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

- Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common presentations seen in Family Medicine (1.1, 1.2, 1.3, 1.6, 2.1).
- Make informed decisions about diagnostic and therapeutic interventions using patient information and preferences, scientific evidence, and clinical judgment (1.2, 1.6, 2.4, and 2.5).
- 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 (1.2, 2.3, 2.4, 6.3).
- Apply culturally appropriate behavioral change strategies to support patient wellness (1.9, 4.1, 4.3, and 5.1).

**Interpersonal and Communication Skills**

**Goal:** The Student will develop knowledge of specific techniques and methods that facilitate effective and empathic communication with patients and their families, faculty, residents, staff, and fellow students.

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

- Create and sustain a therapeutically sound relationship with patients and their families based on a patient-centered approach (4.1, 4.3, 5.1, 5.2, 5.3, 5.4, 5.5, and 5.6).
- Effectively educate patients and their families about health, illness, and prevention as appropriate to the clinical situation (1.8, 1.9, 2.5, 4.1, 4.3, 5.1, 5.2, and 6.3).
- Demonstrate effective, respectful communication with clinical faculty, other health care professionals, and staff (4.2, 4.3, 4.4, 5.1, 5.2, 5.3, 5.5, and 5.6).
- Clearly and accurately document information in the medical record (4.4, 1.7, and 5.7).
- Demonstrate the ability to communicate effectively with patients and their families through interpreters for those with limited English language proficiency (4.1, 4.3, and 7.2).

**Professionalism/Ethics**

Approved by the CEPC 4-14-2021
**Goal:** Students must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principle and sensitivity to a diverse patient population.

**Objectives:** Throughout the Family Medicine Clerkship, the student will demonstrate:

- Respect for patients, their families, and all members of the health care team (5.1, 4.3, 5.6)
- Adherence to ethical principles governing the doctor-patient relationship including respect for patient confidentiality and privacy (5.1, 5.2, 5.4, 5.6)
- Respect for patients whose lifestyles and values may be different from those of the student (5, 1, 2.5, 4.1).
- Awareness of the limits of one’s own knowledge, experience, and capabilities (5.3, 3.1, 8.1).

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 (3.4, 2.3, 2.4, 2.5, 2.6).
- Apply knowledge of study design and statistical methods to the appraisal of information on diagnostic and therapeutic effectiveness (3.4, 3.5, 2.4)
- Use information technology and electronic resources to access, manage, and evaluate information in support of personal education (3.3, 3.4, 8.1, 8.4, 8.5)
- Solicit and respond to feedback to improve one’s clinical practices (3.3, 3.1, 3.2, 5.7, 8.1, 8.4)

Systems-Based Practice

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

- Describe the role of the family physician as a coordinator of care and team member (6.1, 7.1, 7.2, 8.1)
- Discuss the knowledge, attitudes, and skills necessary for providing longitudinal, comprehensive, and integrated care for patients with common chronic medical problems (6.1, 6.2, 6.3, 6.4, 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.8, 2.2, 2.3, 2.4, 2.5, 3.2, 3.4, 7.2, 8.1)
- Collaborate with other health professionals to provide patient-centered and preventive services across the lifespan (6.1, 6.2, 6.4, 1.9, 7.1, 7.2, 7.3, 7.4)
- Assist patients in dealing with system complexities to reduce access barriers (1.8, 6.1, 6.2, 6.3, 6.4)
- Identify appropriate medical and non-medical consultative resources (6.2, 6.4, 7.2)
- Describe strategies for controlling health care costs and allocating resources without compromising quality of care (6.3)

Interprofessional Collaboration

Goal: “Demonstrate the ability to engage in an Interprofessional team in a manner that optimizes safe, effective patient and population-centered care”

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

- Describe the roles of health care professionals. (7.1)
- Use knowledge of one’s own role and the roles of other health care professionals to work together in providing safe and effective care. (7.2)
- Function effectively both as a team leader and team member. (7.3)
- Recognize and respond appropriately to circumstances involving conflict with other health care professionals and team members. (7.4)

Personal and Professional Development

Goal: “Demonstrate the qualities required to sustain lifelong personal and professional growth.”
Objectives: By the end of the Family Medicine Clerkship, the student will be able to:

- Recognize when to take responsibility and when to seek assistance (8.1).
- Demonstrate healthy coping mechanisms in response to stress and professional responsibilities. (8.2)
- Demonstrate flexibility in adjusting to change and difficult situations. (8.3)

Block Scheduling
The Block is 23 weeks long – 21 weeks are devoted to clinical experience. The 22nd and 23rd weeks are scheduled for taking the OSCE’s and NBMEs. Your Family medicine experience will be located in your ambulatory blocks. Students will also attend weekly didactic teaching sessions held every Wednesday afternoon. There will be five OSCEs at the end of the Block: a Family Medicine Case, and IM Case, a Psych Case and two Combined Cases.

Block Table 1: Illustrates the organization of the Block. Students must view their individual daily schedules by visiting the Clerkship Scheduler (https://ilios.ttuhsc.edu/PLFSOMScheduler/).

Students are responsible for checking their schedules on a daily basis.

Shared Topics and Activities

Block Integration Threads

The following is a list of topics which will be integrated into the Block and will also be visited by other Clerkships in the third year:

Geriatrics: There are geriatrics didactic sessions planned during the Block. In addition to the didactics, students will have the opportunity to see a large number of geriatric patients while in the ambulatory setting.

Basic Science: Anatomy, physiology, and pharmacology will be included in most didactics. In addition, there are specific didactic sessions devoted to basic sciences with the basic scientists.
Clinical and Translational Research: Students will be exposed to clinical and translational research during the Family Medicine Clinic rotation. Students will become familiar with data entry, the Patient Navigator, and will work with Promotoras as they recruit patients for the department’s colon cancer research.

Shared Learning Activities
Shared learning opportunities exist between Family Medicine Internal Medicine and Psychiatry every Wednesday afternoon didactic sessions. The shared learning opportunities are designed to demonstrate the approach taken by each discipline on a patient or disease. Additionally, these particular activities demonstrate integration of the three disciplines.

Integration Threads

FM Table 7: Integration Threads
An X indicates that this topic is included within the Family Medicine Clerkship:

<table>
<thead>
<tr>
<th>X Geriatrics</th>
<th>X Basic Science</th>
<th>X Ethics</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Professionalism</td>
<td>X EBM</td>
<td>X Chronic Illness Care</td>
</tr>
<tr>
<td>X Patient Safety</td>
<td>X Pain Management</td>
<td>X Clinical Pathology</td>
</tr>
<tr>
<td>X Palliative Care</td>
<td>X Quality Improvement</td>
<td>X Clinical and Translational Research</td>
</tr>
<tr>
<td>X Communication Skills</td>
<td>X Diagnostic Imaging</td>
<td>X Interprofessionalism</td>
</tr>
</tbody>
</table>

The Family Medicine Clerkship will include these integration threads in the following ways:

Geriatrics: Ambulatory clinic experiences (Texas Tech Physicians of El Paso, Community Clinic, and Hospice), Didactic Sessions, and NBME study preparation questions.
**Professionalism:** Ambulatory clinic experiences (professionalism evaluations in every component of the Clerkship)

**Patient Safety:** Free CME opportunity available on Elantra and access to Campus CME events, ambulatory clinic experiences, and in all FM Longitudinal Selectives

**Palliative Care:** Hospice Rotation and Breaking Bad News Didactics and Workshop

**Communication Skills:** Ambulatory clinic experiences (TTP El Paso, Community Clinic, and Hospice), Geriatric Selective, Didactic Sessions (Breaking Bad News), OSCE (end of Block and end of Year), Student Presentations

**Basic Sciences:** Musculoskeletal Workshop, Fatigue Online Module, Sports Medicine Selective

**EBM:** Online module and ambulatory clinic experiences (TTP El Paso, Community Clinic, and Hospice)

**Pain Management:** Ambulatory clinic experiences (TTP El Paso, Community Clinic, and Hospice)

**Diagnostic Imaging:** Ambulatory clinic experiences (TTP El Paso, Community Clinic, and Hospice), Musculoskeletal Workshop, and Online Modules

**Ethics:** Free CME opportunity available on Canvas, Orientation, and ambulatory clinic experiences (TTP El Paso, Community Clinic, and Hospice)

**Chronic Illness Care:** Ambulatory clinic experiences (TTP El Paso, Community Clinic, and Hospice), Didactic Sessions, and Chronic Disease Management Selective

**Clinical Pathology:** Musculoskeletal Workshop, dermatology workshop Didactic Sessions, and Online Modules
Clinical and Translational Research: During the Family Medicine Clinic Rotation, all students attend a lecture from the FM Research Department and later go into the community with Promotoras to recruit patients for the Department’s colorectal cancer research.

Interprofessionalism: students are exposed to interdisciplinary teams during the musculoskeletal workshop, Hospice experience, and the following selectives: civic engagement, HIV, geriatrics, and occupational medicine.

Family Medicine Continuity Assignments

Family Medicine Center and Community Faculty Clinical Learning Objectives.

While in the clinic with the family medicine preceptor (at the FMC or in the community) the student will do the following:

Acute Presentations:

1. Differentiate among common etiologies based on the presenting symptom(s). (1.3, 1.2)
2. Recognize “don’t miss” conditions that may present with a particular symptom(s). (1.5, 1.1, 1.2, 1.3)
3. Elicit a focused history and perform a focused physical examination. (1.1)
4. Discuss the importance of a cost-effective and evidence-based approach to the diagnostic work-up. (2.3, 6.3)
5. Describe the initial management of a common and potentially life threatening diagnosis that present with particular symptoms. (1.2, 1.5, 1.6)
6. Communicate the above information in an organized and concise fashion to preceptor (faculty or residents). (4.2)

Chronic Presentations:

1. Find and apply diagnostic criteria. (2.2, 2.3)
2. Find and apply surveillance strategies. (2.4, 2.3)
3. Elicit a focused history that includes information about adherence, self-management, and barriers to care. (2.5, 1.1, 1.8, 4.1)
4. Performa a focused physical examination that includes identification of complications. (1.1, 2.1)
5. Assess improvement or progression of the chronic disease. (2.2, 1.3)
6. Describe major treatment modalities. (1.2, 1.6, 2.3)
7. Propose evidence based management that includes pharmacologic and non-pharmacologic treatments and appropriate surveillance and tertiary prevention. (2.3, 1.9, 1.2, 1.6)
8. Communicate appropriately with other health professionals (e.g. physical therapist, nutritionists, and counselors). (4.2, 7.1, 7.2, 7.3)
9. Educate a patient about an aspect of his/her disease respectfully, using language that the patient understands. (1.8, 4.1, 5.1)

Important Notes for clinic

- When at a Community Clinic, the clinical experience will be as stated above, but with a private family physician. Call ahead to confirm start times listed on your schedule.
- All procedures, vaccinations, and examinations of genital/breast/low abdomen/buttocks may only be done under the direct supervision of a preceptor.
- We will attempt to assign students to a set of clinic preceptors (residents, faculty community faculty) for continuity throughout the duration of the clerkship.
- Students are expected to document a minimum of two patients per clinical session in the EMR system (In systems where students are given individual access to the EMR. (Route notes to the continuity TTUHSC El Paso resident or attending faculty).
- Students will review charts of patients to be seen the following day, the night before. (See guidelines for Family Medicine Clinic Chart Review)

Clinical Sites
- Texas Tech University Health Sciences Center El Paso Family Medicine Clinic: 9849 Kenworthy El Paso Texas 79924 (Click Here for map)
- Texas Tech Physicians of El Paso at Tramsmountain. 2000B Transmountain Road, El Paso, TX, 79911 (https://www.google.com/maps/@31.9050735,-106.561918,16z)
• Community Preceptors: see assignment sheet
• Student may be assigned to a rural community site. Assignment at a rural site requires student to spend 2 to 3 weeks at that community site. Expectations for the clerkship are similar for students at the rural site as well as those rotating at the Kenworthy site.
  o Shannon Clinic. 220 E Harris Avenue, San Angelo, TX 76903
  o Dr Adrian Billings, Big Bend Regional Medical Center, 1605 N FORT DAVIS HWY STE A, ALPINE, TX 79830
    Phone: (432) 837-4555

Family Medicine Clinic Patient Chart Review
FM Clerkship MS III: Chart Review Guidelines

1. Find out the name of the faculty or resident you are in working with in the Family Medicine Center.
2. Review charts of all the faculty or residents scheduled patients prior to the start of clinic
   a. This will allow you to interact more meaningfully with the patient and the preceptor
   b. Jot down notes on the MS3 Chart Audit (MS3-CA) and bring to clinic with you.
   c. At the end of clinic session, turn into the FM Clerkship Coordinator
3. Review and document on the (MS3-CA) the following information:
   a. PRE VISIT PLANNING (located under the documents tab, look up PRE VISIT PLANNING (colonoscopy, pap, immunizations, diabetic foot exam, etc.))
      i. This will tell you some of the preventive services our patients are due for write it down
      ii. This needs to be completed for Quality Improvement
   b. PROBLEM LIST (this is the PMHX)
      i. look for any old problems such as acute bronchitis or UTI any self-limited problem
      ii. think about what problems should be removed from the list (see above)
   c. MEDICATION LIST
      i. look up 2 to 3 of the patients medications on Epocrates app
         1. to review doses and adverse effects or contraindications
         2. the more you do this the better you will perform on NBME but it will improve your plan
   d. LAST CLINIC NOTE w/ the Family Medicine faculty or resident
i. What was the plan? Were any tests what were ordered, was the patient sent to a consultant and what was the results or outcome?

ii. Is there a condition that needs to be followed up such as knee pain? Was a new medication was given for DM, is patient tolerating it, is the medication having the desired effect, lower BP or improved blood glucoses or less numbers?

iii. Was a condition left that was to be addressed this next visit that there was not time for before?

e. PREVENTIVE CARE

i. You can use the AHRQ ePSS app and put in their age and sex to see what they should have done based on the USPSTF guidelines.

ii. Ask patient is they have already had recommended screening or if they are interested in having it done

iii. Is there a pap or colonoscopy documented? Is the patient a smoker and due for AAA screening? If you cannot find it ask the Medical Assistant (MA)

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**The Hospice Experience**

The Family Medicine Hospice Experience consists of one week seeing patients and acting as part of an interdisciplinary team with Hospice El Paso. Ideally, students will experience each aspect of hospice care, from admissions to death, through the viewpoint of various caretakers during their week-long rotation. Students will still attend their didactics, longitudinal selective and SDL days.

Goals:
1. Students will develop an increased understanding of Hospice care
2. Students will recognize barriers for timely Hospice referrals
3. Students will gain confidence in communicating with terminal patients and their families
Objectives:
1. Students will display the ability to determine prognosis for terminal disease (2.1)
2. Students will be able to list the eligibility criteria for Hospice (5.5)
3. Students will be able to list potential barriers for Hospice referral and how to overcome them (4.1, 4.2, 4.3, 5.4, 6.4, 7.1, 7.2)

Hospice care is a dynamic process and unpredictable at times. Students will learn what type of patients to refer and how to refer in a timely manner. Students will see how a multidisciplinary team works with the patient and their family to provide a comforting experience. It is very important to keenly observe these experts in end life issues treat a real patient. Students will rotate through the major aspects of hospice care.

They will be paired with a hospice nurse and gain the following experiences:
1. Students will attend an orientation and go through the Hospice admissions process (7.1): Here students should understand what type of terminal illnesses are accepted and the referral and admissions process (7.1)
2. Attend an interdisciplinary team meeting: The RN, social worker, and pharmacist get together to discuss the patient(s) and their care plans (7.1, 7.2, 7.3)
3. Review medical records (1.3)
4. Home visit with a hospice patient (2.5, 4.2, 5.1, 5.2, 5.4): This is most valuable to see patients in their home or hospice facility and how they are cared for
5. Death call is optional (2.5, 8.2): When death is imminent, hospice comforts the patient and the family

Evaluation
1. Students will take a pre and posttest on Hospice care on Elantra
2. Students are required to write a reflective piece at the end of the Hospice experience to discuss something new that was learned, new skills gained, or a patient and their family that left an impression
3. Professionalism evaluations will be completed by Hospice staff

RECOMMENDED READINGS:
| AFP CONTENT ARTICLES ON END-OF-LIFE ISSUES INCLUDING PAIN MANAGEMENT. | http://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=57 |
| FOR PATIENTS | Before I die http://www.wnet.org/bid/index.html |

**FM Table 4: Family Medicine Clerkship Required Assignments and Activities**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description / How to Pass</th>
<th>Fail</th>
<th>Required or Optional</th>
<th>Make Up (if applicable)</th>
<th>Grading</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance Clinic</td>
<td>Students are expected to be on time and attend all (see attendance policy under Common Clerkship Policies).</td>
<td>Absenteeism or tardiness</td>
<td>Required</td>
<td>Readings and/or Make-up clinic and/or Design-A-Case</td>
<td>Failure to attend can result in a failure of professionalism, make up work or failure of course.</td>
</tr>
<tr>
<td>Selective Didactics</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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Approved by the CEPC 4-14-2021
<table>
<thead>
<tr>
<th><strong>SOAP Notes</strong></th>
<th>Weekly SOAP note turned into continuity faculty with clinical presentation. Four SOAP notes uploaded into Elantra. Do not include protected Health Information on uploaded note.</th>
<th>If note consistently late or contains protected health information or not submitted</th>
<th>Required</th>
<th>Make-up SOAP notes</th>
<th>Failure to submit may result in failure of professionalism grade.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attendance in the Data &amp; Patient Navigator Class</strong></td>
<td>Introduction to Clinical and Translational research</td>
<td>Not attending class</td>
<td>Required</td>
<td>TBD by Clerkship Director Readings</td>
<td>Failure to attend class may result in failure of professionalism grade.</td>
</tr>
<tr>
<td><strong>Promotora Experience</strong></td>
<td>Work with Promotoras to recruit and educate the community about colon cancer research</td>
<td>Not showing up or participating in the activity</td>
<td>Required</td>
<td>Not attending is an unexcused absence</td>
<td>Failure to attend may result in failure of professionalism grade.</td>
</tr>
<tr>
<td><strong>Promotora Reflective Paragraph</strong></td>
<td>Write a reflective paragraph explaining what they learned about clinical and translational research, in particular how it is different to clinical care delivery. The paragraph is due one week after the Promotora experience at 5:00 pm Upload to Elantra</td>
<td>Not turning in paragraph</td>
<td>Required</td>
<td>A 2 page paper TBD by Clerkship Director</td>
<td>Failure to turn in paragraph may result in failure of professionalism grade.</td>
</tr>
<tr>
<td><strong>Op-Log</strong></td>
<td>Students must update their Op-Logs weekly throughout the Block with all meaningful patient encounters.</td>
<td>Not updating weekly and/or not meeting the minimum requirement</td>
<td>Required</td>
<td>Actively seeing out patient with required condition Completing a case with a similar condition in Design A Case™ Assigned Reading</td>
<td>If student does not meet the required amount of patients/conditions, it will be counted as an unprofessional event and may result in failure of the professionalism grade.</td>
</tr>
<tr>
<td><strong>Design A Case™ (DAC)</strong></td>
<td>Design A Case™ is an extensive online case library of various conditions designed to supplement clinical education.</td>
<td>Not having 5 completed by midway and/or not completed by the</td>
<td>Required</td>
<td>N/A</td>
<td>Not completing cases may result in failure of professionalism grade.</td>
</tr>
<tr>
<td>Assignment Type</td>
<td>Description</td>
<td>Due Date</td>
<td>Completion Requirement</td>
<td>Required</td>
<td>N/A</td>
</tr>
<tr>
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<tr>
<td>AAFP Questions</td>
<td>Complete 500 questions throughout the block. 250 questions due by MCF, remaining 250 questions by end of block.</td>
<td>end of 21st week of the block</td>
<td>Required</td>
<td>N/A</td>
<td>Not completing the questions may result in failure of professionalism grade.</td>
</tr>
<tr>
<td>fnCASES</td>
<td>Complete four sets of 3-cases per set by assigned due dates.</td>
<td></td>
<td>Required</td>
<td>N/A</td>
<td>Not completing cases may result in failure of professionalism grade.</td>
</tr>
<tr>
<td>Integrated Case Presentation</td>
<td>Participation of case with team. Must be an active member and contribute to the overall presentation. Must complete Peer Review.</td>
<td></td>
<td>Required</td>
<td>N/A</td>
<td>Failure to participate and present case may result in failure of professionalism grade.</td>
</tr>
<tr>
<td>EMR Notes</td>
<td>Each clinical session at the Texas Tech Physicians of El Paso Family Medicine Clinic, students must complete at least two Medical Student EMR notes. The note must be signed by the student and routed to the faculty member or resident with whom they worked.</td>
<td></td>
<td>Required</td>
<td></td>
<td>Failure to complete notes or assignments will be documented on the student’s weekly evaluation and will be counted as an unprofessional event and may result in failure of the professionalism grade.</td>
</tr>
<tr>
<td>Duty Hours Submissions</td>
<td>Students are required to submit duty hours worked through the Clerkship Scheduler 15 (<a href="https://ilios.ttuhsc.edu/PLFSOMScheduler/">https://ilios.ttuhsc.edu/PLFSOMScheduler/</a>) Duty hours must be submitted</td>
<td></td>
<td>Required</td>
<td></td>
<td>Failure to submit duty hours within 24 hours will be counted as an unprofessional event and</td>
</tr>
<tr>
<td>Activity</td>
<td>Requirement</td>
<td>Failure Consequence</td>
<td></td>
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<td>----------------------------------------------------------------------------</td>
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<tr>
<td>Hospice Reflection</td>
<td>Students are required to turn in a reflective piece discussing what was learned during the Hospice Rotation. This needs to be emailed to the Unit Coordinator</td>
<td>Failure to turn in the reflection on time will be counted as an unprofessional event and may result in failure of the professionalism grade.</td>
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</tr>
<tr>
<td>Family Medicine NBME</td>
<td>All students will take the Family Medicine Shelf Exam at the end of the Clerkship Block. In accordance with the PLFSOM Common Clerkship Policies. Honoring the NBME requires obtaining ≥60 percentile. To pass the NBME, a student will need to score in the 6&lt;sup&gt;th&lt;/sup&gt; percentile or higher.</td>
<td>The Family Medicine NBME usually takes place on the last Friday of the Block on main campus.</td>
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<tr>
<td>Student Led Didactics</td>
<td>Each student will be required to present one didactic session to their peers. Students will be assigned to groups for these presentations. You will work with a faculty mentor and students will be evaluated on their presentations.</td>
<td>Failure to present with classmates will be counted as an unprofessional event and may result in failure of the professionalism grade.</td>
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</tr>
<tr>
<td>Observed H&amp;P</td>
<td>All students will have at least one observed H&amp;P done by either faculty or a resident. Student will turn in completed and signed H&amp;P form to coordinator (may also upload on Elantra)</td>
<td>Failure to complete may result in failure of professionalism grade.</td>
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</tbody>
</table>
Chart Audit in the Kenworthy Clinic

| Students must turn in proof of their notes taken prior to a clinic session to coordinator | Not reviewing charts the night before | Required | N/A | Repeated failure to submit proof or if not prepared for scheduled clinic session may result in failure of professionalism grade. |

**Student Performance Objectives**

*Note:* For required activities, Honors-level work includes engaged participation, evidence of reading, and active learning. This determination means you have exceeded the expectation of a 3rd year medical student in the family medicine clerkship.
Pass: This determination means that you have performed appropriately at the level expected for a 3rd year medical student in the clerkship.
Students should also take the initiative to see patients (if applicable) and improve their clinical skills by consistently applying new knowledge in the clinical arena.

**Family Medicine Clerkship Director’s Notes**

We are a busy clinic with excellent teachers and enjoy having students interested in learning and taking care of patients. You should complete this rotation being able to comfortably assess the undifferentiated patient in the clinic setting, greatly improving your history and physical exam and subsequent documentation. You will also become familiar with guidelines used for preventive care and for many of the common diseases seen in primary care. You should also learn a great deal about community resources and the process of how to help patients access them. Lastly, I hope you appreciate not only the hard work and many skills required of family physicians, but the satisfaction that comes from being a primary care physician.
The following are just some tips for your success:

- Review the patient’s EMR chart the night before each Kenworthy clinic. You can look up medical problems, the medications and various labs. You can use the Chart Review Tool provided to you or use your own. At the end of the clinic session please turn in to Clerkship Coordinator.

- Check with the faculty or resident you are working with and get a plan prior to the start of the clinic for the number of patients you will be seeing and the number of medical problems you will be addressing. Each faculty or resident may have a different approach so ask ahead of time.

- Turn your notes in to get feedback to your continuity faculty.

- Your syllabus is full of up-to-date resources on guidelines and articles for common diseases seen in Family Medicine, please take advantage of these.

- I hope you take the time to read several articles each week. This will increase your NBME score and your overall medical knowledge. Take full advantage of this. These are available on Elantra.

- Practice your Spanish. If the patient is Spanish-speaking and you are not, you can ask for a translator or your preceptor will translate when possible. You can always remind residents to translate or to speak to the patient in English (if the patient understands).

- Students are responsible for checking their schedules on a daily basis (https://ilios.ttuhs.edu/PLFSOMScheduler/). Schedule changes happen more often than we would like. You MUST have your cell phones on and check your email daily. These is how we will contact you and perhaps save you a wasted trip in the case of last-minute changes and how you will be notified of important announcements.

- Everyone in the clinic is evaluating your behavior. Inappropriate cell phone and computer use, tardiness, and inappropriate remarks are noted and reported. You will be counseled initially. Repeated offenses will result in notations being made on your professionalism forms. It all boils down to professionalism. Faculty, staff, and residents will inform me of any unprofessionalism even if they do not say anything directly to you. Students who are consistently late, always texting, or generally just not engaged will NOT get honors even if they receive honors on the NBME.

- Equally as important, if you witness unprofessionalism or you feel you are treated unfairly or mistreated by department faculty, residents, staff, or patients, please notify the Clerkship Coordinator or myself IMMEDIATELY. We will address this in a timely, discreet, and fair manner. We want to ensure that you have a learning environment conducive to enhancing your clinical skills and knowledge.

- Please give the Clerkship Coordinator a copy of every Family Medicine presentation, article, or project that you have presented, or worked on during the course of the Block, even if it is from an outside clinic.
Be sure to read something on the three disciplines every day, and as you go through the Block notice how we depend on each other to provide the best patient care possible. Do not wait until late in the Block to start studying for the NBME- you have TWO!

I hope you enjoy working and learning from our patients, residents, and faculty.
Patient Conditions and Op Log Expectations

**Patient conditions and OpLog Expectations for Family Medicine are listed in Appendix C.** Students must document every patient/disease with which they come into contact, even if the condition is not listed. Students are required to see at least two of every patient listed in Appendix A, as they are the most commonly encountered conditions in the Family Medicine ambulatory clinic. The Clerkship Director will review Op-Log at Mid-Clerkship Feedback and prior to the End of the Block. Deficiencies and how to rectify are discussed immediately.

Procedural Opportunities for Medical Students in the Family Medicine Clinic are also listed in Appendix C. Medical Students will participate in procedures only if available; they are not required. All procedures to be supervised by MD.

Assessment in the Family Medicine Clerkship

- Students will receive **verbal and written feedback:**
  - During clinic sessions at the Texas Tech Physicians of El Paso Family Medicine Clinic
  - Hospice El Paso
  - Private family physician offices
  - Longitudinal Selectives
  - Clerkship Unit Coordinator Professionalism Assessment
  - Mid-clerkship feedback sessions with Clerkship Director

- Written feedback in the form of the institutions clinical and professionalism evaluations occurs on a weekly basis. Students are required to make sure they receive their completed clinical evaluations from preceptors. We cannot give adequate feedback if you do not have completed evaluations. Please let the Clerkship Unit Coordinator and Clerkship Director know if you need assistance.

- **Please see FM section in Appendix D for weekly assessment forms and criteria.**
Mid-Clerkship Feedback

Mid-Clerkship Feedback is a required meeting with the Clerkship Director or Designee to review clinical and professional evaluations, absences, Op-Log and other assignment progress. This is also the time to discuss any other issues important to your individual learning and successful completion of clerkship. Students will also describe their NBME study plan, career goals, and their strengths and weaknesses. **Failure to comply will result in a failing professionalism grade.**

- Students will be scheduled to review their progress with the Clerkship Director or his/her designee
- Mid-Clerkship Feedback takes place halfway through the student’s Family Medicine Clerkship

Student Requirements:

- Clinical Evaluations available for review. Students must ask preceptors to complete if not done.
- Op-Logs up to date.
- Design A Case™ completed (5 of 10) by the midpoint of the block.
- AAFP questions (250)
- Any fmCASES as assigned to date

All other assignments should be completed. Please see Table 4 for a detailed chart of the Family Medicine required assignment.
**Final Clerkship Grading Form**

This form includes the sources of the evaluation identified from each competency. Look **closely** at the SOURCES. This shows you what we will be using to evaluate your **FINAL** score.

<table>
<thead>
<tr>
<th>End of Clerkship Evaluation grading criteria for:</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Knowledge for Practice</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Sources:</strong> The source for this competency will come from: weekly clinical evaluations (including evaluations from Hospice, clinical and translational research and from your FM selectives), SOAP notes, FM selective and integrated case presentations, online cases, and direct observation.</td>
<td>Needs improvement Pass Honors</td>
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<tr>
<td><strong>Comments</strong> – meant to justify the score in this competency</td>
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<tr>
<td><strong>2. Patient Care and Procedural Skills</strong></td>
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<tr>
<td><strong>Sources:</strong> The source for this competency will come from weekly clinical evaluations (including evaluations from Hospice, clinical and translational research and from your FM selectives), your SOAP notes, integrated case presentation, and direct observation.</td>
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<td><strong>Comments</strong> – meant to justify grade in this competency</td>
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<tr>
<td><strong>3. Interpersonal and Communication Skills</strong></td>
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<tr>
<td><strong>Source:</strong> The source for this competency will come from weekly clinical evaluations (including evaluations from the clerkship unit coordinator, Hospice rotation, clinical and translational research rotation, and from your FM selectives and direct observation).</td>
<td>Needs improvement Pass Honors</td>
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<td><strong>Comments</strong> – meant to justify grade in this competency</td>
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<tr>
<td><strong>4. Practice-based Learning and Improvement</strong></td>
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<tr>
<td><strong>Sources:</strong> The source for this competency will come from weekly clinical evaluations, hospice and clinical and translational research evaluations and respective reflective papers. Additionally, the integrated case and FM selective presentations will be used.</td>
<td>Needs improvement Pass Honors</td>
</tr>
<tr>
<td><strong>Comments</strong> – meant to justify grade in this competency</td>
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</tbody>
</table>
### 5. Systems-Based Practice

**Sources:** The source for this competency will come from weekly clinical evaluations, hospice and clinical and translational research evaluations and respective reflective papers. Additionally, the integrated case and FM selective presentations will be used.

**Comments** – meant to justify grade in this competency

<table>
<thead>
<tr>
<th>Grade</th>
<th>Needs improvement</th>
<th>Pass</th>
<th>Honors</th>
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### 6. Professionalism

**Sources:** The source for this competency will come from weekly clinical evaluations (including evaluations from the clerkship unit coordinator, Hospice rotation, clinical and translational research rotation, direct observation, and from your FM selectives). Additionally, improvement in areas deemed “needing improvement” discussed during mid-clerkship feedback with the Clerkship Director.

**Comments** – meant to justify grade in this competency

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### 7. Interprofessional Collaboration

**Sources:** The source for this competency will come from weekly clinical evaluations during your Hospice rotation, clinical and translational research rotation, and peer evaluations and from your FM selectives. Your participation in the FM selective and integrated case presentations also counts towards this competency.

**Comments** – meant to justify grade in this competency

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### 8. Personal and Professional Development

**Sources:** The source for this competency will come from: weekly clinical evaluations, FM selective and integrated case presentations, SOAP notes, Hospice and Clinical and Translational reflective papers.

**Comments** – meant to justify grade in this competency

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### Boxes at the bottom for:

- a. NBME score
- b. OSCE
- c. MSPE comments
- d. General Comments (Optional and not for MSPE)

**Final grade for Clerkship – Honors, Pass, Fail**
Grading Policy – In Addition to Common Clerkship Policies

Grades

The student’s final Clerkship grade will be based on their overall clinical and professionalism evaluations, end of block OSCE, and NBME score. Please see the school’s grading policy in the Common Clerkship Policies.

Plagiarism

Plagiarism will not be tolerated. Students are expected to cite sources appropriately in any Clerkship-related assignments, including presentations, SOAP Notes and EMR Notes. Please note: Students cannot copy resident/faculty EMR notes and claim them as their own and vice versa. Please see the Student Affairs Handbook.

Professionalism Expectations

Professionalism

Students are important members of the health care team and are expected to maintain professionalism at all times. As part of the health care team, professionalism evaluations will not only come from your preceptors and the Clerkship Coordinator, but may also come from nursing staff, colleagues, patients and community partners. Professionalism spans the following: attendance, timeliness, respectfulness of everyone (patients, colleagues, families, staff, attending, residents, etc.), communication, dress, language, completion of all required assignments, maintaining patient confidentiality and level of engagement with the team. Unprofessional behavior is noted and will be addressed. See Standards of Behavior in the Learning Environment and the Medical Student Code of Professional and Academic Conduct in the Common Clerkship Policies.
**Dress Code**

Scrubs are not acceptable to wear during the Family Medicine Clerkship. *Unless specifically told otherwise*, students are expected to be in professional attire and white coats with their ID badges clearly visible when on the Family Medicine Rotation and during Family Medicine Longitudinal Selectives. This includes no jeans, sweats, and clothing with holes, tank tops/spaghetti straps, and open-toed shoes. Please see the Common Clerkship Policies for more information.

**Interprofessional Collaboration**

Part of your education and professional development is to learn to work with community partners to provide resources to patients. Family physicians rely on these community partners to help care for our patients. These working relationships are paramount to good patient care and also to help residents and physicians avoid burnout. (7.1-7.4)

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<thead>
<tr>
<th>Collaborators</th>
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<tbody>
<tr>
<td>Department of Surgery</td>
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<tr>
<td>• Breaking bad news workshop</td>
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<tr>
<td>Musculoskeletal Workshop</td>
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<tr>
<td>• Basic Sciences</td>
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<tr>
<td>• Surgery</td>
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<td>Hospice</td>
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<td>• Nursing</td>
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<td>• Pharmacy</td>
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<tr>
<td>• Chaplain</td>
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<td>• Social Workers</td>
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<tr>
<td>Clinical and Translation</td>
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<td>Research Experience</td>
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<td>• Promotoras</td>
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Missed Events
Please see the Common Clerkship Policies.

Resources

**NBME Review**

- AAFP website review questions
- Family Medicine Pre-test (books available for checkout)
- Family Medicine Case Files (books available for checkout)
- Board Vitals – optional resource
- First Aid USMLE Step 2
- Family Practice Board Review books by
  - Bratton
  - Swanson
  - Wilbur (new edition to be released September 30, 2016)

<table>
<thead>
<tr>
<th>Reference List</th>
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<tbody>
<tr>
<td><strong>Reference Name</strong></td>
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<tr>
<td><strong>Case Files Family Medicine, 4th Edition</strong> (Available to check out from FM Clerkship Unit Coordinator - first come, first serve)</td>
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<tr>
<td>Resource</td>
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<tr>
<td>----------------------------------------------</td>
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<tr>
<td>Diagnosaurus</td>
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<td>UpToDate</td>
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