TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
at El Paso

Paul L. Foster School of Medicine

Curriculum and Educational Policy Committee

AGENDA	MARCH 14, 2016 5:00 PM	MEB 1140
I.	**Approval of Minutes for 2.29.16**	
II.	**IM-PSYCH Clerkship Syllabus Review Presentation EM**	**Osvaldo Padilla, M.D. Cynthia Perry, Ph.D. Thomas Gest, Ph.D.**
III.	**SCEC Rep Reports**	**Student Reps**
IV.	**OB/GYN-PEDI Clerkship Syllabus Review Presentation CC + SUB-I**	**Aghaegbulam Uga, M.D. Curt Pfarr, Ph.D. Laura Cashin, M.D.**
V.	**Potential for Fulfillment of MS4 Critical Care Requirement With an Away Rotation**	**Richard Brower, M.D.**
VI.	**ICE CP/WCE Case Presentation Requirement**	**Richard Brower, M.D.**
VII.	**Update on the Anatomy Track**	**Richard Brower, M.D.**
VIII	**Adjourn**	

TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
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Curriculum and Educational Policy Committee Meeting
Monday, March 14, 2016

Richard Brower, MD – Chair			
Members – Faculty			
Name	***Title***	***Department***	***Signature***
Dan Blunk, M.D.	***College Master***	***Medical Education***	
Mark Francis, M.D.	***Professor***	***Medical Education***	
Thomas Gest, Ph.D.	***Professor***	***Medical Education***	
Osvaldo Padilla, M.D.	***Clinical Assistant Professor***	***Pathology***	
Curt Pfarr, Ph.D.	***College Master***	***Medical Education***	
Janet Piskurich, Ph.D.	***College Master***	***Medical Education***	
Olof Sundin, Ph.D.	***Associate Professor***	***Biomedical Sciences***	
Cynthia Perry, Ph.D.	***Assistant Professor***	***Medical Education***	
Laura Cashin, M.D.	***Assistant Professor***	***Internal Medicine***	
Uga Aghaegbulam, M.D.	***Assistant Professor***	***Internal Medicine***	

Members - Students

Name	Year	Signature
Christa Soekamto	MS 4	
Mark Girton	MS 4	
Joshua Speirs	MS 4	
Laura Palmer	MS 3	
Claire Zeorlin	MS 3	
Rima Patel	MS 3	
Daniel Welder	MS 2	
Carolina Blotte	MS 2	
Tyler Trevino	MS 1	
Douglas Weier	MS 1	

Ex-officio - Members

Name	Title	Department	Signature
Richard Brower, MD	Associate Dean for Medical Education	Medical Education	
Andrea Cancellare	Unit Associate Director	Library	
J. Manuel de la Rosa, MD	Provost and Vice President of Academic Affairs	President's Office	
Maureen Francis, MD	Assistant Dean	Medical Education	
Tanis Hogg, PhD	Assistant Dean	Medical Education	
Kathryn Horn, MD	Associate Dean	Student Affairs	
Naomi Lacy, PhD	Director	Medical Education	
Jose Lopez	Assoc. Dir. Academic Tech.	Information Technology	
Lisa A. Beinhoff	Managing Director	Library	

Guests

Name	*Year*	*Department*	*Signature*

Clerkship Coordinators

Name	*Year*	*Department*	*Signature*

Other participants

Name	*Department/Organization*	*Signature*
ROBIN DANKOVICH	MED ED	

Notes

TEXAS TECH UNIVERSITY
Health Sciences Center
Paul L. Foster School of Medicine

Curriculum and Educational Policy Committee Meeting

Date: March 14, 2016 **Time: 5:00 PM – 6:30 PM** **Location: MEB 1140**

Meeting Called By	**Richard Brower, M.D., Associate Dean for Medical Education**
Type of Meeting	**Curriculum and Educational Policy Committee**
Chair	**Richard Brower, M.D.**
Staff Support	**Vianey Flores**
Attendees	**See sign-in sheet**

I. Convene and review of minutes from the previous meeting **Richard Brower, M.D.**

Minutes for February 29, 2016 were reviewed and revisions were noted below.

Revisions

Item IV -1st Paragraph
The following information related to item IV was added: *"Dr. Francis also sent out a revised rubric to those involved in the reviewing the Year 3 and 4 clerkships".*

The minutes of February 29, 2016 meeting were approved with corrections as noted above.

II. SCEC Rep Reports **Student Representatives**

No student issues were presented for discussion.

III. IM-PSYCH Clerkship Syllabus Review Presentation **Osvaldo Padilla, M.D.**
Cynthia Perry, Ph.D.
Thomas Gest, Ph.D.

A detailed review of the IM and PSYCH syllabi presentation ensued: It is not reflecting significant changes from last syllabus; focus was on didactics, mandatory lectures, and a proposal of a new immunology selective.
Reviewers did not find critical flaws, discussion focused mainly on the formatting. It was recommended making information more organized and easier to follow for the students, and to add the rubric for student performance. Dr. Horn suggested that syllabus should also include more direction and make clearer issues that would affect honors or remediation. It was also highlighted the way the PSYCH part of the syllabus it is well presented and clear. Discussion about the incorporation of scheme presentations into didactics took place; Dr. Brower stated that they are a great tool to orient beginners to have better recognition and understanding of introductory diagnostic reasoning to approach unfamiliar topics – but that they are primarily developed for the pre-clerkship phase. Use of the pre-clerkship schemes and process worksheets in the clerkship phase is discretionary – in the clerkship phase the schemes and

process worksheets may be referred to as foundational material or as something for the students to build and elaborate upon.
Drs. Gest and Perry reviews are attached for reference.

Action Item: The Internal Medicine and Psychiatry Directors are directed to make suggested revisions to syllabus and send it to Dr. Maureen Francis for review. The CEPC authorized Dr. Francis to issue final approval of the syllabi based on the CEPC input once she reviews the revisions.

IV. OB/GYN-PEDI Clerkship Syllabus Review Presentation — **Aghaegbulam Uga, M.D.; Curt Pfarr, Ph.D.; Laura Cashin, M.D.**

No substantial changes in the proposed syllabus for the OB/GYN and Pediatrics clerkships that are still combined. No critical flaws found: emphasis was on the formatting, also that goals and expectations are not clear, all objectives mainly towards OB/GYN and there is no rationalization why these clerkships are combined. It was suggested to make it easy to use. It was also highlighted that the table at the beginning of syllabus is really well presented.

Action items: Reviewers will forward the feedback to OB/GYN and Pediatrics Clerkship Directors to work on suggested modifications. The CEPC agreed to authorize Dr. Francis to approve the syllabi based on the CEPC input once she reviews the revisions.

V. Potential for Fulfillment of MS4 Critical Care Requirement With an Away Rotation — **Richard Brower, M.D.**

Due to the meeting running late, this item was tabled for discussion at a future meeting.
Dr. Brower just mentioned that the LCME provided some feedback about fulfilling the critical care requirement in year 4 thru elective away rotations; essentially this could be made one of the selective options (assuming the away experience is reviewed and substantially similar to the supervised critical care experiences among our internal options – and any shared learning modules are included).

VI. ICE CP/WCE Case Presentation Requirement — **Richard Brower, M.D.**

Item tabled for future meeting.

VII. Update on the Anatomy Track — **Richard Brower, M.D.**

Item tabled for future meeting.

VIII. Adjourn — **Richard Brower, M.D.**

The next extra CEPC meeting is scheduled for 5:00pm on April 4, 2016. Dr. Brower adjourned the meeting.

Reviewer Name: Cynthia Perry

Date of Review: 3/14/16

Block Name: IM/Psych

	Exceptional	Acceptable	Unacceptable	Missing
Block Information (Please circle appropriate description)				
Block Goals - what we intend students to learn as participants in an educational experience integrating experiences (clinical and didactic) cutting across the two disciplines sharing the block	Block goals are specific, identifies the extra value of the block, and worded as objectives in a format that completes the statement "the student ..."	Contains block goals that are specific to the block and describes how the block provides extra value by incorporating 2 clerkships	Block Goals are too vague or confusing to provide guidance to the student	
Block Scheduling	Given his or her specific identifier, a student could use the block scheduling information to identify what his or her general schedule is for a given week.	Clearly identifies the overall organization of the block schedule.	Schedule information is confusing.	please provide schedule for didactic topics
Shared Topics	Specifically identifies all topics that have been selected to demonstrate combined approaches of the two clerkship disciplines sharing the block (e.g., Falls in the elderly-Prevention addressed by family medicine and surgical management by surgery as a single shared topic); includes learning objectives and description of the rationale for the shared topic.	Lists shared topics and learning objectives associated with all topics.	List shared topics but does not describe how the clerkship meets them; learning objectives and how they will be met are vague or absent.	
Shared Activities	Specifically identifies shared learning activities (e.g., case conferences, joint rounds, seminars, morning report) in which the goal of the activity is to integrate learning across both disciplines sharing the block; makes it clear that the shared activities were designed to promote integrated learning.	Clearly identifies and describes shared learning activities	Shared activities are implied or vaguely described. Unclear why some learning activities are being shared across the clerkship disciplines sharing a block.	

Clerkship Name: Internal Medicine

	Exceptional	Acceptable	Unacceptable	Missing
Contacts	Identifies: clerkship director, block directors, and coordinator. Provides phone numbers and email addresses. Indicates office location and hours. Provides emergency contact information.	Identifies: clerkship director, block directors and coordinator. Provides phone numbers and email addresses.	Identifies clerkship director, block directors and coordinator but does not provide complete contact information.	No office locations Photos would be helpful
Clerkship description	Clerkship content, instructional methods and behavioral expectations, including what students should bring to activities, are clearly stated so students know what to expect and what is expected of them	Clerkship content, instructional methods and behavioral expectations are clearly stated.	Teaching methods, content, and/or behavioral expectations are confusing or difficult to follow.	
Clerkship Objectives	Indicates where students can find block/clerkship week/activity specific objectives and shows how they meet the institutional objectives. These function as a conceptual map for the students to see how the material relates to institutional objectives	Lists the institutional objectives that the clerkship will meet and describes how clerkship meets these objectives	Lists institutional objectives but does not describe how the clerkship meets them	Activities are listed but hard to find as they are located throughout the syllabus with little rationale as the organizatio n
Integration threads evident from syllabus -	Please check-mark those threads that are evident in the syllabus (including the integration threads table). ☐ geriatrics ■ professionalism ■ patient safety ☐ palliative care ■ communication skills	■ basic science ☐ EBM ☐ pain management ☐ quality improvement ☐ diagnostic imaging	☐ ethics ■ chronic illness care ☐ clinical pathology, ☐ clinical and/or translational resea	
Integration threads	Integration threads are identified and tied to learning activities. If integration thread is expected to occur as part of encounters, identifies what kind of encounters are expected	Integration threads are identified and the means of inclusion can be inferred from the rest of the syllabus	Integration topics are identified but little or no information is provided about how and/or why the thread is included in the clerkship.	

	Exceptional	Acceptable	Unacceptable	Missing
	to fulfill the thread			
Assessment	Student can clearly tell what tests and other assignments are used for assessment. Descriptions and instructions for assignments makes it easy for the student to understand how to complete the required assignments.	Student can clearly tell what tests and other assignments are used for assessment. Grading criteria are present but not detailed. How and where to turn in assignments may be vague.	Tests and assignments are indicated but there is not sufficient detail for a student to know when they are due, how they will be assessed, and/or where and how to submit them.	Clarify where and to whom evals should be submitted. Prefer online system for assignmen ts
Missed Events		Clearly identifies policies for making up missed activities and tests if there are any requirements in addition to the Common Clerkship Policies.	Criteria for making up missed tests and assignments is vague.	Will have to refer to general clerkship policy for absences
Grading Policy (in addition to Common Clerkship Policies)		Clearly indicates the threshold for honors/pass/fail, if any, in addition to those outlined in the common clerkship policies.	honors/pass/fail criteria not identified.	Please add rubric
Student Performance Objectives	Students can readily identify what constitutes success. Grading rubrics are attached to the syllabus.	Expectations for academic performance are stated in the syllabus, but what students must do to be successful is not always clear .	Expectations for academic performance are so vaguely worded it is difficult to determine exactly what a student must do in order to succeed in this clerkship.	
Patient Condition Expectations	Explicitly specifies the types of patient conditions students are expected to encounter as part of the clerkship; specifies alternative ways of meeting expectation if required conditions are not available during the time the student is completing the rotation (e.g., computerized cases, simulations, required reading). Specifies who to contact if student is concerned s/he is not going to meet the requirements.	Specifies the types of patient conditions students are expected to encounter as part of the clerkship; provides information about what to do if a required condition is not encountered during the clerkship.	Specifies the types of patient conditions students are expected to encounter as part of the clerkship.	
Op-log Expectations	Clearly indicates expectations and policies regarding the	Clearly identifies the minimum expected patient encounter recording	Identifies minimum number of op-log patients but does not clarify	

	Exceptional	Acceptable	Unacceptable	Missing
	recording of clinical encounters in the on-line patient encounter system (Op-Log); specifies expected minimum number of entries. Indicates that Op-log entries will be reviewed as part of the mid-block formative assessment and at the end of the clerkship.	requirements by presentation or other category.	expectations about presentation or other categorizing detail	
Required, Expected, and Optional Events	Syllabus clearly identifies which events are required, expected, and optional with explanations that will help students decide to attend.	Syllabus clearly identifies what events are required, expected, and optional	It is difficult to identify which events are required or optional	
Mid-Clerkship Review	Describes the mid-clerkship review in detail. Student will know what to expect from the review, who will conduct it, and how s/he will find the logistical details for his/her scheduled review.	Clearly indicates that there is a mid-clerkship review during the 8th week. Indicates who will conduct it and how the student will know when s/he is scheduled.	Identifies that there will be a mid-clerkship review but provides no explanation.	
Calendar of Clerkship Events	There is "view from the moon" calendar identifying the general topics by week or other relevant time unit	Syllabus prominently includes a general calendar for the clerkship.	The calendar is present but is either inaccurate or obscured by the formatting of the syllabus.	Please add/reform at schedule to clarify when topics are covered esp for didactics
Clerkship Location(s)	Clearly identifies all locations. When locations are not on campus, provides map or links to maps. In the event that locations vary by individual, provides the individual with information on how to get maps if needed.	Clearly identifies where instruction takes place for all events.	Location information is vague	Please add locations of the activities
Readings	Reading list identifies required readings by author, title, page numbers and links to electronic media if appropriate. Materials are all identified at the beginning of the semester.	Identifies readings by author, title, page numbers and links to electronic media if appropriate. Clearly indicates which are required. If not available at the beginning of clerkship, indicates when materials will be available.	Identifies required reading but does not provide page numbers, links and is otherwise vague, making it difficult to find the material.	

	Exceptional	Acceptable	Unacceptable	Missing
Professionalism expectations	Identifies specific professionalism expectations including behaviors, attendance, confidentiality, respectful debates, and plagiarism, discusses why they are important, gives examples, and encourages students to reflect on professionalism.	Identifies professionalism expectations including behaviors, attendance, confidentiality, respectful debates, and plagiarism.	Includes an expectation of professionalism but discussion is vague or missing relevant elements.	
Layout	The syllabus is exceptionally attractive and usable White space, graphic elements, and/or alignment organize the material so that it is easy to find specific information. Is a useful tool and appears that the instructors expect the student to use it.	The formatting and design of the syllabus makes it easy to read, but it is not always easy to find information.	May appear busy or boring. Although important elements are present, it is hard to find specific information or details	Major formatting issues make it difficult to utilize effectively

Does the clerkship utilize multiple instructional sites? If so, assess – are comparability issues apparent from the syllabus or clerkship description?

unclear

Comments/Questions to Ask Clerkship Director(s)

Needs significant reformatting. I believe most of the necessary information is provided but needs to be organized to be easier to follow for the students. Clear rubrics should be provided for student assessment/evaluation and procedures for completing and submitting evals should be provided as well as make-up requirements for missed activities.

Clerkship Name: Psychiatry

	Exceptional	Acceptable	Unacceptable	Missing
Contacts	Identifies: clerkship director, block directors, and coordinator. Provides phone numbers and email addresses.	Identifies: clerkship director, block directors and coordinator. Provides phone numbers and email addresses.	Identifies clerkship director, block directors and coordinator but does not provide complete contact information.	No Office locations or Hours

	Exceptional	Acceptable	Unacceptable	Missing
	Indicates office location and hours. Provides emergency contact information.			Photos would be helpful
Clerkship description	Clerkship content, instructional methods and behavioral expectations, including what students should bring to activities, are clearly stated so students know what to expect and what is expected of them	Clerkship content, instructional methods and behavioral expectations are clearly stated.	Teaching methods, content, and/or behavioral expectations are confusing or difficult to follow.	
Clerkship Objectives	Indicates where students can find block/clerkship week/activity specific objectives and shows how they meet the institutional objectives. These function as a conceptual map for the students to see how the material relates to institutional objectives	Lists the institutional objectives that the clerkship will meet and describes how clerkship meets these objectives	Lists institutional objectives but does not describe how the clerkship meets them	
Integration threads evident from syllabus -	Please check-mark those threads that are evident in the syllabus (including the integration threads table).			
	■ geriatrics	■ basic science	■ ethics	
	■ professionalism	☐ EBM	■ chronic illness care	
	☐ patient safety	☐ pain management	☐ clinical pathology,	
	☐ palliative care	☐ quality improvement	☐ clinical and/or translational resea	
	■ communication skills	☐ diagnostic imaging		
Integration threads	Integration threads are identified and tied to learning activities. If integration thread is expected to occur as part of encounters, identifies what kind of encounters are expected to fulfill the thread	Integration threads are identified and the means of inclusion can be inferred from the rest of the syllabus	Integration topics are identified but little or no information is provided about how and/or why the thread is included in the clerkship.	
Assessment	Student can clearly tell what tests and other assignments are used for assessment. Descriptions and instructions for assignments makes it easy for the student to understand how to complete the required assignments.	Student can clearly tell what tests and other assignments are used for assessment. Grading criteria are present but not detailed. How and where to turn in assignments may be vague.	Tests and assignments are indicated but there is not sufficient detail for a student to know when they are due, how they will be assessed, and/or where and how to submit them.	Clarify where and to whom assesments should be submitted. Prefer online system for

	Exceptional	Acceptable	Unacceptable	Missing assignments
Missed Events		Clearly identifies policies for making up missed activities and tests if there are any requirements in addition to the Common Clerkship Policies.	Criteria for making up missed tests and assignments is vague.	
Grading Policy (in addition to Common Clerkship Policies)		Clearly indicates the threshold for honors/pass/fail, if any, in addition to those outlined in the common clerkship policies.	Honors/pass/fail criteria identified.	
Student Performance Objectives	Students can readily identify what constitutes success. Grading rubrics are attached to the syllabus.	Expectations for academic performance are stated in the syllabus, but what students must do to be successful is not always clear .	Expectations for academic performance are so vaguely worded it is difficult to determine exactly what a student must do in order to succeed in this clerkship.	
Patient Condition Expectations	Explicitly specifies the types of patient conditions students are expected to encounter as part of the clerkship; specifies alternative ways of meeting expectation if required conditions are not available during the time the student is completing the rotation (e.g., computerized cases, simulations, required reading). Specifies who to contact if student is concerned s/he is not going to meet the requirements.	Specifies the types of patient conditions students are expected to encounter as part of the clerkship; provides information about what to do if a required condition is not encountered during the clerkship.	Specifies the types of patient conditions students are expected to encounter as part of the clerkship.	
Op-log Expectations	Clearly indicates expectations and policies regarding the recording of clinical encounters in the on-line patient encounter system (Op-Log); specifies expected minimum number of entries. Indicates that Op-log entries will be reviewed as part of the mid-block formative assessment and at the end of the clerkship.	Clearly identifies the minimum expected patient encounter recording requirements by presentation or other category.	Identifies minimum number of op-log patients but does not clarify expectations about presentation or other categorizing detail	

	Exceptional	Acceptable	Unacceptable	Missing
Required, Expected, and Optional Events	Syllabus clearly identifies which events are required, expected, and optional with explanations that will help students decide to attend.	Syllabus clearly identifies what events are required, expected, and optional	It is difficult to identify which events are required or optional	
Mid-Clerkship Review	Describes the mid-clerkship review in detail. Student will know what to expect from the review, who will conduct it, and how s/he will find the logistical details for his/her scheduled review.	Clearly indicates that there is a mid-clerkship review during the 8th week. Indicates who will conduct it and how the student will know when s/he is scheduled.	Identifies that there will be a mid-clerkship review but provides no explanation.	
Calendar of Clerkship Events	There is "view from the moon" calendar identifying the general topics by week or other relevant time unit with accurate links to the online calendar.	Syllabus prominently includes a general calendar for the clerkship and an accurate link to the online calendar.	The calendar link is present but is either inaccurate or obscured by the formatting of the syllabus.	
Clerkship Location(s)	Clearly identifies all locations. When locations are not on campus, provides map or links to maps. In the event that locations vary by individual, provides the individual with information on how to get maps if needed.	Clearly identifies where instruction takes place for all events.	Location information is vague	
Readings	Reading list identifies required readings by author, title, page numbers and links to electronic media if appropriate. Materials are all identified at the beginning of the semester.	Identifies readings by author, title, page numbers and links to electronic media if appropriate. Clearly indicates which are required. If not available at the beginning of clerkship, indicates when materials will be available.	Identifies required reading but does not provide page numbers, links and is otherwise vague, making it difficult to find the material.	
Professionalism expectations	Identifies specific professionalism expectations including behaviors, attendance, confidentiality, respectful debates, and plagiarism, discusses why they are important, gives examples, and encourages students to reflect on professionalism.	Identifies professionalism expectations including behaviors, attendance, confidentiality, respectful debates, and plagiarism.	Includes an expectation of professionalism but discussion is vague or missing relevant elements.	
Layout	The syllabus is exceptionally attractive and usable. White space, graphic elements, and/or	The formatting and design of the syllabus makes it easy to read, but it is not always easy to find information.	May appear busy or boring. Although important elements are present, it is hard to find specific	

	Exceptional	Acceptable	Unacceptable	Missing
	alignment organize the material so that it is easy to find specific information. Is a useful tool and appears that the instructors expect the student to use it.		information or details	

Does the clerkship utilize multiple instructional sites? If so, assess – are comparability issues apparent from the syllabus or clerkship description?

No issues found, it was clear what was offered to and expected of students at each location and what the associated learning objectives were.

Comments/Questions to Ask Clerkship Director(s)

none

Reviewer Name: Thomas R. Gest **Date of Review: 03/10/16**

Block Name: Internal Medicine & Psychiatry

	Exceptional	Acceptable	Unacceptable	Missing
Block Information (Please circle appropriate description)				
Block Goals - what we intend students to learn as participants in an educational experience integrating experiences (clinical and didactic) cutting across the two disciplines sharing the block	Block goals are specific, identifies the extra value of the block, and worded as objectives in a format that completes the statement "the student ..."	Contains block goals that are specific to the block and describes how the block provides extra value by incorporating 2 clerkships	Block Goals are too vague or confusing to provide guidance to the student	
Block Scheduling	Given his or her specific identifier, a student could use the block scheduling information to identify what his or her general schedule is for a given week.	Clearly identifies the overall organization of the block schedule.	Schedule information is confusing.	
Shared Topics	Specifically identifies all topics that have been selected to demonstrate combined approaches of the two clerkship disciplines sharing the block (e.g., Falls in the elderly-Prevention addressed by family medicine and surgical management by surgery as a single shared topic); includes learning objectives and description of the rationale for the shared topic.	Lists shared topics and learning objectives associated with all topics.	List shared topics but does not describe how the clerkship meets them; learning objectives and how they will be met are vague or absent.	
Shared Activities	Specifically identifies shared learning activities (e.g., case conferences, joint rounds, seminars, morning report) in which the goal of the activity is to integrate learning across both disciplines sharing the block; makes it clear that the shared activities were designed to promote integrated learning.	Clearly identifies and describes shared learning activities	Shared activities are implied or vaguely described. Unclear why some learning activities are being shared across the clerkship disciplines sharing a block.	

Clerkship Name:

	Exceptional	Acceptable	Unacceptable	Missing
Contacts	Identifies: clerkship director, block directors, and coordinator. Provides phone numbers and email addresses. Indicates office location and hours. Provides emergency contact information.	Identifies: clerkship director, block directors and coordinator. Provides phone numbers and email addresses.	Identifies clerkship director, block directors and coordinator but does not provide complete contact information.	
Clerkship description	Clerkship content, instructional methods and behavioral expectations, including what students should bring to activities, are clearly stated so students know what to expect and what is expected of them	Clerkship content, instructional methods and behavioral expectations are clearly stated.	Teaching methods, content, and/or behavioral expectations are confusing or difficult to follow.	
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Integration threads evident from syllabus -	**Please check-mark those threads that are evident in the syllabus (including the integration threads table).**			
	☐ geriatrics	☐ basic science	☐ ethics	
	☐ professionalism	☐ EBM	☐ chronic illness care	
	☐ patient safety	☐ pain management	☐ clinical pathology,	
	☐ palliative care	☐ quality improvement	☐ clinical and/or translational resea	
	☐ communication skills	☐ diagnostic imaging		
Integration threads	Integration threads are identified and tied to learning activities. If integration thread is expected to occur as part of encounters, identifies what kind of encounters are expected to fulfill the thread	Integration threads are identified and the means of inclusion can be inferred from the rest of the syllabus	Integration topics are identified but little or no information is provided about how and/or why the thread is included in the clerkship.	
Assessment	Student can clearly tell what	Student can clearly tell what tests and	Tests and assignments are	

	Exceptional	Acceptable	Unacceptable	Missing
	tests and other assignments are used for assessment. Descriptions and instructions for assignments makes it easy for the student to understand how to complete the required assignments.	other assignments are used for assessment. Grading criteria are present but not detailed. How and where to turn in assignments may be vague.	indicated but there is not sufficient detail for a student to know when they are due, how they will be assessed, and/or where and how to submit them.	
Missed Events		Clearly identifies policies for making up missed activities and tests if there are any requirements in addition to the Common Clerkship Policies.	Criteria for making up missed tests and assignments is vague.	
Grading Policy (in addition to Common Clerkship Policies)		Clearly indicates the threshold for honors/pass/fail, if any, in addition to those outlined in the common clerkship policies.	honors/pass/fail criteria not identified.	
Student Performance Objectives	Students can readily identify what constitutes success. Grading rubrics are attached to the syllabus.	Expectations for academic performance are stated in the syllabus, but what students must do to be successful is not always clear .	Expectations for academic performance are so vaguely worded it is difficult to determine exactly what a student must do in order to succeed in this clerkship.	
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Op-log Expectations	Clearly indicates expectations and policies regarding the recording of clinical encounters in the on-line patient encounter system (Op-Log); specifies expected minimum number of entries. Indicates that Op-log entries will be reviewed as part of the mid-	Clearly identifies the minimum expected patient encounter recording requirements by presentation or other category.	Identifies minimum number of op-log patients but does not clarify expectations about presentation or other categorizing detail	

	Exceptional	Acceptable	Unacceptable	Missing
	block formative assessment and at the end of the clerkship.			
Required, Expected, and Optional Events	Syllabus clearly identifies which events are required, expected, and optional with explanations that will help students decide to attend.	Syllabus clearly identifies what events are required, expected, and optional	It is difficult to identify which events are required or optional	
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Clerkship Location(s)	Clearly identifies all locations. When locations are not on campus, provides map or links to maps. In the event that locations vary by individual, provides the individual with information on how to get maps if needed.	Clearly identifies where instruction takes place for all events.	Location information is vague	
Readings	Reading list identifies required readings by author, title, page numbers and links to electronic media if appropriate. Materials are all identified at the beginning of the semester.	Identifies readings by author, title, page numbers and links to electronic media if appropriate. Clearly indicates which are required. If not available at the beginning of clerkship, indicates when materials will be available.	Identifies required reading but does not provide page numbers, links and is otherwise vague, making it difficult to find the material.	
Professionalism expectations	Identifies specific professionalism expectations including behaviors, attendance, confidentiality, respectful debates, and plagiarism, discusses why they are important, gives examples, and encourages students to reflect on professionalism.	Identifies professionalism expectations including behaviors, attendance, confidentiality, respectful debates, and plagiarism.	Includes an expectation of professionalism but discussion is vague or missing relevant elements.	
Layout	The syllabus is exceptionally attractive and usable White space, graphic elements, and/or	The formatting and design of the syllabus makes it easy to read, but it is not always easy to find information.	May appear busy or boring. Although important elements are present, it is hard to find specific	

Exceptional	Acceptable	Unacceptable	Missing
alignment organize the material so that it is easy to find specific information. Is a useful tool and appears that the instructors expect the student to use it.		information or details	

Does the clerkship utilize multiple instructional sites? If so, assess – are comparability issues apparent from the syllabus or clerkship description?

Comments/Questions to Ask Clerkship Director(s)

The syllabus is thorough but there are formatting issues throughout that could be dealt with easily to dramatically improve the readability and utility of the document. It should also go out to the students as a PDF if it isn't already. The contact information for Psychiatry needs to be cleaned up and formatted better.

Clerkship Name:

	Exceptional	Acceptable	Unacceptable	Missing
Contacts	Identifies: clerkship director, block directors, and coordinator. Provides phone numbers and email addresses. Indicates office location and hours. Provides emergency contact information.	Identifies: clerkship director, block directors and coordinator. Provides phone numbers and email addresses.	Identifies clerkship director, block directors and coordinator but does not provide complete contact information.	
Clerkship description	Clerkship content, instructional methods and behavioral expectations, including what students should bring to activities, are clearly stated so students know what to expect and what is expected of them	Clerkship content, instructional methods and behavioral expectations are clearly stated.	Teaching methods, content, and/or behavioral expectations are confusing or difficult to follow.	
Clerkship Objectives	Indicates where students can find block/clerkship week/activity specific objectives and shows how they meet the institutional objectives. These function as a conceptual map for the students to see how the material relates to institutional objectives	Lists the institutional objectives that the clerkship will meet and describes how clerkship meets these objectives	Lists institutional objectives but does not describe how the clerkship meets them	
Integration threads evident from syllabus -	**Please check-mark those threads that are evident in the syllabus (including the integration threads table).** ☐ geriatrics ☐ professionalism ☐ patient safety ☐ palliative care ☐ communication skills	☐ basic science ☐ EBM ☐ pain management ☐ quality improvement ☐ diagnostic imaging	☐ ethics ☐ chronic illness care ☐ clinical pathology ☐ clinical and/or translational resea	
Integration threads	Integration threads are identified and tied to learning activities. If integration thread is expected to occur as part of encounters, identifies what	Integration threads are identified and the means of inclusion can be inferred from the rest of the syllabus	Integration topics are identified but little or no information is provided about how and/or why the thread is included in the clerkship.	

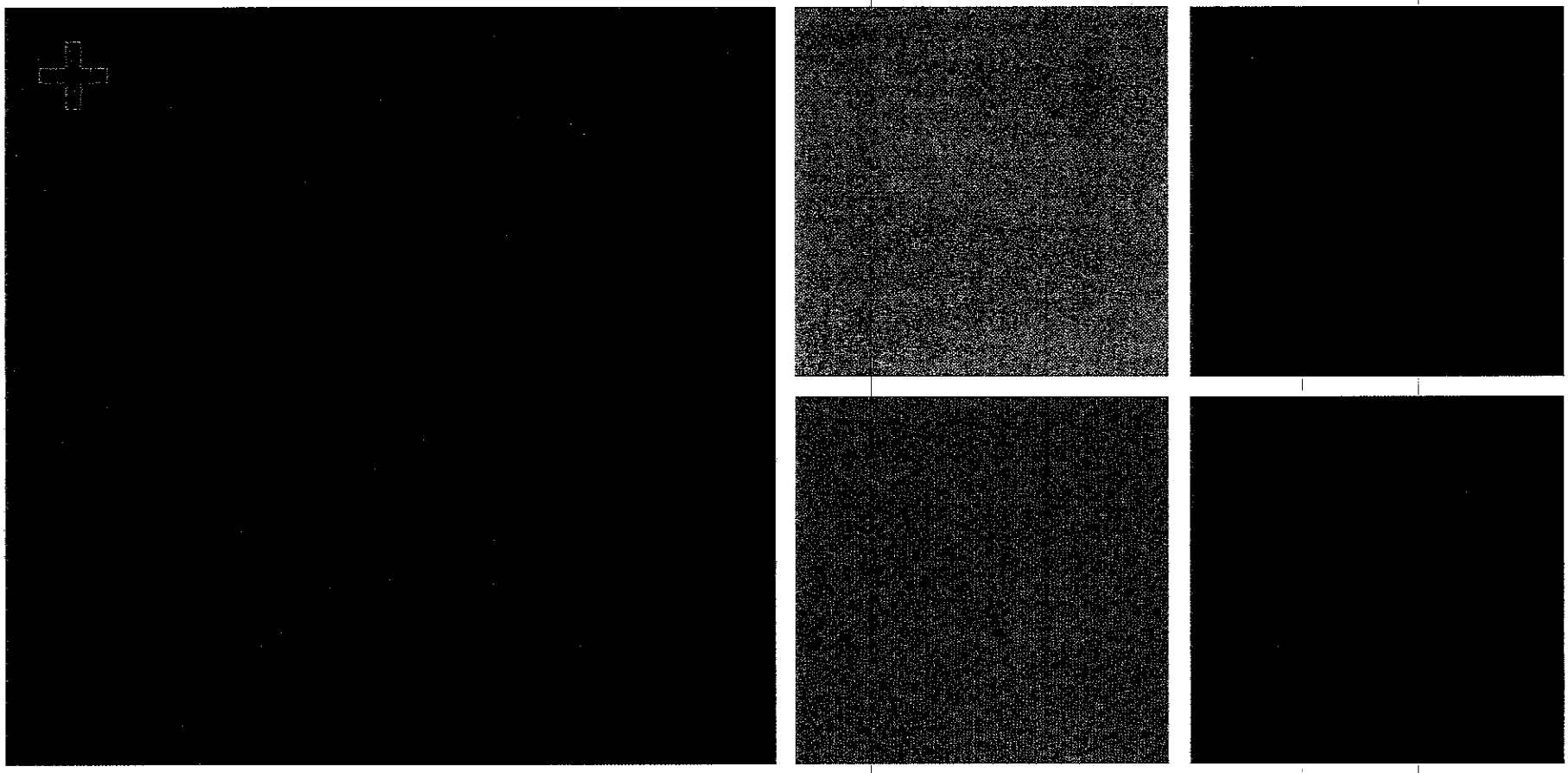
	Exceptional	Acceptable	Unacceptable	Missing
	kind of encounters are expected to fulfill the thread			
Assessment	Student can clearly tell what tests and other assignments are used for assessment. Descriptions and instructions for assignments makes it easy for the student to understand how to complete the required assignments.	Student can clearly tell what tests and other assignments are used for assessment. Grading criteria are present but not detailed. How and where to turn in assignments may be vague.	Tests and assignments are indicated but there is not sufficient detail for a student to know when they are due, how they will be assessed, and/or where and how to submit them.	
Missed Events		Clearly identifies policies for making up missed activities and tests if there are any requirements in addition to the Common Clerkship Policies.	Criteria for making up missed tests and assignments is vague.	
Grading Policy (in addition to Common Clerkship Policies)		Clearly indicates the threshold for honors/pass/fail, if any, in addition to those outlined in the common clerkship policies.	Honors/pass/fail criteria identified.	
Student Performance Objectives	Students can readily identify what constitutes success. Grading rubrics are attached to the syllabus.	Expectations for academic performance are stated in the syllabus, but what students must do to be successful is not always clear .	Expectations for academic performance are so vaguely worded it is difficult to determine exactly what a student must do in order to succeed in this clerkship.	
Patient Condition Expectations	Explicitly specifies the types of patient conditions students are expected to encounter as part of the clerkship; specifies alternative ways of meeting expectation if required conditions are not available during the time the student is completing the rotation (e.g., computerized cases, simulations, required reading). Specifies who to contact if student is concerned s/he is not going to meet the requirements.	Specifies the types of patient conditions students are expected to encounter as part of the clerkship; provides information about what to do if a required condition is not encountered during the clerkship.	Specifies the types of patient conditions students are expected to encounter as part of the clerkship.	
Op-log Expectations	Clearly indicates expectations and policies regarding the recording of clinical encounters in the on-line patient encounter system (Op-Log); specifies expected minimum	Clearly identifies the minimum expected patient encounter recording requirements by presentation or other category.	Identifies minimum number of op-log patients but does not clarify expectations about presentation or other categorizing detail	

	Exceptional	Acceptable	Unacceptable	Missing
	number of entries. Indicates that Op-log entries will be reviewed as part of the mid-block formative assessment and at the end of the clerkship.			
Required, Expected, and Optional Events	Syllabus clearly identifies which events are required, expected, and optional with explanations that will help students decide to attend.	Syllabus clearly identifies what events are required, expected, and optional	It is difficult to identify which events are required or optional	
Mid-Clerkship Review	Describes the mid-clerkship review in detail. Student will know what to expect from the review, who will conduct it, and how s/he will find the logistical details for his/her scheduled review.	Clearly indicates that there is a mid-clerkship review during the 8th week. Indicates who will conduct it and how the student will know when s/he is scheduled.	Identifies that there will be a mid-clerkship review but provides no explanation.	
Calendar of Clerkship Events	There is "view from the moon" calendar identifying the general topics by week or other relevant time unit with accurate links to the online calendar.	Syllabus prominently includes a general calendar for the clerkship and an accurate link to the online calendar.	The calendar link is present but is either inaccurate or obscured by the formatting of the syllabus.	
Clerkship Location(s)	Clearly identifies all locations. When locations are not on campus, provides map or links to maps. In the event that locations vary by individual, provides the individual with information on how to get maps if needed.	Clearly identifies where instruction takes place for all events.	Location information is vague	
Readings	Reading list identifies required readings by author, title, page numbers and links to electronic media if appropriate. Materials are all identified at the beginning of the semester.	Identifies readings by author, title, page numbers and links to electronic media if appropriate. Clearly indicates which are required. If not available at the beginning of clerkship, indicates when materials will be available.	Identifies required reading but does not provide page numbers, links and is otherwise vague, making it difficult to find the material.	
Professionalism expectations	Identifies specific professionalism expectations including behaviors, attendance, confidentiality, respectful debates, and plagiarism, discusses why they are important, gives examples,	Identifies professionalism expectations including behaviors, attendance, confidentiality, respectful debates, and plagiarism.	Includes an expectation of professionalism but discussion is vague or missing relevant elements.	

	Exceptional	Acceptable	Unacceptable	Missing
	and encourages students to reflect on professionalism.			
Layout	The syllabus is exceptionally attractive and usable White space, graphic elements, and/or alignment organize the material so that it is easy to find specific information. Is a useful tool and appears that the instructors expect the student to use it.	The formatting and design of the syllabus makes it easy to read, but it is not always easy to find information.	May appear busy or boring. Although important elements are present, it is hard to find specific information or details	

Does the clerkship utilize multiple instructional sites? If so, assess – are comparability issues apparent from the syllabus or clerkship description?

Comments/Questions to Ask Clerkship Director(s)



Internal Medicine/Psychiatry Clerkship Block

Reviewers: Cynthia Perry and Thomas Gest

+ STRENGTHS

- Strong case for reasoning behind integration is presented
- Online IM didactic videos will be excellent addition to curriculum
- MKSAP review sessions are well received and should be continued
- Psych component of syllabus is well organized and detailed

Concerns/Suggestions

- Uniform incorporation of MSI/II SPM Schemes into didactics
- Formatting issues:
  - -addition of contact photos
  - -uniformity between clerkship material
- Policy for submitting evals/assessments is unclear
- Rubric for student performance should be added

Reviewer Name: Curt Pfarr Date of Review:03/14/2016

Block Name: Obstetrics and Gynecology and Pediatrics

	Exceptional	Acceptable	Unacceptable	Missing
Block Information (Please circle appropriate description)				
Block Goals - what we intend students to learn as participants in an educational experience integrating experiences (clinical and didactic) cutting across the two disciplines sharing the block	Block goals are specific, identifies the extra value of the block, and worded as objectives in a format that completes the statement "the student ..."	Contains block goals that are specific to the block and describes how the block provides extra value by incorporating 2 clerkships	Block Goals are too vague or confusing to provide guidance to the student	
Block Scheduling	Given his or her specific identifier, a student could use the block scheduling information to identify what his or her general schedule is for a given week.	Clearly identifies the overall organization of the block schedule.	Schedule information is confusing.	
Shared Topics	Specifically identifies all topics that have been selected to demonstrate combined approaches of the two clerkship disciplines sharing the block (e.g., Falls in the elderly-Prevention addressed by family medicine and surgical management by surgery as a single shared topic); includes learning objectives and description of the rationale for the shared topic.	Lists shared topics and learning objectives associated with all topics.	List shared topics but does not describe how the clerkship meets them; learning objectives and how they will be met are vague or absent.	
Shared Activities	Specifically identifies shared learning activities (e.g., case conferences, joint rounds, seminars, morning report) in which the goal of the activity is to integrate learning across both disciplines sharing the block; makes it clear that the shared activities were designed to promote integrated learning.	Clearly identifies and describes shared learning activities	Shared activities are implied or vaguely described. Unclear why some learning activities are being shared across the clerkship disciplines sharing a block.	

Clerkship Name:

	Exceptional	Acceptable	Unacceptable	Missing
Contacts	Identifies: clerkship director, block directors, and coordinator. Provides phone numbers and email addresses. Indicates office location and hours. Provides emergency contact information.	Identifies: clerkship director, block directors and coordinator. Provides phone numbers and email addresses.	Identifies clerkship director, block directors and coordinator but does not provide complete contact information.	Explicit emergency contact information.
Clerkship description	Clerkship content, instructional methods and behavioral expectations, including what students should bring to activities, are clearly stated so students know what to expect and what is expected of them	Clerkship content, instructional methods and behavioral expectations are clearly stated.	Teaching methods, content, and/or behavioral expectations are confusing or difficult to follow.	
Clerkship Objectives	Indicates where students can find block/clerkship week/activity specific objectives and shows how they meet the institutional objectives. These function as a conceptual map for the students to see how the material relates to institutional objectives	Lists the institutional objectives that the clerkship will meet and describes how clerkship meets these objectives	Lists institutional objectives but does not describe how the clerkship meets them	
Integration threads evident from syllabus	Please check-mark those threads that are evident in the syllabus (including the integration threads table).			
	☐ geriatrics	☐ basic science	☐ ethics	
	☐ professionalism	☐ EBM	☐ chronic illness care	
	☐ patient safety	☐ pain management	☐ clinical pathology,	
	☐ palliative care	☐ quality improvement	☐ clinical and/or translational resea	
	☐ communication skills	☐ diagnostic imaging		
Integration threads	Integration threads are identified and tied to learning activities. If integration thread is expected to occur as part of encounters, identifies what kind of encounters are expected to fulfill the thread	Integration threads are identified and the means of inclusion can be inferred from the rest of the syllabus	Integration topics are identified but little or no information is provided about how and/or why the thread is included in the clerkship.	More explicit description of integration threads would be

	Exceptional	Acceptable	Unacceptable	Missing
				useful.
Assessment	Student can clearly tell what tests and other assignments are used for assessment. Descriptions and instructions for assignments makes it easy for the student to understand how to complete the required assignments.	Student can clearly tell what tests and other assignments are used for assessment. Grading criteria are present but not detailed. How and where to turn in assignments may be vague.	Tests and assignments are indicated but there is not sufficient detail for a student to know when they are due, how they will be assessed, and/or where and how to submit them.	Vague on what can lead to failure.
Missed Events		Clearly identifies policies for making up missed activities and tests if there are any requirements in addition to the Common Clerkship Policies.	Criteria for making up missed tests and assignments are vague.	Again, vague on remediation and failure policies.
Grading Policy (in addition to Common Clerkship Policies)		Clearly indicates the threshold for honors/pass/fail, if any, in addition to those outlined in the common clerkship policies.	honors/pass/fail criteria not identified.	Criteria are discussed but needs clarity.
Student Performance Objectives	Students can readily identify what constitutes success. Grading rubrics are attached to the syllabus.	Expectations for academic performance are stated in the syllabus, but what students must do to be successful is not always clear .	Expectations for academic performance are so vaguely worded it is difficult to determine exactly what a student must do in order to succeed in this clerkship.	
Patient Condition Expectations	Explicitly specifies the types of patient conditions students are expected to encounter as part of the clerkship; specifies alternative ways of meeting expectation if required conditions are not available during the time the student is completing the rotation (e.g., computerized cases, simulations, required reading). Specifies who to contact if student is concerned s/he is not going to meet the requirements.	Specifies the types of patient conditions students are expected to encounter as part of the clerkship; provides information about what to do if a required condition is not encountered during the clerkship.	Specifies the types of patient conditions students are expected to encounter as part of the clerkship.	
Op-log Expectations	Clearly indicates expectations	Clearly identifies the minimum expected	Identifies minimum number of op-	

	Exceptional	Acceptable	Unacceptable	Missing
	and policies regarding the recording of clinical encounters in the on-line patient encounter system (Op-Log); specifies expected minimum number of entries. Indicates that Op-log entries will be reviewed as part of the mid-block formative assessment and at the end of the clerkship.	patient encounter recording requirements by presentation or other category.	log patients but does not clarify expectations about presentation or other categorizing detail	
Required, Expected, and Optional Events	Syllabus clearly identifies which events are required, expected, and optional with explanations that will help students decide to attend.	Syllabus clearly identifies what events are required, expected, and optional	It is difficult to identify which events are required or optional	These can be vague – conside rable 'tighten ing up' possible here.
Mid-Clerkship Review	Describes the mid-clerkship review in detail. Student will know what to expect from the review, who will conduct it, and how s/he will find the logistical details for his/her scheduled review.	Clearly indicates that there is a mid-clerkship review during the 8th week. Indicates who will conduct it and how the student will know when s/he is scheduled.	Identifies that there will be a mid-clerkship review but provides no explanation.	
Calendar of Clerkship Events	There is "view from the moon" calendar identifying the general topics by week or other relevant time unit	Syllabus prominently includes a general calendar for the clerkship.	The calendar is present but is either inaccurate or obscured by the formatting of the syllabus.	
Clerkship Location(s)	Clearly identifies all locations. When locations are not on campus, provides map or links to maps. In the event that locations vary by individual, provides the individual with information on how to get maps if needed.	Clearly identifies where instruction takes place for all events.	Location information is vague	
Readings	Reading list identifies required readings by author, title, page numbers and links to electronic media if appropriate. Materials are all identified at the beginning of the semester.	Identifies readings by author, title, page numbers and links to electronic media if appropriate. Clearly indicates which are required. If not available at the beginning of clerkship, indicates when materials will be available.	Identifies required reading but does not provide page numbers, links and is otherwise vague, making it difficult to find the material.	

	Exceptional	Acceptable	Unacceptable	Missing
Professionalism expectations	Identifies specific professionalism expectations including behaviors, attendance, confidentiality, respectful debates, and plagiarism, discusses why they are important, gives examples, and encourages students to reflect on professionalism.	Identifies professionalism expectations including behaviors, attendance, confidentiality, respectful debates, and plagiarism.	Includes an expectation of professionalism but discussion is vague or missing relevant elements.	Professionalism relegated to bullet list mapping to ILO goal. A separate 'Professionism' section at the beginning of the syllabus would be useful and provide emphasis.
Layout	The syllabus is exceptionally attractive and usable White space, graphic elements, and/or alignment organize the material so that it is easy to find specific information. Is a useful tool and appears that the instructors expect the student to use it.	The formatting and design of the syllabus makes it easy to read, but it is not always easy to find information.	May appear busy or boring. Although important elements are present, it is hard to find specific information or details	Consider redrafting so the 'audience' of the syllabus is the student; e.g., change 'the student should ..." to

Exceptional	Acceptable	Unacceptable	Missing
			"you should …", etc.

Does the clerkship utilize multiple instructional sites? If so, assess – are comparability issues apparent from the syllabus or clerkship description?

Consistent instructional sites.

Comments/Questions to Ask Clerkship Director(s)

Clerkship Name:

	Exceptional	Acceptable	Unacceptable	Missing
Contacts	Identifies: clerkship director, block directors, and coordinator. Provides phone numbers and email addresses. Indicates office location and hours. Provides emergency contact information.	Identifies: clerkship director, block directors and coordinator. Provides phone numbers and email addresses.	Identifies clerkship director, block directors and coordinator but does not provide complete contact information.	
Clerkship description	Clerkship content, instructional methods and behavioral expectations, including what students should bring to activities, are clearly stated so students know what to expect and what is expected of them	Clerkship content, instructional methods and behavioral expectations are clearly stated.	Teaching methods, content, and/or behavioral expectations are confusing or difficult to follow.	
Clerkship Objectives	Indicates where students can find block/clerkship week/activity specific objectives and shows how they meet the institutional objectives. These function as a conceptual map for the students to see how the material relates to institutional objectives	Lists the institutional objectives that the clerkship will meet and describes how clerkship meets these objectives	Lists institutional objectives but does not describe how the clerkship meets them	
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Integration threads	Integration threads are identified and tied to learning activities. If integration thread is expected to occur as part of encounters, identifies what kind of encounters are expected to fulfill the thread	Integration threads are identified and the means of inclusion can be inferred from the rest of the syllabus	Integration topics are identified but little or no information is provided about how and/or why the thread is included in the clerkship.	
Assessment	Student can clearly tell what	Student can clearly tell what tests and	Tests and assignments are	

	Exceptional	Acceptable	Unacceptable	Missing
	tests and other assignments are used for assessment. Descriptions and instructions for assignments makes it easy for the student to understand how to complete the required assignments.	other assignments are used for assessment. Grading criteria are present but not detailed. How and where to turn in assignments may be vague.	indicated but there is not sufficient detail for a student to know when they are due, how they will be assessed, and/or where and how to submit them.	
Missed Events		Clearly identifies policies for making up missed activities and tests if there are any requirements in addition to the Common Clerkship Policies.	Criteria for making up missed tests and assignments is vague.	
Grading Policy (in addition to Common Clerkship Policies)		Clearly indicates the threshold for honors/pass/fail, if any, in addition to those outlined in the common clerkship policies.	Honors/pass/fail criteria identified.	
Student Performance Objectives	Students can readily identify what constitutes success. Grading rubrics are attached to the syllabus.	Expectations for academic performance are stated in the syllabus, but what students must do to be successful is not always clear .	Expectations for academic performance are so vaguely worded it is difficult to determine exactly what a student must do in order to succeed in this clerkship.	
Patient Condition Expectations	Explicitly specifies the types of patient conditions students are expected to encounter as part of the clerkship; specifies alternative ways of meeting expectation if required conditions are not available during the time the student is completing the rotation (e.g., computerized cases, simulations, required reading). Specifies who to contact if student is concerned s/he is not going to meet the requirements.	Specifies the types of patient conditions students are expected to encounter as part of the clerkship; provides information about what to do if a required condition is not encountered during the clerkship.	Specifies the types of patient conditions students are expected to encounter as part of the clerkship.	
Op-log Expectations	Clearly indicates expectations and policies regarding the recording of clinical encounters in the on-line patient encounter system (Op-Log); specifies expected minimum number of entries. Indicates that Op-log entries will be reviewed as part of the mid-	Clearly identifies the minimum expected patient encounter recording requirements by presentation or other category.	Identifies minimum number of op-log patients but does not clarify expectations about presentation or other categorizing detail	

	Exceptional	Acceptable	Unacceptable	Missing
	block formative assessment and at the end of the clerkship.			
Required, Expected, and Optional Events	Syllabus clearly identifies which events are required, expected, and optional with explanations that will help students decide to attend.	Syllabus clearly identifies what events are required, expected, and optional	It is difficult to identify which events are required or optional	
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Calendar of Clerkship Events	There is "view from the moon" calendar identifying the general topics by week or other relevant time unit with accurate links to the online calendar.	Syllabus prominently includes a general calendar for the clerkship and an accurate link to the online calendar.	The calendar link is present but is either inaccurate or obscured by the formatting of the syllabus.	
Clerkship Location(s)	Clearly identifies all locations. When locations are not on campus, provides map or links to maps. In the event that locations vary by individual, provides the individual with information on how to get maps if needed.	Clearly identifies where instruction takes place for all events.	Location information is vague	
Readings	Reading list identifies required readings by author, title, page numbers and links to electronic media if appropriate. Materials are all identified at the beginning of the semester.	Identifies readings by author, title, page numbers and links to electronic media if appropriate. Clearly indicates which are required. If not available at the beginning of clerkship, indicates when materials will be available.	Identifies required reading but does not provide page numbers, links and is otherwise vague, making it difficult to find the material.	
Professionalism expectations	Identifies specific professionalism expectations including behaviors, attendance, confidentiality, respectful debates, and plagiarism, discusses why they are important, gives examples, and encourages students to reflect on professionalism.	Identifies professionalism expectations including behaviors, attendance, confidentiality, respectful debates, and plagiarism.	Includes an expectation of professionalism but discussion is vague or missing relevant elements.	
Layout	The syllabus is exceptionally	The formatting and design of the	May appear busy or boring.	

	Exceptional	Acceptable	Unacceptable	Missing
	attractive and usable White space, graphic elements, and/or alignment organize the material so that it is easy to find specific information. Is a useful tool and appears that the instructors expect the student to use it.	syllabus makes it easy to read, but it is not always easy to find information.	Although important elements are present, it is hard to find specific information or details	

Does the clerkship utilize multiple instructional sites? If so, assess – are comparability issues apparent from the syllabus or clerkship description?

Comments/Questions to Ask Clerkship Director(s)

Flores, Vianey

From: Pfarr, Curt
Sent: Wednesday, March 30, 2016 3:36 PM
To: Lyn, Heidi; Fuhrman, Lynn
Cc: Cashin, Laura; Uga, Aghaegbulam H; Francis, Maureen
Subject: RE: OB/GYN and PEDS syllabus review

Dear Dr. Lyn and Dr. Fuhrman,
Sorry, 2 items I forgot to mention: 1) The 'PLFSOM Institutional Learning Objectives' that you have mapped the Block and Clerkship objectives to are, I believe, to be re-branded as the 'PLFSOM Medical Education Program Goals and Objectives'; thus, you can update to this newer document when it becomes available. Also, BlackBoard, our current Learning Management System (LMS) software, will be changed to the CANVAS LMS software next fall; thus, references to BlackBoard in the syllabus can be updated to reflect this.
All the best,
Curt

From: Pfarr, Curt
Sent: Wednesday, March 30, 2016 3:22 PM
To: Lyn, Heidi; Fuhrman, Lynn
Cc: Cashin, Laura; Uga, Aghaegbulam H; Francis, Maureen
Subject: OB/GYN and PEDS syllabus review

Dear Dr. Lyn and Dr. Fuhrman,
The OB/GYN and Pediatrics Block Syllabus was discussed at the last CEPC meeting (03/14/2016). I was assigned to this review along with Dr. Cashin and Dr. Uga. Attached are: 1) the scoring rubric for this syllabus; and 2) a Word document with some suggested changes that might be useful. Note, I filled out the rubric considering the syllabus as a unified document.

Overall, this is a good job at pulling together many disparate activities and responsibilities for the students in as concise a format as possible!

One general suggestion would be to construct the entire syllabus with the medical student as the reader; thus, 'The student will…' would be 'You will…', etc. This format is partially used, but is inconsistent – bringing this to uniformity might make the syllabus more user-friendly. You could explicitly state at the outset that that is the structure so that all pronouns would have context. Specific VIPs could be capitalized (Clerkship Director, Clerkship Coordinator, etc.) and anonymous persons could be relegated to lower cap (hospitalists, nurses, patients, etc.).
If you have any questions please let me know.
All the best,
Curt

Curt Pfarr, Ph.D.
Professor, Cell & Molecular Biology, Histology
College Master
Co-Director Scholarly Activity and Research Program
Department of Medical Education
Paul L. Foster School of Medicine
El Paso, Texas

Email: curt.pfarr@ttuhsc.edu
Phone (cell): 915 539 1379

Flores, Vianey

From: Uga, Aghaegbulam H
Sent: Thursday, March 31, 2016 10:15 PM
To: Pfarr, Curt
Cc: Lyn, Heidi; Fuhrman, Lynn; Cashin, Laura; Francis, Maureen
Subject: Re: OB/GYN and PEDS syllabus review

Dr.s Lynn and Fuhrman,
I made a few similar observations like Dr. Pfar. I thought the curriculum will be a little difficult for the students to understand. The only other concern I had relates to how the student will handle the longitudinal follow up of the pregnant woman through delivery to post partum visit and baby visit while going through their regular schedule. Dr. Horn clarified this at the CEPC meeting during the discussion. Please let me know if you have any questions. Thank you.

Aghaegbulam Uga MD., FWACP
Assistant Professor, Internal Medicine and Psychiatry
Texas Tech University Health Sciences Center
Paul L. Foster School of Medicine
El Paso TX

aghaegbulam.h.uga@ttuhsc.edu
Phone: 915.215.5880

On Mar 30, 2016, at 3:36 PM, Pfarr, Curt <curt.pfarr@ttuhsc.edu> wrote:

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suggested changes that might be useful. Note, I filled out the rubric considering the syllabus as a unified document.

Overall, this is a good job at pulling together many disparate activities and responsibilities for the students in as concise a format as possible!

One general suggestion would be to construct the entire syllabus with the medical student as the reader; thus, 'The student will…' would be 'You will…', etc. This format is partially used, but is inconsistent – bringing this to uniformity might make the syllabus more user-friendly. You could explicitly state at the outset that that is the structure so that all pronouns would have context. Specific VIPs could be capitalized (Clerkship Director, Clerkship Coordinator, etc.) and anonymous persons could be relegated to lower cap (hospitalists, nurses, patients, etc.).
If you have any questions please let me know.
All the best,
Curt

Curt Pfarr, Ph.D.
Professor, Cell & Molecular Biology, Histology
College Master
Co-Director Scholarly Activity and Research Program
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From: Cashin, Laura
Sent: Thursday, March 31, 2016 1:46 PM
To: Pfarr, Curt; Lyn, Heidi; Fuhrman, Lynn
Cc: Uga, Aghaegbulam H; Francis, Maureen
Subject: RE: OB/GYN and PEDS syllabus review

Heidi and Lynn,

I do not have much of anything to add to any of the reviewers feedback. I thought your syllabi were excellent and I might have stolen a few ideas from them. The only thing I guess I was wondering was where the students were getting inter-professional education as it seems to be a hot topic. If you have some I would highlight it more as it was hard for me to identify. That's all I've got though.

Laura Cashin, DO, FACP
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Clerkship Director
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From: Pfarr, Curt
Sent: Wednesday, March 30, 2016 3:36 PM
To: Lyn, Heidi <heidi.lyn@ttuhsc.edu>; Fuhrman, Lynn <lynn.fuhrman@ttuhsc.edu>
Cc: Cashin, Laura <laura.cashin@ttuhsc.edu>; Uga, Aghaegbulam H <aghaegbulam.h.uga@ttuhsc.edu>; Francis, Maureen <maureen.francis@ttuhsc.edu>
Subject: RE: OB/GYN and PEDS syllabus review

Dear Dr. Lyn and Dr. Fuhrman,
Sorry, 2 items I forgot to mention: 1) The 'PLFSOM Institutional Learning Objectives' that you have mapped the Block and Clerkship objectives to are, I believe, to be re-branded as the 'PLFSOM Medical Education Program Goals and Objectives'; thus, you can update to this newer document when it becomes available. Also, BlackBoard, our current Learning Management System (LMS) software, will be changed to the CANVAS LMS software next fall; thus, references to BlackBoard in the syllabus can be updated to reflect this.
All the best,
Curt

From: Pfarr, Curt
Sent: Wednesday, March 30, 2016 3:22 PM
To: Lyn, Heidi; Fuhrman, Lynn
Cc: Cashin, Laura; Uga, Aghaegbulam H; Francis, Maureen
Subject: OB/GYN and PEDS syllabus review

Dear Dr. Lyn and Dr. Fuhrman,
The OB/GYN and Pediatrics Block Syllabus was discussed at the last CEPC meeting (03/14/2016). I was assigned to this review along with Dr. Cashin and Dr. Uga. Attached are: 1) the scoring rubric for

this syllabus; and 2) a Word document with some suggested changes that might be useful. Note, I filled out the rubric considering the syllabus as a unified document.

Overall, this is a good job at pulling together many disparate activities and responsibilities for the students in as concise a format as possible!

One general suggestion would be to construct the entire syllabus with the medical student as the reader; thus, 'The student will…' would be 'You will…', etc. This format is partially used, but is inconsistent – bringing this to uniformity might make the syllabus more user-friendly. You could explicitly state at the outset that that is the structure so that all pronouns would have context. Specific VIPs could be capitalized (Clerkship Director, Clerkship Coordinator, etc.) and anonymous persons could be relegated to lower cap (hospitalists, nurses, patients, etc.).
If you have any questions please let me know.
All the best,
Curt

Curt Pfarr, Ph.D.
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Obstetrics/Gynecology and Pediatrics Block

Contents

Section II.Pediatrics Clerkship ..... Error! Bookmark not defined.

SECTION I: Block information

By combining the two specialties the student will have the opportunity to observe the developmental continuum from prenatal to postnatal life. During the perinatal period, medical decisions made by the mother will impact the infant, and the medical condition of the infant can affect the health of the mother. Psychosocial aspects of the family life prior to and during the pregnancy are important aspects in the care of the child.

The MSIII Obstetrics & Gynecology and Pediatrics clerkship is a 16-week block which integrates learning experiences between these two disciplines.

Shared Learning Objectives

1. **Pediatric & Adolescent Gynecology**
   Collaboration between pediatric residents, Adolescent Medicine, and Gynecology faculty.
   Clinical assessment and gynecologic care of pediatric and adolescent patients.

   The student will be able to:

   - Identify relevant gynecological/obstetrical/pediatric concerns that arise in the patient encounter
   - Establish an age-appropriate alliance with the patient
   - Communicate effectively (written and verbal) in an age-appropriate manner
   - Demonstrate effective interaction techniques for working with young patients.

   Learning modality
   Clinic

2. **Emergency Delivery Simulation**
   Student will participate in a simulated emergency care of both mother and neonate.

   The student will be able to:

   - Evaluate the patient and suggest appropriate course of action.
   - Interpret fetal monitoring strips, vital signs, and clinical data generated from an emergent event.
   - Implement evidence-based treatment plans.
   - Demonstrate knowledge of adult and neonatal resuscitation protocols.
   - Work effectively in a team.

   Learning modality
   Simulation
   Didactic

3. **Longitudinal Experience**
   The student will be assigned one patient to follow through the antepartum, delivery and postpartum courses of pregnancy.

The student will be able to:

- Observe the psychosocial impact that pregnancy and a newborn has on family function.
- Develop an appropriate provider relationship with an obstetrical patient and her newborn.
- Develop competence in executing a newborn physical exam.

Learning modality:
Clinical

4. **Lactation**
The student will complete on-line learning modules on breastfeeding. The student will also assist lactating mothers in the hospital and in the Baby Café.

The student will be able to:

- Describe the physiology of milk production.
- Counsel a patient about breastfeeding at all points along the following continuum:
  - prenatal
  - postpartum
  - pediatric neonate visits
  - OB postpartum visits
- Discuss the etiology, prevention and treatment of common breastfeeding problems.

Learning modality:
Clinical
Self-study

5. **Patient Safety**
Students will participate in a small-group mock Root-Cause Analysis of cases involving adverse maternal and pediatric outcomes.

The student will be able to:

- Identify and categorize adverse events and outcomes.
- Analyze clinical events leading to poor outcomes.
- Suggest areas for change or improvement in clinical care.

Learning modality:
Simulation
Self-study

6. **Ethics**
Students will be assigned roles and participate in a small-group session involving a clinical scenario to gain understanding of ethical considerations.

The student will:

- Participate in small groups simulating considerations of a medical ethics committee.
- Present a researched perspective.
- Collectively render a decision regarding the clinical care of the patient.

Learning modality:
Small-group session
Self-study

7. **Discharge Planning Activity (Inter-Professional Collaboration and Systems-Based Learning)**
Students will be provided with a high-risk case scenario that will involve identifying additional professionals and other services for the care of a high risk mother and infant.

The student will:

- Prepare the patient's discharge plan.
- Identify other professionals and local service resources for the continuing care of a woman and her infant.

Learning modality:
Small group session
Self-study

8. **Sexual Abuse/Assault**
Students will view a video on this subject and attend a presentation by a designated speaker on this topic.

- Student will describe the medical and psychosocial management of a victim of sexual assault.

Learning modality:
Small group session
Self-study

Block Longitudinal Experience

You will be assigned one expectant woman (hopefully, timed to deliver during your Clerkship Block). You will attend all of this patient's appointments (antepartum/postpartum) and the delivery of the infant, regardless of what rotation you are on. Once the child is born, you will attend the infant's appointments as well.

You are responsible for notifying the service and the clerkship coordinators of these appointments as soon as you receive scheduling information. All patient encounters will be appropriately documented. Notes will be turned in weekly and will be reviewed by the Clerkship Director. At the conclusion,

students will reflect on the experience in writing and submit this reflection to. both the Clerkship Coordinators and Directors. This activity is graded as Pass or Fail.

Note: Because of the nature of obstetrical deliveries, some experiences may not be available to all students. In the case of a missed delivery or no follow-up appointments, the student must notify the Clerkship Director who will assign an alternate activity for the student which will need to be completed by the end of the clerkship block.

Block Scheduling Information

This block achieves its goals by weaving block (shared) activities with clerkship-specific activities. The following table depicts the schedule for each student (A-L) for all 16 weeks of the block. The charts underneath the table provide the key for the abbreviations within the table.

Please note that for Ob/Gyn, the schedule is categorized by week, but weeks labeled Gyn or Clinic may be on one of several services. Your individualized schedule will show which clinical area you are assigned to by the half-day.

Block Schedule by group (sample):

Student	Week 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	Pediatrics				OB/GYN				Pediatrics				OB/GYN			
A	WD	WN	Clinic	Clinic	OutPt	InPatient	OutPt	OutPt	ILP	Nursery	Specialty	Specialty	OutPt	InPatient	OutPt	
B	WD	WN	Clinic	Clinic					ILP	Specialty	Specialty	Nursery				
C	WD	WN	Clinic	Clinic					Specialty	Nursery	ILP	Specialty				
D	Specialty	Specialty	Clinic	Clinic	InPatient	OutPt	OutPt	OutPt	WN	WD	Nursery	ILP	InPatient	OutPt	OutPt	
E	WN	WD	Specialty	Specialty					Nursery	ILP	Clinic	Clinic				
F	WN	WD	Specialty	Specialty					Clinic	Clinic	Nursery	ILP				
G	WN	WD	Specialty	Specialty		OutPt	OutPt	OutPt	Nursery	ILP	Clinic	Clinic		OutPt	OutPt	
H	Specialty	Specialty	ILP	Nursery	OutPt				WD	WN	Clinic	Clinic	OutPt			
I	Specialty	Specialty	ILP	Nursery	OutPt	OutPt	OutPt	InPatient	WN	WD	Clinic	Clinic	OutPt	OutPt	InPatient	
J	Nursery	ILP	WD	WN					Clinic	Clinic	Specialty	Specialty				
K	Nursery	ILP	WN	WD	OutPt				Clinic	Clinic	Specialty	Specialty	OutPt			
L	Specialty	Specialty	WD	WN				OutPt	Clinic	Clinic	ILP	Nursery				
M	Clinic	Clinic	WN	WD	OutPt	OutPt	InPatient	InPatient	Specialty	Specialty	Nursery	ILP	OutPt	InPatient	OutPt	
N	Clinic	Clinic	Nursery	ILP				OutPt	Specialty	Specialty	WN	WD				
O	Clinic	Clinic	Nursery	ILP	OutPt	InPatient	OutPt	InPatient	Specialty	Specialty	WN	WD	InPatient	OutPt	OutPt	
P	Clinic	Clinic	Specialty	Specialty					Nursery	ILP	WD	WN	OutPt			
Q	Nursery	ILP	Specialty	Specialty	InPatient	OutPt	OutPt	OutPt	WD	WN	Clinic	Clinic	InPatient	OutPt	OutPt	
	OB/GYN				Pediatrics				OB/GYN				Pediatrics			NBME
R	OutPt	InPatient	outpt	OutPt	Clinic	Clinic	WD	WN	OutPt	InPatient	OutPt	InPatient	ILP	Specialty	Nursery	
S					WD	WN	Clinic	Clinic					ILP	Nursery	Specialty	
T					WD	WN	Clinic	Clinic					Specialty	Nursery	ILP	
U	InPatient	OutPt	outpt	OutPt	WD	WN	Nursery	Clinic	InPatient	OutPt	InPatient	OutPt	Clinic	ILP	Specialty	
V					WN	WD	Specialty	Clinic					Nursery	ILP	Clinic	
W					WN	WD	Clinic	ILP					Specialty	Clinic	Nursery	
X		OutPt	InPatient	OutPt	WN	WD	Clinic	Specialty		OutPt	OutPt	OutPt	Nursery	ILP	Clinic	
Y	OutPt	OutPt	outpt	InPatient	Clinic	Specialty	ILP	Nursery	OutPt	InPatient	OutPt	InPatient	WD	WN	Clinic	
Z					Specialty	Clinic	ILP	Nursery					WN	WD	Clinic	
AA	OutPt				Nursery	ILP	WD	WN					Clinic	Clinic	Specialty	
BB	OutPt				Nursery	ILP	WN	WD					Clinic	Clinic	Specialty	
CC	OutPt	OutPt	InPatient	OutPt	Specialty	ILP	WD	WN	InPatient	OutPt	InPatient	OutPt	Clinic	Clinic	Nursery	
DD				OutPt	Clinic	Clinic	WN	WD					ILP	Specialty	Nursery	
EE				OutPt	Clinic	Clinic	Nursery	Specialty					WN	WD	ILP	
FF	OutPt	InPatient	OutPt	InPatient	Clinic	Clinic	Nursery	Specialty	OutPt	InPatient	OutPt	OutPt	WD	WN	ILP	
GG		OutPt			ILP	Nursery	WN	WD					Clinic	Clinic	Specialty	
HH		InPatient			Specialty	Nursery	Clinic	Clinic					WD	WN	ILP	
II	InPatient	OutPt		OutPt	ILP	Nursery	Specialty	Clinic					WN	WD	Clinic	

- **Week#16: NBME Test taking**

Block Schedule Legend:

Obstetrics & Gynecology /Pediatrics Block
Academic Year: 2016 - 2017

Pediatric Services	Ob/Gyn Services
WD ---------- Ward Days	BGYN ------ Benign Gynecology
WN ---------- Ward Nights/ Weekends	Clinic ------ TTUHSC Clinics
Clinic ------- Walk-In & Continuity Clinic	COB ------- Complicated Obstetrics
Specialty ---- PEDS Specialties Services	Specialty ------ OBGYN Specialties Services
ILP ---------- Independent Learning Plan	L&D ------- Labor & Delivery
Nursery ----- Well Baby & IMCN	NF ---------- Night Float
	ONC ------- Oncology
	TRI ------- Triage

General schedule:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	Saturday & Sunday
AM Activities 8:00 – 12:00 PM	Clerkship specific	Clerkship specific	Clerkship specific	Clerkship specific	Clerkship specific OB Grand Rounds	Clerkship specific Clerkship specific
PM Activities 12:00 PM – 3:00 PM	Clerkship specific	Clerkship specific	Clerkship specific	Clerkship specific	Block DIDACTICS (all groups attend)	
3:00 PM – 5:00 PM					Pediatric Clerkship Session	

This section contains a listing of topics that will be addressed during the Friday afternoon block didactic sessions. **The sessions are structured so that 1:00-2:00 PM will generally be devoted to Obstetrics & Gynecology topics. The 2:00-5:00PM block will generally cover Pediatric topics.**

Please note that this table does not cover the longitudinal experience.

Week#1	Topic/ Activity	Objectives	Faculty
	ORIENTATION DAY #1		
Week#2	**Topic/ Activity**	**Objectives**	**Faculty**
	Intrapartum Fetal Surveillance (Self-Study)	Rationale: Intrapartum fetal evaluation allows detection of aspects of labor that may affect the fetus. The student will be able to describe techniques and interpretation of intrapartum fetal surveillance, including: A. Auscultation B. Electronic fetal monitoring C. Fetal scalp sampling D. Amniotic fluid assessment	Blackboard
	Associated Readings: *Obstetrics & Gynecology*, 6th ed., Beckman: Reproductive Cycles – Chap. 33 Menstrual Cycle (material posted on BlackBoard)		
Week#3	**Topic/ Activity**	**Objectives**	**Faculty**
	PEDS Emergencies, Growth & Development, Principals of Care		Dr. Hernan
	Obstetrics & Gynecology, 6th ed., Beckman: Antepartum – Chap. 6 Intrapartum Fetal Surveillance – Chap 9; On-line tutorial: link provided on BlackBoard Nelson Textbook of Pediatrics: Pediatric Health Supervision – Part XVI, Section 2, Chapter 170 Adolescent Medicine – Part II, Chapters 12-13		
	Assessment: Weekly Quizzes & Case discussions		

Week#4	Topic/ Activity	Objectives	Faculty
	Disorders of the Breast	Rationale: Breast disorders and concerns are common. They are often distressing and may indicate the presence of serious disease. The student will be able to list: A. Describe symptoms and physical examination findings of benign or malignant conditions of the breast. B. Demonstrate the performance of a clinical breast examination. C. Discuss the steps in the evaluation of common breast complaints: mastalgia, mass, nipple discharge. D. Discuss initial management options for benign and malignant conditions of the breast.	Dr. Lynn (OBG)
	Lactation (Self-Study):	Rationale: Knowledge of the physiology and function of the breast during lactation allows appropriate counseling to the pregnant and postpartum patient. The student will be able to list: A. List the normal physiologic and anatomic changes of the breast during pregnancy and postpartum. B. Recognize and know how to treat common postpartum abnormalities of the breast. C. List the reasons why breast feeding should be encouraged. D. Describe the resources and approach to determining medication safety during breast feeding. E. Describe common challenges in the initiation and maintenance of lactation.	Baby Café/Blackboard
	Recognition of Pediatric Emergencies	Rationale: Children are difficult to evaluate. Early recognition of the child at risk for rapid deterioration can allow treatment and prevent critical illness or death and or allow time to activate appropriate systems to respond. The student will be able to demonstrate, cite, identify, etc.: ○ Demonstrate proficiency with a focused pediatric history and PE ○ Identify normal VS for all ages ○ Identify abnormal VS and assess degree and seriousness of abnormality in all age groups ○ Identify common pediatric emergencies	Dr. L. Hernan (PEDS)
	Anemia	• Pathophysiology of anemia • Clinical manifestation • Differential Diagnoses in children • Management	Dr. M. Lacaze (PEDS)
	Associated Readings: *Obstetrics & Gynecology*, 6th ed., Beckman: Disorders of the Breast – Chap 31 (Material posted on BlackBoard) Breast Feeding Basics – on-line modules (link provided on BlackBoard) *Nelson Textbook of Pediatrics*, Anemia – Part XX, Chapter 447 *Pediatric Emergencies*		
	Assessment: Weekly Quizzes Case discussions		

Week#6	Topic/ Activity	Objectives	Faculty
	Jeopardy Review	Student will participate in a lecture review as an interactive learning experience.	Dr. Hernan

Week#7	Topic/ Activity	Objectives	Faculty
	Urinary Incontinence	Rationale: Patients with conditions of pelvic relaxation and urinary incontinence present in a variety of ways. The physician should be familiar with the types of pelvic relaxation and incontinence and the approach to management of these patients. The student will demonstrate knowledge of the following: A. Predisposing factors for pelvic organ prolapse and urinary incontinence B. Anatomic changes, fascial defects and neuromuscular pathophysiology C. Signs and symptoms of pelvic organ prolapse D. Physical exam 1. Cystocele 2. Rectocele 3. Enterocele 4. Vaginal vault or uterine prolapse	Dr. Montoya (OBG)
	Developmental Physiology of the Pediatric Respiratory System	Rationale: Children's respiratory physiology is different from the adult. Adolescent respiratory physiology is similar to adults. This is due to developmental and size issues. Therefore, child at different ages respond differently to illness and injury, and the treatment must be tailored to the specific age group. The student will be able to demonstrate, cite, identify, etc.: • Differences between children and adults important in respiration: a. Anatomic b. Physiologic • Identify developmental changes as they occur throughout the pediatric ages • Identify common causes of respiratory distress and failure at different ages • Identify appropriate equipment used to intervene in respiratory distress and failure at different ages • Articulate reasons why infants are prone to respiratory failure and hypoxemia	Dr. L. Hernan (PEDS)
	Associated Readings: *Obstetrics & Gynecology*, 6th ed.: Beckman: Pelvic Support Defects, Urinary Incontinence and Urinary Tract Infection – Chap 28 Nelson Textbook of Pediatrics: *Respiratory System*		
	Assessment: Weekly Quizzes Case discussions Respond to CLIPP Cases Clinical performance during both inpatient and outpatient rotations		

Week#8	Topic/ Activity	Objectives	Faculty
	Contraception	Rationale: An understanding of contraceptive methods and associated risks and benefits is necessary to assist patients seeking to prevent pregnancy. The student will be able to: A. Describe the mechanism of action and effectiveness of contraceptive methods. B. Counsel the patient regarding the benefits, risks and use for each contraceptive method. C. Describe the barriers to effective contraceptive use and to the reduction of unintended pregnancy. D. Describe the methods of male and female surgical sterilization. E. List the risks and benefits of female surgical sterilization procedures.	Dr. Mendez (OBG)
	Urinary Tract Infection in Children Nephrotic Syndrome Glomulonephrites in Children	• Signs, symptoms, evaluation, and management of urinary infections • Glomerular disease in children: evaluation and treatment	Dr. G. Lozano (PEDS)
	Associated Readings: *Obstetrics & Gynecology*, 6th ed. Beckman: Contraception – Chap 24. Material posted on BlackBoard.		
	Assessment: Weekly Quizzes Case discussions Post Test		

Week#9	Topic/ Activity	Objectives	Faculty
	Jeopardy Review	Student will participate in a NBME and lecture review as an interactive learning experience	Drs. Herman
	Telephone Medicine Consultation	Rationale: While telephone consultation with patients and other healthcare providers is part of the 21st century medicine, medical students rarely receive formal instruction or training in this skill or in strategies for triaging phone queries in an acute care setting. The Pediatric Observed Structured Clinical Examination (OSCE) is a good tool to teach these skills. The student will be able to: A. Conduct an interview by telephone, elicit the history and any pertinent positive and negative information. B. Document this encounter and provide appropriate and safe advice to the patient/caregiver. C. Understand the grading formality of a standardized patient on the patient encounter and by the faculty on the note.	
	Assessment: Case discussions Simulation Didactic (Self Study)		

Week#10	Topic/ Activity	Objectives	Faculty
	Metabolic Disorders	Rationale: The transition from intrauterine life to extrauterine independent existence is a major event: physiologically for the baby, emotionally for the family, and medically for the health care team. Physicians must have an appreciation for the physiologic changes a newborn experiences. The newborn has unique needs and vulnerabilities that are distinct from other periods of infancy. Most of the information covered in this section is pertinent in the first few hours and days of life. However, the newborn period extends through to the first month of life. The student will be able to: • Know the common metabolic disorders • Understand the pathophysiologic basis of metabolic disorders • Identify some of the common signs and symptoms of metallic disorder • Understand the concepts of management of metabolic disorders	Dr. Maiyegun (PEDS)
	Neonatology	Rationale: The transition from intrauterine life to extrauterine independent existence is a major event: physiologically for the baby, emotionally for the family, and medically for the health care team. Physicians must have an appreciation for the physiologic changes a newborn experiences. The newborn has unique needs and vulnerabilities that are distinct from other periods of infancy. The student will be able to: • Describe the transition from the intrauterine to the extrauterine environment, including temperature regulation, cardiovascular/respiratory adjustment, glucose regulation, and initiation of feeding • List the information from the history of pregnancy, labor, and delivery obtained from the parents or medical record that has implications for the health of the newborn • Describe how gestational age can be assessed with an instrument such as the Ballard Scale, and identify key indications of gestational maturity • Describe the challenges for parents adjusting to a new infant in the home	Dr. Maiyegun (PEDS)
	Associated Readings: *Nelson Textbook of Pediatrics*: Metabolic Disorders – Part XI Chapter 83 Neonatology – Part XV Chapter 98		
	Assessment: Case Discussion		

Week#11	Topic/ Activity	Objectives	Faculty
	Menopause	Rationale: Women spend as much as one-third of their lives in the postmenopausal years. Understanding the physical and emotional changes caused by estrogen depletion is important for all physicians who provide health care for women. The student will be able to describe: A. Physiologic changes in the hypothalamic-pituitary-ovarian axis B. Symptoms and physical findings associated with hypoestrogenism C. Long-term changes associated with hypoestrogenism D. Management, including: 1. Hormone therapy 2. Nutrition and exercise 3. Non-hormonal therapeutic options E. Risks and benefits of hormone replacement therapy	Dr. Schaffer (OBG)
	Recognition and Treatment of Pediatric Shock	Rationale: Children's response to shock differs from that of the adult. Adolescent physiology is similar to adults. This is due to developmental issues. Therefore, a child in shock will present differently at different ages, and will need different therapies. The student will be able to demonstrate, cite, identify, etc. • Describe the different presentation of shock between children and adults. • Describe initial therapy for shock and indications for emergency treatment according to published practice parameters. • Describe age-related differences in etiology of shock	Dr. L. Hernan (PEDS)
	Emergent Delivery Simulation & Neonatal Review of Resuscitation Protocols	Rationale: Student will participate in a simulation of emergency care of both mother and neonate. The student will be able to: • Evaluate the patients and suggest appropriate course of action. • Interpret results of fetal monitoring strips, vital signs, and clinical data in an unexpected emergent event. • Demonstrate knowledge of adult and neonatal resuscitation protocols.	Dr. L. Hernan (PEDS) Dr. H. Lyn (OBG)
	Ethics Activity	Objective: Students will gain understanding of ethical considerations by participating in a small group ethics discussion simulating an ethics committee.	Dr. L. Hernan (PEDS) Dr. H. Lyn (OBG)
	Associated Readings: Obstetrics & Gynecology, 6th ed., Beckman: Menopause. (Chap 37, Material posted on Black Board) Nelson Textbook of Pediatrics: Shock and Treatment American Heart Association. 2010 Handbook of Emergency Cardiovascular Care for Healthcare Providers. (material provided) American Heart Association. Advanced cardiovascular life support (material provided) Brierly J, Carcillo JA, Choong K, et al. Clinical practice parameters for hemodynamic support of pediatric and neonatal septic shock: 2007 update from the American College of Critical Care Medicine. Crit Care Med 2009; 37(2):666-688. Pediatric Critical Care Medicine, 3rd edition, Fuhrman and Zimmerman, eds. chapter 27, Shock States	
	Assessment: Weekly Quizzes		

	Case discussions Simulation

Week#12	Topic/ Activity	Objectives	Faculty
	Fluids & Electrolytes	Rationale: All human being need an uninterrupted supply of water, electrolytes and energy. Excessive or diminished fluid intake or losses may lead to severe physiologic derangements with significant morbidity and even mortality. The student will be able to: • Signs & symptoms of dehydration • Estimate fluid deficit • One method of fluid calculation • Calculate maintenance requirements • Assess for ongoing losses • Indication for oral rehydration therapy • Indication for parenteral rehydration therapy • 4 common electrolyte imbalances	Dr. I. Pemado (PEDS)
	Infectious Rashes	Rationale: Many children present in the ambulatory service and are admitted to the hospital with a variety of rashes that are important for their diagnosis and evaluation. The student will be able to demonstrate, cite, identify, etc: • The most relevant rashes related to their frequency and importance for the pediatric patients will be the core of the presentation. • A small discussion will follow every slide describing its evolution and transcendence.	Dr. G. Handal (PEDS)
	Mock RCA (Root Cause Analysis)	Rationale: Students will participate in this activity to identify and categorize the root causes and contributing factors of an adverse patient outcome. The student will: • Be familiar with the use of Root Cause Analysis in evaluating adverse outcomes in patient care. • When given a case, the student will identify root cause/contributing factors. • When given a case, the student will categorize the root causes/identifying factors. • Suggest an action plan based on the factors he/she identified.	Dr. Lyn (OBG) Dr. Hernan (PEDS)
	Associated Readings: *Nelson Textbook of Pediatrics*: Fluids & Electrolytes – Part IX, Chapter 52 Infectious Diseases – Part XVI *Mock RCA*: Material provided prior to activity.		
	Assessment: Weekly Quizzes Case discussions		

Week#13	Topic/ Activity	Objectives	Faculty
	Sexually Transmitted Infections	Rationale: To prevent sexually transmitted infections and minimize their impact on health, the physician should understand their basic epidemiology, diagnosis and management. The student will be able to list: A. Organisms and methods of transmission, symptoms, physical findings, and evaluation and management of each of the following: • Gonorrhea • Chlamydia • Human papilloma virus infection • Human immunodeficiency virus (HIV) infection B. Public health concerns including: • Screening programs • Costs • Prevention and immunizations • Partner evaluation and treatment	Dr. Aun (OBG) Dr. Wojciechowska
	Orthopedics	• Identify congenital orthopedic diseases • Common acquired orthopedic conditions • Manage infections in bone and joint diseases • Identify common pediatric fractures	Dr. S. Maiyegun (PEDS)
	Pediatric Oncology	• Most common cancers in children and adolescents • Signs and symptoms of leukemia, brain tumors • Diagnostic evaluation • Treatment strategy	Dr. M. Lacaze (PEDS)
	Associated Readings: Obstetrics & Gynecology, 6th ed., Beckman: Sexually Transmitted Diseases – Chap 27 (Material posted on BlackBoard.) *Nelson Textbook of Pediatrics*: Oncology – Part XXI Orthopedics – Part XXI, Chapter 663		
	Assessment: Weekly Quizzes Case discussions Post Test		

Week#14	Topic/ Activity	Objectives	Faculty
	Upper/Lower Respiratory Tract Infections	• Signs of respiratory distress • Signs and symptoms of epiglottitis, laryngotracheobronchitis, bronchiolitis and foreign body aspiration, evaluation and treatment	Dr. J. Peinado (PEDS)
	Toxins and Poisoning	• Describe the developmental vulnerability for poisoning and accidental ingestions • List the ages at which prevalence of unintentional and intentional poisonings is highest and the interventions that decrease the incidence of childhood ingestions • Describe the emotions of guilt and anxiety that may be present in the parent/caregiver or child at the time of ingestions • Describe the environmental sources of lead, the clinical and social importance of lead poisoning, and screening tools to identify children at risk for lead poisoning • Describe the acute signs and symptoms of accidental or intentional ingestions of acetaminophen, iron, alcohol, narcotics, PCP, trycyclic antidepressants, volatile, hydrocarbons, and caustics • Describe the immediate emergency management of children with toxic ingestions • Describe the role of the Poison Control Center	Dr. J. Peinado (PEDS)
	Associated Readings: *Nelson Textbook of Pediatrics*: Respiratory Tract Infectious – Part XVIII Poisoning – Part XXXII, Chapters 707-710		
	Assessment: Weekly Quizzes Case discussions		

Week#15	Topic/ Activity	Objectives	Faculty
	Evaluation of Ovarian Mass	Rationale: Adnexal masses are a common finding in both symptomatic and asymptomatic patients. Management is based on determining the origin and character of these masses. The student will be able to describe: A. Evaluation of the patient with an adnexal mass B. Characteristics of: 1. Functional cysts 2. Benign neoplasms	Oncologist (OBG)

		3. Carcinomas C. Evaluation and management of carcinomas of the ovary 1. Symptoms and physical findings 2. Risk factors 3. Histologic classification D. Impact of staging on management and prognosis	
	Associated Readings: Obstetrics & Gynecology, 6th ed., Beckman: Ovarian and Adnexal Disease Chap: 46		
	Assessment: Weekly Quizzes Case Discussions Post Test		

Week#16	Topic/ Activity	Objectives	Faculty
	NBME - You will take both shelf exams this week. Evaluations - You will complete the required clerkship evaluations this week.		

Section I. Obstetrics & Gynecology Clerkship

Clerkship Learning Objectives:

The following Learning Objectives align with the PLFSOM Medical Education Program Goals and Objectives: explicit references are provided in the sections indicated in parentheses.

Medical Knowledge

Goal: Students will demonstrate knowledge of established and evolving biomedical, clinical,epidemiological,and social-bahavioral sciences, as well as the application of this knowledge to patient care.

The student will develop an understanding of the assessment and management of common clinical conditions in Obstetrics and Gynecology in both the inpatient and outpatient setting. The student will demonstrate the ability to acquire, critically interpret, and apply this knowledge. (1.1-1.9; 2.1-2.6)

Objectives: By the end of this clerkship experience students will be able to:

- Provide evidence based, age-appropriate preventive and health maintenance care (2.2-2.4).
- Recognize the signs, symptoms, and physical findings associated with commonly occurring conditions; furthermore, communicate effectively with patients about their concerns (2.1-2.3; 3.2, 3.4, 3.5). For example:
    - antenatal care, low risk
    - antenatal care, high risk
    - gestational diabetes
    - spontaneous abortion
    - ectopic pregnancy
    - pre-term labor
    - term labor
    - oOffice and hospital management of pregnant patients with coexisting medical conditions
    - wWomen's health maintenance
    - sexually-transmitted diseases
    - menopause
    - pelvic floor relaxation
    - incontinence
    - abnormal vaginal bleeding
    - contraception
    - infertility
    - gynecologic oncology

Patient Care

Goal: Students will be able to provide patient-centered care that is age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health (1.1 – 1.9; 2.1 – 2.6; 4.1 – 4.4; 5.1.- 5.7; 7.1 – 7.4).

Objectives: By the end of this clerkship experience, students will demonstrate the ability to:

- Obtain a competent clinical data base on obstetrical and gynecological patients, and perform a competent pelvic exam in the gravid and non-gravid patient (1.1, 1.3, 1.4, 1.6, 1.7).
- Develop knowledge and proficiency in the provision of ambulatory care to the uncomplicated pregnant patient, and to manage common conditions and complications associated with pregnancy (1.1, 1.3, 1.4, 1.6, 1.7, 4.1 – 4.3).
- Develop competency at the level of the MS III in the management of uncomplicated labor and delivery, and recognize indications for operative obstetrical intervention (1.1 – 1.9).
- Develop appreciation for the proficient management of high-risk pregnancies and for the management of complications of labor and delivery (1.1 – 1.9).
- Develop proficiency at the level of the MS III in the management of ambulatory gynecological patient (1.1 – 1.9).
- Perform or assist in the performance of Pap smears, wet prep and KOH preps, pelvic exams, deliveries and ultrasounds (1.1 – 1.9).
- Utilize diagnostic testing and imaging resources effectively and efficiently. (1.1 – 1.3, 1.7).

Interpersonal And Communication Skills

Goal: The student will demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals. (4.1 – 4.4; 5.1 – 5.7; 7.1 – 7.4; 8.1 – 8.6).

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

- Communicate effectively with patients and their families (4.1).
- Appropriately utilize interpreters, if necessary, to communicate with patients with limited English proficiency (4.1, 4.2).
- Communicate effectively and respectfully with physicians and other health professionals in order to share knowledge and discuss management of patients (4.2).
- Maintain professional and appropriate personal interaction with patients (4.1, 4.3).
- Use effective listening, verbal and writing skills to communicate with patients and members of the health care team (4.1 – 4.4).

Professionalism / Ethics

Goal: Students will demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population. (4.1 – 4.4; 5.1 – 5.7; 8.1 – 8.5)

Objectives: Throughout this clerkship, students will demonstrate a commitment to:

- Being sensitive to patient and family concerns (5.1 – 5.6).
- Maintaining confidentiality and respecting patient privacy (5.1 – 5.7).
- Managing personal biases in caring for patients of diverse populations and different backgrounds and recognizing how biases may affect care and decision-making (5.1 – 5.6).
- Meeting professional obligations and the timely completion of assignments and responsibilities (5.6, 5.7).
- Advocate for patient needs (5.1 – 5.6)

Practice Base Learning And Improvements

Goal: The student will understand the application of scientific evidence and accept feedback for continuous self-assessment in the improvement of patient care practices (3.1 – 3.5; 5.1 – 5.7; 7.1 – 7.4; 8.1 – 8.5).

Objectives: During this clerkship experience, the student will:

- Demonstrate effective use of digital technology (e.g., smart phones, tablets, PCs, etc.) for accessing and evaluating evidenced-based medical information (e.g., e-medicine, appropriate journals such as AAFP, NEJM, American Journal of Obstetrics and Gynecology, etc.) (3.1, 3.5).
- Accept feedback from faculty and incorporate this to improve clinical practice (3.1, 3.3).

System Based Practice

Goal: Students must demonstrate an awareness of medical systems, responsiveness to the larger context and system of health care, and the ability to effectively utilize system resources to provide optimal care. The student will develop an appreciation of supportive health care resources, and understand their utilization as part of patient advocacy (5.1 – 5.7; 6.1 – 6.4; 7.1 – 7.4).

Objectives: During this clerkship experience, the student will demonstrate the ability to:

- Utilize ancillary health services and specialty consultants properly (6.2; 6.4).

Clinical Expectations:

During this clerkship, students are expected to experience the following:

Condition	Associated Clinical Presentation(s)
New OB visit	Contraception
Routine OB visit	Screening and prevention
Diabetes Management	Normal pregnancy
Non stress test/Fetal Monitoring	Diabetes and Hyperlipidemia
Evaluation/treatment vaginal discharge (wet prep)	Vaginal discharge
Evaluation of ruptured membranes (fern test)	Abnormal genital track bleeding
Assessment of Labor	Pregnancy loss
Evaluation/treatment 2nd and 3rd trimester bleeding	
Evaluation/treatment UTI and Pyleonephritis	
OB ultrasound	
Evaluation/treatment vaginal discharge (wet prep)	Pregnancy complications
Evaluation of ruptured membranes (fern test)	
Assessment of Labor	
Evaluation/treatment 2nd and 3rd trimester bleeding	
Evaluation/treatment UTI and Pyleonephritis	
OB ultrasound	

Condition	Associated Clinical Presentation(s)
Evaluation/treatment of abnormal uterine bleeding	Abnormal genital track bleeding
Evaluation/treatment of sexually transmitted diseases	Pelvic pain
	Pelvic mass
Evaluation/treatment of abnormal pap smears	Pregnancy loss
Evaluation/treatment of spontaneous abortions	Menopause
Evaluation/treatment of Ectopic pregnancies	Prolapse/Pelvic floor relaxation
Contraception counseling	Pregnancy complications
Colposcopy	
Laser/Leep/Cryosurgery	
Endometrial biopsy	
Transvaginal sonography (+/-)	
Post-op care	
D&C	
Cold knife cone	
Tubal ligation (Laparoscopy and Laparotomy)	
Hysterectomy (Abdominal, Vaginal, and Laparoscopic Assisted Vaginal)	
Ectopic Pregnancy (Laparoscopy or Laparotomy)	
Adnexal surgery	
Pelvic floor surgery	
Evaluation/treatment cervical cancer	
Evaluation/treatment uterine cancer	
Evaluation/treatment ovarian cancer	

During this clerkship, students are expected to perform the following procedures:

Procedure	Associated Clinical Presentation(s)
Annual Exam (minimum of two exams in any age group)	Periodic Health exam-Adult
18-25 years old	Screening and prevention
25-40 years old	Contraception
40+ years old	

Integration Threads

X Geriatrics (C, L)	X Basic Science (C, L)	X Ethics (L)
X – Professionalism ©	X EBM	X Chronic illness care (C,L)
X Patient safety (S)	X Pain Management ©	X Clinical pathology (C,L)
X Palliative care (C,L)	X – Quality Improvement (L, S)	X Clinical and/or translational research (C)
X Communication skills (C)	X Diagnostic imaging (C)	
KEY: S- Simulation lab; C – Clinical experience; L - Lectures		

OBGYN CLERKSHIP THREADS

In addition to these components being encountered or modeled during inpatient and outpatient clinical activities, activities that specifically address these are:

ETHICS AND PROFESSIONALISM

1.) Defined and explained during clerkship orientation
2.) Combined Ethics Activity; involving didactics, role playing
3.) Morning report
4.) Teaching Resident Sessions

PATIENT SAFETY/QI

1.) Mock root cause analysis
2.) Morning report

PALLIATIVE CARE

1.) Morning report

COMMUNICATION SKILLS

1.) Transparent Group OSCE
2.) OSCE

BASIC SCIENCE

1.) Didactic lectures
2.) Morning report

PAIN MANAGEMENT

1.) Clinical encounters
2.) Morning report

DIAGNOSTIC IMAGING

1.) Clinical encounters
2.) Morning report
3.) Didactic lectures

CLINICAL PATHOLOGY

1.) Didactic lectures
2.) Morning report

Clerkship Components

Rotations

- Labor and Delivery (2 weeks)
- Comprehensive OB Service (1 week)
- In-patient OB/GYN (1week)
- Out-patient OB/GYN (1week)
- Gynecologic Oncology Service (1 week)
- Benign Gynecology service (1 week)
- Triage (1week)

Service Objectives and Preparations:

Benign Gynecology:

Objectives:

1. The student will participate in the intraoperative care of the patient.
2. The student will participate in the perioperative care of the patient.
3. The student will be able to discuss common post-operative complications and their management.
4. The student will participate in team care of selected patients including presenting the patient on rounds, and writing SOAP notes.
5. The student will participate in the evaluation of gynecology patients in the ED.

Preparation:

1. Review pelvic anatomy.
2. Review hysterectomy, and pelvic prolapse.
3. Review PID, abnormal uterine bleeding, and first trimester bleeding.

Additional Responsibilities:

1. The student will arrive at 5:30 A.M. and will prepare a work list for morning rounds.
2. At the end of the week, the student will present evaluation forms to the residents and attending faculty.

Labor and Delivery:

Objectives:

1. The student will perform 1-2 vaginal deliveries.
2. The student will participate in labor management.
3. The student will scrub on at least 1 cesarean section.
4. The student will be able to identify abnormal labor.
5. The student will be able to discuss interventions for the management of shoulder dystocia.

6. The student will discuss interventions for the management of post-partum hemorrhage.

Preparation:

1. Complete online course on evaluation of fetal heart rate monitoring strips.
2. Review normal labor.
3. Review abnormal labor.
4. Review cardinal movements of the fetus in the birth canal.

Additional Responsibilities:

1. The student will arrive at 7 A.M. and participate in Morning Report.
2. At the end of the week, the student will present evaluations to the attending faculty, senior, and junior residents on the L&D day shift.

Obstetrics Night Float:

Objectives:

1. The student will perform >2 vaginal deliveries (with assistance).
2. The student will be familiar with management of labor.
3. The student will interpret a fetal heart rate tracing and tocodynamometer.
4. The student will be familiar with the indications for cesarean section.
5. The student will scrub on at least 1 cesarean section.
6. The student will be able to discuss evaluation and management of pregnancy-induced hypertension.

Preparation:

1. Complete the online module for the interpretation of fetal monitoring.
2. Review the mechanism of performing a vaginal delivery.
3. Review normal labor.
4. Review PIH and preeclampsia.

Additional Responsibilities:

1. The students will participate in post-partum rounds prior to the end of each night shift (approximately 6 A.M.). This entails writing postpartum notes on 1 – 2 patients.
2. At the end of the week, the student will present evaluation forms to the senior and junior residents who were on night float.

Gynecology Oncology:

Objectives:

1. The student will participate in perioperative care of gyn oncology patients.
2. The student will participate in team care of selected patients including presenting the patient on rounds and writing SOAP notes.
3. The student will evaluate gyn oncology patients in the outpatient setting.
4. The student will be able to discuss evaluation and non-surgical treatment of cancers of the female genital tract.

5. The student will explain the indications for colposcopy , will prepare patients for colposcopy, and will be able to interpret results of colposcopy biopsies.

Preparation:

1. Review pelvic anatomy.
2. Review female genital tract cancers (cervix, ovary, uterus).
3. Review abnormal Pap smears.

Additional Responsibilities:

1. The student will arrive at 6 A.M. and assist the intern in preparation for morning rounds.
2. The student will present an evaluation to the residents and the attending faculty at the conclusion of the week.

Clinic (Faculty Practice/Resident clinic/Private Community Practice):

Objectives:

1. The student will observe the interaction and flow of patients and provider in a private office setting.
2. The student will interview patients and present patient information to the attending physician as directed.

Preparation:

1. Review office prenatal care.
2. Review health maintenance and ambulatory gynecologic office care.

Additional Responsibilities:

1. For off-site Community Practice: The student will arrive at the preceptor's clinic as designated by the Preceptor/Clinic Manager.
2. The student will be allowed to attend any in-patient procedures at Sierra/Providence.
3. For both Practices: The student will present evaluation forms to the attending physician at the end of the session . If there is more than one session with the same faculty physician, the student will will present the evaluation from the last encounter.)

Triage:

Objectives:

1. Observe and perform a breast exam.
2. Students will be able to discuss lactation and assist lactating mothers with breastfeeding.

Preparation:

1. Review speculum exam, wet mount.

2. Review and complete on-line module for breastfeeding and complete all assignments for the service.

Additional Responsibilities:

1. The student will participate in antepartum rounds at ~7 A.M.
2. Present evaluation form to resident in L&D triage at end of week as well as the lactation consultant after attending Baby Café.

Specialty: (Breast clinic/Ultrasound/Lactation service/OB Anesthesia)

Objectives:

1. The student will observe and perform a breast exam.
2. The student will discuss the evaluation and management of abnormal mammogram findings and palpable breast mass.
3. The student will observe common indications for abdominal and pelvic ultrasound examinations.
4. The student will interact with and assist lactating mothers in the hospital and in Baby Café.

Preparation:

1. Review and complete on-line module for breastfeeding and complete all assignments for the service.
2. Review material available for each service.

Additional Responsibilities:

1. Present evaluation form to OBG junior resident in L&D triage at end of week, to the lactation consultant after attending Baby Café and to the supervising faculty on the Ultrasound service.

Complicated Obstetrics (COB) Clinics:

Objectives:

1. The student will interview and present patients to residents and attending physicians.
2. The student will be able to discuss gestational diabetes, & disorders of blood pressure in pregnancy.
3. The student will be able to discuss common post-partum and post-cesarean section complications.

Preparation:

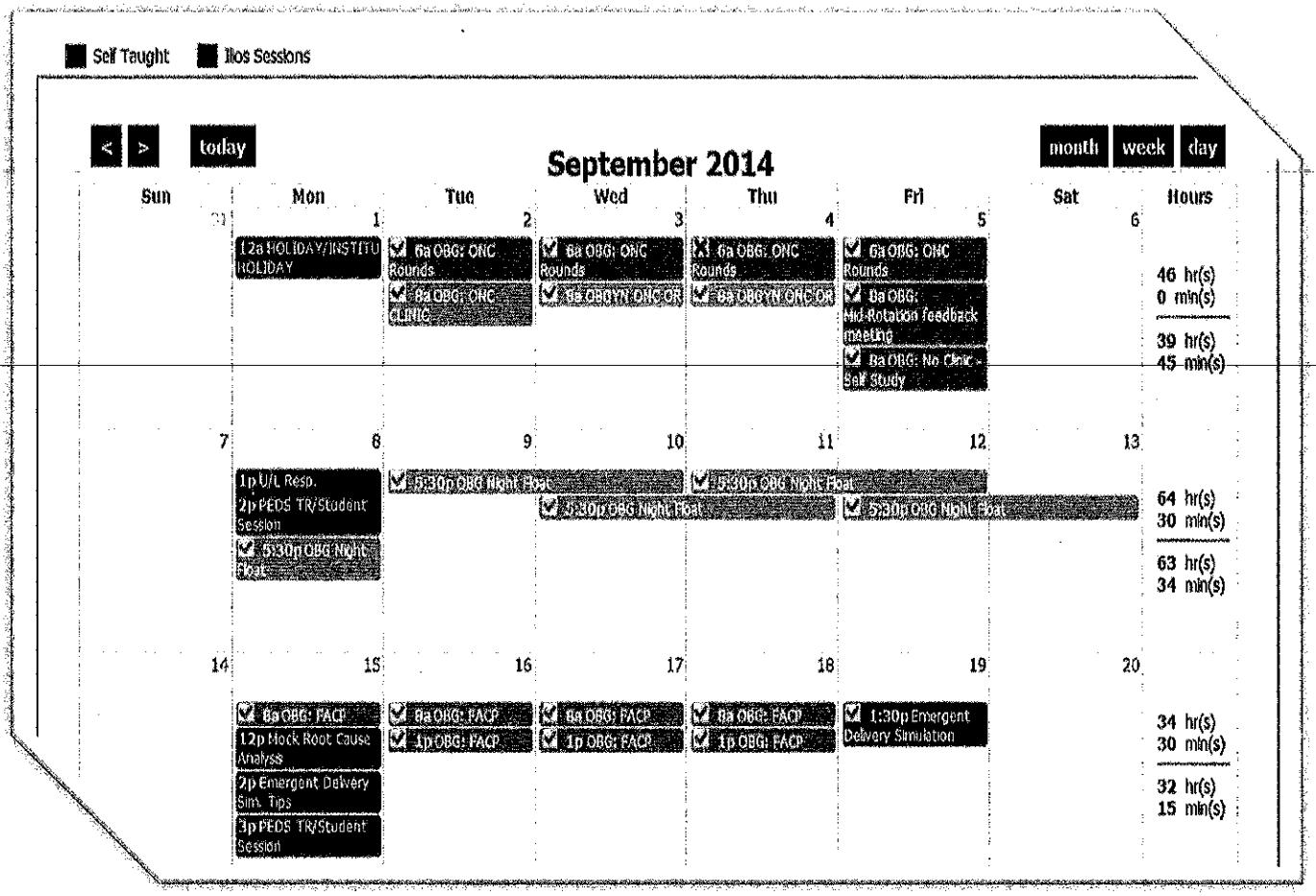
1. Review gestational diabetes.
2. Review chronic hypertension in pregnancy and preeclampsia.
3. Review postpartum complications including anemia and post-partum hemorrhage.
4. Review evaluation and management of febrile illness in the peri- and post-partum periods.

Additional Responsibilities:

1. The student will participate in postpartum rounds: 5:30 A.M. – 2nd floor Children's Hospital.
2. At the end of the week, the student will present evaluation forms to the attending faculty making comp rounds, and the residents on the comp OB team.

A Sample Clerkship Schedule:

This tables show what a representative individual student's schedule might look like:



Ex: OB/GYN Schedule (partial)

NOTES:

OBGYN Clinics start @ 8:30 A.M. & 1P.M.; **OR cases** begin @ 8 A.M.; **OR case list** of surgeries will be discussed during Grand Rounds the Friday prior to service; **Night Float service** – 5:30 P.M. – 7 A.M.

Clerkship Activities

DIDACTICS:

- **Block Didactics.** Every Friday, didactics are held for the block. Included are specialty-specific and combined didactic activities. Topics, material and instructions will be provided and posted in the students scheduling system.

- **Resident/student sessions.** A resident on the COB service will meet with the group of students for weekly sessions. The goal of these sessions is to review various topics related to Obstetrics/Gynecology and will help prepare the students for the NBME exam. Clinical presentation schemes are used. Topics and instructions will be provided throughout the rotation.

- **Departmental Didactic Sessions/Grand Rounds.** Didactic sessions/Grand Rounds are held for the entire department every Friday and are mandatory. If these sessions are not applicable to the clerkship, alternate activities are provided. Schedules will be posted into the students scheduling system.

- **Other didactic activities:** Students must participate in the weekly journal discussions during morning report (articles will be provided to students). Students must also participate in the monthly Journal Club held during Departmental Didactics (articles will be provided to students).

SIMULATION AND TRAINING:

- **Suturing:** The students will attend this clinic to gain the basic suturing and knot tying skills used in the OBGYN OR. They will be instructed on one-handed and two-handed knots; proper technique for handling suturing instruments (e.g.,. loading needle driver, using tissue forceps, etc); and practice continuous locking suturing. Performance and proficiency will be assessed at the end of the clerkship by the Clerkship Director. An assessment form will be provided for review prior to the exam.

- **Pelvic Exam:** The student will attend this simulation clinic to gain the basic clinical skills for the pelvic exam. The simulation is intended to instruct the student on how to interact with the patient in a sensitive manner that assures the patient's comfort and modesty. It will also introduce the correct way to perform a complete external inspection, speculum examination, and bimanual examination. Performance and proficiency will be assessed at the end of the clerkship by the Clerkship Director and the Standardized Patient and Health Care assistant. An assessment form will be provided for review prior to the exam.

Clerkship Specific Op Log Expectations:

As indicated in the Block Policies section, you are expected to complete OpLog entries in a timely manner and on a weekly basis. In addition to the basic requirement that you record a minimum number of patients, there is also a requirement that you experience a minimum number within certain experience categories. Students who do not meet these expectations in the documentation of their clinical experiences will not be eligible for "Honors" designation; nevertheless, students will still be required to meet these requirements by the use of other resources (e.g.,. simulation; on-line resources). The following table indicates the minimum you must see by experience category:

*****OP-LOG ENTRIES MUST BE UPDATED WEEKLY*****

Below are the possible categories and diagnoses:

Essential Procedures *(In either category of involvement: A; M; O)*	**GYN Clinic - Outpatient Procedures** *(in either category of involvement: A; M; O)* **2 pt min to include the additional required as noted**
Vaginal delivery (2)	Wet mount (2)
Observed annual H and P (2)	Colposcopy (2)
Annual exam in any age group (2)	Cryo/LEEP
	Endometrial Biopsy
	Transvaginal U/S
	Word catheter for Bartholin's abscess
	I+D abscess
	IUD
	Implanon
	Pessary
	Diaphragm fitting

GYN Clinic *(in either category of involvement: A; M; O)* **2 pt min to include the additional required as noted**

Abnormal uterine bleeding	Vulva lesions
STI (2)	Vaginal lesions (not discharge)
Abdominal pain (2)	Vaginal discharge (2)
Abnormal Pap/dysplasia	Cervical lesions (polyps, etc. not polyp, dysplasia
Spontaneous abortion	Uterine abnormalities
Ectopic pregnancy	Adnexal abnormalities (cysts, masses)
Molar pregnancy	PCOS (2)
Menopause/perimenopause (2)	SUI
Pelvic pain/LAP (dysmenorrhea, dyspareunie, endometriosis) (2)	Pelvic floor disorders (prolapse-cele) (2)
Infertility	Preop exam
Contraceptive counseling (2)	Postop exam
	Wound infection

Antepartum/Postpartum Care Outpatient *(in either category of involvement: A; M; O)* **2 pt min to include the additional required as noted**	**Antepartum Care ER/Triage** *(in either category of involvement: A; M; O)* **2 pt min to include the additional required as noted**
Routine OB (2)	Eval/Rx vag dc
Diabetes Management (2)	R/O ROM
Advanced Maternal Age	Assessment of labor (2)
Abnormal Screening or U/S	Eval/Rx spontaneous abortion
OB U/S	Eval/Rx ectopic
Amniocentesis	Eval/Rx bleeding in pregnancy including previa (2)
Multiple Gestation	Eval/Rx UTI and pyelo
High Risk OB HTN (2)	Ob U/S
High Risk OB Other	Discomforts of pregnancy (low abd pain, round lig pain, other) (2)
Imcompetent cervix	Trauma
Postpartum visit (2)	Decreased fetal movement
Preop BTL, Essure	
Abdominal pain (2)	

GYN - Inpatient Procedures *(in either category of involvement: A; M; O)* **2 pt min 2 pt min to include the additional required as noted**	
Uterine surgery, not hyst (2)	D&C – obstetrical (2)
Pelvic floor surgery & suspensions (2)	D&C – gynecological (2)
Laparotomy	Conization of cervix
Hysterecomy (vag, abd, laparoscopic) (2)	Laparoscopy
Endometrial ablation	Tubal ligation
Labial or vaginal procedure	Hysterosocpy (2)
Postop care in hosp – uncomplicated (2)	Essure (2)
Postop care in hosp – complicated (2)	Ectopic pregnancy (2)
Molar pregnancy	Endometriosis surgery
Egg retrieval	Adnexal surgery
Embryo transfer	Adhesions

Labor & Delivery/Postpartum/Antepartum: Must have an observed H & P
(in either category of involvement: A; M; O)
2 pt min to include the additional required as noted

Admit H&P (labor, induction, scheduled C/S)
Management of labor (2)
Forceps/vacuum assisted delivery
Repair of episiotomy, laceration (2)
Cesarean section (san blood) (2)
Postpartum tubal
Cerclage
Preeclampsia/Eclampsia/HELLP Syndrome (2)
PROM/PPROM
Preterm labor (2)
Postpartum hemorrhage
Placenta previa
Malpresentation (breech, transverse, etc.)
Abruption
Fetal Demise
Termination
Postpartum care in hosp – uncomplicated (2)
Postpartum care in hosp – complicated (2)
Antepartum care:
- Pyelo, UTI
- Hyperenesis
- Oligo
- Diabetes
- Chronic HTN
- Preeclampsia
- Gb disease
- Other

GYN ONCOLOGY
(in either category of involvement: A; M; O)
2 pt min to include the additional required as noted

Eval/treatment of:

- Vulvar cancer
- Cervical cancer (2)
- Uterine cancer
- Tubal cancer
- Ovarian cancer (2)
- Trophoblastic gestational neoplasm (2)

Categories of involvement:

- *Assisted*: Student was actively involved in the patient encounter or procedure but was not acting independently.
- *Managed*: Student directed the encounter or procedure under the supervision of a faculty or resident member.
- *Observed*: Student was present during the encounter or procedure but was not an active participant.

OBGYN CLINICAL ASSESSMENT FORM:

Components	SCALE	SOURCE
Knowledge for Practice		
Identifies biopsychosocial issues relevant to patient treatment.	Needs Improvement, Pass, Honors, N/A	Clinical Evaluations
Can compare and contrast normal variation and pathological states commonly encountered in Obstetrics and Gynecology.		
Can independently apply knowledge to identify problem.		
Comments related to Knowledge for Practice (If none, please enter NA):		
Patient Care and Procedural Skills		
Completes an appropriate history.		Clinical Evaluations Pelvic Exams Suture Exams GYN OSCE
Exam is appropriate in scope and liked to history.		
Generates a comprehensive list of diagnostic considerations based on the integration of historical, physical, and laboratory findings.		
Provides preventive healthcare services and promotes health in patients		
Appropriately documents findings.		
Comments related to Patient Care and Procedural Skills (If none, please enter NA):		
Interpersonal and Communication Skills		
Communicates effectively with patients and families across a broad range of socio-economic and cultural backgrounds.		Clinical Evaluations Continuity Patient Activity
Presentations to faculty or resident are organized.		
Comments related to Interpersonal and Communication Skills (If none, please enter NA):		

Practice-Based Learning and Improvement		
Takes the initiative in increasing clinical knowledge and skills.		
Accepts and incorporates feedback into practice		Clinical Evaluations
Comments related to Practice-based Learning and Improvement (If none, please enter NA):		
System-Based Practices		
Effectively utilizes medical care systems and resources to benefit patient health.		Clinical Evaluations Systems Enrichment Activities (Mock RCA, Emergent Delivery Simulation; Sexual Abuse activity)
Demonstrates understanding of processes for maintaining continuity of care throughout transitions (change in team of providers or transfer in level of care).		
Comments related to System-based Practice (If none, please enter NA):		
Professionalism		
Is reliable and dependable		Clinical Evaluations
Acknowledges mistakes		
Displays compassion and respect for all people.	Needs Improvement, Pass, Honors, N/A	Clerkship Coordinator Professionalism Evaluations Timely OP-log entries
Demonstrates honesty in all professional matters		
Protects patient confidentiality		
Dress and grooming appropriate for the setting		
Comments related to Professionalism (If none, please enter NA):		
Interprofessional Collaboration		
Works professionally with other health care personnel including nurses, technicians, and ancillary service personnel		Clinical Evaluations Emergent Delivery Simulation activity
Is an important, contributing member of the assigned team.		
Comments related to Interprofessional Collaboration (If none, please enter NA):		
Personal and Professional Development		
Recognizes when to take responsibility and when to seek assistance		Clinical Evaluations
Practice flexibility in adjusting to change and difficult situations		
Comments related to Personal and Professional Development (If none, please enter NA):		
Overall Comments/ strengths/weaknesses (required):		

Clerkship Resources

Contact information

Role	Who	Phone #	Fax/ Pager	Email	Office
Clerkship Director	Heidi Lyn, MD	915-215-5034		heidi.lyn@ttuhsc.edu	4801 Alberta Ave., Clinic Bldg. 2nd floor, Suite C250
Clerkship Coordinator	Veronica Anaya	915-215-5136	Fax 545-0901	vveronica.anaya@ttuhsc.edu	4801 Alberta Ave., Clinic Bldg. 2nd floor, Suite C237

Logistical Issues

Heidi Lyn, M.D., OB/GYN Clerkship Director, *915-215-5034*, 4801 Alberta Ave., Clinic Bldg. 2nd floor
Harvey Greenberg, M.D., OB/GYN MS4 Director, *915-215-5034*, 4801 Alberta Ave., Clinic Bldg. 2nd floor
Sandra Lopez, MD., OB/GYN MS4 Co-Director, 915-215-5034, 4801 Alberta Ave., Clinic Bldg. 2nd floor
Veronica Anaya, OB/GYN Clerkship Coordinator, *915-215-5034*, 4801 Alberta Ave., Clinic Bldg. 2nd floor

Clinic location: 4801 Alberta Ave, Clinic building, 2nd floor, Suite #209 & #210
Labor and Delivery: Children's Hospital, 2nd floor; 4th & 5th floors

Readings for clerkship:

Required textbook readings are:

Obstetrics & Gynecology, 6th ed., Beckman, Charles
Obstetrics Gynecology & Infertility, 6th ed, Gordon, John

Assessment Forms (other clerkship specific):

OSCE:

There are three skill sets that are assessed for the final OSCE grade. The clinical OSCE exam will be held during Week 15. The other two skill sets assessed are suturing and pelvic exams. These assessments will be held during Weeks 12 and 13. For these exams, the following forms are used to assess your performance.

OB/GYN Clerkship
Suture Performance Assessment
(by Clerkship Director/Faculty)

Student Name: _____, MS3 Date: _____

Rating Scale:

1-Not Done	2 – Needs Improvement	3 – Well Done	C/A – Cannot Assess

Demonstrate the following:				
1. Secure square knot with two-handed tie	1	2	3	C/A
2. Secure square knot one-handed tie	1	2	3	C/A
3. Correct technique for loading a needle driver	1	2	3	C/A
4. Correct technique for holding and manipulating a needle driver	1	2	3	C/A
5. Correct technique for holding and manipulating tissue forceps	1	2	3	C/A
6. Insert needle at 90-degree angle to the "tissue"	1	2	3	C/A
7. Protects needle for 1-hand tie	1	2	3	C/A
8. Correct technique for placing continuous sutures	1	2	3	C/A

Summary of Observation: (Please include assessment of performance and areas of future focus)

Feedback given: ___ **YES** ___ **NO**

Observer signature: _____ Student signature: _____

OB/GYN Clerkship
Pelvic Exam Performance Assessment (by Medical Staff)

Student: _____, MS3 Date: _____ Evaluator: MA -_____

Rating Scale: 1-Not Done | 2 – Needs Improvement | 3 – Well Done | C/A – Cannot Assess

Direct Observation by Medical Staff				
External Examination	**Circle one**			
1. Examines external genitalia	1	2	3	C/I
2. Inspects mons pubis	1	2	3	C/I
3. Inspects labia majora	1	2	3	C/I
4. Inspects labia minora	1	2	3	C/I
5. Inspects clitoris	1	2	3	C/I
6. Inspects urethal meatus	1	2	3	C/I
7. Instpects introitus	1	2	3	C/I
8. Inspects Bartholin's gland	1	2	3	C/I
9. Inspects perineum	1	2	3	C/I
10. Inspects anus	1	2	3	C/I
Speculum Examination				
11. Holds speculum at 45-degree angle	1	2	3	C/I
12. Inserts speculum properly	1	2	3	C/I
13. Rotates speculum at full insertion	1	2	3	C/I
14. Opens speculum slowly	1	2	3	C/I
15. Identifies cervix	1	2	3	C/I
16. Secures speculum in an open position	1	2	3	C/I
17. Inspects cervix	1	2	3	C/I
18. Inspects vaginal walls while removing speculum	1	2	3	C/I
19. Handles speculum appropriately	1	2	3	C/I
20. Removes speculum appropriately	1	2	3	C/I
21. Bimanual Pelvic Examination	1	2	3	C/I
22. Introduces fingers into vagina	1	2	3	C/I
23. Palpates cervix and cervical os	1	2	3	C/I
24. Palpates uterine body, apex of fundus	1	2	3	C/I
25. Palpates right adnexa/ovary	1	2	3	C/I
26. Palpates left adnexa/ovary	1	2	3	C/I

Summary of Observation: (Please include assessment of performance and areas of future focus)

Feedback given: ___ YES ___ NO

Observer signature: _____ Student signature: _____

OB/GYN Clerkship
Pelvic Exam Performance Assessment (by Standardized Patient)

Student: _____, MS3 Date: _____ Evaluator: _____

Rating Scale:

1-Not Done	2 – Needs Improvement	3 – Well Done	C/A – Cannot Assess

Direct Observation of the Patient				
Communication/Interpersonal Skills	Circle one			
1. Introduces self and explains role	1	2	3	C/A
2. Uses appropriate eye contact, body language	1	2	3	C/A
3. Uses facilitative listening skills	1	2	3	C/A
4. Demonstrates empathy	1	2	3	C/A
Preparation				
5. Checks all equipment/supplies	1	2	3	C/A
6. Adjusts exam light prior to gloving	1	2	3	C/A
7. Washes hands before exam	1	2	3	C/A
General Techniques/Exam Skills				
8. Demonstrates concern for the patient's comfort and modesty	1	2	3	C/A
9. Explains to patient what is being done	1	2	3	C/A
10. Enlists the patient's cooperation during the exam	1	2	3	C/A
11. Follows a logical sequence of exam from one region to another	1	2	3	C/A
12. Emphasizes areas of importance	1	2	3	C/A
13. Modifies the exam to adapt to patient limitations (imposed by illness, age or temperament of patient)	1	2	3	C/A
14. Positions patient: hips to end of table and heels on foot rests	1	2	3	C/A
15. Wears gloves throughout exam	1	2	3	C/A
16. Gloves remain clean (no contamination)	1	2	3	C/A
17. Avoids unexpected/sudden movements	1	2	3	C/A
Professional Conduct/Additional Skills				
18. Describes each step of exam to patient prior to performing	1	2	3	C/A
19. Maintains patient modesty	1	2	3	C/A
20. Attends to patient's comfort	1	2	3	C/A
21. Performed exam in a gentle and professional manner	1	2	3	C/A
22. Extends bottom of exam table for patient comfort	1	2	3	C/A
23. Instructs patient to return to sitting position at conclusion of exam	1	2	3	C/A
Patient Education Skills (when appropriate)				
24. Addresses beliefs, misconceptions (if applicable)	1	2	3	C/A
25. Gives explanations in clear language, avoids jargon	1	2	3	C/A
26. Invites questions/checks for understanding (if applicable)	1	2	3	C/A

Summary of Observation: (Please include assessment of performance and areas of future focus)

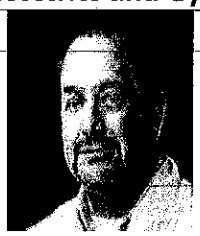
Feedback given: ___ YES ___ NO

Observer signature: _____ Student signature: _____

OBGYN Faculty and Residents

Obstetrics and Gynecology Faculty Physicians

Veronica T. Mallett, M.D.
Professor and
Founding Chair



Jose Aun, M.D.
Assistant Professor

Harvey Greenberg, M.D.
Associate Professor

Janine James, M.D.
Assistant Professor

Heidi Lyn, M.D.
Assistant Professor
Clerkship Director

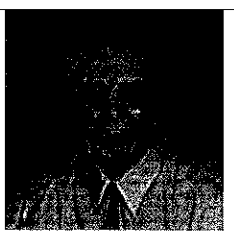
Melissa D. Mendez, M.D.
Assistant Professor
Residency Program
Director

Patricia Rojas-Mendez, M.D.
Instructor

T. Ignacio Montoya, M.D.
Assistant Professor

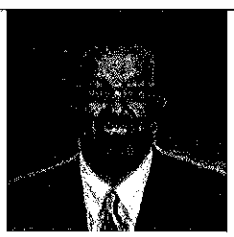
Lisa Moore, M.D.
Professor
Maternal-Fetal
Medicine Division
Chief

Zuber D. Mulla, MSPH, PhD
Associate Professor



Ghulam Murtaza, M.D.
Assistant Professor

Sireesha Y. Reddy, M.D.
Professor
General Ob & Gyn
Division Chief
Women's Health Practice
Medical Director



J. Salvador Saldivar, M.D., M.P.H.
Assistant Professor
Gynecologic Oncology
Minimally Invasive
Surgery Fellowship
Director

Michael Schaffer, M.D.
Assistant Professor

Robert W. Vera, M.D.
Associate Professor

Obstetrics and Gynecology Resident Physicians

PGY 2 PGY 1	 Lina Caicedo, MD Ohio State University Columbus, OH	 Ann M. Dobry, MD Edward Vua College of Osteopathic Medicine Spartanburg, SC	 Michael G. Domina, DO University of New England Biddeford, ME	 James W. Rob, MD University of Arkansas Little Rock, AR	 Dyyana Velasco, MD University of New Mexico Albq, NM
PGY 3	 **Jami Barnard, M.D.**- TTUHSCS/PLFSO M-EP	 **Laura Moreno, M.D.**- Boston University	 **Diego Ramirez, M.D.** -Universidad Monterrey	 **Leslie Rafanan, D.O.** - Univ. of N.TX, Ft. Worth	 Shelby Apodaca, MD University of New Mexico Albuq.
PGY 4	 **Kyle Biggs, DO** AZ Coll of Osteo Med, Glendale AZ	 **Elisha Jackson MD** Univ. of Kansas, Kansas City, KS	 **Naima Khamsi MD**, Boston University, Boston, MA	 **Ghazaleh Moayedi, DO** Univ. of N.Texas,	

Section II: Pediatric Clerkship

Clerkship Learning Objectives:

The objectives for the pediatrics clerkship follow the current APA/COMSEP (Council on Medical Student Education in Pediatrics) General Clerkship Curriculum (2008-2016) organized around the eight core competencies implemented by the ACGME and meeting the LCME ED-2 standard. The objectives also reflect the integrated nature of the OB-GYN/Pediatrics block. Some topics covered during the OB-GYN/Pediatrics block have been identified as "shared topics" and will be addressed with students through integrative lectures, workshops, seminars, case conferences, or shared rounds. Examples of shared topics include adolescent gynecology/contraception, adolescent STIs, pregnancy/birth, neonatology, intrauterine/fetal/congenital infections of the newborn, as well as Perinatal M and M Conference, Delivery Room Resuscitation Simulation, Poor Outcome of birth/Root-Cause Analysis, Discharge Planning activity and an Ethics activity.

A summary of core learning objectives, organized by the ACGME competency domains and Paul L. Foster School of Medicine institutional learning objectives and schemes follows:

Medical Knowledge

Goal: Students must acquire knowledge about established and evolving biomedical, epidemiological, clinical, and psychosocial sciences and apply this knowledge to patient care. The student will develop an understanding in the assessment and management of common clinical conditions in pediatrics in the inpatient and the outpatient setting. The learner will demonstrate the ability to acquire, critically interpret, and apply this knowledge.

Objectives: Recognize the signs, symptoms, physical findings of common pediatric problems including the following (PC: 1.1- 1.9; KP: 2.1 – 2.6):

- Health Supervision
- Growth
- Development
- Behavior
- Nutrition
- Prevention
- Issues unique to adolescence
- Issues unique to newborn
- Common acute pediatric illness/common pediatric complaints
- Common chronic illness and disability
- Therapeutics
- Fluids and electrolytes management

- Pediatric emergencies
- Child Abuse

Patient Care

Goals: Students must be able to provide patient-centered care that is age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

OBJECTIVES: By the completion of this clerkship experience, students will be able to:

- Determine which patients can be managed in a outpatient setting, general inpatient setting and which require higher levels of care and expertise in a critical care unit (PC: 1.5 , 1.6).
- Demonstrate skills at the MS III level in evaluating, diagnosing, managing, and determining the appropriate disposition of pediatric patients (PC: 1.1 – 1.9 KP: 2.1 – 2.3; PBL: 3.4, 3.5)
- Develop differential diagnoses, planning diagnostic studies, formulate and implement therapeutic options and plans for discharge of patients under the student's care (PC: 1.2 – 1.4, 1.6, 1.8; KP: 2.2, 2.3).
- Utilize appropriate consultants/subspecialists (ICS: 4.2; PC: 1.5, 1.6).
- Utilize diagnostic testing and imaging resources effectively and efficiently (PC: 1.1, 1.3; SBP: 6.2, 6.3).

Interpersonal And Communication Skills

Goal: Students must demonstrate interpersonal and communication skills that result in effective information exchange with patients, their families, and professional associates. The student will develop knowledge of specific techniques and methods that facilitate effective, empathic communication and culturally sensitive.

Objectives: Students will demonstrate the ability to:

- Communicate effectively with families and patients (taking into account patients age/ developmental levels). (ICS: 4.1 – 4.4).
- Interview adolescent patients in an effective manner (ICS: 4.1 – 4.4).
- Appropriately utilize interpreters, if necessary, to communicate with non-English speaking patients (ICS: 4.1, 4.3).
- Communicate effectively and respectfully with physicians and other health professionals in order to share knowledge and discuss management of patients (ICS: 4.2, 4.4))

- Maintain professional and appropriate interactions with patients and their caregivers (ICS: 4.1, 4.3; Prof: 5.1, 5.6).
- Effectively listen, and then utilize verbal and writing skills to communicate with patients, families, and members of the health care team (ICS: 4.1 – 4.4; IPC: 7.2, 7.3).

Professionalism/ Ethics

Goal: Students must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

OBJECTIVES: During this clerkship, students will demonstrate:

- Sensitivity to patient and family concerns (Prof: 5.1, 5.6, 5.7).
- Acceptance of parent and patient differences in culture, beliefs, attitudes, and lifestyle (Prof: 5.1)
- The ability to manage personal biases in caring for patients of diverse populations and different backgrounds and to recognize how these biases may affect care and decision-making (Prof: 1.1, IPC: 7.2; PPD: 8.3 – 8.5).
- Respect for patient privacy and confidentiality (Prof: 5.2, 5.5, 5.7).
- Commitment to following through with professional obligations and the timely completion of assigned tasks and duties (ICS: 4.4; Prof: 5.3, 5.7; IC: 7.3; PPD: 8.1, 8.5).
- Commitment to treat faculty, residents, staff, and fellow students with respect and courtesy (Prof: 5.1, 5.3, 5.7; IC: 7.3, 7.4).
- Advocate for patient needs (Prof: 5.7).

Practice Base Learning And Improvement

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

OBJECTIVES: During this clerkship experience, the student will:

- Demonstrate the use electronic technology (e.g., PDA, PC, internet) for accessing and evaluating evidenced-based medical information (e-medicine, journals AAFP, NEJM, AJP, etc.) (PC: 1.2; KP: 2.2, 2.3; PBL: 3.1, 3.3, 3.4).
- Accept feedback from the faculty, residents, and other team members, and incorporate this to improve his or her clinical practice (PBL: 3.3; Prof: 5.3).

System Based Practice

Goal: Students must demonstrate an awareness of medical systems, responsiveness to the larger context and system of health care, and the ability to effectively utilize system resources

to provide optimal care. The student will develop an appreciation of supportive health care resources and understand their utilization as part of patient advocacy.

Objectives: During this clerkship experience, the student will demonstrate the ability to:

- Utilize ancillary health services and specialty consultants properly (SBP: 6.2; PC: 1.1, 1.2, 1.5, 1.6; IC: 7.2; PPD: 8.1, 8.3, 8.5).
- Utilize the integrated systems available to help the mother and infant with unexpected complications or problems during the perinatal period (i.e. neonatal resuscitation teams in delivery room, lactation consultants, etc. (SBP: 6.2; PC: 1.1, 1.2, 1.5, 1.6; IC: 7.2; PPD: 8.1, 8.3, 8.5).

Required Patient Encounters:

During this clerkship, students must have a patient encounter involving all of the following conditions or complete alternative method of learning (didactic session, mock-OSCE, CLIPP Case, etc.). The student will be asked if they experienced the appropriate encounter. The requirement for the child abuse encounter is fulfilled if a student had participated in the care of an abused patient, rounded on an abused patient, or ruled out child abuse where is was considered in the differential diagnosis for a patient.

Condition

Newborn (< 7 days):

- Well baby X 3
- Jaundice
- Prematurity
- Respiratory Distress Syndrome

Child (≥ 7days – 21 years old):

- Child abuse/ neglect
- Heart murmur
- Developmental delay or regression
- FTT
- Obesity
- Respiratory distress
- Asthma
- Sore throat
- Rashes
- Otitis
- Diabetes mellitus
- Exanthems
- Abdominal pain
- Infantile Colic
- Diarrhea
- Anemia
- Well Child Exam: 2-4-6 months, 12 months, Toddler, School-age, and Adolescent

Obviously the Department of Pediatrics cannot guarantee that every student will encounter a patient with all of these conditions. Students are responsible for informing the Clerkship Director, Coordinator, or Chief Resident that they have not completed a required patient encounter in time for an alternative experience to be arranged. This typically occurs during and after the mid-clerkship evaluation.

Procedures

During this clerkship, students will not be directly responsible for any procedures while on a Pediatric Rotation; however, they will be asked to assist and will be expected to keep a log of the procedures in which they participated.

Integration Threads

_	geriatrics	X	basic science	X	ethics
X	professionalism	X	EBM	X	chronic illness care
X	patient safety	X	pain management	X	clinical pathology,
X	palliative care	X	quality improvement	_	clinical and/or translational research
X	communication skills	X	diagnostic imaging		

PEDIATRIC CLERKSHIP THREADS

In addition to these components being encountered or modeled during inpatient and outpatient clinical activities, activities that specifically address these are:

ETHICS AND PROFESSIONALISM

1.) Defined and explained during clerkship orientation
2.) Combined Ethics Activity; involving didactics, role playing
3.) Morning report
4.) Clerkship Teaching Sessions

PATIENT SAFETY/QI

1.) Mock root cause analysis
2.) Morning report

PALLIATIVE CARE

1.) Morning report

COMMUNICATION SKILLS

1.) Transparent Group OSCE
2.) OSCE
3.) Delivery Room Resuscitation Scenario

BASIC SCIENCE

1.) Didactic lectures

2.) Morning report
3.) ILP

EBM

1.) Morning report
2.) OSCE
3.) Subspecialty Clinic and ILP presentations
4.) Didactics

PAIN MANAGEMENT

1.) Morning report

DIAGNOSTIC IMAGING

1.) Morning report
3.) Didactic lectures

CHRONIC ILLNESS CARE

1.) Clinical encounters
2.) Didactic lectures
3.) Morning report

CLINICAL PATHOLOGY

1.) Didactic lectures
2.) Morning report

Clerkship Components

Rotations

The pediatrics component of the integrated Pediatrics/OB-GYN rotation occurs in the following settings:

- Inpatient
  - Newborn Nursery (1 week)
  - Wards (2 weeks): Days, 1 week & Nights/Weekend, 1 week
- Ambulatory Pediatrics (4 weeks)
  - General Pediatrics (1-2 weeks)
  - Subspecialty Pediatrics (1-2 weeks)
- Individual Learning Plan (1 week)

Service Descriptions

Newborn and Neonatal Intermediate Care Unit:

Students are supervised by the faculty and residents in the "Well-Baby" Nursery for the majority of the first week. During this time, they learn the normal newborn exam. They are exposed to common neonatal problems (prematurity, jaundice, respiratory distress) in the WBN, NICU, or IMCU.

Individual Learning Plan (ILP):

Students will identify their own deficiencies in knowledge or clinical skills and identify areas of clinical interest or potential career interest. With the assistance of the Clerkship Director and Chief Resident, they will develop a week-long curriculum to address these areas, as well as methods to assess the effectiveness of the curriculum. The curriculum will be implemented and managed by the Chief Resident and Clerkship DIrector. Not all desired experiences may be available.

The purpose of this Clerkship component is to encourage self-directed learning and to help create a habit of lifelong learning.

In-Patient Service:

Students are integrated into the Pediatric Ward team which includes interns, residents, hospitalists, community physicians, nurses, respiratory therapists, social workers, nutritionists, families, patients, etc. They are supervised by pediatric house staff and pediatric hospitalists 24/7. They will spend one week on the day team, and one week on the night/weekend team.

General Ambulatory Clinic:

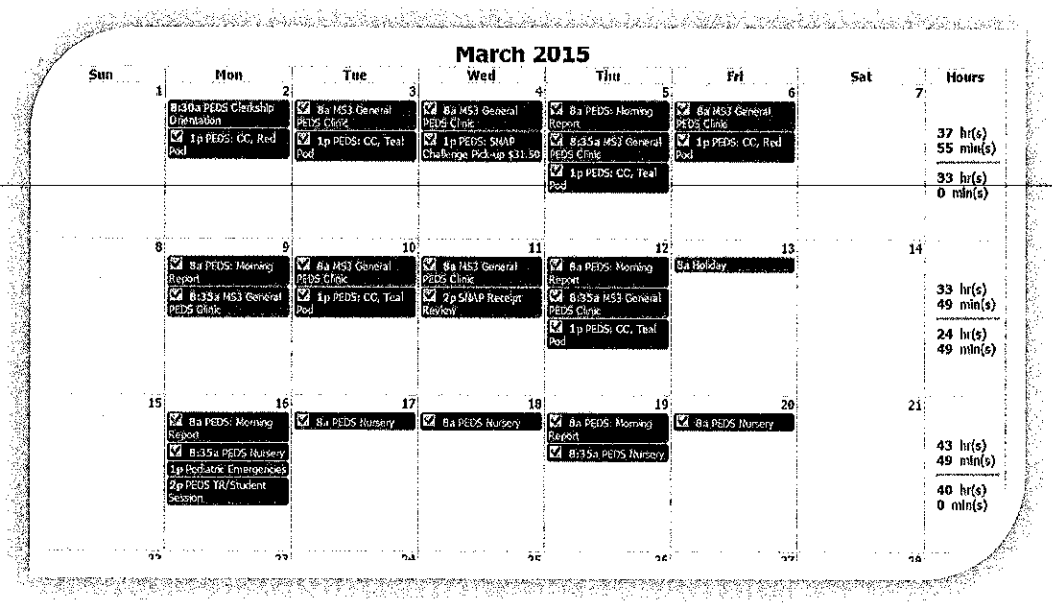
Students experience all aspects of the Ambulatory Clinic, including

taking vital signs, administering hearing and sight exams, giving immunizations, and patient management. They are involved in the care of children from post-nursery discharge through adolescence. This rotation may also include experience at the urgent care center. During the clinic rotation, students will participate in a team activity SNAP Challenge. All students will generate a meal plan for a hypothetical child. They will shop for food with the weekly amount of a SNAP benefit. Food will be donated. Meal plans and food choices will be assessed by a PEDS nutritionist. Feedback will be given to students on their food choices.

Specialty Clinic:

Students interact with patients on multiple subspecialty services.

Example of Clerkship Weekly Schedule on Scheduler 15:



Clerkship Didactic Activities

Required

- ***Morning Report*** every Monday and Thursday@ 8:00 A.M. in the AEC building: Sr. Resident discusses admissions from the night before and an interesting case is presented. Students may be assigned a Morning Report presentation while on Wards.

  Friday Combined Didactic Lectures will be held every Friday afternoon throughout the OB/Gyn and PEDS Clerkship (Noon – 3 P.M.). This schedule is available on 'Scheduler 15', as well as within Blackboard. All necessary reading material will be provided prior to scheduled lecture via email or on Blackboard.

- **Pediatric Clerkship Teaching Session** will be held after the required 'Friday Combined Didactic Lectures' (3 P.M.-5 P.M.). Students within the PEDS service are required to attend this session that is led by Clerkship Director or Chief Resident. Peer teaching is also done at this time.

- ***Pediatric Grand Rounds*** takes place the first and third Wednesday of the month from 8:00 A.M. – 9:00 A.M. in Auditorium 'A & B' in the AEC. This activity can be used to fulfill CME credit requirements. Breakfast is available at 7:30 A.M..

PEDS Clerkship Required Components/ Grading

Wards

Observed H&P – resident or faculty – see scoring rubric – turn in by end of Ward Rotation (Pass/Fail)

- Superior ≥ 90%
- Pass = 70%,
- If failed, must re-do until a pass is obtained
- Must pass to complete Clerkship
- ≤ 2 attempts to pass will not affect the final grade; however, > 2 attempts to pass may affect ability to receive an 'Honors'.

Write-up – faculty - see scoring rubric - turn in by end of Ward Rotation (Superior/Pass/Fail)

- Pass = 70%, Superior = 90%
- If fail, must re-do it until pass
- Must pass to complete Clerkship
- ≤2 attempts will not affect final grade; > 2 attempts to pass may affect ability to get Honors
- Orders – 2 Admission sets, 1 Discharge set, prescription writing(s).
- Project (If assigned) --- Must complete to fulfill Clerkship requirements

Nursery

Observed newborn H&P – resident or faculty - see scoring rubric - turn in by end of Nursery Rotation (Pass/Fail)

- Superior ≥ 90%
- Pass = 70%
- If fail, must re-do it until pass
- Must pass to complete Clerkship
- ≤2 attempts will not affect final grade; > 2 attempts to pass may affect ability to get Honors

Write-up – faculty ---see scoring rubric - turn in by end of Nursery Rotation (Superior/Pass/Fail)

- Superior ≥ 90%
- Pass = 70%
- If fail, must re-do it until pass
- Must pass to complete Clerkship
- ≤2 attempts will not affect final grade; > 2 attempts to pass may affect ability to get Honors

General Pediatric Clinic

2 Observed Clinic H&P – faculty or resident - see scoring rubric - turn in by end of Clinic Rotation (Pass/Fail)

- Superior ≥ 90%
- Pass = 70%
- If fail, must re-do it until pass
- Must pass to complete Clerkship
- 4 X prescription writings
- ≤2 attempts will not affect final grade; > 2 attempts to pass may affect ability to get Honors

Specialty Clinic

Student presented didactic (10 – 15 minute presentation) on topic or case of your choosing – presented to fellow students (Pediatric Clerkship Session) during or immediately after Specialty Clinic Rotation . This presentation is to be submitted by the end of Specialty Clinic Rotation.

- Must complete to satisfaction of Clerkship Director
- If unsatisfactory, must re-do it until pass
- Must pass to complete Clerkship
- ≤2 attempts will not affect final grade; > 2 attempts to pass may affect ability to get Honors

Reflective writing (<1 page) - turn in by end of Specialty Clinic Rotation

- Must complete to satisfaction of Clerkship Director
- If unsatisfactory, must re-do it until pass
- Must pass to complete Clerkship
- ≤2 attempts will not affect final grade; > 2 attempts to pass may affect ability to get Honors

Continuity Patient (all assignments to be turned in by the end of Clerkship)

Newborn H&P

- Must complete to satisfaction of Clerkship Director
- If unsatisfactory, must re-do it until pass
- Must pass to complete Clerkship
- ≤2 attempts will not affect final grade; > 2 attempts to pass may affect ability to get Honors

Reflective writing

- Must complete to satisfaction of Clerkship Director
- If unsatisfactory, must re-do it until pass
- Must pass to complete Clerkship
- ≤2 attempts will not affect final grade; > 2 attempts to pass may affect ability to get Honors

Follow-up infant visit notes – *if at TTUHSC Clinics*

- Must complete to satisfaction of Clerkship Director
- If unsatisfactory, must re-do it until pass
- Must pass to complete Clerkship
- ≤2 attempts will not affect final grade; > 2 attempts to pass may affect ability to get Honors

SNAP Challenge

Receipts - must be turned in by end of 1st week in Clinic

- Must complete to fulfill Clerkship requirements
- Failure to turn in will result in loss of Honors and may result in failing Professionalism

Reflective writing – turn on by end of Clinic Rotation

- Must complete to satisfaction of Clerkship Director
- If unsatisfactory, must re-do it until pass
- Must pass to complete Clerkship
- ≤2 attempts will not affect final grade; > 2 attempts to pass may affect ability to get Honors

15 CLIPP Cases - must be completed by end of week 16

- Must complete to fulfill Clerkship requirements
- Failure to complete all cases will result in loss of Honors and may result in failing Professionalism

Discharge Planning Activity - (Pass/Fail)

- Pass = 70%
- If fail, must re-do it until pass
- Must pass to complete Clerkship
- ≤2 attempts will not affect final grade; > 2 attempts to pass may affect ability to get Honors

Ethics Project -- (Pass/Fail) – based on participation and effort

- If fails, will be given a make-up assignments
- Failure of or to complete make-up assignment will result in loss of Honors

ILP (as assigned) – must be completed by Friday after ILP week (Pass/Fail)

- Must complete all assignments or fail the activity
- If fails, will be given opportunity to remediate
- Failure of remediation will result in loss of Honors and may result in failing PBL competency

Simulation -- (Pass/Fail)

- If fail, must re-do it until pass
- If excused absence – alternate activity will be given
- Must pass to complete Clerkship
- ≤2 attempts will not affect final grade; > 2 attempts to pass may affect ability to get Honors

Mock RCA - (Pass/Fail)

- Must complete pre-activity worksheet, participate in didactic, and complete post-activity worksheet within one week of being assigned.
- Failure to complete all components will result in failing grade
- If fails, will be given a make-up assignments and/or must re-do until pass.
- If excused absence – alternate activity will be given

UNEXCUSED ABSENCES WILL RESULT IN FAILURE OF SCHEDULED ACTIVITIES WITHOUT OPPORTUNITY FOR REMEDIATION OR ALTERNATE ACTIVITY. THIS WILL RESULT IN "Needs Improvement" for final grade in PROFESSIONALISM, AND will affect the ability to honor the clerkship and MAY AFFECT ABILITY TO PASS the CLERKSHIP.

FAILURE TO COMPLETE OR PASS ONE OR MORE REQUIRED ACTIVITIES MAY RESULT IN "Needs Improvement" for final grade in PROFESSIONALISM AND may affect the ability to honor the clerkship and MAY AFFECT ABILITY TO PASS THE CLERKSHIP.

Grading policy states:

A student who fails Professionalism may be receive a Pass or a Fail overall at the discretion of the course director, regardless of the scores on all other items.

***SEE CLERKSHIP DIRECTOR AND/OR COORDINATOR FOR ANY QUESTIONS.

Pediatric Clerkship Final Evaluation

1. Knowledge for Practice

    a. Grade -"Needs improvement, Pass, Honors"

    b. Graded activities:

    Faculty & Resident evaluations
    Delivery Room Simulation
    Pediatric Clinic Presentation
    Wards Project
    Specialty Clinic Presentation
    Transparent Group OSCE
    Continuity Patient
    SNAP Challenge
    ILP Presentation

    c. Comments – meant to justify the score in this competency. Could be taken from the weekly evaluations.

2. Patient Care and Procedural Skills

    a. Grade – "Needs improvement, Pass, Honors"

    b. Graded activities:

    Faculty & Resident evaluations
    Observed H&P's (Wards, Nursery, Clinic x2)
    Routine Checklist (Clinic)
    Transparent Group OSCE (Telephone Medicine)
    Delivery Room Simulation
    H&P Write-ups (Nursery, Wards)
    Order Writing/ Prescription Activities
    Continuity Patient

    c. Comments – meant to justify grade in this competency

3. Interpersonal and Communication Skills

    a. Grade – "Needs improvement, pass, honors"

    b. Graded activities:

    Faculty & Resident evaluations
    Transparent Group OSCE (Telephone Medicine)
    Continuity Patient
    Ethics Activity
    Communication w/ Director & Coordinator
    Delivery Room Simulation

c. Comments – meant to justify grade in this competency

4. Practice-based Learning and Improvement

a. Grade – "Needs improvement, pass, honors"

b. Source – list sources for evaluation in this competency

Faculty & Resident evaluations
ILP
CLIPP Cases
Transparent Group OSCE (Telephone Medicine)
Delivery Room Simulation
Order Writing/ Prescription Activities
Ethics Activity

c. Comments – meant to justify grade in this competency

5. Systems-Based Practice

a. Grade – "Needs improvement, pass, honors"

b. Source – list sources for evaluation in this competency

Faculty & Resident evaluations
Discharge Planning Activity
Mock RCA
Ethics Activity

c. Comments – meant to justify grade in this competency

6. Professionalism

a. Grade – "Needs improvement, pass, honors"

b. Source – list sources for evaluation in this competency

Faculty & Resident evaluations
Ethics case
Timely Op-Log Entry
Timely completion course requirements

c. Comments – meant to justify grade in this competency

7. Interprofessional Collaboration

a. Grade – "Needs improvement, pass, honors"

b. Source – list sources for evaluation in this competency

Faculty & Resident evaluations
Discharge Planning Activities
Ethics Case
SNAP Challenge

Mock RCA

c. Comments – meant to justify grade in this competency

8. Personal and Professional Development

   a. Grade – "Needs improvement, pass, honors"

   b. Source – list sources for evaluation in this competency

      Faculty & Resident evaluations
      ILP
      Reflective Writings: Continuity Patient, Specialty Clinic, SNAP Challenge, ILP (if assigned)

   c. Comments – meant to justify grade in this competency

9. Boxes at the bottom for:

   a. NBME score

   b. OSCE

   c. MSPE comments

   d. General Comments (Optional and not for MSPE)

   e. Final grade for Clerkship – Honors, Pass, Fail

Clerkship Specific Op Log Expectations:

As indicated in the Block Policies section, you are expected to complete Op-Log entries on a regular basis. In addition to the basic requirement that you record a **minimum of 30 patients**, there is also a requirement that you experience a minimum of **3 patients in the Nursery/NICU** and a **minimum of 1 patient in each of 10 categories**. (There are a total of 16 categories available)

*****OP-LOG ENTRIES MUST BE UPDATED AT LEAST WEEKLY*****

Failure to do so may result in loss of Honors or failure in Professionalism

Below are the possible categories and diagnoses:

Diagnostic Category	Diagnosis
Accidents	Animal Bites Child Abuse Burns Ingestions Trauma
Cardiovascular	Congestive Heart Failure Cyanosis Heart Murmur Hypertension Cardiomyopathy Congenital Heart Disease Endocarditis
Musculoskeletal	Arthritis/Arthralgia Pain Trauma Weakness Fractures/Sprains Osteomyelitis Pyogenic Arthritis Tumors
Newborn	Jaundice Prematurity Newborn Distress
Neurological/Myopathy	Developmental Delay/Regression Headaches Seizures Trauma CP MR Epilepsy Muscular Dystrophy
Nutrition	Failure to Thrive Malnutrition

	Obesity Anorexia Bulimia
Ophthalmological	Diplopia Drainage/Discharge "Pink Eye" Poor Vision White Pupillary Reflex Cataracts Conjunctivitis Hyperopia/Myopia
Respiratory (Upper)	Ear Pain Impaired Hearing Rhinorrhea Sore Throat Deafness Foreign Body Otitis Pharyngitis Rhinitis Sinusitis
Endocrine	Ambiguous Genitalia Polyuria/Polydipsia Short Stature/Delayed Growth Adrenal Disorders Diabetes Mellitus Hypopituitarism Thyroid Disorders
Dermatology	Rashes Atopic Dermatitis Exanthems Nevi
Gastrointestinal	Abdominal Pain Abdominal Mass Bleeding Constipation Colic (Infantile) Diarrhea Hepatomegaly Vomiting Appendicitis Gastroenteritis Gastroesophageal Reflux Inflammatory Bowel Disease Pyloric Stenosis
Genitourinary	Dysuria Hematuria Vaginal Discharge – Swollen testes

	Dysmenorrhea Urinary Tract Infection AGN Nephrotic Syndrome Testicular torsion
Hematology/Oncology	Anemia Thrombocytopenia Coagulopathy Neutropenia ITP – Leukemia Tumors Hemophilia
Infectious Disease	AIDS Sepsis Cellulitis Pertussis Scarlet Fever Roseola Erythema Infections
Health Maintenance	2 -4 -6 months 12 months Toddler/School Age Adolescent
Chromosomal Disorders/Inborn Errors	Trisomy 21 Turner Klinefelter
Others/Rheumatology/Behavior Disorders	JRA LE ADD RF Kawasaki Depression

Categories of involvement:

- *Assisted*: Student is actively involved in the patient encounter and or procedure but not acting independently.
- *Managed*: Student directed the encounter or procedure under the supervision of a faculty or resident member.
- *Observed*: Student was present while the encounter or procedure was performed but was not an active participant.

Clerkship Resources

Contact information

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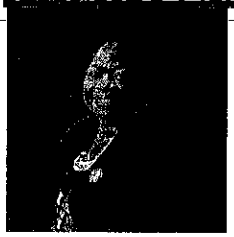

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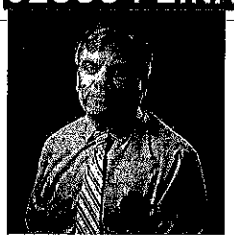

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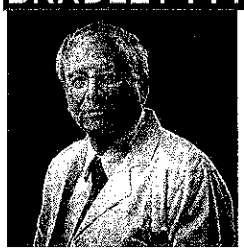

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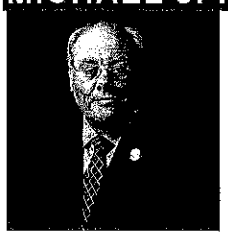

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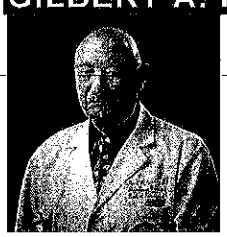

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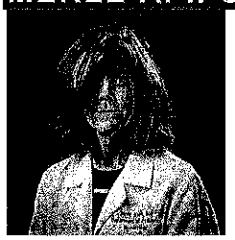

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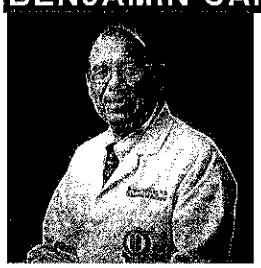

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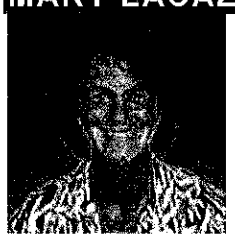

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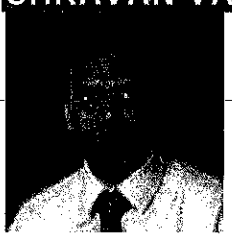

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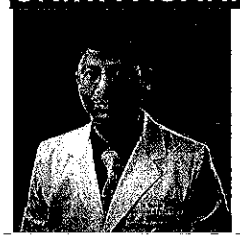

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PGY-2

PGY-3