TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO
Paul L. Foster School of Medicine

CEPC MEETING AGENDA

5:00 PM - 6:30 PM
01/09/2023

CHAIR:

Dr. Maureen Francis, MD, MACP, MS-HPEd

VOTING MEMBERS:

Colby Genrich, MD**;** Fatima Gutierrez, MD**;** Houriya Ayoubieh, MD**;** Jessica Chacon, PhD, Munmun Chattopadhyay, PhD**;** Patricia Ortiz, MD; Khanjani Narges, MD, PhD; Dale Quest, PhD; Wajeeha Saeed, MD

EX-OFFICIO:

Lisa Beinhoff PhD; ; Martin Charmaine, MD; Tanis Hogg, PhD; Jose Lopez

STUDENT REPRESENATIVES:

Kristina Ingles MS1 (Voting); Joshua Salisbury MS1 (Ex Officio); Rowan Sankar MS2 (Voting); Nikolas Malize MS2 (Ex Officio); Whitney Shaffer MS3 (Voting); Rohan Rereddy MS3 (Ex Officio); Miraal Dharamsi MS4 (Voting); Daniel Tran MS4 (Ex Officio);

INVITED/GUESTS:

Richard Brower, MD, FAAN; Christiane Herber-Valdez, PhD; Jose Manuel de la Rosa, MD; Priya Harindranathan, PhD; Suvarna Guvvala, MD; Osvaldo Padilla, MD, Vashee Chandni

APPROVAL OF MINUTES

Minutes will be attached.

ANNOUNCEMENTS

Presenter(s):

TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO
Paul L. Foster School of Medicine

ITEMS FROM STUDENT REPRESENTATIVES
Presenter(s): Students

ITEM I Clerkship Phase Review Process AY 2021/22 – Internal Medicine
Presenter(s): Dr. Guvvala

ITEM II Clerkship Phase Review Process AY 2021/22 – Family Medicine
Presenter(s): Dr. Genrich

ITEM III Clerkship Phase Review Process AY 2021/22 – Psychiatry
Presenter(s): Dr. Ortiz

ITEM IV Clerkship Phase Review Process AY 2021/22 – Review Team I
Presenter(s): Dr. Chacon or Dr. Padilla

ITEM V New Electives
Presenter(s): Dr. Francis

OPEN FORUM

ADJOURN

TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO
Paul L. Foster School of Medicine

MEMBERS IN ATTENDANCE:

Maureen Francis, Colby Genrich, Dale Quest, Wajeeha Saeed, Fatima Gutierrez, Jessica Chacon, Houriya Ayoubieh, Patricia Ortiz, Khanjani Narges, Munmun Chattopadhyay, Lisa Beinhoff, Jose Lopez, Tanis Hogg, Nick Malize, Kristina Ingles, Joshua Salisbury, Whitney Shaffer

MEMBERS NOT IN ATTENDANCE:

Martin Charmaine, Rowan Sankar, Rohan Rereddy, Miraal Dharamsi, Daniel Tran

PRESENTERS/GUESTS IN ATTENDANCE:

Richard Brower, Priya Harindranathan, Suvarna Guvvala, Osvaldo Padilla, Thwe Htay

INVITED/GUESTS NOT IN ATTENDANCE:

Christiane Herber-Valdez, Jose Manuel de la Rosa, Vashee Chandni

REVIEW AND APPROVAL OF MINUTES

Dr. Francis, CEPC Chair

- Meeting minutes from the December 8, 2022 were adopted.

Decision:

Dr. Quest moves the motion for approval.
Dr. Chacon seconds the motion.
No objections: Motion was approved.

ITEMS FROM STUDENT REPRESENTATIVES

- No comments or issues to report

ITEM I Clerkship Phase Review Process AY 2021/22 – Internal Medicine

Presenter(s): Dr. Guvvala – Clerkship Director

Dr. Guvvala presented an overview of the Internal Medicine Clerkship
*presentation is attached

An overview of selected LCME elements relevant to curriculum assessment:

Block objectives

- Dr. Guvvala provided a summary of competencies from which the IM objectives were defined. For example, in relation to the *Practice - based learning and improvement* she said that students are expected to learn from the feedback provided by residents, faculty members and patients

who are in their practice. Also, students were thought about the importance of the combined blocks. Internal medicine was combined with psychiatry.

Op Log requirements (6.2; 8.6)

- Students were expected to see at least 30 Op log conditions. She listed the mandatory conditions (slide 14). Students mostly see 40 or more conditions.

Combined integrated and longitudinal experiences (9.3)

- Didactics: half day per week during the block
- Shared topics: Endocrinopathies with psychiatric manifestations, sleep disorders, geriatrics, delirium, human trafficking, etc.
- OSCE review
- Individualized learning plan

Integration threats

- Dr. Guvvala shared that topics like pain management, chronic illness, care palliative care, and etc. are addressed in both, outpatient and inpatient settings.

Clinical experiences (including clinical sites) (6.2; 5.6; 6.4; 8.7)

- Duration of Internal Medicine: 8 weeks
- Ward rotation: Two 3 weeks block
- UMCEP
- Trans mountain Campus
- WBAMC
- San Angelo

Basic science examples (6; 8.1; 8.3)

- Dr. Guvvala stated that basic science examples are integrated into the day-to-day activities within clinical settings. She added that there is a small group session called *bedside rounds* apart from students' regular orientation that include these examples as well.

IPE examples (7.9)

- Regarding Interprofessional collaboration students are expected to work with faculty, fellows, residents, nurses, social workers, technicians and pharmacists and learn about their roles while interacting professionally.

Selectives (6; 10.9)

- Selective Rotation: 2 weeks

- Primary Care (TT)
- Gastroenterology (TT or THOP)
- Cardiology (TT)
- Nephrology (TT)
- Heme-Onc (TT)
- Dermatology (WBAMC)
- ID (Shannon-started from Block 2)

Portfolio of Assessments (9) include required clerkship assignments; faculty and resident evaluations during clinical rotations; mid-clerkship feedback and end of clerkship evaluations**.**

Preparation of Department Faculty & Residents to Teach (3.1; 4.5; 9.1) includes several planned activities that are executed regularly.

Block Evaluation Summary (8; 3.5;8.5)

- Overall, Dr. Guvvala stated that student were highly satisfied.

Learning environment (3.5) – She said that there were few students who reported that were publicly humiliated but this was already addressed.

Specific Challenges – Class Size Expansion & Sites (4.1; 5.4)

- Crowding issue at inpatient wards (especially during Fall semester)
- Providing student autonomy during different rotations while maintaining close supervision
- Need for more faculty and/or sites in order to have a close supervision of medical students

Quality Improvement Plan (1.1). The following changes were incorporated:

- Number of required assignments due to students concerns was reduced
- Transition of care/sign out assignment based on verbal feedback from Boot camp directors was added
- Flexibility in bedside rounds schedule (noon or afternoon)
- Electronic EBM modules by librarian
- Student ward expectations are emailed to residents and faculty at the beginning of rotation

Presenter(s): Dr. Genrich

Dr. Genrich presented an overview of the Family Medicine Clerkship
*presentation is attached

Objectives: understanding of assessments and management of common conditions; patient-centered care that is age-appropriate, compassionate, and effective; specific techniques and methods that

facilitate effective and empathetic communication; commitment to carrying out professional responsibilities; application of scientific evidence and accept feedback for continuous self-assessment; ability to engage in an Inter-professional team; qualities required to sustain lifelong personal and professional growth.

Op Log Requirements and Discussion of Alternate Experiences (6.2; 8.6) – Dr. Genrich pointed out that there are different pathologies that are thought in family medicine. These are primarily outpatient complaints (slide 4).

Combined Integrated & Longitudinal Experiences (9.3) – He said that currently there are weekly didactics that are integrated with internal medicine and psychiatry along with emergency medicine and neurology.

Clinical Experiences (including clinical sites) (6.2; 5.6; 6.4; 8.7) - He highlighted that there is a nice mix of gradually qualified institutions within El Paso including some private practices and state prisons, military hospitals, etc. He concluded that there is a vast array of community opportunities for students. List of clinical sites (slide 6).

Basic science examples (6; 8.1; 8.3) are really inclusive of everything that is lectured, Dr. Genrich noted.

- *Pathology*: Discussed during inpatient rounds, outpatient presentations and, particularly, during our procedure / dermatology clinics
- *Pathophysiology*: Discussed at nearly every patient encounter
- *Pharmacology*: Discussed at nearly every patient encounter
- *Anatomy*: Discussed when applicable to patient care, but particularly in Sports Medicine and Procedure clinics

IPE Examples (7.9) – He said that students collaborate during hospice rotation with trained nurses. Students also have the opportunity to rotate through Rogelio Sanchez State Prison.

Portfolio of Assessments (9) – Dr. Genrich explained that in terms of portfolio of assessments students need to look at the history, physicals and pre- chart before they see patients. They write the minimum of 2 to 3 clinic notes per patient session. Also, they write hospice reflection, content presentations and execution for didactics. This is mostly student led, he addressed. Hence, students create a presentation send it to Dr. Genrich for review and a feedback. Finally, they present it during the didactic session where they receive an additional feedback.

Preparation of Department Faculty & Residents to Teach (3.1; 4.5; 9.1)

- Mistreatment presentations to all residents supervising students
- "Feedback" lectures offered twice a year to all the FM residents
- "Residents as Teachers" presentation to all FM residents once per year
- Continual review of the curriculum and student engagement at our faculty meetings along with FM Faculty feedback.
- Discussion with our Family Medicine Executive Committee once a month to review strategies to strengthen the education of our learners

Block Evaluation Summary 21/22 (8; 3.5; 8.5) - He noted that evaluation showed an overall a positive experience. There was a small dip in *patient care cases sufficient for learning* but that was addressing through the LIC by increasing the number of patients who can be seen by students.

Specific Challenges – Class Size Expansion & Sites (4.1; 5.4) – He said that the number of students ranges about 112, and that there were 18 faculty members. He concluded that an estimated deficit of faculty was 9.

Quality Improvement Plan (1.1) – Dr. Genrich identified the following:

- Internal review and focus groups to better understand: the medical students' expectations, goals, and perceptions of Family Medicine
- Aligning our Mission and Vision as a Family Medicine Department with our MS3 course delivery
- Continually evaluate departmental challenges and solutions including faculty attrition and hiring "With increased faculty, we will have greater opportunities for weekly didactic sessions / faculty input. Consideration of offering broad 4th year electives to show the breadth of Family Medicine."

Dr. Padilla asked if housing was provided for students who are placed in San Angelo. Dr. Genrich responded that apartments are offered, all logistics are done by coordinators, and that there is a partnership with one of physicians from San Angelo. Dr. Francis commented that students are not allowed to bring their pets. Dr. Hogg asked how many students can be accommodated at the Shannon. Dr. Francis responded on average 8 students per month combined between IM and FM.

Presenter(s): Dr. Ortiz

Dr. Ortiz presented an overview of the Psychiatry Clerkship
*presentation is attached

Objectives: Dr. Ortiz provided a summary of objectives that are also aligned with the following competencies: *Knowledge for Practice; Patient Care; Interpersonal and Communication Skills; Professionalism; Practice-Based Learning and Improvement; Systems-Based Practice; Interprofessional Collaboration; Personal and Professional Development*

Combined Integrated & Longitudinal Experiences (9.3)

- Integrated didactic sessions
  - Interprofessional Colloquium- Neuro, IM, pharmacology
  - Endocrine diseases with psych presentations- IM, psych
- Preceptor continuity is important because students can develop a relationship with their preceptor

Clinical experiences (6.2) – She said that clinical experiences sites are separated into inpatient and outpatient experiences (slide 14).

Basic science examples (6; 8.1; 8.3) – She noted that there are specific didactics dedicated to Neurotransmitters; Neuroanatomy; Pathophysiology theories; Pharmacology; Medical causes of psych illness and vice versa. Also, she added that there are 6 required quizzes

IPE Examples (7.9) – She stated that students work on the consult liaison team which consists of a variety of different professionals. Also during the inpatient rotation they work with nurse practitioners, techs, social works, and etc.

Psychiatry does not have any *selectives*. Every student has the same inpatient and outpatient requirements.

Portfolio of Assessments (9) - Students are required to submit the following: 2 Initial Full Psychiatric Evaluations; 12 progress notes; 12 scales; 2 Health Care Matrices; 6 preceptor assessments; 6 formative tests; 30 Op Log entries and 1 PowerPoint presentation. Other ways that students are assessed include Mid-Clerkship Feedback with (assistant) clerkship director; Immediate feedback from preceptors; Preceptor assessments on Elentra (minimum 6 required); Assignments; OSCE; NBME and the Final Evaluation.

Preparation of Department Faculty & Residents to Teach (3.1; 4.5; 9.1) - Faculty and residents have access to the faculty development courses and residents as teachers didactics. Informal feedback is also

provided to residents. Dr. Ortiz explained that she has an open door policy and she works with them throughout the program.

Block Evaluations (8; 3; 3.5; 8.5) – Both block showed an overall satisfaction since everything is in 90% or higher.

Learning Environment (3.5) – She commented that the outcome of this survey is positive. 3 students were publicly humiliated more than once and 2 were subjected to racially or ethically offensive remarks. Similar scenario occurred in the block 2. Complaint was submitted about interactions with faculty. She said that issues were addressed with the chair and the faculty member. In addition, during every mentorship feedback Dr. Ortiz speaks to students about the learning environment and professionalism. She explained that she encourages students to speak openly with her and report any type of mistreatment.

She pointed out that school's NBME scores are typically right in line with the national average.

Quality Improvement Plan (1.1)

Dr. Ortiz explained that the number of students is increasing, but there is not enough faculty or sites. Hence, more flexible scheduling for inpatient settings was created. It used to be two weeks inpatient and one week outpatient. This has been changed to one or two weeks on either block to allow coordinators more flexibility and less crowding of patients' units, she explained. She said that Rio Vista hospital is now available, and that other avenues like EHN, Project Vida and VA are being considered.

Students expressed the need for more involvement with patient care and would like more opportunities in outpatient settings. Dr. Ortiz said resident and faculty trainings have been improving. She also added that students would like to have continuity with preceptors, so coordinators have been working diligently to achieve that balance. Students and residents have access to translators because there are many Spanish-speaking patients. Students also shared a concern about driving to different sites and asked for more child psych cases. Dr. Ortiz said that faculty will look for ways to address these concerns. She also explained that the plan is to integrate with the other clerkships more effectively and track ambulatory shifts with family medicine. Long-term goals include patient continuity and new, updated books.

In regard to the learning environment, Dr. Ayoubieh raised the question of whether students could be physically harmed or humiliated by anyone or, specifically, by faculty. Dr. Ortiz responded that this could be done by anybody, and Dr. Francis added that it can be done by patients as well. That is why, Dr. Ortiz

explained, students are briefed about this environment during orientation. Dr. Francis added that clickers to notify security were added.

Dr. Padilla asked if there is an investigation afterwards beside the survey. Dr. Ortiz responded that there is a process in place. She shared that, in the past, her department did receive a complaint from a student about inappropriate behavior by a resident. The Student Affairs Department was informed immediately, and the proper course of action was taken. As soon as her department learns about these instances from the questionnaire or from a student, they act upon them and include the proper channels, Dr. Ortiz concluded.

Presenter(s): Dr. Padilla

Review Team Overview - Dr. Osvaldo, Dr. Chacon and student Vashee Chandni reviewed Psychiatry; Internal and Family medicine
*presentation is attached

Dr. Padilla presented the following findings/recommendations for all 3 clerkships:

- Syllabi - well organized and contain the appropriate materials needed. Some parts could be turned into the appendices for easier navigation
- Comparability reports (average patient per student, duty hours, inpatient/outpatient rations, etc.) are all within required stipulations established by the clerkships. No recommendations were made
- Time feedback and release of grades is also provided by all three clerkships. No recommendations
- Medical students have comparable NBME scores for all three clerkships
- Student demonstrated overall satisfaction with all three clerkships with some noted suggestions: noted; continue improving Elentra; reassess healthcare matrix assignment; ambulatory weeks involving FM and Psych need better organization in terms of time efficiency

Dr. Padilla pointed out that many issues with the organization of the blocks were related to the issues with Elentra, and that has been addressed. He noted that based on the block evaluation comments students were repeatedly complaining about driving from family to psychiatric clinics showing that there

was some kind of issue with the organization of the schedule. Students were hoping for more time between locations.

Psych, IM, and FM for the most part have a favorable learning environment for medical students with some few exceptions. Dr. Padilla explained that public humiliation section usually is challenging to be addressed because students sometime take things personally.

Kristina Ingles (MS1) suggested that a contact person without a power differential should be added to syllabi.

Dr. Beinhoff asked if students shared any concerns about the lack or sufficiency of the space. Dr. Padilla explained that this concern was not raised in evaluations. Dr. Genrich added that this concern was not raised by students because of the good coordination.

Dr. Padilla also mentioned that students often get peer to peer teaching instead of having faculty explaining specific cases. This complaint is the result of the faculty shortage that was already raised by clerkship directors.

Dr. Padilla moves the motion for approval.
Dr. Quest seconds the motion.
No objections: Motion was approved.

Discussion about the review followed.
Dr. Francis explained why subject examination scores differ from one to another. She noted that PLFSOM uses 6 percentile or above for passing on the shelf exams and pointed out that equated percent scores are calculated by a complicated mechanism based on the national committee's feedback. The committee convenes about every 5 years for each discipline and provides updates on what the passing and honor score range should be. It is consensus from the NBME group. PLFSOM looks at the norm tables from the previous year to see where the performance was because the school wants to keep it at or about 6 percentile. For instance, a score of 60 on IM has been passing for years and that equals 6 percentile.

Below that, students' chances of passing the Step 2 become vastly lower, she said. However, while the IM has passing score of 60 psych's passing score is higher as a result of the calculation mechanism in use. Dr. Francis concluded that scores across all 3 disciplines were close to national ones and that PLFSOM is within the standard deviation.

Nick Malize asked if any modifications in curriculum are planned because the passing scores for the Step 2 were shifting from 48 to 96. Dr. Francis explained that the pass rate is strong among PLFSOM students, especially after the LIC model was implemented. Based on the last report released by USMLE in June of last year, scores are high and some were even higher than what the school has seen before, she added. There is also a Comprehensive Clinical Science Exam (CCSE), which is a practice examination for Step 2 that is given in person in May intersession for 3rd year for practice, and students are given vouchers after that. PLFSOM also tracks NBME scores for students throughout the year and regularly communicates with student affairs in cases of students with shelf exam scores on the lower end. Therefore, if students were getting lower scores on the shelf exams, they could be at risk for low performance on Step 2, so the school is trying to prevent that. Dr. Hogg concluded that based on internal studies, PLFSOM students are doing about half of standard deviation better than they were predicted to on Step 1 and Step 2. Step 2 has gone pass/fail, so it probably doesn't make any difference, but it is nice that they are doing well on both, he concluded. Whitney added that knowledge she gained throughout different rotations and conversations with various faculty and residents helped her to achieve good scores on these tests.

Presenter(s): Dr. Francis

Dr. Francis presented the following six new electives: *Environmental and Occupational Medicine; Medicine on the Border: Community outreach and challenges; The Basics and Implementations of Cancer Immunotherapy; Orthopedic Sports Medicine Elective; Pediatric Orthopedic Elective and Palliative Care Elective*

*presentation is attached

Dr. Genrich moves the motion for approval.

Dr. Ortiz seconds the motion.

No objections: Motion was approved.

In addition, Dr. Francis presented the following items:

- Orthopedic Sub-Internship (see attached presentation)

She suggested the following to be added to the proposed syllabus: clarifications about the mid-clerkship feedback, requirement of hand-off or transition of care, and Common Clerkship Policies.

Dr. Genrich moves the motion for approval.
Dr. Chacon seconds the motion.
No objections: Motion was approved.

The last item that Dr. Francis presented was the revision of the 4th year curriculum.

Dr. Francis said that Neuro and EM are no longer required to be taken in the 4th year and asked the members to allow her and Dr. Hogg to review the catalog and identify which electives will satisfy the basic science/research requirement.

Dr. Ortiz moves the motion for approval.
Dr. Narges seconds the motion.
No objections: Motion was approved.

Meeting was adjourned at 7pm.

A *Values* BASED CULTURE

Dedicated to Excellence.
Committed to Care.

Clerkship Phase Review
AY 2021-2022

Course Directors Overview
IM Clerkship

Clerkship Director: Suvarna Guvvala, MD
Assistant Clerkship Director: Prakrati Acharya, M.B.B.S

A *Values* BASED CULTURE

Dedicated to Excellence.

Block 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)

Objectives:

- 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)

IM Clerkship Objectives:

Knowledge for Practice:

- 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).
- 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

- 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)
- 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)
- 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)
- 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 Communication Skills

- 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)
- 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:

- 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)
- 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)
- Demonstrate demeanor, speech, and appearance consistent with professional and community standards. (5.1)
- 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 Based Learning and Improvement:

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

Systems Based Practice:

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

Personal and Professional development:

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

Interprofessional Collaboration:

- 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)
- 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)
- Demonstrate appropriate response to conflict amongst peers and other members of the healthcare team. (7.4)

IPE Examples

- Professional demeanor and conduct are observed through out the clerkship
- The student will learn the roles of each member of the inter professional team and collaborate with the members
- The student will work with faculty, fellows, residents, nurses, social workers, technicians and pharmacists

Op Log Requirements and Discussion of Alternate Experiences

- 30 Oplog conditions
- Alternate experiences-Need didn't arise (Assign aquifer cases if need arises)

Diagnostic Category	PLFSOM Clinical Presentation Schemes	*Conditions or Presentations* (Level of involvement required is noted as: *0= observe, A = Assist, M= Manage)*
Cardiovascular	• Chest discomfort	Chest Pain (including CAD/MI) (A, M)
	• Abnormal heart sounds	Heart failure
	• Heart murmurs	Arrhythmia
	• Syncope (see also neurological category)	Hypertension (A, M)
	• Palpitations	Shock
	• Abnormal blood pressure	Thromboembolism
Respiratory	• Dyspnea	Cough
	• Pleural abnormalities	Dyspnea
	• Cough	COPD
	• Wheezing	Asthma
	• Cyanosis	Pneumonia (A, M)
	• Hemoptysis	Pulmonary embolus
Renal/Genitourinary	• Abnormalities of renal function	Dysuria
	• Disorders of serum Na+	Acute kidney injury (A, M)
	• Intrinsic renal disease	Chronic kidney disease
	• Abnormalities of hydrogen ion concentration	Nephrolithiasis
	• Hypertension	Fluid, electrolyte and acid-base disorders
	• Renal failure: Acute	
	• Renal failure: Chronic	
	• Male genitourinary disorders	
Infectious Diseases	• Abnormal temperature/Fever	HIV Infection/AIDS
		Sepsis
		UTI/Urosepsis (A, M)
		Cellulitis
		Nosocomial infections
Gastrointestinal	• Vomiting/Nausea	Abdominal pain
	• Diarrhea	Gastrointestinal bleed (upper or lower) (A)
	• Abdominal distention	Liver disease
	• Abdominal pain	Pancreatitis
	• Constipation	Ascites
	• GI bleed	Peptic ulcer disease
	• Liver function test abnormalities, Jaundice	

Diagnostic Category	PLFSOM Clinical Presentation Schemes	*Conditions or Presentations* (Level of involvement required is noted as: *0= observe, A = Assist, M= Manage)*
Endocrine	• Diabetes, Hyperlipidemia	Diabetes Mellitus (A, M)
	• Hypothalamus/Pituitary axis	Dyslipidemias
	• Disorders of thyroid function	Obesity
	• Weight gain, obesity	Thyroid disease (A, M)
		Adrenal disease
Hematology/Oncology	• Abnormal hemoglobin	Anemia (A, M)
	• Abnormal white blood cells	Thrombocytopenia
	• Lymphadenopathy	Coagulopathy
	• Coagulation abnormalities	Cancer (A, M)
Rheumatology	• Joint pain	Arthritis
	• Numbness and pain	Vasculitis
		Lupus/SLE
Neurology	• Syncope (see also cardiovascular category)	Stroke/CVA
	• Seizures and epilepsy	Syncope/Dizziness
	• Stroke and aphasia	Epilepsy
	• Delirium, stupor, and coma	Altered mental status (A, M)
General Internal Medicine	• Substance abuse, withdrawal	Drug toxicity
	• Mood disorders	Fever
	• Panic and anxiety	Rash/Cutaneous eruption
	• Numbness and pain	Psychiatric disease, e.g., major depression, bipolar disorder, anxiety disorder
	• Skin rashes	Substance abuse (alcohol, drug) (A, M)
	• Skin ulcers (benign and malignant)	Pain
	• Itching	Testing/diagnostic evaluation
	• Hair and nail disorders (alopecia)	

Combined Integrated & Longitudinal Experiences

- Didactics: ½ day per week during the block
  - Shared topics : Endocrinopathies with psychiatric manifestations, sleep disorders, geriatrics, delirium, human trafficking, etc.,
- OSCE review
- Individualized learning plan

Integration Threads:

X Geriatrics	__X_ Patient Safety	X Communication Skills
X Basic Science	_X 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__ EBM	_X_ Quality Improvement	

Clinical Experiences (Including Clinical Sites)

- Duration of Internal Medicine: 8 weeks

Ward rotation: Two 3 weeks block

- UMCEP
- Trans mountain Campus
- WBAMC
- San Angelo

Selective Rotation: 2 weeks

- Primary Care (TT)
- Gastroenterology (TT or THOP)
- Cardiology (TT)
- Nephrology (TT)
- Heme-Onc (TT)
- Dermatology (WBAMC)
- ID (Shannon-started from Block 2)

Basic Science Examples

- At every patient encounter: Daily patient rounds during wards and selective rotation
- Bedside rounds -small group session

Portfolio of Assessments :

- Required clerkship assignments-
  - Admission H and P, progress notes, matrix etc.,
  - Observed H and P –observed by a faculty member while on IM wards
- Faculty and resident evaluations during clinical rotations
- Mid-Clerkship Feedback
- End of clerkship Evaluation

Preparation of Department Faculty & Residents to Teach

- "Residents as teachers" presentation at the beginning of each academic year
- Monthly review of student curriculum, feedback and evaluation of students at department faculty meeting
- Review and feedback to residents power point prior to weekly “Residents as teachers” session (small group)
- Email end of block feedback to respective faculty, residency program, off sites (WBAMC, Shannon and THOP) and review any negative experiences with the concerning party
- Faculty development activities/program by institution

Block Evaluation Summary: AY 2021-2022 IM Student Satisfaction

Data Block 1 (scale 1-6)

	UMC		San Angelo		THOP –TM		WBAMC	
	Block 1 (N=41)	Block 2 (N=45)	Block 1 (N=11)	Block 2 (N=10)	Block 1 (N=19)	Block 2 (N=11)	Block 1 (N=4)	Block 2 (N=13)
Duty hour policies were adhered to strictly in this clerkship	**4.85**	**5.11**	5.82	5.2	**4.79**	**5.09**	**5.00**	**5.14**
I was empowered to actively participate in patient care	5.46	5.22	5.82	5.5	5.00	5.0	5.50	5.07
I was observed performing the physical/mental status exam	5.51	5.28	5.18	5.44	5.11	5.0	5.50	5.23
I was observed taking a patient history	5.46	5.28	5.18	5.44	5.16	5.0	5.50	5.23
The number of patient care experiences were sufficient to support my learning	5.39	5.26	5.82	5.3	4.95	5.27	5.50	5.21
The variety of patient care experiences were sufficient to support my learning	5.39	5.2	5.82	5.5	4.89	5.27	5.50	5.07

BLOCK 1 Resident

	Internal Medicine	
	# - /+	Average
The clerkship resident provided effective teaching during the clerkship	2/39	5.27
The clerkship resident gave me constructive feedback on my clinical skills	1/40	5.29
The clerkship resident treated students with respect	1/40	5.41
The clerkship resident encouraged questions	2/39	5.27
The clerkship resident showed interest in student learning	3/38	5.22
The clerkship resident were approachable for help	2/39	5.29
The clerkship resident modeled professional behavior	1/40	5.32

BLOCK 2 Resident

	Internal Medicine	
	# - /+	Average
The clerkship resident provided effective teaching during the clerkship	2/43	5.31
The clerkship resident gave me constructive feedback on my clinical skills	2/43	5.29
The clerkship resident treated students with respect	2/43	5.31
The clerkship resident encouraged questions	2/43	5.33
The clerkship resident showed interest in student learning	2/43	5.31
The clerkship resident were approachable for help	3/42	5.24
The clerkship resident modeled	2/43	5.33

BLOCK 1 FACULTY

	Internal Medicine	
	# - /+	Average
Faculty provided effective teaching during the clerkship	2 / 38	5.22
The clerkship faculty encouraged questions	1 / 39	5.35
The clerkship faculty showed interest in student learning	2 / 38	5.28
Faculty respected patient confidentiality	0 / 41	4.76
Faculty used professional language/avoided derogatory language	0 / 41	4.68
Faculty was respectful of house staff and other physicians	0 / 41	4.71
Faculty respected diversity	1 / 40	4.66
Faculty was respectful of other health professions	0 / 41	4.54
Faculty was respectful of other specialties	0 / 41	4.61
Faculty provided direction and constructive feedback	1 / 40	4.59
Faculty showed respectful interaction with students	0 / 41	4.66
Faculty showed empathy and compassion	0 / 41	4.63
Faculty was respectful of patients' dignity and autonomy	0 / 41	4.66
Faculty actively listened and showed interest in patients	0 / 41	4.68
Faculty advocated appropriately on behalf of his/her patients	0 / 41	4.59
Faculty took time and effort to explain information to patients	0 / 41	4.61
Faculty resolved conflicts in ways that respect the dignity of all involved	1 / 40	4.61

BLOCK 2 Faculty

	Internal Medicine	
	# - /+	Average
Faculty provided effective teaching during the clerkship	0/45	5.36
The clerkship faculty encouraged questions	0/45	5.4
The clerkship faculty showed interest in student learning	1/44	5.4
Faculty respected patient confidentiality	1/44	4.6
Faculty used professional language/avoided derogatory language	2/43	4.49
Faculty was respectful of house staff and other physicians	1/44	4.49
Faculty respected diversity	2/43	4.53
Faculty was respectful of other health professions	1/44	4.49
Faculty was respectful of other specialties	1/44	4.47
Faculty provided direction and constructive feedback	4/41	4.29
Faculty showed respectful interaction with students	2/43	4.42
Faculty showed empathy and compassion	2/43	4.31
Faculty was respectful of patients' dignity and autonomy	2/43	4.44
Faculty actively listened and showed interest in patients	1/44	4.53
Faculty advocated appropriately on behalf of his/her patients	2/43	4.4
Faculty took time and effort to explain information to patients	1/44	4.47
Faculty resolved conflicts in ways that respect the dignity of all involved	1/44	4.42

Learning environment – Block

	Internal Medicine
	# Never /Once or More
Publicly humiliated	34/5
Threatened with physical harm	39/0
Physically harmed (e.g., hit, slapped, kicked)	39/0
Required to perform personal services (e.g., shopping, babysitting)	39/0
Subjected to unwanted sexual advances	39/0
Asked to exchange sexual favors for grades or other rewards	39/0
Denied opportunities for training or rewards based on gender	39/0
Subjected to offensive sexist remarks/names	39/0
Received lower evaluations or grades solely because of gender rather than performance	39/0
Denied opportunities for training or rewards based on race or ethnicity	39/0
Subjected to racially or ethnically offensive remarks/names	39/0
Received lower evaluations or grades solely because of race or ethnicity rather than performance	39/0
Denied opportunities for training or rewards based on sexual orientation	39/0
Subjected to offensive remarks/names related to sexual orientation	39/0
Received lower evaluations or grades solely because of sexual orientation rather than performance	39/0
Subjected to negative or offensive behavior(s) based on your personal beliefs or characteristics other than your gender, race/ethnicity, or sexual orientation	39/0

Learning environment – Block 2

	Internal Medicine
	# Never /Once or More
Publicly humiliated	42/3
Threatened with physical harm	45/0
Physically harmed (e.g., hit, slapped, kicked)	45/0
Required to perform personal services (e.g., shopping, babysitting)	45/0
Subjected to unwanted sexual advances	45/0
Asked to exchange sexual favors for grades or other rewards	45/0
Denied opportunities for training or rewards based on gender	45/0
Subjected to offensive sexist remarks/names	45/0
Received lower evaluations or grades solely because of gender rather than performance	45/0
Denied opportunities for training or rewards based on race or ethnicity	45/0
Subjected to racially or ethnically offensive remarks/names	45/0
Received lower evaluations or grades solely because of race or ethnicity rather than performance	44/1
Denied opportunities for training or rewards based on sexual orientation	45/0
Subjected to offensive remarks/names related to sexual orientation	45/0
Received lower evaluations or grades solely because of sexual orientation rather than performance	45/0
Subjected to negative or offensive behavior(s) based on your personal beliefs or characteristics other than your gender, race/ethnicity, or sexual orientation	44/0

Specific Challenges – Class Size Expansion & Sites

- Offering quality education to expanding number of students
  - Crowding issue at inpatient wards (especially during Fall semester)
  - Providing student autonomy during different rotations while maintaining close supervision
- Need for more faculty and/or sites in order to have a close supervision of medical students

Quality Improvement Plan

- Reduced number of required assignments due to students concerns about meeting numbers: 14>>10 H and Ps, 7>>4 admission orders, 6>>4 SOAP notes while on selective, 2>>1 Bedside case presentation
- Added Transition of care/sign out assignment based on verbal feedback from Boot camp directors
- Flexibility in bedside rounds schedule (noon or afternoon)
- Electronic EBM modules by librarian
- Student ward expectations are emailed to residents and faculty at the beginning of rotation

Thank you

A *Values* BASED CULTURE

Dedicated to Excellence.
Committed to Care.

Family Medicine Clerkship Phase Review AY 2021-2022. January 9th, 2023

Colby M. Genrich, MD CAQ-SM
Family Medicine Clerkship Director
Sports Medicine Fellowship Director

A *Values* BASED CULTURE

Dedicated to Excellence.
Committed to Care.

Objectives

1. The student will gain understanding of assessments and management of common conditions.
2. The student will be able to provide patient-centered care that is age-appropriate, compassionate, and effective.
3. The student will develop knowledge of specific techniques and methods that facilitate effective and empathetic communication.
4. The student will demonstrate a commitment to carrying out professional responsibilities.
5. The student will understand the application of scientific evidence and accept feedback for continuous self-assessment.
6. The student will demonstrate awareness of medical systems.
7. The student will demonstrate the ability to engage in an Inter-professional team.
8. The student will demonstrate the qualities required to sustain lifelong personal and professional growth.

Op Log Requirements and Discussion of Alternate Experiences

Diagnosis	Alternative
Allergic rhinitis	Vanderbilt Cases (Hypersensitivity)
Chest pain	Aquifer / Case Files / Online Med
Hypertension	Aquifer Cases / Case Files / Vanderbilt
DM	Aquifer / Case Files / Online Med
Pharyngitis	Aquifer / Vanderbilt
URI	Aquifer
Preventative	Aquifer / Case Files / Vanderbilt
Asthma	Online Med / Case Files / Vanderbilt
COPD	Case Files / Online Med / Vanderbilt

Diagnosis	Alternative
Abdominal Pain	Aquifer / Case Files / Online Med
HLD	Vanderbilt / Aquifer
Knee pain	Aquifer Cases / Case Files / Vanderbilt
Back pain	Vanderbilt
Headache	Aquifer / Vanderbilt
Smoking	Vanderbilt
Anxiety	Vanderbilt
Dysuria	Case Files / Vanderbilt
Hospice	Vanderbilt / G and B / End of Life Care

Combined Integrated & Longitudinal Experiences

Family Medicine offers a one credit, longitudinal course

This involves:

- 3 FM experiences over a 6 month time period during the Surgery/OBGYN/Peds LIC
- Written mid-clerkship feedback
- Faculty/resident/fellow evaluations throughout
- End of the block pass/fail grade along with written feedback

FM opportunities include:

- Sports Medicine
  - Diagnostic / Interventional Ultrasound
  - Casting / Splinting
  - Concussion management
- Procedure and Dermatology Clinic
- Inpatient Medicine
- Outpatient / Kenworthy / Community clinics

Clinical Experiences (Including Clinical Sites):

Family Medicine Clerkship Community Preceptor List	
Preceptor Name	**Location**
Dr. Benjamin Gonzalez	Family Medicine Associates of El Paso - El Paso, TX
Dr. Carlos Remirez	Self practice - El Paso, TX
Dr. Chinwe Nduka	Self practice - El Paso, TX
Hector Rodriguez, DNP	Centro de Salud Familiar La Fe - El Paso, TX
Dr. Luis Garza	Project Vida - El Paso, TX
Dr. Mina Haidarian	Westwind Medical - El Paso, TX
Dr. Sandra Navarro	University Medical Center - El Paso, TX
Dr. Denise Deshields	Rogelio Sanchez State Jail - El Paso, TX
Dr. Viki Forlano	Shannon Medical Center Hospital - San Angelo, TX
Dr. Kristy Edwards	Shannon Medical Center Hospital - San Angelo, TX
Dr. Jason Pizzola	Shannon Medical Center Hospital - San Angelo, TX
Dr. Andrew King	Shannon Medical Center Hospital - San Angelo, TX
Dr. Colin Linthicum	Soldier Family Medicine Center

Basic Science Examples

- *Pathology*: Discussed during inpatient rounds, outpatient presentations and, particularly, during our procedure / dermatology clinics.
- *Pathophysiology*: Discussed at nearly every patient encounter.
- *Pharmacology*: Discussed at nearly every patient encounter.
- *Anatomy*: Discussed when applicable to patient care, but particularly in Sports Medicine and Procedure clinics.

IPE (Interprofessional Education) Examples:

Our students work with a wide-range of medical professionals from residents to fellows to seasoned faculty.

They also collaborate during their Hospice rotation with Hospice-trained nurses and they have diverse community involvement with advance practices nurses.

They have the opportunity to rotate through Rogelio Sanchez State Prison where they interact with:

- Jail System Medical Director – Dr. DeShields
- Physician Assistants and a complex (often overlooked) patient population

Portfolio of Assessments

1. Histories and Physicals
2. Pre-charting
3. Clinic note writing
4. Hospice reflections
5. Content presentations and execution

Preparation of Department Faculty & Residents to Teach

1. Mistreatment presentations to all residents supervising students
2. “Feedback” lectures offered twice a year to all the FM residents
3. “Residents as Teachers” presentation to all FM residents once per year
4. Continual review of the curriculum and student engagement at our faculty meetings along with FM Faculty feedback.
5. Discussion with our Family Medicine Executive Committee once a month to review strategies to strengthen the education of our learners

Block Evaluation Summary 21/22
Satisfaction Data (Block1/Block2, Scale 1 to 6)

AY 21/22	Kenworthy	Transmountain	Alpine	Sanchez Prison	San Angelo	Community
Duty hours	5.45/5.24	5.45/5.2	6/6	5.88/5.27	5.75/5.75	5.36/5.09
I was empowered	5.32/5.2	5.25/5.13	6/6	5.88/5.45	5.5/5.25	5.14/4.86
I was observed taking PE	5.09/5.09	5.25/4.86	6/6	5.88/5.45	5.43/5.36	4.58/4.55
I was observed taking history	5.05/5.09	5.25/4.79	6/6	5.88/5.18	5.43/5.36	4.62/4.55
Patient care cases sufficient for learning	4.80/5.11	5.10/4.87	6/6	5.88/5	5.38/5.25	5.11/5.03
There is variety of cases	4.89/5	5.25/5.07	6/6	5.63/4.82	5.63/5.25	5.07/4.89

Specific Challenges – Class Size Expansion & Sites

Numbers of students: ~112. Fall 2022: 54. Spring 2023: 58

Number of faculty: 18 (11 from Kenworthy and 7 from Transmountain)
3 of the faculty at Kenworthy are 100% clinical.
Estimated a faculty deficit of ~ 7 TTUHSC FM faculty

Teaching sites: Alpine, San Angelo, Hospice, Sanchez Prison

Faculty in the other LIC Departments:

IM: 63
Psychiatry: 10
EM: 18
Neurology: 21

Quality Improvement Plan -

1. Internal review and focus groups to better understand: the medical students' expectations, goals, and perceptions of Family Medicine.
2. Aligning our Mission and Vision as a Family Medicine Department with our MS3 course delivery.
3. Continually evaluate departmental challenges and solutions including faculty attrition and hiring.
    - With increased faculty, we will have greater opportunities for weekly didactic sessions / faculty input
    - Consideration of offering broad 4th year electives to show the breadth of Family Medicine

A *Values* BASED CULTURE

Dedicated to Excellence.
Committed to Care.

Clerkship Phase Review
AY 2021-2022

Psychiatry

Patricia Ortiz, MD- Clerkship Director

Sarah Michael, MD- Assistant Clerkship Director

A *Values* BASED CULTURE

Dedicated to Excellence.
Committed to Care.

Objectives

Objectives- Knowledge for Practice

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

- 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:
    - 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:
    - Suicidal/homicidal patient; Crisis intervention; Treatment methods in emergency situations
- 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.
- 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.
- The student will work to become proficient in developing a treatment plan, including appropriate suggestions for pharmacotherapy and/or psychotherapies.
- The student will also have exposure to forensic psychiatry and psychiatric syndromes associated with medical illnesses.

Objectives- Patient Care

Provide patient-centered care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.

- 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.
- 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.
- The student will need to assess and document the patient's potential for self-harm, harm to others, and appropriate interventions.
- 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.

Objectives- Interpersonal and Communication Skills

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

- The student will develop the interpersonal skills, which will facilitate an effective therapeutic relationship with culturally diverse patients, and their families.
- 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.
- The student will be expected to:
  - Listen to and understand patients and their families.
  - Communicate effectively with patients and their families, using verbal, nonverbal, and writing skills as appropriate.
  - Foster a therapeutic alliance with their patients, as indicated by the patient's feelings of trust, openness, rapport, and comfort in the relationship with the student.
  - Transmit information to patients and families in a clear meaningful manner.
  - Educate patients and their families about medical, psychological and behavioral issues.
  - Appropriately utilize interpreters and communicate effectively with patients and families who speak another language.
  - Communicate effectively and respectfully with physicians and other health professionals in order to share knowledge and discuss management of patients.

Objectives- Professionalism

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

- The student will demonstrate
  - Respect, compassion and integrity.
  - Responsiveness to the needs of patients and society that supersedes self-interest.
  - Accountability to patients, society, and the profession.
  - A commitment to excellence and ongoing professional development.
- The student will demonstrate a commitment to ethical principles pertaining to the provision or withholding of clinical care
- The student will attend a discussion seminar on the ethics in psychiatry.
- The importance of confidentiality of patient information and informed consent shall be stressed to the student.
- It is expected the student will demonstrate sensitivity and responsiveness to the patient's culture, age, gender and disabilities.
- Plagiarism is unacceptable. All reference sources must be clearly annotated when a student presents scientific knowledge.
- The student will be expected to participate in collegial and respectful discussions with team members, teachers and peers.
- Students must check their schedules on a daily basis and are expected to show up to all assigned duties on time.
- 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.

Objectives- Practice-Based Learning and Improvement

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.

- The student will demonstrate a well-rounded knowledge of the delineated psychiatric disorders and the various treatment modalities.
- The student will recognize and accept his or her limitations in knowledge base and clinical skills.
- The student will develop a mindset that accepts the absolute need for lifelong learning.
- 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.
- The students will demonstrate the ability to review and critically assess the scientific literature in order to promote a higher quality of care.

Objectives- Systems-Based Practice

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 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).
- 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.
- 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.
- 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.
- 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.

Objectives- Interprofessional Collaboration

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

- The student will understand the roles of each member of the interprofessional team and utilize their contributions to the care of the patient.
- 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.
- 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.
- 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.

Objectives- Personal and Professional Development

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

- 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.
- 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.
- 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.
- 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.
- 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.

Op Log Requirements and Discussion of Alternate Experiences

1. At least 30 cases
2. Minimum of 1 patient in each of 10 required diagnostic categories
3. Alternate Assignment: Case discussion/write-up

Diagnostic Category	Diagnosis (items in red font are mandatory)
Depressive Disorders	MDD (single or recurrent)
Bipolar and Related Disorders	Bipolar I or Bipolar II
Schizophrenia Spectrum and Other Psychotic Disorders	Schizophrenia or Schizoaffective
Anxiety Disorders	Generalized Anxiety Disorder
Substance-Related and Addictive Disorders	Alcohol-Related Disorders
Neurodevelopmental Disorders	Attention-Deficit/Hyperactivity Disorder
Neurocognitive Disorders	Dementia or Delirium
Risk Assessment/ Danger to self or others	Suicidal Ideation
Personality Disorders	Cluster A, B or C Personality Disorders
Disruptive, Impulse-Control, and Conduct Disorders	Oppositional Defiant Disorder or Intermittent Explosive Disorder or Conduct Disorder - subtypes

Combined Integrated & Longitudinal Experiences

1. Integrated didactic sessions
    1. Interprofessional Colloquium- Neuro, IM, pharmacology
    2. Endocrine diseases with psych presentations- IM, psych
2. Preceptor continuity

Clinical Experiences (Including Clinical Sites)

Inpatient	**Outpatient**	**Community Faculty** (students/wk)
EPPC	OPC	Mehta
CL UMC	Neuropsych	Alvarado (Block 2)
CCL UMC	Mood	
	THOP	
	TCHATT (Block 2)	
	Child Outpatient Mesa	
	Child Guidance Center	
	Aliviane (Block 2)	

Basic Science Examples

1. Didactics
    1. Neurotransmitters
    2. Neuroanatomy
    3. Pathophysiology theories
    4. Pharmacology
    5. Medical causes of psych illness and vice versa
2. Quizzes
3. Patient care

IPE Examples

1. CL team- psychology interns, case managers, NPs, RNs, CNAs, social workers
2. Inpatient rotation- NPs, RNs, techs, social workers, pharmacy
3. TCHATT- LPCs
4. Outpatient clinic- PSSs, MAs

Selectives

None during third year

Portfolio of Assessments

Inpatient	Outpatient	TOTAL
1 Initial Full Psychiatric Evaluation	1 Initial Full Psychiatric Evaluation	**2 Initial Full Psychiatric Evaluations**
6 progress notes	6 progress notes	**12 progress notes**
6 scales	6 scales	**12 scales**
1 Health Care Matrix	1 Health Care Matrix	**2 Health Care Matrices**
3 preceptor assessments	3 preceptor assessments	**6 preceptor assessments**
3 formative tests	3 formative tests	**6 formative tests**
15 OpLog entries	15 OpLog entries	**30 OpLog entries****
		1 PowerPoint presentation
* All requirements need to be reviewed, signed, and dated by preceptors		
** Review the required diagnostic categories		

Portfolio of Assessments – Clerkship Evaluations

- Mid-Clerkship Feedback with (assistant) clerkship director
- Immediate feedback from preceptors
- Preceptor assessments on Elentra (minimum 6 required)
- Assignments
- OpLog
- OSCE
- NBME
- Final Evaluation

Preparation of Department Faculty & Residents to Teach

1. Faculty Development Course
2. Residents as Teachers didactic
3. Informal resident feedback throughout
4. Community faculty

Block Evaluation Summary

Block 1 – 2021-22

Question	Block 1 AY 2021-2022	Block 1 AY 2019-2020	Block 1 AY 2018-2019
The clerkship met the identified learning objectives.	100%	-	-
I am satisfied with the methods used to evaluate my performance	91.11%	-	-
I was provided with mid-clerkship feedback (*I received useful feedback on my performance)	100%	-	-
The feedback I received helped me to improve my performance	100%	97%	100%
I understand how the clerkship content is applicable to the practice of medicines	100%	-	-
I acquired useful knowledge and/or skills during this clerkships (Overall, I learned useful knowledge and/or skills)	100%	96%	100%
The variety of patient care experiences were sufficient to support my learning (I had enough patient management opportunities)	94.38%	97%	96%
The number of patient care experiences were sufficient to support my learnings (I had enough patient management opportunities)	94.38%	97%	96%
I was observed taking patient history (I was observed delivering patient care)	91.86%	96%	100%
I was observed performing the physical/mental status exams (I was observed delivering patient care)	93.18%	96%	100%
I was empowered to actively participate in patient care	89.89%	-	-
Duty hour policies were adhered to strictly in this clerkship	100%	96%	100%
I used Spanish frequently in this clerkship	80%	92%	82%
Overall, I am satisfied with this clerkships	100%	-	-

Block 2 – 2021-22

Question	Block 2 AY 2021-2022	Block 2 AY 2020-2021	Block 2 AY 2019-2020
The clerkship met the identified learning objectives.	97.87%	-	-
I am satisfied with the methods used to evaluate my performance	91.3%	-	-
I was provided with mid-clerkship feedback (*I received useful feedback on my performance)	100%	-	-
The feedback I received helped me to improve my performance	95.65%	-	100%
I understand how the clerkship content is applicable to the practice of medicines	100%	-	-
I acquired useful knowledge and/or skills during this clerkships (Overall, I learned useful knowledge and/or skills)	100%	-	-
The variety of patient care experiences were sufficient to support my learning (I had enough patient management opportunities)	92.08%	84%	96%
The number of patient care experiences were sufficient to support my learnings (I had enough patient management opportunities)	90.1%	84%	96%
I was observed taking patient history (I was observed delivering patient care)	93.81%	95%	96%
I was observed performing the physical/mental status exams (I was observed delivering patient care)	91.84%	95%	96%
I was empowered to actively participate in patient care	90%	-	-
Duty hour policies were adhered to strictly in this clerkship	98.99%	98%	100%
I used Spanish frequently in this clerkship	86.96%	74%	88%
Overall, I am satisfied with this clerkships	95.56%	89%	-

Block 1 - 2021-22

Learning Environment

Question	AY 2021-2022 Never / Once+	AY 2019-2020 Never / Once+	AY 2018-2019 Never / Once+
Publicly humiliated	93.33% / 6.67%	96%/4%	100%/0%
Threatened with physical harm	97.78% / 2.22%	100%/0%	100%/0%
Physically harmed (e.g., hit, slapped, kicked)	95.56% / 4.44%	100%/0%	100%/0%
Required to perform personal services (e.g., shopping, babysitting)	97.78% / 2.22%	100%/0%	100%/0%
Subjected to unwanted sexual advances	97.73% / 2.27%	100%/0%	100%/0%
Asked to exchange sexual favors for grades or other rewards	97.78% / 2.22%	100%/0%	100%/0%
Denied opportunities for training or rewards based on gender	97.78% / 2.22%	100%/0%	100%/0%
Subjected to offensive sexist remarks/names	97.78% / 2.22%	100%/0%	100%/0%
Received lower evaluations or grades solely because of gender rather than performance	97.78% / 2.22%	100%/0%	100%/0%
Denied opportunities for training or rewards based on race or ethnicity	97.78% / 2.22%	100%/0%	100%/0%
Subjected to racially or ethnically offensive remarks/names	95.56% / 4.44%	100%/0%	100%/0%
Received lower evaluations or grades solely because of race or ethnicity rather than performance	97.78% / 2.22%	100%/0%	100%/0%
Denied opportunities for training or rewards based on sexual orientation	97.78% / 2.22%	100%/0%	100%/0%
Subjected to offensive remarks/names related to sexual orientation	97.73% / 2.27%	100%/0%	100%/0%
Received lower evaluations or grades solely because of sexual orientation rather than performance	97.78% / 2.22%	100%/0%	100%/0%
Subjected to negative or offensive behavior(s) based on your personal beliefs or characteristics other than your gender, race/ethnicity, or sexual orientation	97.73% / 2.27%	-	-

Block 2 - 2021-22

Learning Environment

Question	AY 2021-2022 Never / Once+	AY 2020-2021 Never / Once+	AY 2019-2020 Never / Once+
Publicly humiliated	95.65% / 4.35%	100%/0%	100%/0%
Threatened with physical harm	97.83% / 2.17%	100%/0%	100%/0%
Physically harmed (e.g., hit, slapped, kicked)	97.83% / 2.17%	100%/0%	100%/0%
Required to perform personal services (e.g., shopping, babysitting)	97.83% / 2.17%	98%/2%	100%/0%
Subjected to unwanted sexual advances	97.83% / 2.17%	96%4%	100%/0%
Asked to exchange sexual favors for grades or other rewards	97.83% / 2.17%	100%/0%	100%/0%
Denied opportunities for training or rewards based on gender	97.83% / 2.17%	100%/0%	100%/0%
Subjected to offensive sexist remarks/names	97.83% / 2.17%	100%/0%	100%/0%
Received lower evaluations or grades solely because of gender rather than performance	97.83% / 2.17%	100%/0%	100%/0%
Denied opportunities for training or rewards based on race or ethnicity	95.65% /4.35%	100%/0%	100%/0%
Subjected to racially or ethnically offensive remarks/names	97.83% / 2.17%	100%/0%	100%/0%
Received lower evaluations or grades solely because of race or ethnicity rather than performance	97.83% / 2.17%	100%/0%	100%/0%
Denied opportunities for training or rewards based on sexual orientation	97.83% / 2.17%	100%/0%	100%/0%
Subjected to offensive remarks/names related to sexual orientation	97.83% / 2.17%	100%/0%	100%/0%
Received lower evaluations or grades solely because of sexual orientation rather than performance	97.83% / 2.17%	100%/0%	100%/0%
Subjected to negative or offensive behavior(s) based on your personal beliefs or characteristics other than your gender, race/ethnicity, or sexual orientation	97.83% / 2.17%	-	-

AY 2021-2022 Psychiatry Student Satisfaction Data Block 1 & 2

(Scale 1-6)

	EPPC	
	Block 1 (N=43)	Block 2 (N=42)
Duty hour policies were adhered to strictly in this clerkship	5.40	5.19
I was empowered to actively participate in patient care	4.88	4.57
I was observed performing the physical/mental status exam	5.14	4.78
I was observed taking a patient history	5.10	4.8
The number of patient care experiences were sufficient to support my learning	5.09	4.44
The variety of patient care experiences were sufficient to support my learning	4.93	4.58

Block 1 - 2021-22

Feedback

Description	Aggregate positive score/ Aggregate negative score
Clerkship met identified learning objectives	**100.00%**/ 0%
Provided with mid-clerkship feedback	**100.00%**/ 0%
Feedback helped improve my performance	**100.00%**/ 0%
Satisfied with the methods used to evaluate my performance	**91.1%**/ 8.8%
Understand how the clerkship content is applicable to the practice of medicine	**100.00%**/ 0%
Acquired useful knowledge and/or skills	**100.00%**/ 0%
Used Spanish frequently	**80.00%**/ 20.00%
Satisfied with this clerkship	**100.00%**/ 0%

Block 2 - 2021-22

Feedback

Description	Aggregate positive score/ Aggregate negative score
Clerkship met identified learning objectives	**97.87%**/ 2.13%
Provided with mid-clerkship feedback	**100.00%**/ 0%
Feedback helped improve my performance	**95.65%**/ 4.35%
Satisfied with the methods used to evaluate my performance	**91.3%**/ 8.7%
Understand how the clerkship content is applicable to the practice of medicine	**100.00%**/ 0%
Acquired useful knowledge and/or skills	**100.00%**/ 0%
Used Spanish frequently	**86.96%**/ 13.04%
Satisfied with this clerkship	**95.56%**/ 4.44%

Psychiatry – AY 2021/2022 Equated Percent Correct Score NBME

Average NBME Equated Percent Correct Score	
AY 2021/2022 Block 1	84 [84.5 (6.3)]*
AY 2021/2022 Block 2	85 [84.5 (6.3)]*
AY 2021/2022	84 [84.5 (6.3)]*
AY 2020/2021	85 [84.5 (6.3)]
AY 2019/2020	82 [84.1 (6.2)]

*[Comparison group (SD)]

Comparison Clerkship Grade – Psychiatry
AY 2021/22 to AY 2020/21

	AY 21/22	AY 21/22 Block 1	AY 21/22 Block 2	AY 20/21	AY 19/20
Honors	31%	29%	34%	40%	25%
Pass	68%	67%	64%	60%	74%
Fail	0%	0%	0%	N/A	0%
Incomplete	1%	4%	2%	N/A	1%

Specific Challenges – Class Size Expansion & Sites

- More access at EPPC
- Overcrowding on inpatient/CL, need more sites
- More help with assignments, too many
- More involvement with patient care
- Quizzes
- Matrix lecture
- More opportunities to present patients in outpatient
- Continuity with preceptors
- More child psych
- Process for submitting note assignments
- Spanish speaking patients
- Driving to different sites
- Revamp syllabus

Quality Improvement Plan

1. Reduced number of assignments
2. Tracking ambulatory shifts vs family medicine
3. Reduce crowding
    1. 1 or 2 weeks on inpatient and CL
    2. More clinical sites- in progress
        1. Rio Vista
        2. EHN
        3. Project Vida
        4. VA
4. More faculty/community faculty
5. Resident and Faculty training
6. New Assistant Clerkship Director- Dr. Michael

A *Values* BASED CULTURE

Dedicated to Excellence.
Committed to Care.

Clerkship Phase Review
AY 2021-2022

Psychiatry-Internal Medicine-Family practice
Review Team Overview (Dr. Osvaldo Padilla and Dr. Jessica Chacon)

Clerkship Directors: Dr. Patricia Ortiz, Dr. Suvarna Guvvala, and Dr. Colby Genrich

Medical student: Vashee Chandni

A *Values* BASED CULTURE

Dedicated to Excellence.
Committed to Care.

Findings/Recommendations

1. *Syllabus is well organized and contains the appropriate materials needed. Recommendation, moving some charts to appendices may make the syllabus easier to read.*
2. *Comparability report (average patient per student, duty hours, inpatient/out patient rations, etc.) are all within required stipulations established by the clerkships. No recommendations are made.*
3. *Time feedback and release of grades is also provided by all three clerkships. No recommendations.*
4. *Medical students have comparable NBME scores for all three clerkships and past years. Recommendation, lower scoring IM results (also noted by USMLE step 2 scores) may need to be investigated.*
5. *Student demonstrate overall satisfaction with all three clerkships with some noted suggestions noted.*

1.) Continue improving Elentra to make it more efficient for student use.

2.) Reassess healthcare matrix assignment. Students felt it was time consuming and added little learning value.

3.) Ambulatory weeks involving FM and Psych need to be investigated for better organization and time efficiency. (Students requesting more continuous block for family medicine clinic).

6. Psych, IM, and FM for the most part have a favorable learning environment for medical students with some few exceptions. Recommend, referral in the syllabus to an contact person to address student safety or inappropriate behavior.

Syllabus for all three

1. Block goals and objectives are clearly stated
2. Clerkship director and coordinator clearly identified.
3. Clerkship description and content stated
4. Integration thread section is clearly provided
5. Assessment information is provided.
6. Students can clearly identify expectations and policies
7. Op-log Expectations are clearly delineated.
8. Mid Clerkship review explained
9. Calendar of events provided
10. Professionalism expectations provided
11. Layout – diverse consisting of educational prescriptions, health care matrix assignment, admission order assignment sheet, competency grading rubric, etc.

Conclusion: *Syllabus is well organized and contains the appropriate materials needed. However, some parts of it can be made into appendices, so the syllabus may be easier to read.*

Findings/Recommendations

1. *Syllabus is well organized and contains the appropriate materials needed. Recommendation, moving some charts to appendices may make the syllabus easier to read.*
2. *Comparability report (average patient per student, duty hours, inpatient/out patient rations, etc.) are all within required stipulations established by the clerkships. No recommendations are made.*
3. *Time feedback and release of grades is also provided by all three clerkships. No recommendations.*
4. *Medical students have comparable NBME scores for all three clerkships and past years. Recommendation, lower scoring IM results (also noted by USMLE step 2 scores) may need to be investigated.*
5. *Student demonstrate overall satisfaction with all three clerkships with some noted suggestions noted.*

1.) Continue improving Elentra to make it more efficient for student use.

2.) Reassess healthcare matrix assignment. Students felt it was time consuming and added little learning value.

3.) Ambulatory weeks involving FM and Psych need to be investigated for better organization and time efficiency. (Students requesting more continuous block for family medicine clinic).

6. Psych, IM, and FM for the most part have a favorable learning environment for medical students with some few exceptions. Recommend, referral in the syllabus to an contact person to address student safety or inappropriate behavior.

Findings/Recommendations

1. *Syllabus is well organized and contains the appropriate materials needed. Recommendation, moving some charts to appendices may make the syllabus easier to read.*
2. *Comparability report (average patient per student, duty hours, inpatient/out patient rations, etc.) are all within required stipulations established by the clerkships. No recommendations are made.*
3. *Time feedback and release of grades is also provided by all three clerkships. No recommendations.*
4. *Medical students have comparable NBME scores for all three clerkships and past years. Recommendation, lower scoring IM results (also noted by USMLE step 2 scores) may need to be investigated.*
5. *Student demonstrate overall satisfaction with all three clerkships with some noted suggestions noted.*

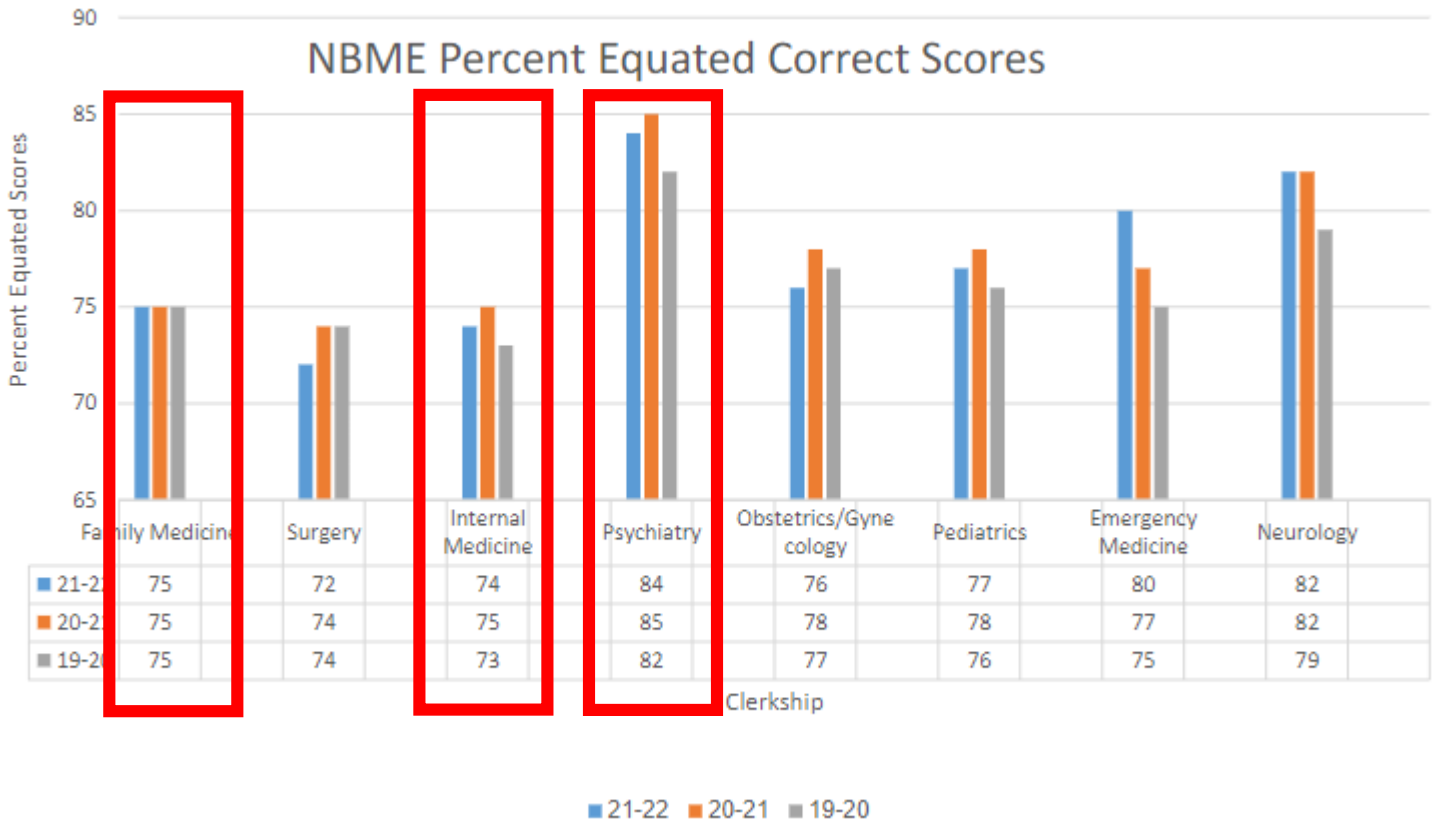
1.) Continue improving Elentra to make it more efficient for student use.

2.) Reassess healthcare matrix assignment. Students felt it was time consuming and added little learning value.

3.) Ambulatory weeks involving FM and Psych need to be investigated for better organization and time efficiency. (Students requesting more continuous block for family medicine clinic).

6. Psych, IM, and FM for the most part have a favorable learning environment for medical students with some few exceptions. Recommend, referral in the syllabus to an contact person to address student safety or inappropriate behavior.

Comparability Reports – USMLE Results Compared to National Data



Conclusion: *Performance in the USMLE Step 2 for psychiatry is noted to be appropriate, compared to national standards.*

Comparability Reports – USMLE Results Compared to National Data

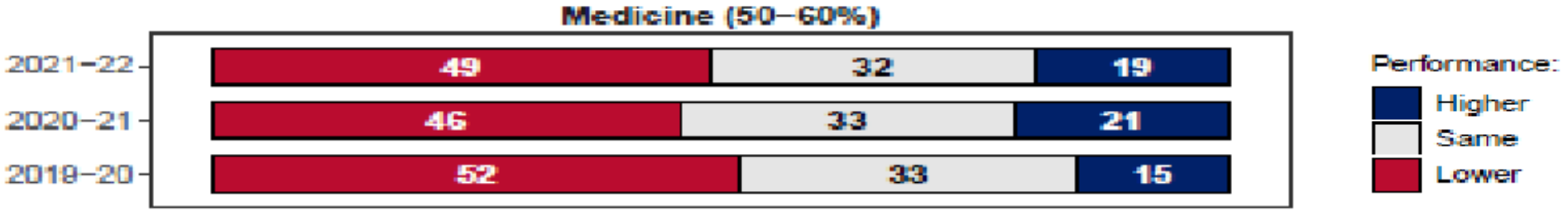
United States Medical Licensing Examination®

Step 2 CK Annual School Report

Medical School: Paul L. Foster School of Medicine

School ID: 044200

Performance on Discipline Categories Relative to National Average



Conclusion: *Performance in the USMLE Step 2 for medicine is noted and may need to be investigated.*

Findings/Recommendations

1. *Syllabus is well organized and contains the appropriate materials needed. Recommendation, moving some charts to appendices may make the syllabus easier to read.*
2. *Comparability report (average patient per student, duty hours, inpatient/out patient rations, etc.) are all within required stipulations established by the clerkships. No recommendations are made.*
3. *Time feedback and release of grades is also provided by all three clerkships. No recommendations.*
4. *Medical students have comparable NBME scores for all three clerkships and past years. Recommendation, lower scoring IM results (also noted by USMLE step 2 scores) may need to be investigated.*
5. *Student demonstrate overall satisfaction with all three clerkships with some noted suggestions noted.*
   1.) Continue improving Elentra to make it more efficient for student use.
   2.) Reassess healthcare matrix assignment. Students felt it was time consuming and added little learning value.
   3.) Ambulatory weeks involving FM and Psych need to be investigated for better organization and time efficiency. (Students requesting more continuous block for family medicine clinic).
6. *Psych, IM, and FM for the most part have a favorable learning environment for medical students with some few exceptions. Recommend, referral in the syllabus to an contact person to address student safety or inappropriate behavior.*

Block Evaluations***

1. The block met the identified learning objectives

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Aggregate Positive Score / Aggregate Negative Score
0	0	1	1	32	11	44 / 1
0%	0%	2.22%	2.22%	71.11%	24.44%	97.78% / 2.22%

2. The course workload (pacing and quantity of new material and assignments) was manageable

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Aggregate Positive Score / Aggregate Negative Score
0	1	6	10	24	4	38 / 7
0%	2.22%	13.33%	22.22%	53.33%	8.89%	84.44% / 15.56%

3. The block was well organized

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Aggregate Positive Score / Aggregate Negative Score
2	3	4	11	20	3	34 / 9
4.65%	6.98%	9.3%	25.58%	46.51%	6.98%	79.07% / 20.93%

4. The required clinical experiences integrated basic science content

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Aggregate Positive Score / Aggregate Negative Score
0	0	0	9	24	11	44 / 0
0%	0%	0%	20.45%	54.55%	25%	100% / 0%

5. The Independent Learning Plan (ILP) was a useful learning experience

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Aggregate Positive Score / Aggregate Negative Score
0	0	1	6	18	19	43 / 1
0%	0%	2.27%	13.64%	40.91%	43.18%	97.73% / 2.27%

6. Shared learning experiences between the three disciplines in this block contributed to my understanding of clinical medicine

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Aggregate Positive Score / Aggregate Negative Score
0	1	3	7	23	10	40 / 4
0%	2.27%	6.82%	15.91%	52.27%	22.73%	90.91% / 9.09%

Conclusion: Block organizational issues are noted that may be related to the use of Elentra

Block Evaluations

11. I am satisfied with the functionalities of the school's learning management system, Elentra

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Aggregate Positive Score / Aggregate Negative Score
5	9	11	7	10	2	19 / 25
11.36%	20.45%	25%	15.91%	22.73%	4.55%	43.18% / 56.82%

12. e-Murmur was a useful resource for improving my skills in cardiac auscultation

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Aggregate Positive Score / Aggregate Negative Score
2	6	6	12	15	4	31 / 14
4.44%	13.33%	13.33%	26.67%	33.33%	8.89%	68.89% / 31.11%

Conclusion: Block organizational issues are noted that may be related to the use of Elentra

Block Evaluations - Comments

Elentra was the major hiccup of the semester It caused problems for everyone and overall it took away from the block.

I'm not usually one to complain but I do have some comments about a few aspects that I think could be improved: 1. The mixing of clinics on ambulatory. I think the intentions are good but I felt for many weeks that I was with so many different people at different places (half-days in different places) that I wasted a lot of time doing logistics rather than being able to focus on learning. I felt like I spent way too much time trying to figure out where I needed to go each day and what the expectations would be. I understand that this helps us be flexible and adaptable but if we could more often be at the same place with the same person for a consistent amount of time this would give us more time to focus on our studies since we would already know the expectations and location. I think this would allow us to focus more on learning. 2. Organization on elantra. It was often difficult to find

I would have preferred to have full days for FM and psych clinic and have full days off instead of half days. (EX: AM/PM clinic at kenworthy on monday, AM/PM clinic for oupt psych on tuesday, am clinic, pm didactics on wedensay, Th-Fr off--- or something similar to that)

Difficult driving from FM clinic in the morning to psych clinic in the afternoon, vice versa, no time to each lunch, students have to choose between eating or arriving to clinic on time

clerkships throughout the block since there is overlap. However, the ambulatory schedule felt too disorganized. Jumping between family and psych from day to day and even within the same day was counterproductive as I was not given adequate time to adjust to the type of practice. In my opinion, we should have at least a week of family or psych at a time when on ambulatory. This would give us an opportunity to fully grasp the clerkship

the ambulatory weeks were not well distributed between psych and fam having a full off day would be almost more helpful than 2 half days

Conclusion: 1.) The utility of Elentra needs to be investigated. 2.) The ambulatory weeks involving FM and Psych need to be investigated for better organization and time efficiency.

Block Evaluations - Comments

Difficult driving from FM clinic in the morning to psych clinic in the afternoon, vice versa, no time to each lunch, students have to choose between eating or arriving to clinic on time
In ambulatory, Psych and FM did not share equal time. I had a lot more Psych. When you take into account psych has 3 weeks of just pure psych, then giving 50/50 time during ambulatory does not make sense
I suggest having 3 weeks of pure family medicine for future cohorts. I felt that I did not experience enough Family Medicine to truly appreciate the specialty. It would be nice to have these 3 dedicated weeks for family medicine, because during the dedicated weeks of Internal Medicine and Inpatient Psychiatry, I felt like these were the weeks I learned a lot and quickly enhanced my knowledge of the speciality.
For the future, I would like to see students have more opportunity and hours in the FM rotation as well as have the kinks/quirks of Elentra to be worked out.

Findings/Recommendations

1. *Syllabus is well organized and contains the appropriate materials needed. Recommendation, moving some charts to appendices may make the syllabus easier to read.*
2. *Comparability report (average patient per student, duty hours, inpatient/out patient rations, etc.) are all within required stipulations established by the clerkships. No recommendations are made.*
3. *Time feedback and release of grades is also provided by all three clerkships. No recommendations.*
4. *Medical students have comparable NBME scores for all three clerkships and past years. Recommendation, lower scoring IM results (also noted by USMLE step 2 scores) may need to be investigated.*
5. *Student demonstrate overall satisfaction with all three clerkships with some noted suggestions noted.*
   1.) Continue improving Elentra to make it more efficient for student use.
   2.) Reassess healthcare matrix assignment. Students felt it was time consuming and added little learning value.
   3.) Ambulatory weeks involving FM and Psych need to be investigated for better organization and time efficiency. (Students requesting more continuous block for family medicine clinic).
6. *Psych, IM, and FM for the most part have a favorable learning environment for medical students with some few exceptions. Recommend, referral in the syllabus to an contact person to address student safety or inappropriate behavior.*

Findings/Recommendations

1. *Syllabus is well organized and contains the appropriate materials needed. Recommendation, moving some charts to appendices may make the syllabus easier to read.*
2. *Comparability report (average patient per student, duty hours, inpatient/out patient rations, etc.) are all within required stipulations established by the clerkships. No recommendations are made.*
3. *Time feedback and release of grades is also provided by all three clerkships. No recommendations.*
4. *Medical students have comparable NBME scores for all three clerkships and past years. Recommendation, lower scoring IM results (also noted by USMLE step 2 scores) may need to be investigated.*
5. *Student demonstrate overall satisfaction with all three clerkships with some noted suggestions noted.*

1.) Continue improving Elentra to make it more efficient for student use.

2.) Reassess healthcare matrix assignment. Students felt it was time consuming and added little learning value.

3.) Ambulatory weeks involving FM and Psych need to be investigated for better organization and time efficiency. (Students requesting more continuous block for family medicine clinic).

6. Psych, IM, and FM for the most part have a favorable learning environment for medical students with some few exceptions. Recommend, referral in the syllabus to an contact person to address student safety or inappropriate behavior.

Learning Environment Surveys

	Internal Medicine	Psychiatry
	# Never /Once or More	# Never /Once or More
Publicly humiliated	42/3	44/2
Threatened with physical harm	45/0	45/1
Physically harmed (e.g., hit, slapped, kicked)	45/0	45/1
Required to perform personal services (e.g., shopping, babysitting)	45/0	45/1
Subjected to unwanted sexual advances	45/0	45/1
Asked to exchange sexual favors for grades or other rewards	45/0	45/1
Denied opportunities for training or rewards based on gender	45/0	45/1
Subjected to offensive sexist remarks/names	45/0	45/1
Received lower evaluations or grades solely because of gender rather than performance	45/0	45/1
Denied opportunities for training or rewards based on race or ethnicity	45/0	44/2
Subjected to racially or ethnically offensive remarks/names	45/0	45/1
Received lower evaluations or grades solely because of race or ethnicity rather than performance	44/1	45/1
Denied opportunities for training or rewards based on sexual orientation	45/0	45/1
Subjected to offensive remarks/names related to sexual orientation	45/0	45/1
Subjected to offensive remarks/names related to sexual orientation	45/0	45/1
Received lower evaluations or grades solely because of sexual orientation rather than performance	45/0	45/1
Subjected to negative or offensive behavior(s) based on your personal beliefs or characteristics other than your gender, race/ethnicity,	44/0	45/1

Learning Environment Surveys

	Block 1	Block 2
	Family Medicine	Family Medicine
	# Never /Once or More	# Never /Once or More
Publicly humiliated	40/3	42/3
Threatened with physical harm	43/0	45/0
Physically harmed (e.g., hit, slapped, kicked)	43/0	45/0
Required to perform personal services (e.g., shopping, babysitting)	43/0	45/0
Subjected to unwanted sexual advances	43/0	45/0
Asked to exchange sexual favors for grades or other rewards	43/0	45/0
Denied opportunities for training or rewards based on gender	43/0	44/1
Subjected to offensive sexist remarks/names	43/0	42/3
Received lower evaluations or grades solely because of gender rather than performance	43/0	44/1
Denied opportunities for training or rewards based on race or ethnicity	43/0	45/0
Subjected to racially or ethnically offensive remarks/names	43/0	45/0
Received lower evaluations or grades solely because of race or ethnicity rather than performance	43/0	45/0
Denied opportunities for training or rewards based on sexual orientation	43/0	45/0
Subjected to offensive remarks/names related to sexual orientation	43/0	45/0
Received lower evaluations or grades solely because of sexual orientation rather than performance	43/0	45/0
Subjected to negative or offensive behavior(s) based on your personal beliefs or characteristics other than your gender, race/ethnicity, or sexual orientation	43/0	45/0

Findings/Recommendations

1. *Syllabus is well organized and contains the appropriate materials needed. Recommendation, moving some charts to appendices may make the syllabus easier to read.*
2. *Comparability report (average patient per student, duty hours, inpatient/out patient rations, etc.) are all within required stipulations established by the clerkships. No recommendations are made.*
3. *Time feedback and release of grades is also provided by all three clerkships. No recommendations.*
4. *Medical students have comparable NBME scores for all three clerkships and past years. Recommendation, lower scoring IM results (also noted by USMLE step 2 scores) may need to be investigated.*
5. *Student demonstrate overall satisfaction with all three clerkships with some noted suggestions noted.*

   1.) Continue improving Elentra to make it more efficient for student use.

   2.) Reassess healthcare matrix assignment. Students felt it was time consuming and added little learning value.

   3.) Ambulatory weeks involving FM and Psych need to be investigated for better organization and time efficiency. (Students requesting more continuous block for family medicine clinic).

6. Psych, IM, and FM for the most part have a favorable learning environment for medical students with some few exceptions. Recommend:

1.) Referral in the syllabus to an contact person to address student safety or inappropriate behavior.

AY 2023-2024 Planning
4th Year Course & Elective Proposals

Maureen Francis, MD, MS-HPEd, MACP
Interim Associate Dean for Medical Education
January 9. 2023

Overview

- 6 new electives
- Proposed Orthopedic Sub-Internship
- Designation of courses/clerkships that will satisfy the new requirement for 4 weeks of basic science elective or research

Environmental and Occupational Medicine

- Elective Director : Dr. Narges Khanjani
- Department: Medical Education
- Research elective – 4 weeks (4 credits)
  - 2 student per block maximum; offered in January and July
- Course Description
  - The student will read 10 book chapters/articles about occupational and environmental health/diseases designated by the supervisors in three-weeks, and will meet with the supervisor in person or through Webex (according to the students' preference), for answering questions. The student will do a short MCQ quiz (online through Elentra) after each chapter/articles. If the grade in any quiz is less than 50%, the student will re-do the quiz for that chapter/articles.
  - In the fourth week, the student will do a one-day field trip in person supervised by Dr. Khanjani, Dr. Ibarra-Mejia or Dr. Mena for investigating environmental or occupational health issues; and write a report (of max. 2 pages) about this trip.
  - The student will write, one of these two, by his/her own decision.
    - a practical research proposal related to an environmental or occupational health/medicine topic
    - or a report about a significant environmental health problem in the US, and preferably in west Texas.

Environmental and Occupational Medicine- Objectives

- Become familiar with the most common Occupational and Environmental Diseases.
- Become familiar with the concepts of Environmental Sustainability.
- Understand the role of the US EPA, in controlling human exposure to environmental risk factors.
- Understand the role of NIOSH and OSHA in providing safe working environments.
- Define the major environmental/occupational issues affecting human health in the current era.

Medicine on the Border: Community outreach and challenges

- Elective Director : Jessica Chacon, Gilberto Garcia, Nathan Holland
- Department: Medical Education
- Research elective – 2 weeks (2 credits)
  - 2 students per block maximum
  - Offered in August, September, October, November, December, January
- Course Description
  - The course will cover the important aspects and challenges associated with medical practice in the border region. Students will be introduced to unique methods of outreach for minority/majority communities, such as working with Promotoras (Community Health Workers) and practicing in a bilingual environment.

Medicine on the border:
Community outreach and challenges- Objectives

- Integrate cultural sensitivity and awareness into medical practice.
- Design a program for community outreach targeted to the Hispanic population of the border region.
- Assessment
  - Students will be provided questions on a Discussion board, that will be facilitated by faculty.
  - Students will then create a system/program for community outreach.
  - Honors criteria: Students final presentation in Spanish, graded by Lead Spanish Teacher Dr. Gilberto Garcia.

The Basics and Implementations of Cancer Immunotherapy

- Elective Director : Jessica Chacon, Houriya Ayoubieh, Curt Pfarr, Cynthia Perry
- Department: Medical Education
- Research elective – 2 weeks (2 credits)
  - 2 students per block maximum; offered in August and December
- Course Description
  - The course will cover the basic concepts of immunotherapy used for cancer patients. Students will be required to engage in an online discussion board, facilitated by faculty and present a final PowerPoint on a novel immunotherapy.

The Basics and Implementations of Cancer Immunotherapy - Objectives

- Define and describe immunotherapy for cancer.
- Identify the risks and benefits associated with cancer immunotherapy.
- Design a novel immunotherapy for cancer, identifying target population, cancer type and risks associated.

- Assessment:
  - During the 2-week period, students will be required to engage in an online discussion board, facilitated by faculty. At the end of the 2-weeks, students will then present their novel cancer immunotherapy approach to faculty and other peers taking the elective.

Orthopaedic Sports Medicine Elective

- Elective Director : Dr. Evan Corning, MD, Assistant Professor
- Department: Department of Orthopaedic Surgery and Rehabilitation
- Clinical elective – 2 or 4 weeks (2 or 4 credits)
  - 1 students per block maximum, offered year round
- Course Description
  - Elective focused on providing Sports Medicine Orthopaedic Care through a mentorship model rotation with Dr. Evan Corning. Dr. Corning specializes in Sports Medicine and delivers care to athletes and the general public through various procedures which often include arthroscopic ligament repair/reconstructions, arthroplasty, joint injections, and fracture care. The rotation would consist of two days of seeing patients in an outpatient clinic and assistance/observation of surgical procedures at UMC/EPCH/ASC. In the event Dr. Corning is not available or present, the student shall assist with orthopaedic trauma surgery service and/or with other available faculty. The rotation would include focused instruction on physical examination of the shoulder/hip/knee/ankle, discussion on the ligamentous anatomy of the previously mentioned joints, and the potential for observership covering sporting events as Dr. Corning serves as a Team Physician for the El Paso Locomotives.

Orthopaedic Sports Medicine Elective - Objectives

- **Course Goals and Objectives:**
  - Exposure to common clinical presentations in sports medicine and orthopaedic surgery
  - History and Physical examination of orthopaedic and sports medicine injuries
  - Basic decision making for investigation and/or conservative or operative management of common orthopaedic and sports medicine injuries and conditions
  - Basic skills: suturing, wound care, casting/splinting, joint injections
  - Surgical experience with orthopedic and sports medicine procedures: surgical approaches - open and arthroscopic, surgical techniques for fixation and reconstruction of bone and soft tissue of the foot, ankle, knee, hip, and shoulder
  - Focused discussion of orthopaedic, trauma, and surgery presentations and scenarios relevant to examinations

- Assessment
  - Clinical elective form

Pediatric Orthopaedic Elective

- Elective Director : Dr. Norman Ward, MD, Instructor
- Department: Department of Orthopaedic Surgery and Rehabilitation
- Clinical elective – 2 or 4 weeks (2 or 4 credits)
  - 1 students per block maximum, offered year round
- Course Description
  - Students will work alongside the Pediatric Orthopaedic faculty in providing treatment and care for children with orthopaedic conditions and ailments. The rotation will consist of 2 to 3 clinic days per week seeing patients in the outpatient setting and 2 to 3 days per week in the operating room. Students will be able to see and observe the treatment of skeletally immature patients and the unique considerations needed to care for this population. The rotation would include exposure to multiple congenital conditions with orthopaedic manifestations including cerebral palsy, spina bifida, skeletal dysplasias, brachial plexus injuries, and others. Students will be expected to actively participate in the care of pediatric patients through splinting/casting, physical examination, surgical procedures, and patient counselling.

Pediatric Orthopaedic Elective

- Objectives
  - Exposure to common clinical presentations in pediatric orthopaedic surgery
  - History and Physical examination of pediatric patients with orthopaedic injuries
  - Basic decision making for investigation and/or conservative or operative management of common pediatric orthopaedic injuries and conditions
  - Basic skills: suturing, wound care, casting/splinting
  - Surgical experience with pediatric orthopedic procedures: surgical approaches and anatomy, surgical techniques for fixation and reconstruction of immature bone and soft tissue
  - Focused discussion of pediatric orthopaedic, trauma, and surgery presentations and scenarios relevant to examinations
  - Exposure to congenital and neuromuscular conditions which present with orthopaedic manifestations
- Assessment
  - MS4 Clinical Elective Form

Palliative Care Elective

- Elective Director : Nancy Weber, DO
- Department: Emergency Medicine
- Clinical elective – 2 or 4 weeks (2 or 4 credits)
  - 2 students per block maximum, offered year round
- Course Description
  - The goal of Palliative Care is to prevent and relieve suffering and to support the best possible quality of life for patients and their families, regardless of the stage of the disease or the needed therapies. At UMC El Paso, palliative care is a consult service under the department of emergency medicine. Students on the rotation will work with palliative care faculty and an interdisciplinary time and be integrally involved in the consultation process, gathering patient data, directly from the patient and family via history and physical exam, as well as from the medical record. Recommendations will be proffered by the student and discussed with the attending physician, who will ultimately provide formal recommendations. The student would not have evening, night or weekend clinical responsibilities.

Palliative Care Elective

- Objectives
  - Understand and appropriately use the terms Palliative Care and Hospice.
  - Evaluate the psychological, social, and spiritual needs of patients and their family, then link these needs with the appropriate interdisciplinary team members.
  - Achieve cognitive proficiency in the diagnosis of non-pain symptoms (delirium, hallucinations, anorexia, cachexia, dyspnea, constipation, nausea & vomiting, fatigue, asthenia).
  - Define Eight Terms and Principles often encountered in Palliative Care: Advance Care Directives, Goals of Care, disease trajectory, Quality of Life, Withholding/withdrawing therapy, Palliative Sedation, Assisted Suicide, and Euthanasia (the last two from a world/state perspective).
- Assessment
  - MS4 Clinical Elective Form
  - To be honors eligible, the student would identify a need within the program, with help from faculty, and provide tangible assistance/solutions in regards to meeting this need. For example, develop an educational handout.

Proposed Orthopaedic Sub-Internship

- Sub-Internship Director : Dr. Norman Ward, MD
- Department: Department of Orthopaedic Surgery and Rehabilitation
- Required course – 4 weeks (4 credits)
  - 2 students per block maximum, offered year round
- Course Description
  - The Sub-Internship is a four week course consisting of four weeks on the UMC Orthopaedic Trauma Surgery Service. Sub-I's will be allowed to choose one day per week to attend an outpatient clinic with a faculty member. This may be in a subspecialty of the Sub-I's choosing and consistent with the student's career goals.
  - Sub-I's will be required to take **two Friday or Saturday overnight calls throughout the rotation**.
  - Students may choose to work at WBAMC for 2 weeks

Proposed Orthopaedic Sub-Internship

- Op Log requirements
  - **20 surgical procedures** (as a surgical assist) including at least one of each of the following:
    - External fixation application
    - Treatment of femur or tibia with an intramedullary device
    - Hemiarthroplasty/Total Hip Arthroplasty/Knee Arthroplasty for the treatment of osteoporotic fracture/osteoarthritis
    - Open reduction internal fixation (ORIF) of a peri-articular fracture
    - Irrigation and debridement of open wound or infection
    - Elective orthopaedic surgery

  - **10 inpatient consultations** including at least one of each of the following:
    - Distal radius fracture/forearm fracture reduction and splinting
    - Ankle fracture reduction and splinting
    - Joint aspiration/injection
    - Osteoporotic fracture

  - **Perform the following examinations** on patients in the outpatient setting:
    - Shoulder examination , Knee examination , Compréhensive neurologic examination (sensation, motor, gait, etc.) , Post-operative incisional assessment

General Overview of the Schedule

- The rotation begins at 6:30 a.m. on the Monday of the first week of the rotation and is completed at the end of the day on the last Friday of the rotation.
- **Daily: 0630** Daily Morning Conference, ASC Room at UMC**, 0700** Weekends
- **Wednesday: 0700 - 1200** Weekly Academic Conference, location varies, MEB
  - If the conference is held at William Beaumont, the student shall either assist in the OR or assist with consultations alongside the APP's.
  - **Sub-I Didactics** will be for 1 hour on Wednesdays at a time determined by the faculty leading the talk. Sub-I's are to bring their Op Log to assist with case discussions.
- **Thursday: 0630 - 0830** Thursday Morning Case Conference, AEC 201A or William Beaumont
- **PLEASE CHECK THE ORTHOPAEDIC MONTHLY CALENDAR. CONTACT DR. WARD OR CHIEF RESIDENT FOR THE EXACT TIME AND LOCATION OF SPECIFIC CONFERENCES.**

- The Sub-I will submit one of each of the following for evaluation by the end of the rotation:
  - **Consultation Note**
  - **SOAP Note**
  - **Post-Op Note**
  - **Completed Op Log**
  - **Copy of the end of rotation Sub-I Presentation**.
  - **Evaluation Cards** (see next slide)

Assessment:

Clinical Evaluation Card:

EVALUATION FOR STUDENT: _____
DATE: _____

OBSERVED SETTING(S): OR CONSULTS CLINIC DAILY ROUNDS OTHER

EVALUATION SCALE RATING: 1 - BELOW MS4 2 - AVERAGE MS4 3 - ABOVE MS4

1.	KNOWLEDGE	1	2	3
2.	TECHNICAL SKILLS	1	2	3
3.	WRITTEN COMMINICATION	1	2	3
4.	VERBAL COMMUNICATION	1	2	3
5.	TEAMWORK	1	2	3
6.	OTHER: _____	1	2	3
7.	PROFESSIONALISM	Serious Concern	Slight Concern	No Concern

COMMENTS (REQUIRED):

WAS VERBAL FEEDBACK GIVEN TO STUDENT? YES ☐ NO ☐

EVALUATOR NAME

PRINT: _____ SIGN: _____

Final Assessment – standard form for required clerkships. Grading is Honors/Pass/Fail

Suggestions

- Clarify mid-clerkship feedback
- Add requirement for hand-off/transition of care c/w other sub I’s
- Refer to Common Clerkship Policies for absence policy

Basic Science/Research Elective Requirement

- Total time in 4th year – 48 weeks
  - Required courses – 10 weeks
    - Sub Internship = 4 weeks
    - Critical Care - 4 weeks
    - Boot camp - 2 weeks
  - Flexible time – 16 weeks
  - Electives – 22 weeks
    - Includes new requirement for 4 weeks basic science/research**

**Proposal: Dr Hogg and Dr Francis will review the course catalog and identify which electives satisfy the Basic Science/Research requirement