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| **Educational program objectives (competency objectives)** |
| **1. Gather a history and perform a physical examination.** | **Domains of competence:*** Patient care ● Knowledge for practice
* Interpersonal & communication skills ● Professionalism
 |
| **Clerkship** | **Learning objectives** | **AAMC PCRS competencies** |
| Internal Medicine | Perform and document a complete history and physical examination on a patient. | 1.2, 1.5, 1.9, 4.1, 4.5, 4.6, 4.7, 5.1, 5.2, 5.3,5.5 |
| Surgery | Perform a complete history and physical examination under supervision with focus on the surgicalaspects of the patient’s disease. | 1.2, 1.5, 1.9, 4.1, 4.5, 4.6, 4.7, 5.1, 5.2, 5.3 |
| Family Medicine | Perform and document an appropriate outpatient history and physicalexamination on the patient. | 1.2, 1.5, 1.9, 4.1, 4.5, 4.6,4.7, 5.1, 5.2, 5.3 |
| Obstetrics & Gynecology | Competently perform the medical interview and physical examination of women, and incorporate ethical, social, and diversity perspectives to provide culturally competent healthcare. | 1.2, 4.1, 5.1, 5.5, 6.2, 7.1 |
| Pediatrics | Perform effective age-oriented interviews and physical examinations on newborns, children, and adolescents. | 1.2, 1.9, 4.1, 4.6, 4.7, 5.3 |
| Emergency Medicine | Perform a focused history and physicalexamination on a critically ill patient. | 1.2, 4.2, 5.3 |
| Psychiatry | Perform and document a complete psychiatric history and physical examination of a patient with mentalillness. | 1.1, 1.2, 1.3, 1.4, 2.1, 2.2., 2.3, 3.1, 3.2, 3.3,4.2, 5.2, 5.3, 6.2, 6.4, 7.1, 7.3 |
| Neurology | Produce a complete and accurate neurological history from patient including history of presenting neurological illness, past medical history, past surgical history, medications, allergies, review ofsystems, and family history. | 1.2 |
| Complete a full neurological examination including level of consciousness and mental status, | 1.2 |

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|  | cranial nerves, motor and sensory function, reflexes, coordination andgait. |  |
| **2. Prioritize a differential diagnosis following a clinical****encounter.** | **Domains of competence:*** Patient care ● Knowledge for practice
* Practice-based learning & improvement ● Interpersonal & communication skills
* Personal & professional development
 |
| **Clerkship** | **Learning objectives** | **AAMC PCRS competencies** |
| Surgery | Present a differential diagnosis of common causes of the acute abdomen including acute appendicitis, acute cholecystitis and perforated viscus. | 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 2.1, 2.2, 2.3,2.4, 2.6, 3.8, 4.1, 4.2, 4.3,4.4, 4.5, 4.6, 4.7,5.1, 5.2, 5.3, 5.5, 5.6, 6.1 |
| Pediatrics | Demonstrate the ability to develop and present a clinical assessment and plan and a problem-oriented fashion. | 1.3, 1.4, 1.6, 1.8, 1.9, 1.11, 2.1, 2.2, 2.3, 2.4,2.5, 2.6, 4.2, 4.5, 4.7, 3.5, 3.8., 3.10, 6.3,6.4, 6.6 |
| Neurology | Use pertinent laboratory studies and imaging to make a differential diagnosis. | 1.4 |
| **3. Recommend and interpret common diagnostic and screening****tests.** | **Domains of competence:*** Patient care ● Knowledge for practice
* Practice-based learning & improvement ● Systems-based practice
* Personal & professional development
 |
| **Clerkship** | **Learning objectives** | **AAMC PCRS competencies** |
| Internal Medicine | Interpret laboratory and otherpertinent data. | 1.4, 1.5, 2.1, 2.2, 2.3 |
| Surgery | Interpret laboratory and otherpertinent data. | 1.4 |
| Family Medicine | Demonstrate ability to interpret laboratory and other pertinent data. | 1.4, 2.3, 3.7 |
| Obstetrics & Gynecology | Apply recommended preventionstrategies for women’s health acrossthe lifespan. | 1.9, 3.8, 3.10, 6.2-6.5, 8.7 |
| Pediatrics | Practice preventive pediatrics to improve child health through age- appropriate screening and anticipatory guidance about nutrition, environmental influences, safety, andimmunizations. | 1.5, 1.8, 1.9, 4.1, 4.6, 4.7, 3.6,3.8, 6.2, 6.4,7.2, 7.4, 8.7, 8.8 |
| Emergency Medicine | Interpret laboratory studies and diagnostic imaging. | 1.4 |
| Explain the clinical and economicreasoning behind ordering laboratory and imaging studies. | 1.5 |

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| **Clerkship** | **Learning objectives** | **AAMC PCRS competencies** |
| Psychiatry | Interpret laboratory studies and other data including imaging or psychological/neurological testing thatcan impact mental illness. | 1.4 |
| Neurology | Use pertinent laboratory studies and imaging to make a differentialdiagnosis. | 1.4 |
| **4. Enter and discuss orders and prescriptions.** | **Domains of competence:*** Patient care ● Practice-based learning & improvement
* Interpersonal & communication skills ● Systems-based practice
* Personal & professional development
 |
| **Clerkship** | **Learning objectives** | **AAMC PCRS competencies** |
| Pediatrics | Demonstrate clinical skills typically required in the care of newborns,children, and adolescents. | 1.1, 1.2, 1.3, 1.4, 1.8, 2.1, 2.3, 2.4, 2.6, 3.1,3.3, 3.4, 3.9, 3.10, 5.1, 5.2, 5.3, 5.4, 5.5, 5.6,6.1, 6.3, 8.7 |
| Emergency Medicine | Interpret laboratory studies anddiagnostic imaging. | 1.4 |
| Explain the clinical and economic reasoning behind ordering laboratoryand imaging studies. | 1.5 |
| Psychiatry | Perform reconciliation of medications to decrease polypharmacy in the patient with mental illness. | 6.6 |
| Use the DSM-V to differentiate the mental illnesses and how to prioritizethe mental illnesses. | 1.1, 1,2, 1.4, 1.6, 2.1, 2.5, 3.6, 4.7, |
| Perform a basic mental statusexamination. | 1.2 |
| **5. Document a clinical encounter in the patient****record.** | **Domains of competence:*** Patient care ● Interpersonal & communication skills
* Professionalism ● Systems-based practice
 |
| **Clerkship** | **Learning objectives** | **AAMC PCRS competencies** |
| Family Medicine | Demonstrate ability to provide an assessment and treatment plan. | 1.2, 1.6, 1.7, 1.8, 1.9, 2.1, 2.2, 2.3, 2.4, 2.5,2.6, 3.8, 4.1, 4.4, 4.6, 4.7, 5.1, 5.2, 5.3, 5.5,5.6, 6.1, 6.2, 6.3, 6.4, 6.6, 7.2, 8.7, 8.6 |
| Pediatrics | Demonstrate the ability to complete a clinical presentation of a pediatric patient in both oral and written format. | 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 4.2, 4.5, 7.3, 8.5 |
| Psychiatry | Perform and document a complete psychiatric history and physical examination of a patient with mentalillness. | 1.1, 1.2, 1.3, 1.4, 2.1, 2.2., 2.3, 3.1, 3.2, 3.3,4.2, 5.2, 5.3, 6.2, 6.4, 7.1, 7.3 |

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| **Clerkship** | **Learning objectives** | **AAMC PCRS competencies** |
| Neurology | Effectively communicate with other team members involved in patient care by chart documentation. | 4.0, 4.1, 4.2, 4.3 |
| **6. Provide an oral presentation of a clinical encounter.** | **Domains of competence:*** Patient care ● Practice-based learning & improvement
* Interpersonal & communication skills ● Professionalism
* Personal & professional development
 |
| **Clerkship** | **Learning objectives** | **AAMC PCRS competencies** |
| Internal Medicine | Provide and communicate an assessment and treatment plan. | 1.2, 1.6, 1.7, 1.8, 1.9, 2.1, 2.2, 2.3, 2.4, 2.5,2.6, 3.8, 4.1, 4.4, 4.6, 4.7, 5.1, 5.2, 5.3, 5.5,5.6, 6.1, 6.2, 6.3, 6.4, 6.6, 7.2, 8.6, 8.7, |
| Surgery | Provide an assessment and treatment plan. | 1.6 |
| Family Medicine | Demonstrate ability to provide an assessment and treatment plan. | 1.2, 1.6, 1.7, 1.8, 1.9, 2.1, 2.2, 2.3, 2.4, 2.5,2.6, 3.8, 4.1, 4.4, 4.6, 4.7, 5.1, 5.2, 5.3, 5.5,5.6, 6.1, 6.2, 6.3, 6.4, 6.6, 7.2, 8.7, 8.6 |
| Obstetrics & Gynecology | Formulate and present a differential diagnosis of the acute abdomen andchronic pelvic pain. | 2.3 |
| Pediatrics | Demonstrate the ability to complete a clinical presentation of a pediatricpatient in both oral and written format. | 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 4.2, 4.5, 7.3, 8.5 |
| Emergency Medicine | Communicate a patient assessment and plan to the preceptor in a focusedmanner. | 1.3, 3.10, 5.3 |
| Psychiatry | Provided treatment plan with thebiopsychosocial emphasis. | 1.6 |
| Neurology | Generate a broad neurological differential diagnosis and produce a plan of management based on clinicalreasoning and on patient preference. | 1.5, 1.6, 1.7, 1.8 |
| **7. Form clinical questions and retrieve evidence to advance patient care.** | **Domains of competence:*** Patient care ● Knowledge for practice
* Practice-based learning & improvement ● Interpersonal & communication skills
 |
| **Clerkship** | **Learning objectives** | **AAMC PCRS competencies** |
| Pediatrics | Demonstrate a commitment to lifelong learning through inquiry and reflectivepractice. | 2.1, 8.1, 8.2, 8.3, 8.4, 8.5, 8.6, 8.7, 8.8 |
| Psychiatry | Explain clinical reasoning for common pharmacological strategies. | 2.3 |

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| **Clerkship** | **Learning objectives** | **AAMC PCRS competencies** |
| Neurology | Use information technology to search the medical literature and give a presentation appraising the scientific evidence and published guidelines fora common neurological condition. | 1.5, 2.1, 3.3, 3.6, 3.7 |
| **8. Give or receive a patient handover to transition care responsibility.** | **Domains of competence:*** Patient care ● Practice-based learning & improvement
* Interpersonal & communication skills ● Professionalism
 |
| **Clerkship** | **Learning objectives** | **AAMC PCRS competencies** |
| Internal Medicine | Provide for patients, families, and other members of the care team (i.e., on daily rounds) the 24-hour patient summary of ill patients, including previous and upcoming treatmentplans. | 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.10, 1.11, 2.1,2.2, 2.3, 3.6, 3.9, 4.1, 4.2, 4.3, 4.5, 5.1, 5.3,5.4, 5.5, 5.6, 6.1, 6.2, 6.4, 6.5, 6.6, 7.1, 7.2,7.3, 7.4, 8.4, 835, 8.6, 8.7, 8.8 |
| Surgery | Provide 24-hour patient summaries of ill patients at daily rounds, including previous and upcoming treatmentplans. | 1.3 |
| **9. Collaborate as a member of an inter- professional team.** | **Domains of competence:*** Interpersonal & communication skills ● Professionalism
* Systems-based practice ● Interprofessional collaboration
* Personal & professional development
 |
| **Clerkship** | **Learning objectives** | **AAMC PCRS competencies** |
| Surgery | Participate in weekly surgical morbidity mortality conference. | 1.2, 1.3, 1.4, 2.1, 2.2, 2.3, 2.4, 2.6, 3.1, 3.2,3.3, 3.4, 3.5, 3.7, 3.8, 3.9, 4.2, 4.3, 4.6, 5.3,5.5, 5.6, 6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 7.1, 7.2,7.3, 8.2, 8.5, 8.6, 8.8 |
| Family Medicine | Demonstrate a commitment to the principles of lifelong learning in case presentations, treatment teamdiscussions, and reflective practice. | 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 3.1, 3.2, 3.3, 3.4,3.6, 3.7, 3.8, 3.9, 3.10, 6.3, 6.4, 7.3 |
| Obstetrics & Gynecology | Recognize his/her role as a leader and advocate for women | 1.1, 5.2, 7.2 |
| Pediatrics | Demonstrate professionalism and ethical behavior (e.g., work- appropriate attire, work ethic, timely attendance and completion of assignments, and respect for others including patients, families, peers, staff and faculty). | 1.7, 1.10, 4.1, 5.1, 7.1, 7.3, 8.5 |

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| **Clerkship** | **Learning objectives** | **AAMC PCRS competencies** |
| Emergency Medicine | Regularly reassess the patient and communicate with the patient and/or their caregivers regarding theiremergency department course. | 1.6, 1.7, 3.8, 4.1, 5.1 |
| Identify the different roles of the emergency patient care team and articulate a medical student’s role inpatient care. | 4.3, 4.4 |
| Neurology | Demonstrate professional dress code, timely attendance and completion of assignments, and respectful behavior toward patients, families, peers, staffand faculty. | 1.7, 1.10, 4.1, 5.1, 7.1, 7.3, 8.5, 4.5, 4.6. 4.7,5.1, 5.2, 5.3, 5.4,5.5, 5.6, 5.99 |
| **10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management.** | **Domains of competence:*** Patient care ● Interpersonal & communication skills
* Systems-based practice ● Interprofessional collaboration
* Personal & professional development
 |
| **Clerkship** | **Learning objectives** | **AAMC PCRS competencies** |
| Internal Medicine | Describe to the patient, families, and other members of the care team the management and therapy in the ill patient, including any procedures required for diagnosis and treatment. | 1.4, 1.5, 1.7, 1.8, 2.1, 2.2, 2.3, 3.8, 3.10, 4.1,4.2, 4.3, 4.5, 4.6, 4.7, 5.1, 5.2, 5.3, 5.4, 5.5,536, 6.2, 6.3, 6.4, 6.6, 7.3, 8.5, 8.6, 8.7 |
| Identify strategies to diagnose and treat metabolic derangements in ill patients, including patients with renal failure, electrolyte abnormalities, endocrine, pulmonary and cardiacabnormalities. | 1.2, 1.4, 1.5, 2.1, 2.2, 2.3, 7.3 |
| Sensitively address the concerns of patients and their families when discussing illness, including end-of-lifeissues. | 1.3, 1.5, 1.6, 1.7, 1.8, 1.10, 2.5, 3.8, 3.9, 4.1,4.6, 4.7, 5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 6.2, 6.4,8.1, 8.2, 8.3, 8.7, 8.8 |
| Surgery | Participate in assessing trauma patients. | 1.1, 1.2, 1.3, 1.4, 4.5, 1.6, 1.7, 1.8, 1.10,1.11, 2.1, 2.2, 2.3, 3.6, 3.8, 3.10, 4.1, 4.2,4.3, 4.4, 4.5, 4.6, 4.7, 5.1, 5.2, 5.3, 5.6, 6.1,6.2, 6.3, 6.4, 6.5, 7.1, 7.2, 7.3, 7.4, 8.2, 8.5,8.6, 8.7, 8.8 |
| Explain principles of advanced traumalife support (ATLS). | 2.1, 2.2, 2.3, 2.4, 2.6, 3.6, 3.8, 3.10 |

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| **Clerkship** | **Learning objectives** | **AAMC PCRS competencies** |
| Pediatrics | Demonstrate the ability to differentiate well children from those who are mildly or severely ill based on their signs and symptoms at variousages. | 1.5, 2.2, 2.3, 3.6, 3.10 |
| Emergency Medicine | Rapidly assess a patient in shock and provide the initial steps in resuscitation. | 1.1, 1.3 |
| Regularly reassess the patient and communicate with the patient and/or their caregivers regarding theiremergency department course. | 1.6, 1.7, 3.8, 4.1, 5.1 |
| Differentiate a critical and non-critical patient by assessing the patient’s presentation and chief complaint, andby interpreting the vital signs. | 1.3, 5.2 |
| **11. Obtain informed consent for tests and/or procedures.** | **Domains of competence:*** Patient care ● Knowledge for practice
* Interpersonal & communication skills ● Professionalism
* Personal & professional development
 |
| **Clerkship** | **Learning objectives** | **AAMC PCRS competencies** |
| Surgery | Assess preoperative risk factors for surgery and their effect on surgicaloutcomes. | 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.9, 2.1, 2.2,2.3, 2.4, 4.1, 4.2, 4.3, 4.4, 4.6, 4.7, 5.1, 5.2,5.3, 5.5, 5.6, 6.2, 6.3, 8.3, 8.5, 8.7, 8.8 |
| Describe indications, management and common complications of nasogastric tubes, chest tubes and surgical drains. | 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.9, 2.1, 2.2,2.3, 3.10, 4.1, 4.2, 4.3, 4.4, 4.6, 4.7, 5.1, 5.2,5.3, 5.4, 5.5, 5.6, 6.1, 6.2, 6.3, 6.4, 7.1, 7.3,7.4, 8.5, 8.6, 8.7, 8.8 |
| Family Medicine | Demonstrate sensitivity to the concerns of patients and their families surrounding illness andtreatment/disease management. | 1.3, 1.5, 1.6, 1.7, 1.9, 2.5, 4.1, 4.6, 4.7, 5.1,5.2, 5.3, 5.4, 5.5, 5.6, 8.7, 8.8 |
| Pediatrics | Communicate effectively with patients and their families. | 1.7, 3.8, 4.1, 4.6 ,4.7, 5.1, 5.2, 5.3, 5.5, 5.6, |
| Neurology | List at least two indicators for, and two potential complications of, lumbarpuncture. | 1.2, 1.3, 2.3 |

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| **12. Perform general procedures of a physician.** | **Domains of competence:*** Patient care ● Interpersonal & communication skills
* Professionalism ● Personal & professional development
 |
| **Clerkship** | **Learning objectives** | **AAMC PCRS competencies** |
| Surgery | Demonstrate basic intraoperative skills needed to assist in surgery. | 1.1, 1.3, 2.2, 2.3, 3.1, 3.3, 3.5, 3.10, 4.2, 4.3,5.4, 6.1, 6.5, 7.1, 7.2, 7.3, 7.4, 8.2, 8.4, 8.5,8.6, 8.8 |
| Discuss key points in surgical anatomy for common operative procedures (e.g., bile duct anatomy in cholecystectomy, location of ureters incolon resection). | 1.1, 1.2, 1.4, 2.2, 2.3, 3.1, 3.2, 3.3, 3.5, 3.6,4.2, 4.3, 8.5 |
| Emergency Medicine | Rapidly assess a patient in shock and provide the initial steps inresuscitation. | 1.1, 1.3 |
| **13. Identify system failures and contribute to a culture of safety and improvement.** | **Domains of competence:*** Knowledge for practice ● Practice-based learning & improvement
* Interpersonal & communication skills ● Professionalism
* Systems-based practice ● Personal & professional development
 |
| **Clerkship** | **Learning objectives** | **AAMC PCRS competencies** |
| Surgery | Participate in weekly surgical morbidity mortality conference. | 1.2, 1.3, 1.4, 2.1, 2.2, 2.3, 2.4, 2.6, 3.1, 3.2,3.3, 3.4, 3.5, 3.7, 3.8, 3.9, 4.2, 4.3, 4.6, 5.3,5.5, 5.6, 6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 7.1, 7.2,7.3, 8.2, 8.5, 8.6, 8.8 |
| Discuss principles of quality assessment of surgical patients and rules of transparency in recognizing and learning from surgical errors. | 1.3, 1.4, 1.9, 1.10, 1.11, 2.1, 2.2, 2.3, 2.6,3.1, 3.2, 3.3, 3.4, 3.5, 3.7, 3.8, 3.10, 4.1, 4.2,4.3, 4.5, 4.6, 4.7, 5.1, 5.2, 5.3, 5.4, 5.6, 6.2,6.4, 6.5, 7.1, 7.2, 7.3, 8.1, 8.2, 8.3, 8.5, 8.6,8.7, 8.8 |
| Family Medicine | Demonstrate principles of self-care and professionalism by engaging faculty and/or peers and discussing potential areas of ethical orprofessional conflict. | 5.4, 5.5, 5.6, 6.3, 6.5, 6.4, 6.5, 7.1, 7.3, 8.1,8.2, 8.3, 8.4, 8.5, 8.8 |
| Emergency Medicine | Explain the role of the emergency department as a safety net forvulnerable populations. | 2.4 |

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| **14. Conduct empathic and effective conversations with patients, families and colleagues of diverse backgrounds to promote health equity, social****justice and anti-racism.** | **Domains of competence:*** Patient care ● Knowledge for practice
* Practice-based learning & improvement ● Interpersonal & communication skills
* Professionalism ● Interprofessional collaboration
* Systems-based practice ● Personal & professional development
 |
| **Clerkship** | **Learning objectives** | **AAMC PCRS competencies** |
| Family Medicine | Demonstrate sensitivity to the concerns of patients and their families surrounding illness and treatment/disease management. | 1.3, 1.5, 1.6, 1.7, 1.9, 2.5, 4.1, 4.6, 4.7, 5.1,5.2, 5.3, 5.4, 5.5, 5.6, 8.7, 8.8 |
| Demonstrate ability to work as a member of a therapeutic team, including fulfilling leadership and/ormentoring roles as appropriate. | 1.6, 1.8, 1.10, 1.11, 2.1, 2.3, 3.1, 3.5, 3.8,3.10, 4.2, 4.3, 4.4, 4.7, 5.4, 6.1, 6.2, 6.4, 6.5,6.6, 7.1, 7.2, 7.3, 7.4, 8.4, 8.5, 8.6, 8.7 |
| Pediatrics | Demonstrate professionalism and ethical behavior (e.g., work- appropriate attire, work ethic, timely attendance and completion of assignments, and respect for others including patients, families, peers, staffand faculty). | 1.7, 1.10, 4.1, 5.1, 7.1, 7.3, 8.5 |
| Neurology | Provide patient-centered counseling to patients of diverse socioeconomic and cultural backgrounds, demonstrating sensitivity and responsiveness to the diversity of the patient population, and respect of the patient’s autonomyand confidentiality. | 1.7, 1.10, 4.1, 5.1, 7.1, 7.3, 8.5, 4.5, 4.6. 4.7,5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.9 |

**NARRATIVE COMMENTS: HORIZONTAL INTEGRATION OF THE CURRICULUM**

Curriculum mapping is complete for each clerkship. The Medical Education Committee reviewed which PCRS competencies are represented, overrepresented and underrepresented in clerkships. No immediate changes were recommended. The Clerkship Curriculum Subcommittee will review new data when available.

**CONTENT MONITORING: MAPPING OF EDUCATIONAL PROGRAM OBJECTIVES FOR VERTICAL INTEGRATION OF THE CURRICULUM**

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| **1. Gather a history and perform a physical examination.** | **Domains of competence:*** Patient care ● Knowledge for practice
* Interpersonal & communication skills ● Professionalism
 |
| **Integration in year 3** | **Integration in year 4** |
| **Longitudinal Ambulatory Care Experience (LACE)**Perform and document an appropriate history and physicalexamination. | **Critical Care Medicine**Perform and document a complete history andphysical exam on the critically ill patient. |
| **Internal medicine**Perform and document a complete history and physicalexamination on a patient. | **Sub-internship**Take an accurate history, perform a thoroughphysical exam. |
| **Surgery**Perform a complete history and physical examination under supervision with focus on the surgical aspects of the patient’s disease. |  |
| **Family medicine**Perform and document an appropriate outpatient historyand physical examination on the patient. |
| **Obstetrics/gynecology**Competently perform the medical interview and physical examination of women, and incorporate ethical, social, and diversity perspectives to provide culturally competent health care. |
| **Pediatrics**Perform culturally sensitive, effective age-oriented interviews and physical examinations on newborns, children, and adolescents from diverse ethnic, social and racialbackgrounds. |
| **Neurology*** Produce a complete and accurate neurological history.
* Complete a full neurological examination including level of consciousness and mental status, cranial nerves, motor and sensory function, reflexes, coordination and gait.
 |
| **Curricular threads** |
| **Health equity, social justice and anti-racism*** Communicate bidirectionally with members of all constituent societal groups to prioritize fair opportunities for every patient and family member to attain their full health potential (health equity).
* Demonstrate a recognition of cultural strengths and resources and an ability to incorporate them into conversations with patients and family members.
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| **2. Prioritize a differential diagnosis following a****clinical encounter.** | **Domains of competence:*** Patient care ● Knowledge for practice
* Practice-based learning & improvement ● Interprofessional & communication
* Personal & professional development skills
 |
| **Integration in year 3** | **Integration in year 4** |
| **Surgery**Present a differential diagnosis of common causes of the acute abdomen including acute appendicitis, acute cholecystitis andperforated viscus. | **Sub-Internship**Generate an appropriate differential diagnosis. |
| **Pediatrics**Demonstrate the ability to develop and present a clinicalassessment and plan in a problem-oriented fashion. |  |
| **Neurology**Generate a broad neurological differential diagnosis as well as producing a plan of management based on clinical reasoning and on patient preference. |
| **Curricular threads** |
| **Health equity, social justice and anti-racism**Explain how factors such as privilege, bias, and intergroup misunderstanding can contribute to health inequitiesand identify strategies for addressing these challenges. |
| **3. Recommend and interpret common diagnostic and****screening tests.** | **Domains of competence:*** Patient care ● Knowledge for practice
* Practice-based learning & improvement ● Systems-based practice
* Personal & professional development
 |
| **Integration in year 3** | **Integration in year 4** |
| **Longitudinal Ambulatory Care Experience (LACE)*** Interpret laboratory and imaging studies with other pertinent data.
* Discuss complete medication reconciliation in a patient- centered fashion.
 | **Sub-Internship*** Interpret laboratory data.
* Devise treatment plans to treat the patient’s acute issues and work up the differential diagnosis in a manner that does not include unnecessary tests.
 |
| **Internal Medicine**Interpret laboratory and other pertinent data. |  |
| **Surgery**Interpret laboratory and other pertinent data. |
| **Family Medicine**Demonstrate the ability to interpret laboratory and otherpertinent data. |
| **Obstetrics/Gynecology**Apply recommended prevention strategies for women’s healthacross the lifespan. |

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| **Pediatrics**Practice preventive pediatrics to improve child health through age-appropriate screening and anticipatory guidance aboutnutrition, environmental influences, safety, and immunizations. |  |
| **Neurology**Use pertinent labs and imaging to make a differential diagnosis. |
| **Emergency Medicine*** Interpret laboratory studies and diagnostic imaging.
* Explain the clinical and economic reasoning behind ordering laboratory and imaging studies.
 |
| **Curricular threads** |
| **Radiology/ultrasound**Interpret common pathology seen on ultrasound in various organ systems including: Obtain ultrasound views of various organ systems including: cardiopulmonary, vascular, gastrointestinal track, hepatobiliary, genutourinary, thyroid, ocular, and musculoskeletal |
| **4. Enter and discuss orders and****prescriptions.** | **Domains of competence:*** Patient care ● Practice-based learning & improvement
* Interpersonal & communication skills ● Systems-based practice
* Personal & professional development
 |
| **Integration in year 3** | **Integration in year 4** |
| **Longitudinal Ambulatory Care Experience (LACE)**Discuss complete medication reconciliation in a patient-centered fashion. | **Sub-Internship**Devise treatment plans to treat the patient’s acute issues and work up the differential diagnosis in a manner that does not includeunnecessary tests. |
| **Pediatrics**Demonstrate clinical skills typically required in the care of newborns, children, and adolescents. |  |
| **Psychiatry**Perform reconciliation of medications to decrease polypharmacyin the patient with mental illness. |
| **Emergency Medicine*** Interpret laboratory studies and diagnostic imaging.
* Explain the clinical and economic reasoning behind ordering laboratory and imaging studies.
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| **Curricular threads** |
| **Palliative care**Describe key issues and principles of pain management with opioids. |

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| **5. Document a clinical encounter in the patient****record.** | **Domains of competence:*** Patient care ● Interpersonal & communication skills
* Professionalism ● Systems-based practice
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| **Integration in year 3** | **Integration in year 4** |
| **Longitudinal Ambulatory Care Experience (LACE)**Perform and document an appropriate history and physical examination on the patient. | **Sub-Internship**Organize and communicate your findings through daily progress notes and oral presentations. |
| **Pediatrics**Demonstrate the ability to complete a clinical presentation of apediatric patient in both oral and written format |  |
| **Family Medicine**Demonstrate ability to provide an assessment and treatmentplan. |
| **Psychiatry**Perform and document a complete psychiatric history and physical examination of the patient with mental illness. |
| **Neurology**Effectively communicate with other teams or team membersinvolved in patient care by chart documentation. |
| **6. Provide an oral presentation of a clinical****encounter.** | **Domains of competence:*** Patient care ● Practice-based learning & improvement
* Interpersonal & communication skills ● Professionalism
* Personal & professional development
 |
| **Integration in year 3** | **Integration in year 4** |
| **Longitudinal Ambulatory Care Experience (LACE)**Provide a comprehensive assessment and treatment plan for a patient. | **Sub-Internship**Organize and communicate your findings through daily progress notes and oral presentations. |
| **Internal Medicine**Provide and communicate an assessment and treatment plan. |  |
| **Surgery**Provide an assessment and treatment plan. |
| **Family Medicine**Demonstrate ability to provide an assessment and treatmentplan. |
| **Obstetrics/gynecology**Formulate and present a differential diagnosis of the acute abdomen and chronic pelvic pain. |

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| **Pediatrics**Demonstrate the ability to complete a clinical presentation of apediatric patient in both oral and written format. |  |
| **Emergency Medicine**Communicate patient assessment and plan to the preceptor in afocused manner. |
| **Psychiatry**Provide treatment plan with biopsychosocial emphasis. |
| **Internal Medicine**Provide and communicate an assessment and treatment plan. |
| **7. Form clinical questions and retrieve evidence to advance patient****care.** | **Domains of competence:*** Patient care ● Knowledge for practice
* Practice-based learning & improvement ● Interpersonal & communication skills
 |
| **Integration in year 3** | **Integration in year 4** |
| **Longitudinal Ambulatory Care Experience (LACE)**Recognize and discuss heuristic error and bias that influence clinical reasoning. | **Sub-Internship**Demonstrate the ability to read and learn on your own. |
| **Pediatrics**Demonstrate a commitment to lifelong learning through inquiry and reflective practice. |  |
| **Neurology**Use information technology to search the medical literature and give a presentation appraising the scientific evidence andpublished guidelines for a common neurological condition. |
| **Curricular threads** |
| **Health equity, social justice and anti-racism**Identify when and how racial factors affecting health care systems and patient management plans must be actively addressed for equitable health care outcomes (anti-racism). |
| **8. Give or receive a patient handover to transition care****responsibility.** | **Domains of competence:*** Patient care ● Practice-based learning & improvement
* Interpersonal & communication skills ● Professionalism
 |
| **Integration in year 3** | **Integration in year 4** |
| **Internal Medicine**Provide for patients, families, and other members of the care team (i.e., on daily rounds) the 24-hour patient summary of ill patients, including previous and upcoming treatment plans. | **Sub-Internship**Be an active and integral member of a team. |

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| **Surgery**Provide 24-hour patient summaries of ill patients at daily rounds, including previous and upcoming treatment plans. | **Critical Care Medicine**Provide 24-hour patient summaries of critically ill patients at daily rounds, including previous and upcoming treatmentplans. |
| **9. Collaborate as a member of an inter- professional****team.** | **Domains of competence:*** Interpersonal & communication skills ● Professionalism
* Systems-based practice ● Interprofessional collaboration
* Personal & professional development
 |
| **Integration in year 3** | **Integration in year 4** |
| **Longitudinal Ambulatory Care Experience (LACE)**Teach clinical and interpersonal skills to junior peers during andafter clinical encounters. | **Sub-Internship**Be an active and integral member of a team. |
| **Surgery**Participate in weekly surgical morbidity mortality conference. | **Critical Care Medicine**Demonstrate appreciation and respect for other professionals by appropriately responding to consultative and support services. |
| **Family Medicine**Demonstrate ability to work as a member of a therapeutic team,including fulfilling leadership and/or mentoring roles as appropriate. |  |
| **Obstetrics/gynecology**Recognize his/her role as a leader and advocate for women. |
| **Pediatrics**Demonstrate professionalism and ethical behavior (e.g., work- appropriate attire, work ethic, timely attendance and completion of assignments, and respect for others including patients,families, peers, staff and faculty). |
| **Emergency Medicine**Identify the different roles of the emergency patient care teamand articulate a medical student’s role in patient care |
| **Neurology**Demonstrate professional dress code, timely attendance and completion of assignments, and respectful behavior toward patients, families, peers, staff and faculty. |
| **Curricular threads** |
| **Health equity, social justice and anti-racism**Demonstrate respect, humility, and effectiveness when communicating with and advocating for patients,families, and colleagues of diverse backgrounds. |
| **Palliative care**Compare the roles of members of an interdisciplinary palliative care team, including nurses, social workers, case managers, chaplains and pharmacists. |

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| **10. Recognize a patient requiring urgent or emergent care and initiate evaluation and****management.** | **Domains of competence:*** Patient care ● Interpersonal & communication skills
* Systems-based practice ● Interprofessional collaboration
* Personal & professional development
 |
| **Integration in year 3** | **Integration in year 4** |
| **Longitudinal Ambulatory Care Experience (LACE)** Discuss advanced care planning with a patient and/or family. | **Critical Care Medicine*** Describe the initial management of critical infectious processes, with emphasis on the prevention and treatment of nosocomial infections.
* Describe the management of ventilatory support measures in critically ill patients including weaning.
* Design hemodynamic management and therapy in the critically ill patient, including the application and appropriate use of invasive monitoring modalities. Identify strategies to diagnose and treat metabolic derangements in critically ill patients, including renal failure, electrolyte abnormalities, and acid-base abnormalities.
* Outline the basic principles underlying the pharmacologic management of common ICU conditions.
* Outline reasonable strategies for identification of abnormalities of coagulation and the management of transfusions in critically ill patients.
* Provide examples of specific elements of neurocritical care and the management of traumatic brain injury, intracranial hemorrhage,

and other intracranial pathology. |
| **Internal Medicine*** Identify strategies to diagnose and treat metabolic derangements in ill patients, including patients with renal failure, electrolyte abnormalities, endocrine, pulmonary and cardiac abnormalities.
* Outline the basic principles underlying the pharmacologic management of common conditions

in hospitalized patients. |  |

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| * List strategies for identifying and managing abnormalities of coagulation.
* Sensitively address the concerns of patients and their families when discussing illness, including end-of-life issues.
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| **Surgery**Participate in assessing trauma patients. |
| **Pediatrics**Demonstrate the ability to differentiate well children from those who are mildly or severely ill based on theirsigns and symptoms at various ages. |
| **Emergency Medicine*** Rapidly assess the patient in shock and provide the initial steps in resuscitation.
* Differentiate a critical and non-critical patient by assessing the patient’s presentation and chief complaint, and by interpreting the vital signs.
 |
| **Curricular threads** |
| **Palliative care*** Demonstrate approaches to handling emotion in patients and families facing serious illness.
* Practice communication techniques with patients, families and other team members, incorporating cultural sensitivity and cultural humility.
* Demonstrate empathic communication to family of patient regarding what to expect at end-of-life.
* Identify signs of imminently dying patient.
* Assess and manage symptoms of dying patient.
* Summarize the communication tasks of a physician when a patient dies, such as pronouncement, family notification and support, and request for autopsy.
 |
| **11. Obtain informed consent for tests and/or****procedures.** | **Domains of competence:*** Patient care ● Knowledge for practice
* Interpersonal & communication skills ● Professionalism
* Personal & professional development
 |
| **Integration in year 3** | **Integration in year 4** |
| **Longitudinal Ambulatory Care Experience (LACE)** Participate in informed consent with patient/family for common outpatient procedures. |  |
| **Surgery**Assess preoperative risk factors for surgery and their effect on surgical outcomes. |
| **Neurology**List at least two indicators for, and to potentialcomplications of, lumbar puncture. |

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| **Curricular threads** |
| **Palliative care*** Explore patient and family understanding of illness, concerns, goals and values that inform the plan of care.
* Demonstrate patient-centered communication techniques when giving difficult/serious news, discussing resuscitation preferences and identifying a surrogate decision-maker.
* Discuss advanced care planning with patients and families, including organ donation.
* Interpret ethical and legal issues that inform decision-making in serious illness, including euthanasia and physician-assisted death, the right to forgo or withdraw life-sustaining treatment (including life support, fluids, antibiotics, CPR, artificial nutrition) and the rationale for obtaining a surrogate decision maker.
 |
| **12. Perform general procedures of a****physician.** | **Domains of competence:*** Patient care ● Interpersonal & communication skills
* Professionalism ● Personal & professional development
 |
| **Integration in year 3** | **Integration in year 4** |
| **Surgery**Demonstrate basic intraoperative skills needed to assist in surgery. |  |
| **Emergency Medicine**Outline the basic principles underlying the pharmacologic and invasive (procedural) managementof common outpatient conditions. |
| **Curricular threads** |
| **Radiology/ultrasound*** Perform limited ultrasound applications to answer clinical questions for various organ systems: cardiopulmonary, vascular, gastrointestinal track, hepatobiliary, genitourinary, thyroid, ocular, and musculoskeletal.
* Obtain ultrasound views of various organ systems.
* Teach others how to obtain ultrasound views of various organ systems.
* Interpret common pathology seen on ultrasound.
 |
| **13. Identify system failures and contribute to a culture of safety and****improvement.** | **Domains of competence:*** Knowledge for practice ● Practice-based learning & improvement
* Interpersonal & communication skills ● Professionalism
* Systems-based practice ● Personal & professional development
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| **Integration in year 3** | **Integration in year 4** |
| **Longitudinal Ambulatory Care Experience (LACE)** Analyze and publish results of quality improvement process. |  |

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| **Surgery*** Participate in weekly surgical morbidity mortality conference.
* Discuss principles of quality assessment of surgical patients and rules of transparency in recognizing and

learning from surgical errors. |  |
| **Family Medicine**Demonstrate ability to work as a member of a therapeutic team, including fulfilling leadership and/or mentoring roles as appropriate. |
| **Curricular threads** |
| **Health equity, social justice and anti-racism*** Identify and effectively address racial factors affecting health care systems, patient management plans, and health care outcomes.
* Describe how multiple intersectional aspects of diversity (such as race, ethnicity, culture, birth sex, age, faith practice, sexual orientation, language facility, differential abilities and disabilities, gender identity, and immigration status) may interact with the health care process and affect health outcomes.
* Identify inequities within health care-related systems, cultures, and structures (SCS).
* Prescribe actions that can reduce these systemic, cultural, and structural obstacles to health equity, social justice, and racial equality.
 |
| **Palliative care*** Describe hospice and palliative care history and mission.
* Define the philosophy and role of palliative care across the life cycle.
 |
| **14. Conduct empathic and effective conversations with patients, families and colleagues of diverse backgrounds to promote health equity, social justice and anti-****racism.** | **Domains of competence:*** Patient care ● Knowledge for practice
* Practice-based learning & improvement ● Interpersonal & communication skills
* Professionalism ● Interprofessional collaboration
* Systems-based practice ● Personal & professional development
 |
| **Integration in year 3** | **Integration in year 4** |
| **Longitudinal Ambulatory Care Experience (LACE)*** Identify and discuss social determinants of health that affect patient health outcomes.
* Discuss community values that influence a patient's physical health and communication style.
 | **Critical Care Medicine**Demonstrate sensitivity to the concerns of patients and their families surrounding critical illness, including quality of life and end of life issues. |

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| * Communicate effectively with patients and families across diverse socioeconomic and cultural backgrounds.
* Identify and discuss social determinants of health that affect patient health outcomes.
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| **Neurology**Provide patient-centered counseling to patients of diverse socioeconomic and cultural backgrounds, demonstrating sensitivity and responsiveness to the diversity of the patient population, and respect of thepatient’s autonomy and confidentiality. |  |
| **Curricular threads** |
| **Health equity, social justice and anti-racism*** Communicate bidirectionally with members of all constituent societal groups to prioritize fair opportunities for every patient and family member to attain their full health potential (health equity).
* Identify when and how racial factors affecting health care systems and patient management plans must be actively addressed for equitable health care outcomes (anti-racism).
* Serve and advocate for patients from all backgrounds by recognizing their common humanity as well as the unique intersectional differences that reflect the various societal groups to which they belong (social justice).
 |
| **Palliative care**Assess patients’ and families’ cultural values, beliefs and practices related to serious illness and end-of-life care. |
| **Public health and social media**analyze how community values and health are present in the clinical setting and shape patients’ physical health and their communication with physicians. |

**NARRATIVE COMMENTS: VERTICAL INTEGRATION OF THE CURRICULUM**

The vast majority of the EPOs demonstrate stepwise competency-based learning objective(s) that progress to the EPOs. In the very few places where this is not seen (e.g., in MS4 year) it is very likely that the learning objective linked to the EPO is actually taught (and likely assessed) in either the critical care medicine and/or sub-internship elective and the directors will work on making it tangible and measurable.