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

CEPC MEETING AGENDA
5:00 PM - 6:30 PM
4/14/2025

CHAIR:

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

VOTING MEMBERS:

Dale Quest, PhD; Biff Palmer, MD; Fatima Gutierrez, MD; Patricia Ortiz, MD; Jessica Chacon, PhD; Khanjani Narges, MD, PhD; Munmun Chattopadhyay, PhD; Marwaha Komal, MD, PhD; Natalia Sidhu, MD; Alexandria Melendez-Zaidi, MD

EX-OFFICIO:

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

STUDENT REPRESENATIVES:

Sami Daye MS1 (Voting); MS1 Neha Bhupathiraju (Ex Officio); Kristina Ingles MS2 (Voting); Samuel Aldous MS2 (Ex Officio); Katherine Asmis MS3 (Voting); Joshua Salisbury MS3 (Ex Officio); Rowan Sankar MS4 (Voting); Nikolas Malize MS4 (Ex Officio)

INVITED/GUESTS:

Thwe Htay, Priya Harindranathan; Namrata Singh, Antowan John, Sanchez Sheralyn, Holland Nathan, Campos Rebecca L, Lane Mariela, Maanit Kohli, Lee Rosenthal

REVIEW AND APPROVAL OF MINUTES

Minutes Attached

ANNOUNCEMENTS

Presenter(s): Dr. Francis

ITEMS FROM STUDENT REPRESENTATIVES

Presenter(s): Students

ITEM I Proposed Change to DIRS Award

Presenter(s): Drs. Sanchez and Holland

ITEM II Pre-Clerkship Phase Review – Review Team II SCI (I&II)

Presenter(s): Dr. Sidhu, Dr. Palmer and John Antowan

ITEM III Pre-Clerkship Phase Review – MSC I & II and III & IV- Course Directors

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Presenter(s): Drs. Campos, Lane and Singh

ITEM IV Pre-Clerkship Phase Review - REVIEW TEAM V (MSC I & II)

Presenter(s): Drs. Chacon and Kohli

ITEM V Clerkship Syllabi MS3 & MS4 – Updates

Presenter(s): Dr. Sehgal

ITEM VI Required Clinical Experiences

Presenter(s): Dr. Sehgal

Adjourn

CEPC Monthly Meeting Minutes
5:00 PM - 6:30 PM
04/14/2025

MEMBERS IN ATTENDANCE:

Charmaine Martin; Dale Quest; Fatima Gutierrez; Jessica Chacon; Jose Lopez; Joshua Salisbury, Komal Marwaha; Katherine Asmis; Lisa Beinhoff; Maureen Francis; Narges Khanjani; Neha Sehgal; Tanis Hogg; Samuel Aldous; Neha Bhupathiraju; Sami Daye; Munmun Chattopadhyay, Biff Palmer, Natalia Sidhu

MEMBERS NOT IN ATTENDANCE:

Nikolas Malize; Rowan Sankar; Alexandria Melendez-Zaidi; Patricia Ortiz

PRESENTERS/GUESTS IN ATTENDANCE:

Namrata Singh; Lane Mariela; Sanchez Sheralyn; Campos Rebecca L; Lee Rosenthal; Antowan John

INVITED/GUESTS NOT IN ATTENDANCE:

Thwe Htay; Priya Harindranathan; Holland Nathan

REVIEW AND APPROVAL OF MINUTES

Dr. Francis	Having met quorum, the committee voted to approve the minutes from the March 31, 2025 meeting, with minor revisions to the sections regarding the SCI course presentation. Dr. Chacon moves the motion for approval. Dr. Chattopadhyay seconds the motion. No objections: Motion was approved.
ITEMS FROM STUDENT REPRESENTATIVES	
MS1/MS2/MS3/MS4	MS1 – The asynchronous date for the CEYE was discussed. Students sent a poll to the class with proposed dates and will email the final results to Dr. Hogg. Dr. Hogg noted that scheduling is flexible, but it must be within a five-day window. Reports will not be returned to students until the window has closed. MS3 – Raised a concern about a lack of communication regarding the discharge assignment. A discussion was held among the faculty present, and they were in agreement that the issue has been addressed. In the future, the session needs to be held earlier in the block to allow time for completion prior to the last day of the rotations. MS2 & MS4: No issues reported.
ITEM I Proposed Change to DIRS Award	
Presenter(s): Dr. Chacon	*Please see attached report Dr. Chacon presented proposed adjustments to the Distinction in Research and Scholarship (DIRS) timeline to better accommodate students completing the SARP course in the spring. The revised plan introduces a new summer application cycle, with applications accepted from July 1 to July 31, 2025, and award announcements at the end of August. The existing spring cycle remains, with applications open from

February 2 to February 27, 2026, and announcements at the end of March. These changes aim to provide more flexibility for eligible third- and fourth-year students in good academic standing during this year. This is a one-time adjustment in the dates.

Dr. Sidhu moves the motion for approval.
Dr. Chattopadhyay seconds the motion.
No objections: Motion was approved

ITEM II Pre-Clerkship Phase Review – Review Team II SCI (I&II)

Presenter(s): John Antowan (MS1)

*Please see attached report

The team noted exceptional performance in syllabus structure, course mapping, instructional methods, and assessment alignment. Areas of concern included lower student satisfaction and performance in the CEYE component, as well as feedback on scheduling and communication challenges during immersion and CHE experiences.

Summary of Review:

The review highlighted key strengths such as a well-organized syllabus, effective instructional strategies, and strong pass rates on summative SCI exams.

However, weaknesses included a decline in CEYE performance and overall student satisfaction below acceptable thresholds. Student feedback reflected low satisfaction with the program of assessment and overall course quality, both rated as unacceptable, while the course workload itself was seen as manageable and acceptable.

The review team noted that, based on student evaluations, the lack of communication regarding SCI-specific events was negatively impacting the learning environment. These concerns included short turnaround times for CHE visits, new

events being scheduled during CEYE preparation time, and discrepancies in dates and times listed on SignUp Genius.

Additionally, some students reported that the scheduling of CHE visits was not ideal and that certain sessions with preceptors were unproductive. While some preceptors were described as outstanding and highly valuable to the learning experience, others were seen as less effective, with some not providing meaningful or productive sessions. This inconsistency was a source of frustration for students, who recognized the challenge of standardizing preceptor performance but felt that addressing consistently poor feedback should be a priority when considering whether certain preceptors should continue in their role.

A key concern was that time spent on assignments outside of class, such as problem sets and group video projects, felt unproductive and inefficient in supporting learning.

The team also expressed concern about performance on the CEYE, which was rated as unacceptable, with a notably higher failure rate in AY 23-24 (18.4%) compared to the average failure rate of 12.9% from the previous three academic years (AY 20-21, 21-22, and 22-23). While the overall mean scores appear stable, there was no available breakdown of the types of questions students struggled with on the CEYE exam, which may be a useful area for further analysis. This suggests a need to better understand where students are underperforming and explore potential adjustments in assessment preparation or support.

Dr. Francis emphasized the need for immediate action to address student dissatisfaction with the course, noting that while some improvements have been attempted, a 65% satisfaction rate still leaves 35% of students unhappy, an unacceptable level moving forward. She stressed that the situation cannot continue unchanged into another year and those meaningful changes must happen now.

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

ITEM III Pre-Clerkship Phase Review – MSC I & II and III & IV- Course Directors

Presenter(s): Dr. Campos

*Please see attached report

The presentation outlined the instructional methods, assessment strategies, course objectives, and integration with clinical sciences. Key components included hands-on skills workshops, standardized patient encounters, and interdisciplinary sessions such as field trips and diagnostic labs. Course evaluations indicated strong faculty engagement, effective course organization, and high student participation across all units. Suggestions from students emphasized the need for more focused SOAP documentation feedback and increased opportunities for physical exam practice.

Quality Improvement Plan and Specific Challenges:
Planned improvements include the addition of SonoAnatomy sessions, a new fluoride workshop led by dental students and faculty, and updates to OSCE materials aligned with PGOs. The team also aims to increase hands-on physical exam practice and enhance communication skills training through quizzes and SP feedback. Challenges identified include limited faculty availability, scheduling conflicts for remediation and instructional space, updating teaching materials (including demonstration videos), and platform access issues for coordinators. Additional logistical concerns were raised about ACLS session resources and optimizing interprofessional learning relevance for future physicians. Despite these concerns, all sessions were delivered.

Dr. Sidhu moves the motion for approval.

Dr. Chacon seconds the motion.
No objections: Motion was approved.

ITEM IV Pre-Clerkship Phase Review - REVIEW TEAM V (MSC I & II)

Presenter(s): Dr. Chacon

*Please see attached report

The review covered course design, instructional methods, alignment with Program Goals and Objectives (PGOs), and student evaluation data. The syllabus was noted to be generally well-organized with clear course goals, assessment types, and professionalism expectations, though areas for improvement included missing emergency contact details, mistreatment policy links, grading rubrics, and clearer feedback mechanisms.
Summary of the Review:
The review team identified key strengths, including high student satisfaction and the use of varied assessment methods aligned with learning goals. Weaknesses included a need for more standardized expectations for skills assessment, clearer feedback after SP encounters and faculty debriefs, and inclusion of logistical details like course locations and event calendars in the syllabus. A noted challenge is the trend of lower performance in communication and interpersonal skills on STEP 1, indicating an area for focused improvement as students prepare to enter the next phase of training.

Dr. Chattopadhyay moves the motion for approval.
Dr. Sidhu seconds the motion.
No objections: Motion was approved.

ITEM V Clerkship Syllabi MS3 & MS4 – Updates

Presenter(s): Dr. Sehgal

*Please see attached report

Dr. Neha Sehgal presented the AY 2025–2026 updates to the MS3 clerkship syllabi, which included revisions across all clerkships to reflect updated academic year dates, current clerkship directors and coordinators, and the addition of accessibility, counseling, and CARE statements to the block overviews. These additions reinforce institutional support for student well-being and clarify resources available for accessibility accommodations and mental health. Most block-specific documents, such as those for OB/Gyn, Pediatrics, Surgery, and Family Medicine, required no content changes beyond updating dates and contact information.

Dr. Neha Sehgal presented the AY 2025–2026 updates to the MS4 clerkship syllabi, which included updates to academic year dates, current clerkship director and coordinator information, and the inclusion of standardized statements on accessibility, counseling resources, and the CARE team across all syllabi. No major content changes were made to the syllabi for clerkships such as CVICU, MICU, PICU, NICU, Sub-Is, and Bootcamp, other than these updates. These additions are aimed at ensuring students are aware of available support services and institutional expectations related to well-being and conduct.

Dr. Sehgal concluded that with the support of Dr. Francis and the clerkship directors, the faculty worked to update the OpLog clinical encounter requirements by shifting the minimal level of performance from “participate" to "perform." This change, she explained, was not only recommended during the mock visit but also reflects a broader effort to ensure the depth and quality of student engagement in clinical settings and to reflect the actual performance of the students.

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

Adjourned at 6:47pm

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Proposed Adjustments to the Distinction in Research and Scholarship (DIRS) Timeline

April 14, 2025

Sheralyn Sanchez, PhD
Michael Mercado, MS
Jessica Chacon, PhD
Nathan Holland, PhD

Background

- Eligibility
  - Must be in the 3rd or 4th year of medical school.
  - Must be in good academic standing with no professionalism issues.
  - Must have completed all SARP course requirements and received a passing grade.
- Historically, students completed SARP through two annual symposiums (Fall/Spring)

Proposed Solution

- **Add an additional DIRS cycle** to accommodate students completing SARP this Spring

- **New Proposed Timeline:**
  - **Summer Cycle**
    - **Application Opens:** July 1, 2025
    - **Application Closes:** July 31, 2025
    - **Award Announcements:** End of August

Spring Cycle

- **Application Opens:** February 2, 2026
- **Application Closes:** February 27, 2026
- **Award Announcements:** End of March

Questions

SARP Contact Email Address:
SARP-ELP@ttuhsc.edu

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Pre-Clerkship Phase Review
AY 2023-24
TEAM 3 - SCI I & II

CEPC MEETING
April 14, 2025

Review Team

Team will consist of 2 to 3 faculty and 1 to 2 students
Review material provided and meet to discuss as a team and with Course Directors

- Syllabi
- Course PGO and keyword mapping report
- Program of assessment, including alignment with PGOs and course objectives
- Relevant tables from the DCI
- Pre-clerkship annual report
- Course evaluations
- Learning environment surveys
- Outcome data including progression data to clerkship phase
- Conclusions
    - Strengths, weaknesses and challenges
    - Comment on student preparation to progress to the clerkship phase

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Review of Syllabus

The syllabus does an excellent job in the following categories: Contacts, Course description, Goals and Objectives, Session objectives, Assessment, Student performance objectives, Formative feedback, Narrative feedback, Calendar of course events, Course location, Professionalism expectations, and Layout.

The Medical Spanish part of the syllabus likewise was well organized and the layout of the course was well presented.

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Pre-clerkship Course Mapping

- PGO mapping: exceptional
  - All course and session objectives mapped

- Keyword mapping: exceptional
  - Majority of course and session objectives mapped appropriately

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Pre-clerkship Course Instructional Methods & Program of Assessment

- Instructional methods: exceptional
  - Variety of methods utilized which encourage mastery and incorporation of learning material
- Assessment: exceptional
  - Variety of methods used & linked to PGOs appropriately

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Review of Student Evaluations of Course

- Satisfaction with Course activities: Acceptable
- Patient care opportunities: Acceptable
- Student satisfaction with oral and written feedback: Acceptable
- Student satisfaction with the program of assessment: Unacceptable
- The course workload was manageable: Acceptable
- Overall satisfaction with the quality of the course: Unacceptable

Review of Student Evaluations of Course

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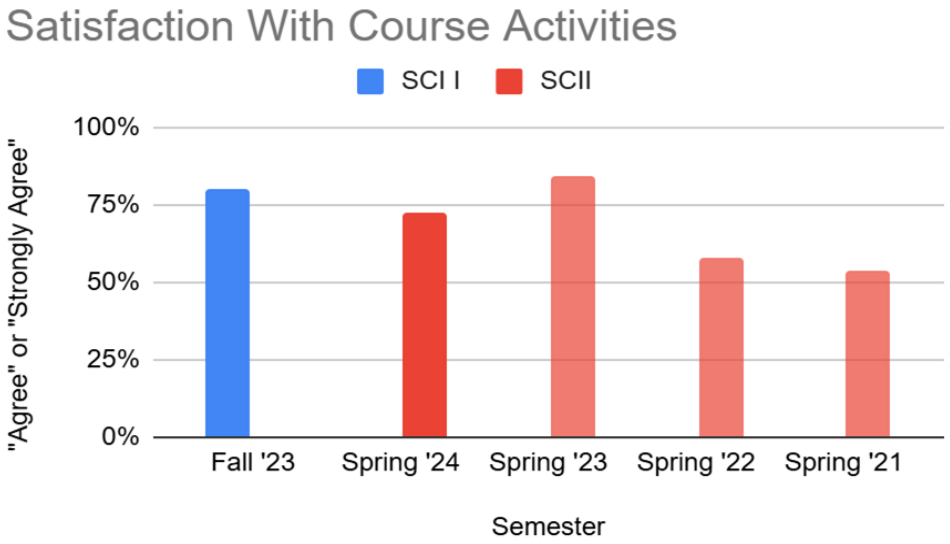
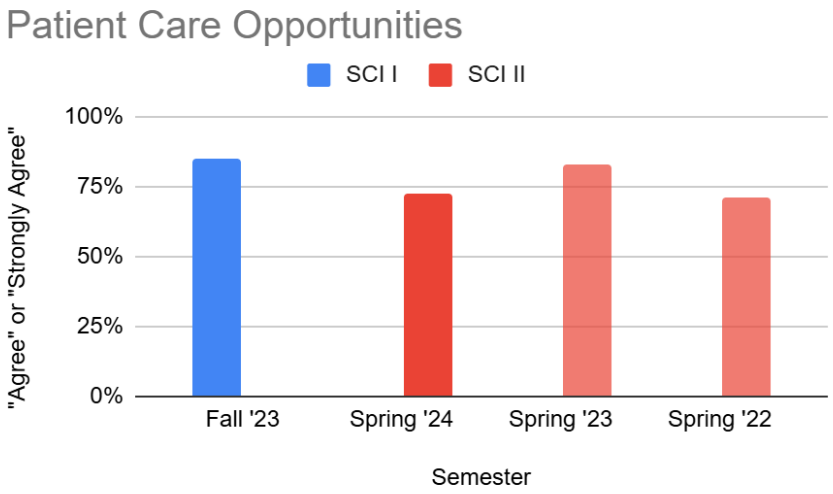
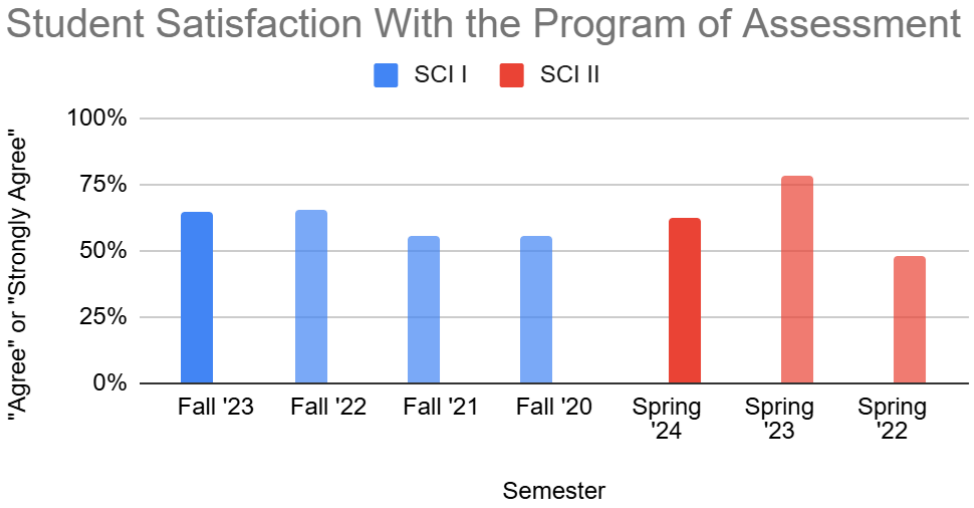


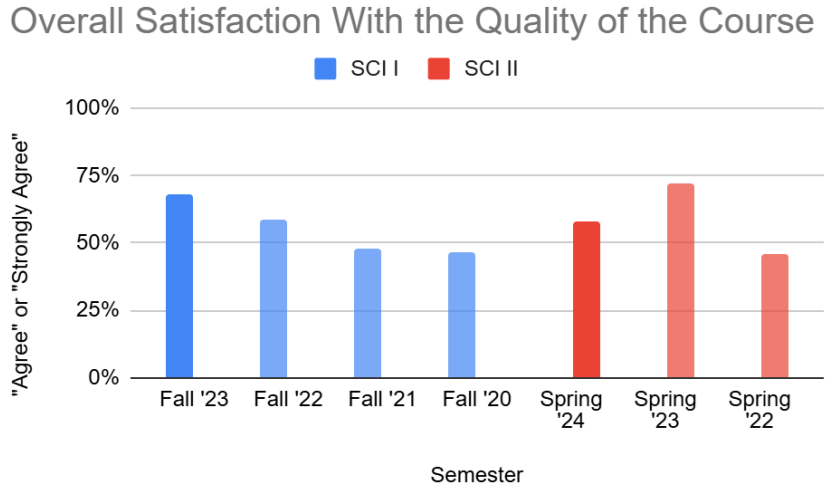
"The course met the identified learning objectives."



"The Community clinic was a valuable experience to me."



"I am satisfied with the methods used to evaluate my



"Overall, I was satisfied with this course/unit."

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Review of Student Evaluations of Course

Comments from students:

- Some programming during Immersion did not enable honest discussions and reflection about difficult subjects, e.g. Poverty Simulation
- Out of class time spent on assignments like problem sets and group videos feels unproductive and inefficient to teaching the content of the course
- CHE Visits having unideal scheduling/ unproductive sessions with some preceptors

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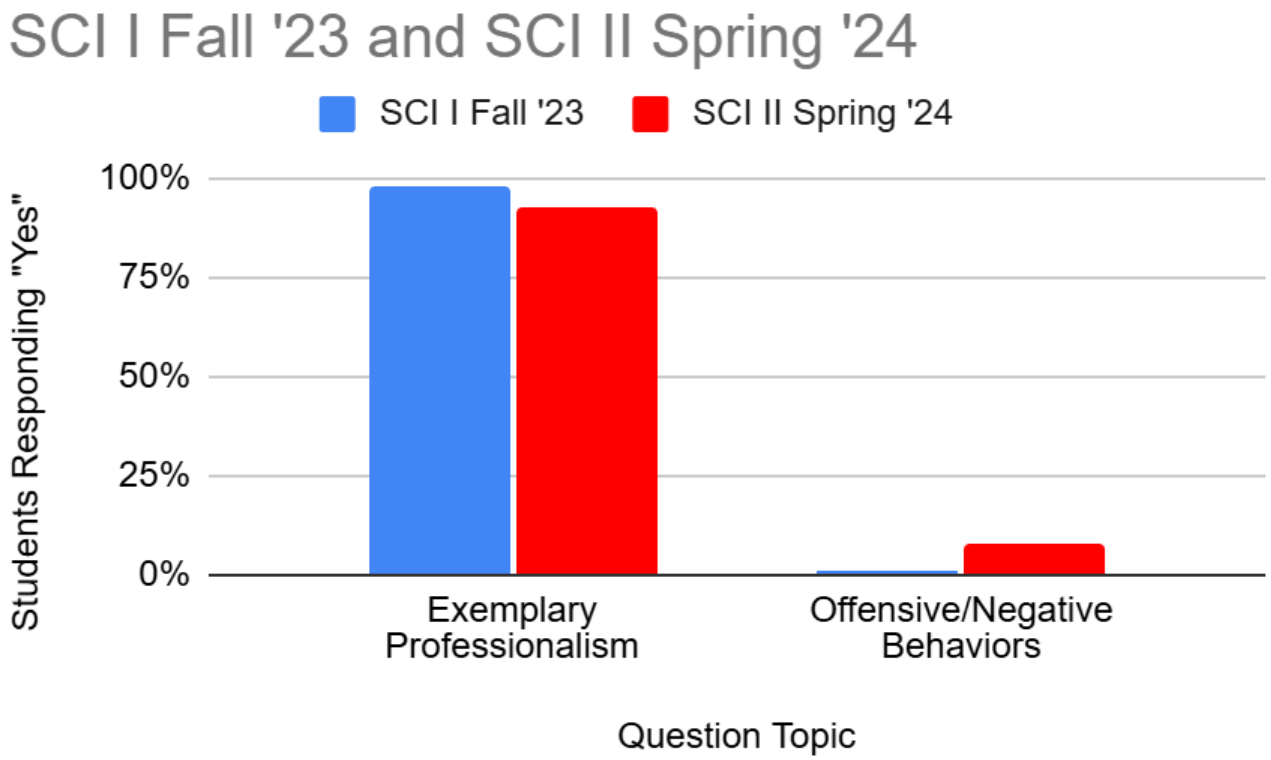
Pre-Clerkship Review of Student Learning Environment

Highlights from Student Reviews:

There were four reviews that emphasized that the lack of communication regarding SCI specific events was impacting their learning environment. These concerns discussed experiences of short turnaround times for CHE visits, new events during CEYE preparation time, and some mismatches with dates and times listed on SignUp Genius.

One review mentioned experiencing some “passive aggressive” language during a class session in SCI II during the review of answers for the IRAT/TRAT.



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Pre-Clerkship Review of Course Outcomes

SCI Summative Exam First Time Attempts "No Pass"				
	Class of 2024 (AY '20-'21)	Class of 2025 (AY '21-'22)	Class of 2026 (AY '22-'23)	**Class of 2027 (AY '23-'24)**
SCI I Summative Exam	0	0	0	0
SCI II Summative Exam	0	1 (passed remediation)	0	0

All the grades were submitted on time. The range was from 13 to 27 days.

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Pre-clerkship Review of Course Outcomes

- Students required to repeat MS1 year: 12
  - Unclear how this compares to prior years with data provided

- CEYE performance: **unacceptable**
  - AY 23-24: 18.4% failed
  - Average for AY 20-21, 21-22, and 22-23: 12.9% failed
    - Not all students are remediating (withdrawing vs. repeating?)
  - However, mean scores are similar year-to-year

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Summary of the review

Strengths, weaknesses and challenges

Strengths

- The syllabus for the course is well organized for both SCI and Medical Spanish
- Objectives appropriately mapped and variety of instructional methods used
- Course outcomes by metric of student pass rates for SCI summative exams show nearly 100% pass rates for past four years

Weaknesses

- CEYE performance worsening as compared to past 3 academic years
- Overall student satisfaction with the course remains well below the acceptable value of >75%

Challenges

- Data indicates a need to restructure activities & community preceptorship experiences in order to mitigate decreased student satisfaction and CEYE performance

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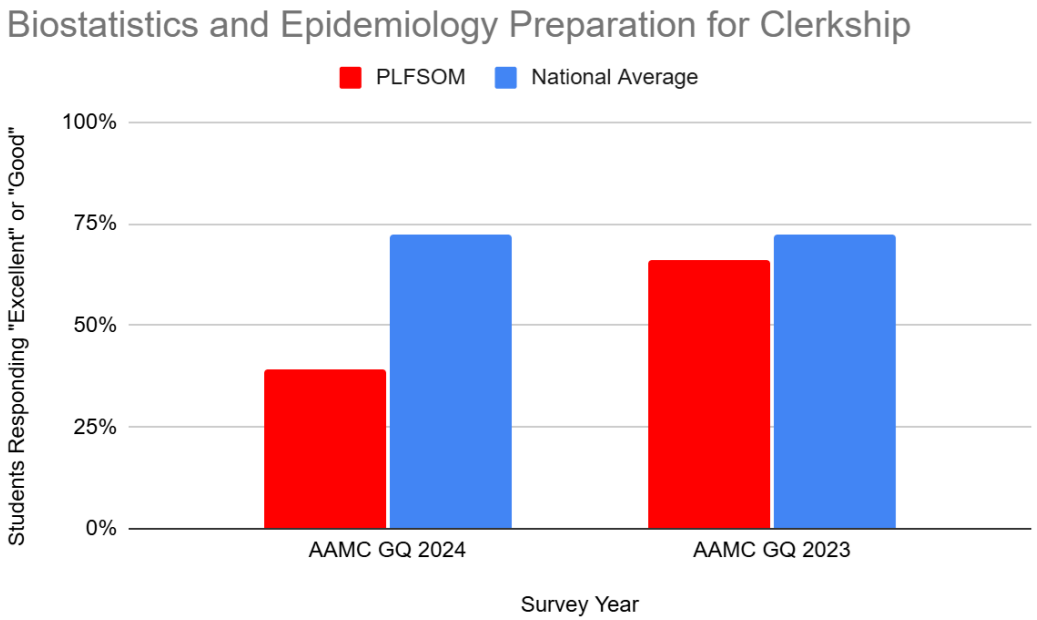
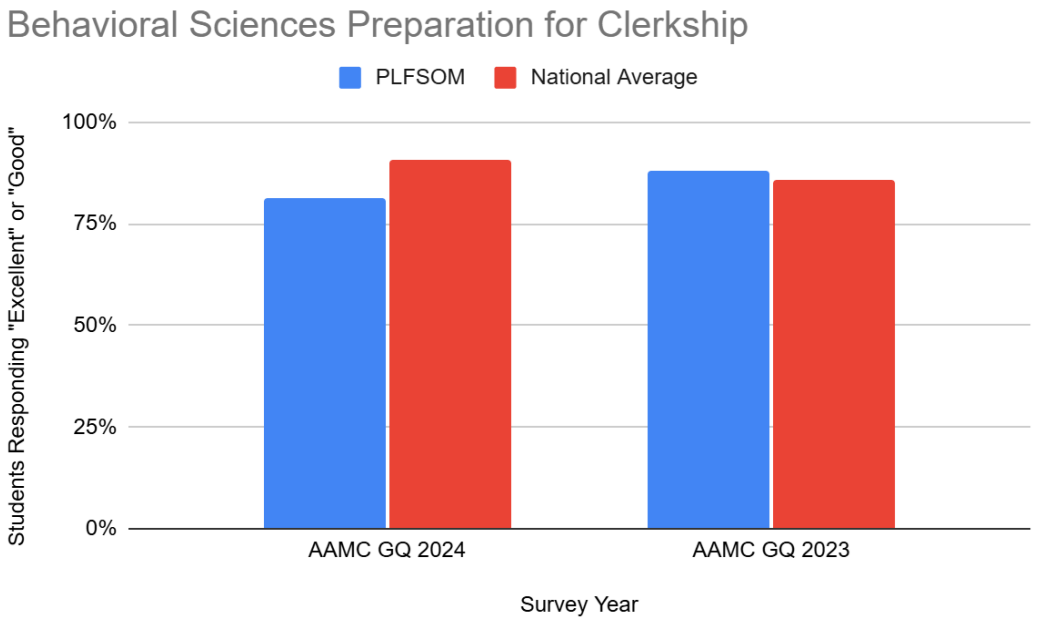
Summary of the review

Comment on student preparation to progress to the clerkship phase

Based off provided data from the AAMC Medical School Graduation Questionnaire (AAMC GQ) rating preparation for the stated basic medical sciences as either *excellent* or *good* for clinical clerkship.



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Pre-Clerkship Phase Review
AY 2023-24

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Responsibility of Course Directors to review:

- ✓Course instructional methods, objectives & mapping
- ✓Examples of integration with clinical sciences
- ✓Examples of self-directed learning
- ✓Portfolio of assessments
  - Include formative, narrative, timeliness of final assessments
- Course evaluation summary (OME can assist with preparation of this data)
  - Include pertinent info form the Y2Q, GQ, ISA and Learning environment reports
- ✓Specific challenges
- ✓Quality Improvement Plan – include changes for the upcoming year and major changes anticipated in the syllabus

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Course instructional methods, objectives & mapping

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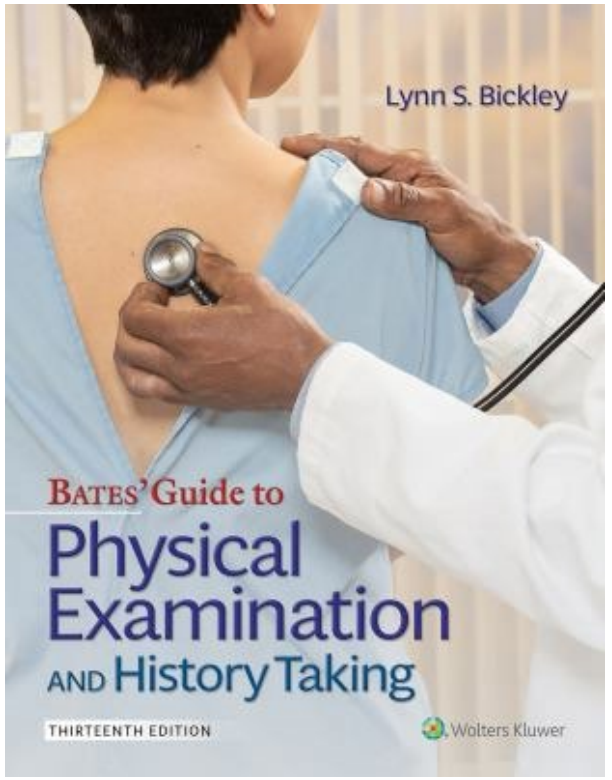
Instructional methods

- Course Textbook: Bates' Guide to Physical Examination and History Taking. 13th Ed.
- Reading assignments: Exam Room guide, Exam Room Outline
- Small Group Activities: Skills based: physical exam techniques, diagnostic workshops (Chest Xray, PFT)
- Clinical Simulations
- Standardized Patient Encounter Review and Reflective Self-Assessment (Required Year 1)
- Field Trip: Dialysis Center and Hospital H&P



Course Objectives Year 1 (MSK I and MSK II)

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- Communicate effectively with patients, family members, faculty, staff, and peers in a respectful and diplomatic manner while obtaining a pertinent medical history and providing information on findings and plan according to the course unit, such as Hematology, Cardiovascular and Pulmonary and/or Gastroenterology. (ICS-4.1, ICS-4.2, ICS-4.3)
- Communicate in clinical outpatient and inpatient using language that is clear, understandable, and appropriate to each patient. (PC-1.6, KP-2.5, PRO-5.1)

- Communicate effectively with patients, family members, faculty, staff, and peers in a respectful and diplomatic manner while obtaining a pertinent medical history and providing information on findings and plan according to the course unit, such as Hematology, Cardiovascular and Pulmonary and/or Gastroenterology. (ICS-4.1, ICS-4.2, ICS-4.3)
- Communicate in clinical outpatient and inpatient using language that is clear, understandable, and appropriate to each patient. (PC-1.6, KP-2.5, PRO-5.1)

- Maintain each patient's dignity and modesty during clinical encounters when learning proper focused physical exam according to the unit. (PRO-5.2)
- Identify the chief reason for the clinical encounter and use questions effectively to find the most pertinent history needed for decision-making. (PC-1.1, PC-1.5)
- Use effective approaches to help patients promote behavioral change for the purpose of avoiding preventable diseases. (PC-1.6, PC-1.7)
- Maintain ongoing learning practices that promote the development of optimal medical skills including careful preparation, active engagement, and reflection on formative feedback from small group interactive learning, simulation session and debriefing, and debriefing of standardized patient encounter. (PBL-3.3)
- Participate effectively and collaboratively with a healthcare team in an urgent situation as demonstrated in simulation sessions in shock and TEAMStepps activities. (IPC-7.1, IPC-7.2, IPC-7.3, IPC-7.4)
- Through interactions with faculty, session instructors, standardized patients and peers, students will incorporate feedback received on a weekly basis on performance in interactive sessions and workshops. (PBL 3.3, KP2.5, ICS 4.2, ICS 4.3, PC 1.8)

30148	Learn the components of the Mental Status Exam (objective part of the SOAP note) and write a mental status exam for this SP encounter (this will take the place of the physical exam).	Behavioral Science, Psychiatry, Clinical Presentation, Communication/Interpersonal Skills, Medical Record Keeping (documentation)	Psychosis and Substance Dependence
30149	Write a SOAP note that captures the important points of the history, family history, past psychiatric history, medical history, psychosocial history, and mental status findings. Then, using biopsychosocial interviewing concepts, come up with the diagnosis and plan.	Behavioral Science, Psychiatry, Clinical Presentation, Clinical Reasoning, Clinical Skills Communication/Interpersonal Skills, Medical Record Keeping (documentation)	Psychosis and Substance Dependence
37178	Define, distinguish and correctly apply the common medical terms used to describe and identify mood or stress-induced, fear and anxiety disorders (as presented in the clinical scheme presentations and process worksheets)	Behavioral Science, Psychiatry, Clinical Presentation, Clinical Reasoning, Clinical Skills Communication/Interpersonal Skills, Medical Record Keeping (documentation)	Mood Disorder
37179	Generate a psychiatric evaluation including the history of present illness; screening for depression, anxiety, psychosis, substance use and bipolar disorders; past psychiatric history, family history, medical history, social (developmental history), and sexual history.	Behavioral Science, Psychiatry, Clinical Presentation, Clinical Reasoning, Clinical Skills Communication/Interpersonal Skills, Medical Record Keeping (documentation)	Mood Disorder
37180	Compose a biopsychosocial formulation from a case with the assistance of the faculty member.	Behavioral Science, Psychiatry, Clinical Presentation, Clinical Reasoning, Clinical Skills Communication/Interpersonal Skills, Medical Record Keeping (documentation)	Mood Disorder

Update

PGO with keywords and associated session per Medical Skills Course I-IV

Patient Care			
Educational Program Objectives (PGO)		Outcome Measures	Activity
PC-1.1	Gather essential information about patients and their conditions through history taking, physical examination, and the use of laboratory data, imaging studies, and other tests.	• Clinical Documentation Review	• OSCE SP visit note • Dialysis note
		• Clinical Performance Rating/Checklist	• SP checklist criteria for SP learning encounter
		• Multisource Assessment	• Faculty debriefing following each encounter
		• Stimulated recall	• Simulation sessions on shock: Sepsis and Hypovolemia • SPERRSA video review and discussion
		• Self-assessment	• SPERRSA video SOAP note review and discussion
		• Exam – Institutionally Developed, Clinical Performance	• End of Unit OSCE Physical Exam Skills Evaluation • Open Lab practice sessions
		• Exam – Institutionally Developed, Written/Computer-based	• Weekly Readiness Quizzes
		• Narrative Feedback	• SOAP Note workshop • Dialysis Visit Patient Note
PC-1.2	Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.	• Participation	• Procedure skill building activities with feedback • Simulation Activities
		• Exam – Institutionally Developed, Written/computer-based	• OSCE Quiz • Weekly Readiness Quiz
		• Narrative Feedback	• SOAP Note workshop • Dialysis Visit Patient Note
PC-1.3	For a given clinical presentation, use data derived from the history, physical examination, imaging and/or laboratory investigation to categorize the disease process and generate and prioritize a focused list of diagnostic considerations.	• Multisource Assessment	• Faculty debriefing following each SP encounter
		• Exam – Institutionally Developed, Clinical Performance	• End of Unit OSCE
		• Narrative Feedback	• SOAP Note workshop • Dialysis Visit Patient Note

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Assessment

Student evaluation includes assignments, Team Based Learning, OSCEs and other modalities.

The Assessment Methods incorporated throughout the course include Formative and Summative Activities and are defined by AAMC MEDBiquitous Curriculum Inventory Standards

Chest and Lung Exam

☐Pass | ☐Fail

Student _____ Proctor _____ Date _____

- The exam is 7 minutes. Please provide a warning at 2 minutes remaining.
- Passing score is 90%, which is 18 of 20 points. You may give partial credit (0.5 pts) for an item not fully or correctly performed.

Area	Task	Wt.	Assessment Criteria*	Pts.	Score
Hygiene	Infection control.	1	The student used hand sanitizer before touching the patient in any way, and throughout the examination when appropriate.	1	
General	Consent	0.5	The student obtained **verbal consent** from the patient to perform the exam.	1	
		0.5	**Verbalized inspection** the chest & neck by **lowering the gown to expose the neck and upper chest for work of breathing** (use of accessory muscles of respiration).		
HEENT	Examine the mouth	1	**With a light**, inspected the mouth and teeth for any nicotine stains or any odor of tobacco and **verbalized findings**.	2	
	Neck vein	1	**Verbalized inspection and observation** for **distended neck veins** while the patient is sitting.		
Extremities	Examine fingers	1	Inspected the **fingers** for evidence of clubbing, dusky hue suggesting cyanosis, or tobacco stains.	2	
	Examine ankles	1	Press a finger firmly over the pretibial area for several seconds. Brush the skin to assess for an indentation, indicating pitting edema.		
Chest	Exposure	1	Lowered the exam gown for **adequate exposure** of the chest with proper draping.	1	
	Observe configuration	1	Observed the chest for overall **configuration** and **symmetry**. *The student must verbalize they are inspecting the chest wall for configuration and symmetry*	1	
Palpation	Trachea	1	Palpated the **trachea** to assess for tracheal shift.	4	
	Chest wall	1	Palpated the **costochondral** junctions for local tenderness **OR...** Compress the chest wall from both sides tenderness.		
	Respiratory excursion	1	Place your hands on either side of the posterior thorax and ask the patient take a deep inward breath, and note the **symmetry of excursion** during deep inward breath.		
	Tactile fremitus	1	Placed the **palms or heels of the hand** firmly against the chest wall and directed the patient to say "One - Two" or "Ninety-Nine" at six locations on the posterior chest, then two locations laterally, and two locations on the anterior chest. **(Total of 10 locations)**		
Percussion	Percussion technique	1	Percussed with either the fingers or a reflex mallet to produce **a clear, audible sound**.	3	
	Locations	1	With the patient's arms crossed in front, **percuss** posteriorly in six locations, then laterally in two locations, and anteriorly in two locations. **(Total of 10 locations)**		
		1	Percuss left and right, **comparing the sound at each location**		
Auscultation	Direction	1	Asked the patient to take breaths **in and out through the mouth.** Asked the patient to **cross their arms** in front to move the scapula laterally.	4	
	Exposure and draping	1	Undraped and **appropriately exposed** the portion of the chest being auscultated while simultaneously maintaining the patient's modesty.		
	Technique	1	Listened through **inhalation and exhalation** at each location, moving the stethoscope quickly to the next location.		
	Locations	1	**Auscultated** with the diaphragm at six locations on the posterior chest, two on the lateral sides of the chest, and two locations on the anterior chest. **(Total of 10 locations)**		
Appreciation		1	Expressed **thanks** to the patient.	1	
			otal	20	
PGO: PC 1.1: ICS 4.3; PRO 5.1					

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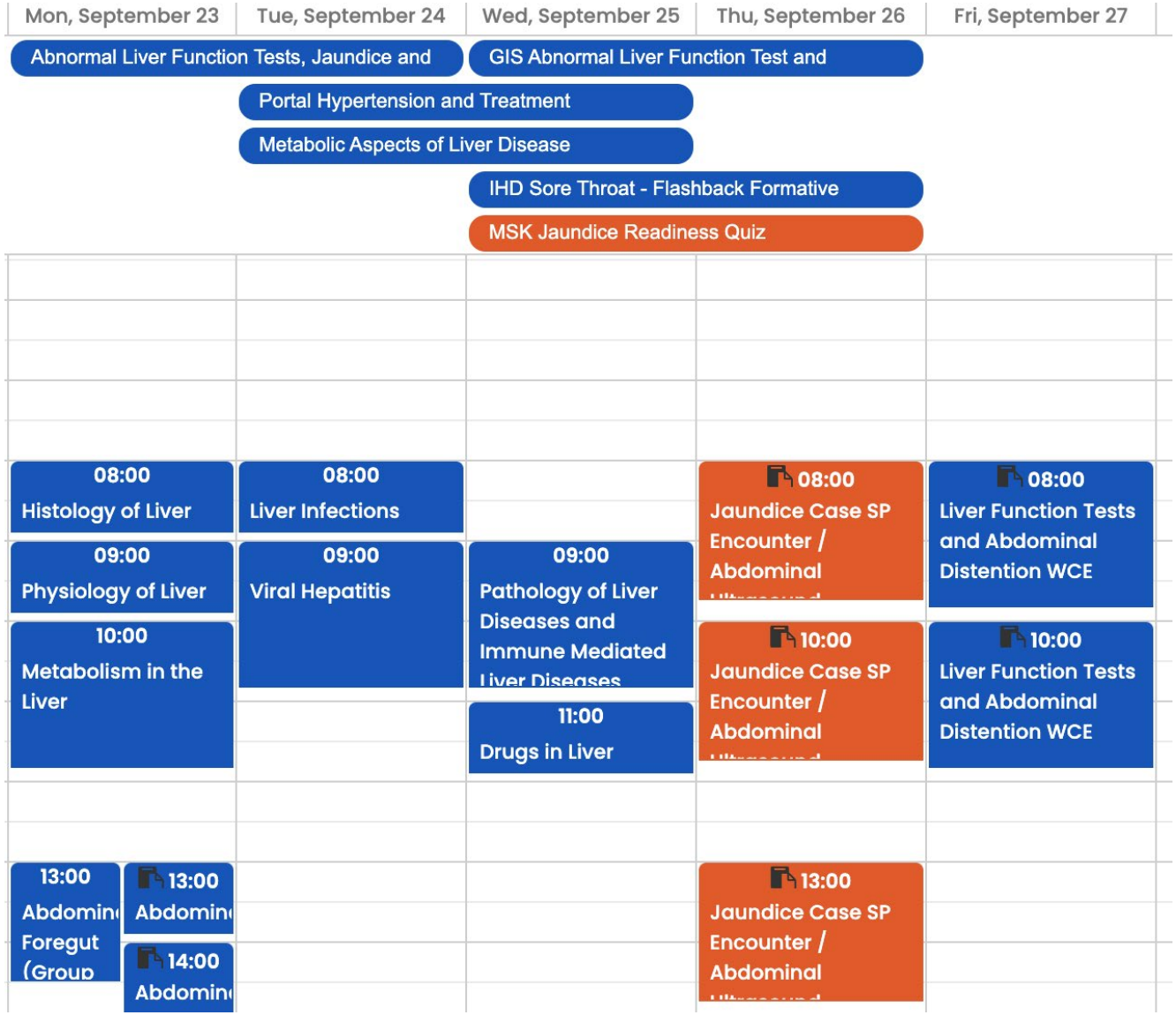
PGO to OSCE Evaluation Rubric



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Examples of integration with clinical sciences

Medical Skills Course in Orange

- **Scheme:** Liver Function Test, Jaundice and Abdominal Distention

Medical Skills Activities

- Readiness Quiz
- Standardized Patient Case
- Skills: Abdominal Ultrasound

Integration for this week of foundational: Histology, Anatomy, Hepatic related Infectious Disease

Self-Directed Learning
SPERRSA
(Standardized Patient Encounter Review and Reflective Self-Assessment

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- Updated SPERRSA Form
- Required turn in of self-reflection form
- Formative Feedback
- *Include completion of SP Checklist based on Communication & Interpersonal performance during an encounter*
- *Expand SP feedback (QI Project in development)*

1. Did you begin the interview with open ended questions? Yes No
2. Did you maintain an appropriate level of culturally sensitive eye contact? Yes No
3. Did your note taking interfere with your interactions? Yes No
4. Describe how you demonstrated empathy, compassion, care and/or concern.

5. Did you explore how the illness affected the patient's personal, social professional life and/or relationships? Yes No
6. Did you provide explanations during the physical examination so that the patient would know what to expect next? Yes No
7. Did you summarize important aspects of the history and physical examination and explain your diagnostic impressions in a language the patient could understand? Yes No
8. Did you provide appropriate patient education, when indicated? Yes No
9. While viewing your video please identify 1 or more skill(s), behavior(s) or attribute(s) you demonstrated well in the video.

10. While viewing your video, please identify 1 or more skill(s), behavior(s) or attribute(s) you want to improve and/or develop.

11. List 1 or more ways you will integrate mindfulness practices, emotional intelligence and/or caring competencies into your practice and future patient encounters.

Portfolio of assessments

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- ❑ Formative Feedback
  - ❑ Weekly: informal during debriefing, skills/workshop sessions, Standardized patient feedback
- ❑ Mid-Point Formative Feedback
  - ❑ Readiness Quiz feedback
- ❑ Narrative Feedback
  - ❑ SOAP Note Workshop (SPM I), Dialysis Patient Note (SPM II), H&P Workshop (SPM III), Hospital Note (SPM IV), Oral Presentation (SPM IV)
- ❑ Summative
  - ❑ Readiness Quizzes
  - ❑ Online Patient Log
  - ❑ OSCE – Encounter, Quiz and Skills Assessment
  - ❑ Team Based Learning
- ❑ Encounter note: Dialysis SOAP, Hospital H&P Note
- ❑ ACLS

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Course evaluation summary

MSK I-II

- Student >90% all units

Strengths:

Faculty & Team, hands on component, Integration with SPM, course prep and organization, specific sessions

Suggestions:

More SOAP specific feedback

More hands-on practice on physical exam skills

Increase Quiz time

MSK III-IV

- Student >90% all units

Strengths:

Listening to student feedback, Faculty & Team, hands on component, Including psychiatry and OB/Gyn Faculty.

Suggestions:

More SOAP specific feedback, More time to review SOAP documentation, noticed a decrease in faculty available.

NBN – not enough faculty and babies for experience.

Time – more time for practice, sessions

ACLS – timing impact on STEP I Studying

Quality Improvement Plan

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- Inclusion of Sono Anatomy for ultrasound material and preparation.
  - Each organ system-based unit - GI, IMN, CVR, Renal, Repro – has an US session usually first session. Recommended, not required as of yet.
- Inclusion of newly developed Fluoride Workshop, interprofessional session, spearheaded by dental students and faculty. (Spring 2025 feedback)
  - "more beneficial if we had opportunity to work on actual patients"
  - "As great as it was interacting with the dental students, I think as future physicians it would be more valuable to have workshops working with nursing students as they are the people we will be interacting with the most in the future."
  - "not a good use of time in the months leading up to step"
  - "Please don't make us do the module (which requires we watch a video) and then have us watch the same video again at the event. It felt like unnecessary repetition."
  - …"some information about how widely this is practice is used by Pediatric or FM docs around the country. I have shadowed several PCPs, and my dad is a pediatrician, and this is the first I have ever heard of this practice…"
  - "Not sure what the point of this was. Foster SOM is educating physicians, not dentists"
  - "I believe a workshop that would be even more helpful for us as future physicians would be learning how to conduct a complete oral exam on a patient."
- Adjusting sessions to allow for students to have at more physical exam practice sessions.
- Communication Skills: Readiness Quizzes and SP Feedback
- All OSCE material is being updated to identify PGOs

Specific challenges

- Faculty coverage
- Meeting and training availability
- Updating material
- Updating exam demonstration videos (demonstration videos)
- Scheduling remediations and session with rooms also needed by other schools
- Coordinator Administrative Access to Elentra Platform AND CANVAS
- ACLS: Room and Teaching Resources.


health
is
here.

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Pre-Clerkship Phase Review
AY 2023-24

Medical Skills I-II Course Review

Jessica Chacon, Ph.D.
Maanit Kohli, M.D.

Review Team

Team will consist of 2 to 3 faculty and 1 to 2 students
Review material provided and meet to discuss as a team and with Course Directors

- Syllabi
- Course PGO and keyword mapping report
- Program of assessment, including alignment with PGOs and course objectives
- Relevant tables from the DCI
- Pre-clerkship annual report
- Course evaluations
- Learning environment surveys
- Outcome data including progression data to clerkship phase
- Conclusions
  - Strengths, weaknesses and challenges
  - Comment on student preparation to progress to the clerkship phase

Review of Syllabus

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Strengths

- **Contact Information**: Clearly lists course directors and coordinators with emails and phone numbers.
- **Course Description**: Instructional methods and behavioral expectations are clearly stated, helping students understand what is expected of them.
- **Course Goals & Objectives**: Course-level objectives are specific and aligned with course value; written in a student-centered format.
- **Assessment**: Types of assessments and assignments are listed, with grading criteria available.
- **Student Performance**: Expectations for performance are provided, though they could be more detailed.
- **Professionalism**: Well-written section with mention of behaviors, attendance, confidentiality, and attire expectations.
- **Layout**: Formatting and design are generally readable and organized, making it a usable tool.

Review of Syllabus

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Areas for Improvement

- **Emergency Contact Information and student mistreatment policy link**: Missing from the syllabus.
- **Session Objectives**: Although present in the excel sheet, they could benefit from explicit mention within the syllabus.
- **Grading Rubrics**: Rubrics for assignments are not attached or clearly referenced; students may not fully understand grading breakdowns.
- **Formative Feedback**: Mechanisms are mentioned but not explained in enough detail—especially how students access and track feedback.
- **Narrative Feedback**: Needs to be explicitly described or added where applicable.
- **Tracking Feedback**: Lacks clarity on how feedback is officially recorded (e.g., Elentra, email, ePortfolio).
- **Calendar of Events**: A general course calendar is missing; needs inclusion, especially with mention of field trips.
- **Course Locations**: Vague or missing; especially important for off-campus or field-based activities.
- **Submission Instructions**: Some vagueness in how and where assignments are to be submitted.

Pre-clerkship Course Mapping

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- All course and session level objectives are mapped to Program Goals and Objectives
- The majority of the session level objectives are linked appropriately to keywords

- Recommendations: Verify course/unit/session level objectives and make sure all are mentioned in syllabus if applicable, for example: “Each Medical skills session has session-level objectives, listed on Elentra, linked to appropriate PGOs and keywords.”

Pre-clerkship Course Instructional Methods

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- A variety of instructional methods are utilized based on the specific learning goals, subject matter, student needs and classroom context.
- Methods utilized encourage mastery of foundational material and incorporate active learning strategies where appropriate.

- Recommendation: It is unclear where each of the instructional methods will take place, is it all in the same location?

Pre-clerkship Course Program of Assessment

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A variety of assessment methods are utilized in the course based on the specific learning goals and subject matter and the assessment outcomes are clearly linked to attainment of the PGOs mapped to the course.

Review of Student Evaluations of Course

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Review of Student Evaluations of Course				
	Exceptional (>90%)	Acceptable	Unacceptable (> 75%)	Missing
Satisfaction with Course activities	Majority of the students agree that the course is organized with clear learning objectives that are met and that the amount of the material is reasonable. (Generally > 90% agreement in each area)	Most students agree that the course is organized with clear learning objectives that are met and that the amount of the material is reasonable.	Many students disagree and feel that the course is not organized, learning objectives are not clear and/or not met. (Generally < 75 % agreement in each area)	
Patient care opportunities (if applicable, for example clinical health experiences in SCI)	Majority of the students agree that they had enough patient care opportunities. (Generally > 90% agreement in this area)	Most of the students agree that they had enough patient care opportunities.	Many of the students disagree and feel that they did not have enough patient care opportunities. (Generally <75% agreement in this area)	
Student satisfaction with oral and written feedback	Majority of the students agree that they received sufficient oral and written feedback and that the feedback helped them to improve their performance. (Generally > 90% agreement in each area)	Most students agree that they received sufficient oral and written feedback and that the feedback helped them to improve their performance.	Many of the students disagree and feel that they did not receive sufficient oral and written feedback and/or that the feedback did not help them to improve their performance. (Generally < 75% agreement in each area)	
Student satisfaction with the program of assessment	Majority of the students agree that the assessment system for the course is in line with content taught and they are satisfied with the methods used to measure their performance. (Generally > 90% agreement in each area)	Most students agree that the assessment system for the course is in line with content taught and they are generally satisfied with the methods used to measure their performance.	Many of the students are dissatisfied with the methods used to evaluate their performance. (Generally < 75% agreement in each area)	
The course workload (pacing and quantity of new material and assignments –was	Majority of the students agree that the workload is manageable. (Generally > 90% agreement in each area)	Most of the students agree that the workload is manageable	Many of the students are dissatisfied with the workload. (Generally < 75% agreement in each area)	

Pre-Clerkship Review of Student Learning Environment

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A link to the student mistreatment policy and contact information should be included in syllabus

Pre-Clerkship Review of Course Outcomes

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Minimum number of students delayed

Summary of the review

Comment on student preparation to progress to the clerkship phase

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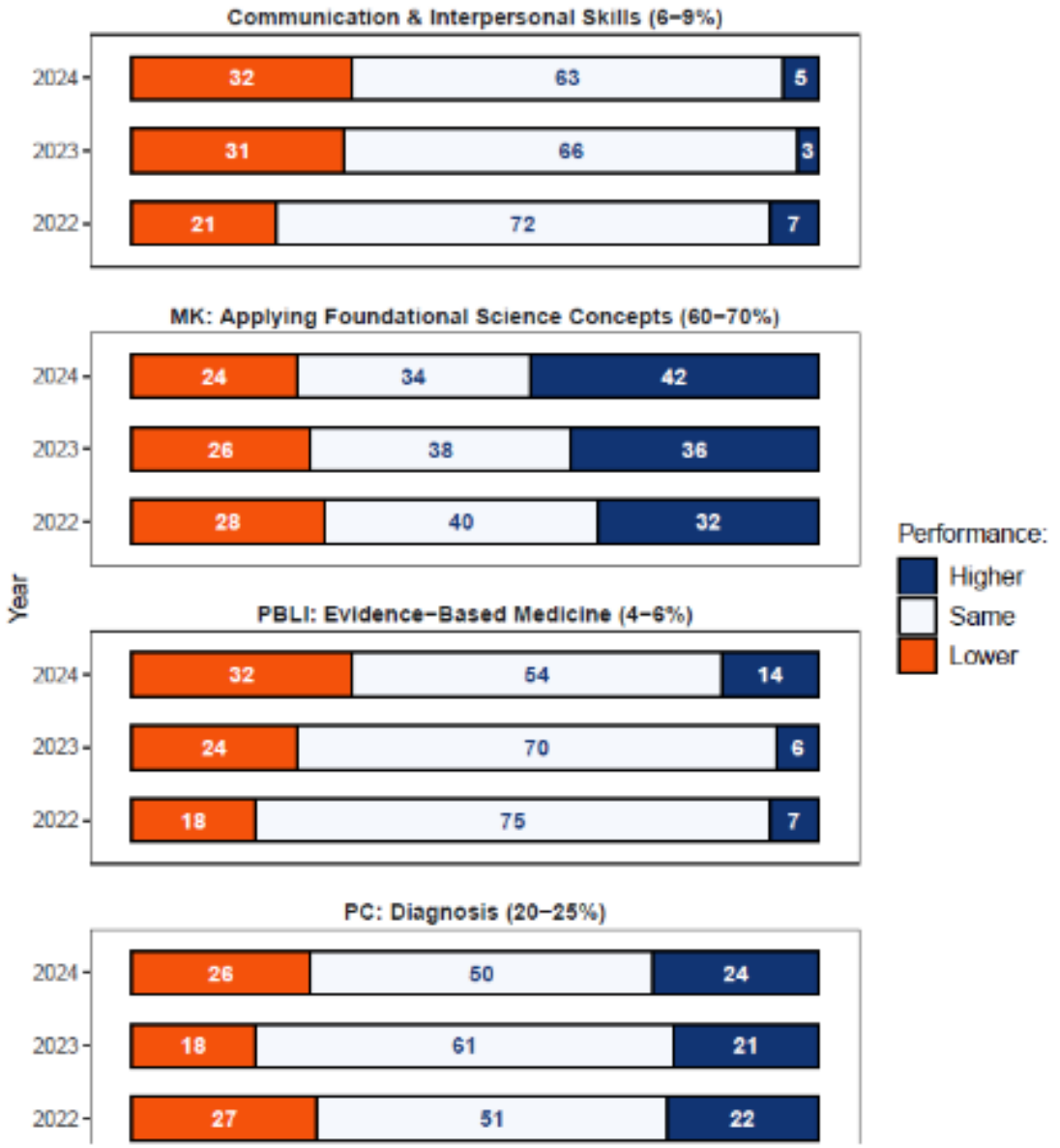
STEP 1: Performance on Physician Task Categories Relative to National Average



Summary of the review

Strengths, weaknesses and challenges

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- **Strengths:** Overall student satisfaction; variety of assessment methods
- **Weaknesses:** More standardized expectations for skills assessment; addition of student mistreatment policy in syllabus; more feedback needed from SP encounter, faculty debrief and note writing; calendar of events and location needed in syllabus
- **Comment on student preparation to progress to year 2 of to the clerkship phase:** Increasing trend for lower performance on Communication and interpersonal skills on STEP 1

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AY 25-26
MS3 Syllabi Updates

OFFICE OF MEDICAL EDUCATION

DR. NEHA SEHGAL
ASSISTANT DEAN, CLINICAL INSTRUCTION

The following were updated in all MS3 Clerkship Syllabi:

- Academic Year
- Clerkship Directors & Coordinator Information
- Accessibility Counseling Conduct and CARE statement added to Block Overviews*

*Accessibility/CARE statement (added to Block Overview)

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The following Block Documents:

Had no requested content changes except updating
AY dates, Clerkship contact information:

- ❑ Ob/Gyn
- ❑ Pediatrics
- ❑ Surgery
- ❑ Family Medicine - OPSEF
- ❑ Family Medicine – M&M
- ❑ Block Overviews – OPSEF/M&M
- ❑ Appendix A: Didactics (both)

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OPSEF: Emergency Medicine

AY25-26 Clerkship Director – Dr. M. Parsa

Original	Change made	Reasoning
24 hours of clinical shifts	Increased to **36 hours** of clinical shifts*	Based on consistent student feedback for increasing exposure to Emergency Medicine
New section	"Recommended Online Resources" *https://www.saem.org/about-saem/academies-interest-groups-affiliates2/cdem/for-students/online-education/peds-em-curriculum*	Provide students with evidence-based resources to augment clinical learning

**Change reflected in Appendix B: Quick Guide*

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M&M: Emergency Medicine

AY25-26 Clerkship Director – Dr. M. Parsa

Original	Change made	Reasoning
4 clinical shifts (32 hours)*	Increase to **4-5 clinical** shifts (40 clinical hours)	Based on consistent student feedback for increasing exposure to Emergency Medicine
New item	Added: **eFAST POCUS** module in Core Ultrasound	Integrate formal ultrasound education into curriculum

**Change reflected in Appendix B: Quick Guide*

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M&M: Psychiatry

AY25-26 Clerkship Director – Dr. P. Ortiz

Original	Change made	Reasoning
OpLog: "Oppositional deviant disorder or intermittent explosive disorder or conduct disorder subtypes"	**Renamed** to "**Post-traumatic stress disorder (PTSD) or Other Trauma and Stressor-related disorder**"	Students often struggle to see a patient with Conduct disorder. PTSD is more common and intentional experience with these patients is more valuable.
OpLog: "ADD/hyperactivity disorder"	**Renamed to "Neurodevelopmental Disorders (including IDD, Communication Disorder, ASD, ADHD, LD)"**	Category is more inclusive and uses current terminology
OpLog: "Dementia or Delirium"	**Renamed "Neurocognitive Disorder (mild NCD, Major NCD, Delirium)**	Category is more inclusive and uses current terminology

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M&M: Neurology

AY25-26 Clerkship Director – Dr. S. Yerram

Original	Change made	Reasoning
Syllabus page 3. Revised and detailed objectives for Epilepsy and Seizures	**Differentiat**e between seizures (provoked, unprovoked), epilepsy (focal, generalized), non-epileptic (physiological and psychogenic) and syncope.	For students to be able to differentiate between different type of seizures.
Syllabus page 8. List of Reading Assignments.	Included **five additional resour**ces, including new textbook and Youtube videos	For students to have increased awareness and access to evidence-based resources in addition to online platforms.
List of Alternative Assignments: older/outdated video link	Included **new video** for Movement Disorders.	To include a better video for assignment.
Quick-guide: No mandatory requirement outlined	**Added morning report** requirements and noon lectures requirement.	To expose students to more discussions over cases with the team.
Quick guide: Due date at end of block	1 code **Stroke Card-Due by Mid evaluation** feedback session	Specify to students when this assignment is due.

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M&M: Internal Medicine

AY25-26 Clerkship Director – Dr. S. Ramirez

Original	Change made	Reasoning
"Bedside rounds at scheduled time UNLESS your team is post-call and bedside rounds are scheduled in the morning"	Attend bedside rounds at **scheduled time** if on UMC wards	Bedside rounds are no longer held during the mornings. Bedside rounds are now held at noon.
"While at UMC EP attend Noon conference 1200-1300 Monday-Friday"	While at UMC **may attend** Noon Conference 1200-1300 Monday – Friday.	Resident noon conferences are no longer mandatory. Students may attend conferences if they are interested in a high yield topic. *Several sessions are focused on administrative topics that are specifically relevant to residents, such as how to input particular order sets, departmental scheduling, and similar matters. Students have reported challenges in obtaining lunch before the noon report. Additionally, students experience stress in trying to arrive promptly for the 1:00 PM student didactic due to the resident noon conferences running beyond their scheduled time.

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Appendix B: Quick Guide

Block	Changes	Reasoning
M&M	**Neuro:** Code Stroke Card use at MidEval, Mandatory attendance to Morning report and Noon lectures while on Neurology rotation	To expose students to more discussions over cases with the team.
OPSEF	**EM:** increase from 24 to 36 hours for clinical shifts **EM:** increase from 32 to 40 hours for clinical shifts	Student feedback, increased exposure

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Appendix C: Op Log

Block	Changes	Reasoning
M&M	Psychiatry: **Renaming** OpLog diagnoses Post-traumatic stress disorder (PTSD) or Other Trauma and Stressor-related disorder // Neurodevelopmental Disorders (including IDD, Communication Disorder, ASD, ADHD, LD) // Neurocognitive Disorder (mild NCD, Major NCD, Delirium) *Update OpLog required clinical encounters from **"participate" to "perform"**. (See Word document.)	Category is more inclusive and uses current terminology Recommendation from LCME site visit to increase student exposure & reflect actual depth of experience
OPSEF	*Update OpLog required clinical encounters from **"participate" to "perform"**. (See Word document.)	Recommendation from LCME site visit to increase student exposure & reflect actual depth of experience

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Other Documents

Had no requested content changes except updating AY dates, Clerkship contact information:

- MS3 Intersession
- List of Alternative Assignments

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AY 25-26
MS4 Syllabi Updates

OFFICE OF MEDICAL EDUCATION

DR. NEHA SEHGAL
ASSISTANT DEAN, CLINICAL INSTRUCTION

The following were updated in all MS4 Clerkship Syllabi:

- Academic Year
- Clerkship Directors & Coordinator Information
- Syllabi Statements for Accessibility Counseling Conduct and CARE

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The following Clerkship Syllabi:

Had no requested content changes except updating AY dates, Clerkship contact information, and update of Accessibility/CARE statement:

- ❑ CVICU
- ❑ MICU
- ❑ MICU TM
- ❑ PICU
- ❑ NICU
- ❑ SICU
- ❑ NeuroICU
- ❑ IM SubI
- ❑ Ob/Gyn Sub I
- ❑ Orthopedics SubI
- ❑ Surgery SubI
- ❑ MS4 Bootcamp

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Pediatric Sub-I

AY25 -26 Clerkship Director – Dr. Sidhu

Original	Change made	Reasoning
Page 3: Quick Guide on documentation previously stated minimum 1 per week of H&P, progress note, DC summary	Modified to specify that documentation is **dependent on if a student is on days or nights**	Feedback and practice has shown that students have limited to no opportunity to write progress notes or DC summaries when on their week of nights
Page 3: Quick Guide noted OpLog requirements of 10 by mid-rotation, 20 by end of rotation	Logging of **8 conditions** due by **mid-rotation**, **18 by end of rotation**	Aligning with total 18 (not 20) conditions as listed on page 16-17
Page 4: Nuts & Bolts stated that notes do not have to be forwarded to senior resident for review on days of resident continuity clinic	Removed this specification	TT peds residents will move to X+Y scheduling such that they do not leave for clinic when on IP rotations; thus, previous statement will no longer be applicable for AY 25-26
Page 4: Nuts & Bolts: call hours specified per shift	**Specified weekly duty hours** (to not exceed 80 hrs/week)	Increased transparency to improve medical student awareness that they will not exceed duty hours
Page 4: Nuts & Bolts ILP due 3rd day (i.e. Wednesday) of 1st week of block	ILP due **5th day** (i.e. Friday) of 1st week of block	Based on student feedback and observation, will allow for more time for students to develop their learning goals for the remainder of the block, especially for those who have had a prolonged interval between their Sub-I and other clinical rotations, specifically inpatient pediatrics
Page 5: Attendance mandatory for residency educational conferences: morning and afternoon report	Included **specification that Grand Rounds**, if being held, is also mandatory	Medical students should all attend Grand Rounds to enhance learning in the field of pediatrics

Family Medicine Sub-I

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AY25 -26 Clerkship Director – Dr. Hartl

Original	Change made	Reasoning
Night float starts at 6 pm	Night float starts at 5:30 PM page 5	Align with clinical schedule
Write admission order set	**Provide a screen** shot of the completed order set and **complete a reflection** of the orders chose for the patient page 7	Admission orders are not written they are completed in the EMR. This reflects interaction with meaningful process. Added that the student needs to compare the EMR built order sets to the Maxwell Handbook and submit with the screen shot to demonstrate engagement and learning
Email assignments	Upload assignments to **Elentra** folders, pg 7/8	Students requested more consistency with other rotations and clarity on the assignments. This format mimics Boot Camp and other rotations
Write a Discharge summary using template below	Provide a **deidentified copy of a DC summary you completed** are the new instructions for the student page 7	This reflects the active role of the student with patient care and drive them to complete this important hospitalist task. The template is not consistent with the one we use in the EMR so this was removed. The template is provided during the rotation to the student as part of the patient care workflow and therefore is not relevant in the syllabus
Duplicate section within Components that described the assignments that are already listed	**Deleted the duplicated sections** and consolidated with Assignments section above, referred reader to the assignments section to understand the assignments that contribute to the grade page 9	Due to repeat info the risk of losing updates across the document was leading to confusion. Consolidated assignment details to one location
Mid Clerkship Assessment form	Request to use the ”MS3 Mid Clerkship Assessment (Open Form)” for the MS4 Mid Clerkship Assessment	Improve consistency of grading across the experience
Screen shots of forms used for assessment	**Updated** these in the new Appendix section, page 12-15	The prior screen shots were not well organized and incomplete

Family Medicine Elective

TTUHSC EL PASO
Texas Tech University Health Sciences Center El Paso
FOSTER SCHOOL OF MEDICINE

AY25 -26 Course Director – Dr. Hartl

Original	Change made	Reasoning
MS4 Clinical Elective Assessment Form	Request to use the ”Final Clerkship Assessment (SubI & CC)” instead of build MS4 Clinical Elective Assessment Form	Improve consistency of grading across the experience
SubI used to refer to student	Updated to MS4 as this is not the subI experience	Language must have been retained from the SubI syllabus used as a template for the clinic elective

Table 6.2-1 | Required Clinical Experiences

For each required clinical clerkship or clinical discipline within a longitudinal integrated clerkship, list and describe each patient type/clinical condition or required procedure/skill that medical students are required to encounter, along with the corresponding clinical setting and level of student responsibility.

Clerkship/Clinical Discipline	Patient Type/ Clinical Condition	Procedures/Skills	Clinical Setting(s)	Level of Student Responsibility*
Obstetrics and Gynecology	Obstetrics and Gynecology patient	C – Section	Inpatient	Observe
	Obstetrics and Gynecology patient	Colposcopy	Outpatient	Observe
	Obstetrics and Gynecology patient	Ectopic pregnancy	Either	Participate
	Obstetrics and Gynecology patient	Hysterectomy (Vag-Abd, Robotic, or Laparoscopic_	Inpatient	Participate
	Obstetrics and Gynecology patient	Hysteroscopy	Either	Participate
	Obstetrics and Gynecology patient	Insertion of Foley Catheter	Inpatient	Perform
	Obstetrics and Gynecology patient	Laparoscopy or Laparotomy (other than hysterectomy)	Inpatient	Participate
	Obstetrics and Gynecology patient	Pelvic Floor Surgery & Suspension	Inpatient	Participate
	Obstetrics and Gynecology patient	Repair of Vaginal Laceration/ Episiotomy	Inpatient	Participate
	Obstetrics and Gynecology patient	Vaginal Delivery	Inpatient	Participate
	Annual Exam in any age group	OB/GYN patient workup and care	Outpatient	Perform~~articipate~~
	Postpartum Visit	OB/GYN patient workup and care	Outpatient	Perform~~articipate~~
	Routine OB	OB/GYN patient workup and care	Outpatient	Perform~~articipate~~
	Abdominal Pain	OB/GYN patient workup and care	Either	Perform~~articipate~~
	Assessment of labor	OB/GYN patient workup and care	Either	Perform~~articipate~~
	Cesarean section (sans blood)	OB/GYN patient workup and care	Inpatient	Participate
	Contraceptive Counseling	OB/GYN patient workup and care	Either	Participate
	Diabetes Mellitus	OB/GYN patient workup and care	Either	Perform~~articipate~~
	Discomforts of pregnancy (low abd pain, round ligament pain, other)	OB/GYN patient workup and care	Either	Perform~~articipate~~
	Evaluation/Rx bleeding in pregnancy including previa	OB/GYN patient workup and care	Either	Participate
	Eval/Treatment cervical dysplasia or cancer	OB/GYN patient workup and care	Either	Participate
	Eval/Treatment of ovarian pathology	OB/GYN patient workup and care	Either	Participate
	High Risk OB HTN	OB/GYN patient workup and care	Either	Participate

	Management of labor	OB/GYN patient workup and care	Inpatient	Participate
	Menopause/perimenopause	OB/GYN patient workup and care	Outpatient	Perform~~articipate~~
	PCOS	OB/GYN patient workup and care	Outpatient	Participate
	Pelvic Pain/LAP (dysmennorhea, dypareunia, endometriosis)	OB/GYN patient workup and care	Outpatient	Participate
	Pelvic floor disorders (prolapse-cele)	OB/GYN patient workup and care	Either	Participate
	Postpartum Care in hospital - complicated	OB/GYN patient workup and care	Inpatient	Participate
	Postpartum Care in hospital - uncomplicated	OB/GYN patient workup and care	Inpatient	Perform~~articipate~~
	Preeclamsia/Eclamsia/HELLP Syndrome	OB/GYN patient workup and care	Either	Participate
	Preterm labor	OB/GYN patient workup and care	Inpatient	Participate
	Repair of episiotomy or laceration	OB/GYN patient workup and care	Inpatient	Participate
	Sexually Transmitted Infection	OB/GYN patient workup and care	Either	Perform~~articipate~~
	Vaginal discharge	OB/GYN patient workup and care	Either	Perform~~articipate~~
Pediatrics	Normal Newborn Exam (≤ 7 days)	Pediatric patient workup and care	Inpatient	Perform~~articipate~~
	Well Child Exam < 1 yr.	Pediatric patient workup and care	Outpatient	Participate
	Well Child Exam - Toddler	Pediatric patient workup and care	Outpatient	Participate
	Well Child Exam - School-age	Pediatric patient workup and care	Outpatient	Participate
	Well Child Exam - Adolescent	Pediatric patient workup and care	Outpatient	Participate
	Abdominal Pain	Pediatric patient workup and care	Either	Perform~~articipate~~
	Anemia	Pediatric patient workup and care	Either	Participate
	Asthma	Pediatric patient workup and care	Either	Participate
	Child abuse/neglect	Pediatric patient workup and care	Either	Observe
	Developmental delay or regression	Pediatric patient workup and care	Either	Participate
	Diabetes Mellitus	Pediatric patient workup and care	Either	Participate
	Diarrhea	Pediatric patient workup and care	Either	Participate
	Exanthems	Pediatric patient workup and care	Either	Participate

	Failure to thrive	Pediatric patient workup and care	Either	Participate
	Jaundice (Newborn)	Pediatric patient workup and care	Either	Participate
	Obesity	Pediatric patient workup and care	Either	Participate
	Otitis (Externa or Media)	Pediatric patient workup and care	Either	Participate
	Respiratory Distress (infant or child)	Pediatric patient workup and care	Either	Perform~~articipate~~
	Sore Throat	Pediatric patient workup and care	Either	Participate
Internal Medicine	Chest pain	Adult patient workup and care	Inpatient	Perform~~Participate~~
	Hypertension/ Hypertensive Crisis	Adult patient workup and care	Inpatient	Perform~~Participate~~
	Liver Cirrhosis or Ascites or Hepatic Encephalopathy	Adult patient workup and care	Inpatient	Perform~~Participate~~
	Congestive Heart Failure Exacerbation	Adult patient workup and care	Inpatient	Perform~~Participate~~
	Pneumonia	Adult patient workup and care	Inpatient	Perform~~Participate~~
	Pancreatitis, Acute	Adult patient workup and care	Inpatient	Perform
	Acute kidney injury	Adult patient workup and care	Inpatient	Perform~~Participate~~
	UTI/urosepsis	Adult patient workup and care	Inpatient	Perform~~Participate~~
	Gastrointestinal Bleed (upper or lower)	Adult patient workup and care	Inpatient	Perform~~Participate~~
	Diabetes Mellitus/ DM Complications (foot infection, cellulitis/ulcer, or DKA/HHS)	Adult patient workup and care	Inpatient	Perform~~Participate~~
	Stroke or TIA	Adult patient workup and care	Inpatient	Perform~~Participate~~
	Anemia	Adult patient workup and care	Inpatient	Perform~~Participate~~
	Cancer diagnosis	Adult patient workup and care	Inpatient	Perform~~Participate~~
	Altered mental status	Adult patient workup and care	Inpatient	Perform~~Participate~~
	Substance use disorder~~abuse~~ (alcohol, drug)	Adult patient workup and care	Inpatient	Perform ~~Participate~~
Psychiatry	Major depressive disorder (single or recurrent)	Psychiatry patient workup and care	Either	Perform~~Participate~~
	Bipolar I or Bipolar II	Psychiatry patient workup and care	Either	Perform~~articipate~~
	Schizophrenia or other Psychotic Disorder	Psychiatry patient workup and care	Either	Perform~~Participate~~

	Generalized Anxiety Disorder	Psychiatry patient workup and care	Either	Perform~~articipate~~
	Substance Use Disorder~~ Abuse~~ (Alcohol, Drug) or Alcohol or Opiate Withdrawal	Psychiatry patient workup and care	Either	Participate
	Post-traumatic stress disorder ~~Oppositional Defiant Disorder or Intermittent Explosive Disorder or Conduct Disorder subtypes~~	Psychiatry patient workup and care	Either	Participate
	Neurocognitive Disorder (i.e., dementia or delirium)~~Dementia or Delirium~~	Psychiatry patient workup and care	Either	Participate
	~~AD~~ Neurodevelopmental Disorder (i.e., ADHD, ASD)~~D/ Hyperactivity Disorder~~	Psychiatry patient workup and care	Either	Participate
	Suicidal Ideation	Psychiatry patient workup and care	Inpatient	Observe~~Participate~~
	~~Cluster A, B, or C~~ Personality Disorders (Cluster A, B, or C)	Psychiatry patient workup and care	Either	Participate
Family Medicine	Allergic rhinitis	Family medicine patient workup and care	Outpatient	Perform
	Chest pain	Family medicine patient workup and care	Outpatient	Perform
	Hypertension/ Hypertensive Crisis	Family medicine patient workup and care	Outpatient	Perform
	Diabetes Mellitus/ DM Complications (foot infection, cellulitis/ulcer, or DKA/HHS)	Family medicine patient workup and care	Outpatient	Perform
	Pharyngitis	Family medicine patient workup and care	Outpatient	Perform
	Upper Respiratory Infection	Family medicine patient workup and care	Outpatient	Perform
	Physical Exam, Routine	Family medicine patient workup and care	Outpatient	Perform
	Palliative/End of Life Care	Family medicine patient workup and care	Outpatient	Participate
	Abdominal pain	Family medicine patient workup and care	Outpatient	Perform
Surgery	Alimentary Track: *minimum of 2 from the following list:*			
	• Gastroesophageal reflux	Surgery patient workup and care	Either	Participate
	• Peptic/duodenal ulcer	Surgery patient workup and care	Inpatient	Participate
	• Esophageal cancer	Surgery patient workup and care	Inpatient	Participate
	• Gastric cancer	Surgery patient workup and care	Inpatient	Participate
	• Bariatric surgery	Surgery patient workup and care	Either	Participate

	• Small bowel obstruction	Surgery patient workup and care	Inpatient	Participate
	• Colon cancer	Surgery patient workup and care	Inpatient	Participate
	• GI bleeding: upper/lower	Surgery patient workup and care	Inpatient	Participate
	• Large bowel obstruction	Surgery patient workup and care	Inpatient	Participate
	• Appendicitis	Surgery patient workup and care	Inpatient	Participate
	• Inflammatory bowel disease	Surgery patient workup and care	Either	Participate
	• Diverticulitis	Surgery patient workup and care	Inpatient	Participate
	• Hemorrhoids	Surgery patient workup and care	Either	Participate
	Abdominal Wall – Hernia of any type, except hiatal hernia	Surgery patient workup and care	Either	Participate
	Hepatobiliary: *minimum of 2 from the following list:*			
	• Cholecystitis	Surgery patient workup and care	Inpatient	Participate
	• Pancreatitis	Surgery patient workup and care	Inpatient	Participate
	• Hepatitis	Surgery patient workup and care	Inpatient	Participate
	• Pancreatic pseudocyst	Surgery patient workup and care	Inpatient	Participate
	• Pancreatic cancer	Surgery patient workup and care	Inpatient	Participate
	• Liver mass/cancer	Surgery patient workup and care	Inpatient	Participate
	• Gallbladder	Surgery patient workup and care	Either	Participate
	Breast: *minimum of 2 from the following list:*			
	• Fibrocystic changes	Surgery patient workup and care	Either	Participate
	• Breast cyst	Surgery patient workup and care	Either	Participate
	• Fibroadenoma	Surgery patient workup and care	Either	Participate
	• Breast abscess	Surgery patient workup and care	Either	Participate
	• Breast cancer	Surgery patient workup and care	Either	Participate
	~~Vascular/Thoracic/Cardiac: *minimum of 2 from the following list:*~~			
	• ~~Carotid artery stenosis~~	Surgery patient workup and care	Inpatient	Participate

Commented [FM1]: Seems like a duplicate of the subspecialty requirement below? Can we remove?

	• ~~Abdominal aortic aneurysm~~	Surgery patient workup and care	Inpatient	Participate
	• ~~Claudication~~	Surgery patient workup and care	Inpatient	Participate
	• ~~Acute arterial ischemia – extremity~~	Surgery patient workup and care	Inpatient	Participate
	• ~~Chronic limb ischemia: ulcer/rest pain/gangrene~~	Surgery patient workup and care	Inpatient	Participate
	• ~~Lung nodule~~	Surgery patient workup and care	Inpatient	Participate
	• ~~Lung cancer~~	Surgery patient workup and care	Inpatient	Participate
	• ~~COPD~~	Surgery patient workup and care	Inpatient	Participate
	• ~~Pneumothorax~~	Surgery patient workup and care	Inpatient	Participate
	• ~~Coronary artery disease~~	Surgery patient workup and care	Inpatient	Participate
	• ~~Deep venous thrombosis~~	Surgery patient workup and care	Inpatient	Participate
	Trauma/Critical Care: *minimum of 2 from the following list:*			
	• Blunt trauma: head/neck/chest/abdomen/ pelvis	Surgery patient workup and care	Inpatient	Participate
	• Penetrating trauma: head/neck/chest/abdomen/ pelvis	Surgery patient workup and care	Inpatient	Participate
	• Burn injury	Surgery patient workup and care	Inpatient	Participate
	• Respiratory failure/ARDS	Surgery patient workup and care	Inpatient	Participate
	• Acute renal failure	Surgery patient workup and care	Inpatient	Participate
	• Multiple system organ failure	Surgery patient workup and care	Inpatient	Participate
	~~Endocrine – *minimum of 2 from the following list:*~~			
	• ~~Thyroid nodule~~	Surgery patient workup and care	Either	Participate
	• ~~Hyperthyroidism~~	Surgery patient workup and care	Either	Participate
	• ~~Thyroid cancer~~	Surgery patient workup and care	Either	Participate
	• ~~Hyperparathyroidism~~	Surgery patient workup and care	Either	Participate
	• ~~Adrenal mass~~	Surgery patient workup and care	Either	Participate

Commented [FM2]: Do you want to keep this? Requires a lot of alternate assignments – do you want to make it a required assignment and remove from this list?

	Skin and Soft Tissue – *minimum of 2 from the following list:*			
	• Abscess	Surgery patient workup and care	Either	Participate
	• Melanoma	Surgery patient workup and care	Either	Participate
	• Skin Cancer	Surgery patient workup and care	Either	Participate
	Subspecialty: *minimum of 2 from the following list:*			
	• Anesthesia	Surgery patient workup and care	Inpatient	Participate
	• ENT/Endocrine	Surgery patient workup and care	Inpatient	Participate
	• Vascular surgery/Cardiothoracic/ Pulmonary ~~not otherwise listed~~	Surgery patient workup and care	Inpatient	Participate
	• Plastic surgery	Surgery patient workup and care	Inpatient	Participate
	• Orthopedics	Surgery patient workup and care	Inpatient	Participate
	• Cardiothoracic	Surgery patient workup and care	Inpatient	Participate
	Oncology – *minimum of 2*			
	• Any oncology surgery	Surgery patient workup and care	Inpatient	Participate
	Surgical patient	Care of Surgical Wound/Dressing change	Either	Participate
	Surgical patient	Suture / staple removal	Either	Perform
	Surgical patient	Management and removal of drains and tubes	Either	Participate
	Surgical patient	Nasogastric tube or orogastric tube~~feeding tube insertion~~	Inpatient	Perform
	Surgical patient	Insertion of Foley	Inpatient	Perform
	Adult patient	Venipuncture / IV placement	Either	Perform
	Adult patient	Suturing	Either	Perform
	Adult patient	Rectal exam	Either	Perform

Clinical Neuroscience	Stroke or TIA	Neurology patient workup and care	Either	Perform~~Participa~~
	Epilepsy/Seizures	Neurology patient workup and care	Either	Perform~~articipate~~
	Dementia or Delirium	Neurology patient workup and care	Either	Perform~~articipate~~

Commented [FM3]: Can any be raised to perform?

	Neuromuscular disease	Neurology patient workup and care	Either	Perform~~articipate~~
	~~Infectious Diseases of the Nervous System (Viral encephalitis, bacterial meningitis, or fungal meningitis)~~	~~Neurology patient workup and care~~	~~Either~~	~~Participate~~
	Movement disorders (Hyperkinetic or Hypokinetic)	Neurology patient workup and care	Either	Perform~~articipate~~
Emergency Medicine	Fever	Emergency medicine patient workup and care	Outpatient	Perform~~articipate~~
	Chest Pain	Emergency medicine patient workup and care	Outpatient	Perform~~articipate~~
	Nausea & Vomiting	Emergency medicine patient workup and care	Outpatient	Perform~~articipate~~
	Abdominal pain	Emergency medicine patient workup and care	Outpatient	Perform~~articipate~~